



SUPPLEMENTAL FINANCIAL STATUS REPORTING FORM ADD-02  
FOR STATE COUNCIL ON DEVELOPMENTAL DISABILITIES

1. Designated State Agency:				2. State:					
3. Report Period: ____/____/____ to ____/____/____.		4. Current Federal Fiscal Year:  Award Amount:			5. Current Federal Fiscal Year Minus One: Check if Revised: <u>  </u> / <u>  </u> / <u>  </u>  Award Amount:			6. Current Federal Fiscal Year Minus Two: Check if Revised: <u>  </u> / <u>  </u> / <u>  </u> Check if Final: <u>  </u> / <u>  </u> / <u>  </u> Award Amt:	
Financial Status Budget/Cost Categories	Expended	Unliquidated Obligations	Unobligated Estimates	Expended	Unliquidated Obligations	Unobligated Estimates	Expended	Unliquidated Obligations	
a. Goal Activities, undertaken by Council/staff									
b. Goal Activities, Poverty Area									
c. Goal Activities, Other									
d. General Management									
e. Functions of Designated State Agency (FDSA), Federal Participation									
f. Total Federal (a. through e.)									
g. State Match (including FDSA + Prog.Inc.)									
h. Functions of Designated State Agency (FDSA), State Participation									
i. Program Income (including used as match) <sup>(*)</sup>									
7. Remarks				<b>8. Signature</b> Name, Title, and Dated Signature of Authorized Official I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. <u>Name, Title, and Signature</u> <span style="float: right;"><u>Date</u></span>					

<sup>(\*)</sup> Program Income expenditures are reported for the current period only, not cummulatively. Please report unobligated balance of Program Income under "Unobligated Estimates," even if no plans for expenditure.