

# FEDERAL FINANCIAL REPORT

(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>			2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2014-RP-BX-0013</b>			Page of <b>1 1</b>			
3. Recipient Organization (Name and complete address including Zip code) <b>Corrections, Florida Department of 501 South Calhoun Street Tallahassee, FL 32399-2500</b>									
4a. DUNS Number  (b)(4)		4b. EIN  (b)(4)		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	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		
8. Project/Grant Period From: (Month, Day, Year) <b>10/01/2014</b>				To: (Month, Day, Year) <b>09/30/2016</b>		9. Reporting Period End Date <b>06/30/2015</b>			
<b>10. Transactions</b>						<b>Cumulative</b>			
(Use lines a-c for single or multiple grant reporting)									
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>									
a. Cash Receipts									
b. Cash Disbursements									
c. Cash on Hand (line a minus b)									
(Use lines d-o for single grant reporting)									
<b>Federal Expenditures and Unobligated Balance:</b>									
d. Total Federal funds authorized						\$ 497,835.00			
e. Federal share of expenditures						\$ 11,016.72			
f. Federal share of unliquidated obligations						\$ 486,818.28			
g. Total Federal share (sum of lines e and f)						\$ 497,835.00			
h. Unobligated balance of Federal funds (line d minus g)						\$ .00			
<b>Recipient Share:</b>									
i. Total recipient share required						\$ 498,800.00			
j. Recipient share of expenditures						\$ 0.00			
k. Remaining recipient share to be provided (line i minus j)						\$ 498,800.00			
<b>Program Income:</b>									
l. Total Federal program income earned						\$ 0.00			
m. Program income expended in accordance with the deduction alternative									
n. Program income expended in accordance with the addition alternative						\$ 0.00			
o. Unexpended program income (line l minus line m or line n)						\$ 0.00			
<b>11. Indirect Expense</b>		a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share	
		Not Applicable							
						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 that it is true, complete, and accurate to the best of my knowledge. 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 <b>Marta Canfield, Senior Professional Accountant</b>					c. Telephone (Area code, number and extension) <b>(850) 717-3820</b>				
					d. Email address <b>canfield.marta@mail.dc.state.fl.us</b>				
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year) <b>07/15/2015</b>				
					14. Agency use only: OJP Vendor Number: <b>596001875</b>				
					Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011				
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