

FINANCIAL STATUS REPORT - AOA SUPPLEMENTAL FORM TO SF-269-TITLE III

**FINANCIAL STATUS REPORT
AOA SUPPLEMENTAL FORM TO SF-269-TITLE III**

**OMB NO. 0985-0004
Expires 08/31/2004**

STATE _____

FY _____

DATE SUBMITTED _____

**REPORTING PERIOD
ENDED** _____

Item 10 i Column III, Total Recipient Share of Outlays which consist of outlays from:

| | State | AAAs |
|----------------------|--------------|-------------|
| ADMIN | \$ _____ | \$ _____ |
| Title III | | |
| Part B | \$ _____ | \$ _____ |
| LTCO (Part B) | \$ _____ | \$ _____ |
| Part C-1 | \$ _____ | \$ _____ |
| Part C-2 | \$ _____ | \$ _____ |
| Part D | \$ _____ | \$ _____ |
| Part E | \$ _____ | \$ _____ |
| TOTAL | \$ _____ | \$ _____ |

Item 10 j Column III, Federal Share of Net Outlays:

| | State | AAAs |
|----------------------|--------------|-------------|
| ADMIN | \$ _____ | \$ _____ |
| Title III | | |
| Part B | \$ _____ | \$ _____ |
| LTCO (Part B) | \$ _____ | \$ _____ |
| Part C-1 | \$ _____ | \$ _____ |
| Part C-2 | \$ _____ | \$ _____ |
| Part D | \$ _____ | \$ _____ |
| Part E | \$ _____ | \$ _____ |
| TOTAL | \$ _____ | \$ _____ |

Item 10 o Column III Total Federal Funds Authorized by AOA for the Federal FY _____ have been allocated by the State as follows (as applicable):

1. State administrative activities which consists of funds in the amount of \$ _____ from the following:

Part B \$ _____

Part C-1 \$ _____

Part C-2 \$ _____

Part D \$ _____

Part E \$ _____

2. Part B, Supportive

Services \$ _____

3. Part B, Long Term Care

Ombudsman \$ _____

FY'2000 \$ _____

4. Part C-1, Congregate Meals \$ _____

5. Part C-2, Home Delivered Meals \$ _____

6. Part D, Preventive Health \$ _____

7. Part E, Caregivers \$ _____

Area Plan Administration \$ _____

which consists of funds from:

Part B \$ _____

Part C-1 \$ _____

Part C-2 \$ _____

Part E \$ _____

Item 10 p Column III, Unobligated Funds:

Part B \$ _____

Part D \$ _____

Part C-1 \$ _____

Part E \$ _____

Part C-2 \$ _____

Item 10 r Column III, Disbursed Program Income using the additional alternative (cumulative amount):

Part B \$ _____

Part D \$ _____

Part C-1 \$ _____

Part E \$ _____

Part C-2 \$ _____