

FEDERAL FINANCIAL REPORT

(Follow form instructions)

| | | | | | | | | |
|---|--------------------------------|---|---------|---|---|---|-------------------|------------------|
| 1. Federal Agency and Organizational Element to Which Report is Submitted HHS-ADMINISTRATION FOR CHILDREN & FAMILIES | | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) | | | Page 1 | of 2 | pages | |
| 3. Recipient Organization (Name and complete address including Zip code) CHILDREN'S DEVELOPMENTAL SERVICES OF CAMPBELL COUNTY 1801 SOUTH 4-J ROAD GILLETTE, WY, 82718 | | | | | | | | |
| 4a. DUNS Number 071413140 | 4b. EIN 1836000103A2 | 5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) | | 6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final <input type="checkbox"/> Month | 7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual | | | |
| 8. Project/Grant Period From: (Month, Day, Year) 9-1-19 | | | | To: (Month, Day, Year) 8-31-20 | | 9. Reporting Period End Date (Month, Day, Year) DECEMBER 31, 2019 | | |
| 10. Transactions | | | | | | Cumulative | | |
| <i>(Use lines a-c for single or multiple grant reporting)</i> | | | | | | | | |
| Federal Cash (To report multiple grants, also use FFR Attachment): | | | | | | | | |
| a. Cash Receipts | | | | | | 60,286.26 | | |
| b. Cash Disbursements | | | | | | 94,211.18 | | |
| c. Cash on Hand (line a minus b) | | | | | | -33,924.92 | | |
| <i>(Use lines d-o for single grant reporting)</i> | | | | | | | | |
| Federal Expenditures and Unobligated Balance: | | | | | | | | |
| d. Total Federal funds authorized | | | | | | | | |
| e. Federal share of expenditures | | | | | | | | |
| f. Federal share of unliquidated obligations | | | | | | | | |
| g. Total Federal share (sum of lines e and f) | | | | | | | | |
| h. Unobligated balance of Federal funds (line d minus g) | | | | | | | | |
| Recipient Share: | | | | | | | | |
| i. Total recipient share required | | | | | | | | |
| j. Recipient share of expenditures | | | | | | | | |
| k. Remaining recipient share to be provided (line i minus j) | | | | | | | | |
| Program Income: | | | | | | | | |
| l. Total Federal program income earned | | | | | | | | |
| m. Program income expended in accordance with the deduction alternative | | | | | | | | |
| n. Program income expended in accordance with the addition alternative | | | | | | | | |
| o. Unexpended program income (line l minus line m or line n) | | | | | | | | |
| 11. Indirect Expense | | a. Type | b. Rate | c. Period From | Period To | d. Base | e. Amount Charged | f. Federal Share |
| | | | | | | | | |
| | | g. Totals: | | | | | | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: | | | | | | | | |
| 13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) | | | | | | | | |
| a. Typed or Printed Name and Title of Authorized Certifying Official Curtis, Carol Senior Financial Specialist | | | | c. Telephone (Area code, number and extension) 307-660-7612 | | | | |
| b. Signature of Authorized Certifying Official Carol Curtis | | | | d. Email address clc70@ccgov.net | | | | |
| | | | | e. Date Report Submitted (Month, Day, Year) JANUARY 15, 2020 | | | | |
| 14. Agency use only: | | | | | | | | |

Standard Form 425 - Revised 6/28/2010
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT ATTACHMENT
(For reporting multiple grants)

| 1. Federal Agency and Organizational Element to Which Report is Submitted (Box 1 on Page 1) HHS-ADMINISTRATION FOR CHILDREN & FAMILIES | | 2. Recipient Organization (Box 3 on Page 1) CHILDREN'S DEVELOPMENTAL SERVICES OF CAMPBELL COUNTY 1801 SOUTH 4-J ROAD GILLETTE, WY, 82718 | |
|--|--|--|-------------------|
| 3a. DUNS Number (Box 4a on Page 1) 071413140 | 4. Reporting Period End Date (Box 9 on Page 1) (Month, Day, Year) DECEMBER 31, 2019 | Page <u> 2 </u> of <u> 2 </u> | |
| 5. List Information below for each grant covered by this report. Use additional pages if more space is required. | | | |
| Federal Grant Number | Recipient Account Number | Cumulative Federal Cash Disbursement | |
| 08CH01122501 | | \$ | 132,006.84 |
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| TOTAL (Should correspond to the amount on Line 10b on Page 1) | | \$ | 94,211.18 |
| | | \$ | 132,006.84 |

Standard Form 425A - Revised 01/15/2016
OMB Approval Number: 4040-0014
Expiration Date: 01/31/2019

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 4040-0014. Public reporting burden for this collection of information is estimated to average thirty (30) minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.