FEDERAL FINANCIAL REPORT (FFR) ACL/AOA TITLE III SUPPLEMENTAL FORM TO SF-425

STATE:			-			
DATE SUBMITTED:			REPO	_		
FINAL RE	PORTS:PART B	PART C-1 _	PART C-2 _	PART D _	PART E	
Item 10	d. Total Federal Fund	s Authorized:				
					Total Part B	
All Parts	Total State Plan Administra	ation			Total Part C-1	_
All Parts	Total Area Plan Administra	ation			Total Part C-2	
					Total Part D	
					Total Part E	_
					Total All Parts	
Itom 10	• Fodoral Share of F	vnondituros:				
item 10 t	e. Federal Share of E	xpenditures.	State	Non-St	ate	
Part B	Administration					
Part B Part B	LTCO Supportive Services			-		
	очрронию осново				Total Part B	
Part C-1	Administration					_
Part C-1	Congregate Meals					
D 0 0	A 1				Total Part C-1	
	Administration Home Delivered Meals					
Turt O Z	Tionic Delivered Media				Total Part C-2	
Part D	State Plan Administration				Total Fait 0 2	
Part D	Preventative Health					
					Total Part D	
Part E	Administration					
Part E Part E	Older Relative Caregiver C Caregiver Services	only				
i ait L	Caregiver dervices				 Total Part E	
					i Otal I alt L	
					Total All Parts	
	Total Adminstration					
	Total B. C1. C2 Services					

Public Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0004). Public reporting burden for this collection of information is estimated to average 2 hours per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information.

Item 10 i. Total Recipient Share Required:

		Match Percentage			
Part B	Administration	25%		_	
Part B	LTCO	0%			
Part B	Supportive Services	15%		<u> </u>	
				Total Part B	
	Administration	25%		<u></u>	
Part C-1	Congregate Meals	15%		<u></u>	
				Total Part C-1	
Part C-2	Administration	25%			
Part C-2	Home Delivered Meals	15%			
				Total Part C-2	
Part D	State Plan Administration	25%			-
Part D	Preventative Health	0%			
				Total Part D	
Part E	Administration	25%		rotair art D	
Part E	Older Relative Caregiver Only	25%			
Part E	Caregiver Services	25%	-	_	
	23.09.10. 00.11000	2070		Total Dout F	
				Total Part E	
				Total All Parts	
Item 10 j	 Total Recipient Share of Exp 	penditures:			
		State	Non-State		
Part B	Administration	Otato	Non State		
Part B	LTCO			<u> </u>	
Part B	Supportive Services			_	
				— Total Part B	
Part C-1	Administration			Total Falt B	
	Congregate Meals		-	_	
r art O r	Congregate Weate			— Total Dort C 4	
Part C-2	Administration			Total Part C-1	
	Home Delivered Meals			_	
rail C-2	Home Delivered Meals			_ .	
D . D				Total Part C-2	-
Part D	Administration			_	
Part D	Preventative Health			<u> </u>	
				Total Part D	
Part E	Administration			<u></u>	
Part E	Older Relative Caregiver Only			<u> </u>	
Part E	Caregiver Services			_	
				Total Part E	
				Total All Parts	
				i Olai Ali Fails	
	Total Adminstration				
	i otai AunimatiatiON			<u> </u>	
	Total B, C1, C2 Services				
	iolai B, Oi, Oz Selvices			_	
Comment	s:				
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