

## FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted Department of Housing and Urban Development		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) M16UC120220		Page 14	of 22 pages		
3. Recipient Organization: SEMINOLE COUNTY, FL  Seminole County 1101 E 1st St  Sanford, FL 32771-1468							
4a. UEI Number	4b. EIN  596000856	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
8. Project/Grant Period From: 11/03/2016		To: (Month, Day, Year) 09/30/2024		9. Reporting Period End Date: 02/04/2025			
<b>10. Transactions</b>				Cumulative			
<i>(Use lines a-c for single or multiple grant reporting)</i>							
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>							
a. Cash Receipts				N/A			
b. Cash Disbursements				N/A			
c. Cash on Hand (line a minus b)				N/A			
<i>(Use lines d-o for single grant reporting)</i>							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized				\$498,008.00			
e. Federal share of expenditures				\$498,008.00			
f. Federal share of unliquidated obligations							
g. Total Federal share (sum of lines e and f)				\$498,008.00			
h. Unobligated balance of Federal funds (line d minus g)				\$0.00			
<b>Recipient Share:</b>							
i. Total recipient share required				N/A			
j. Recipient share of expenditures				N/A			
k. Remaining recipient share to be provided (line i minus j)				N/A			
<b>Program Income:</b>							
l. Total Federal program income earned				\$3,510.00			
m. Program income expended in accordance with the deduction alternative				N/A			
n. Program income expended in accordance with the addition alternative				\$3,510.00			
o. Unexpended program income (line l minus line m or line n)				\$0.00			
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  Jay Zembower, Chairman				c. Telephone (Area code, number and extension) 407-665-7502			
b. Signature of Authorized Certifying Official				d. Email address zembower@seminolecountyfl.gov			
				e. Date Report Submitted (Month, Day, Year)			
<b>14. Agency use only</b>							

Standard Form 425 - Revised 10/11/2011  
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