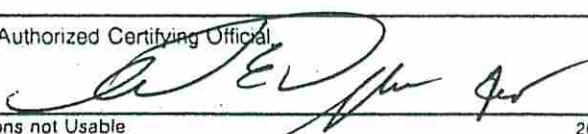


FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS, ADMINISTRATION FOR CHILDREN, FAMILIES, HEAD START & T&TA		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 90-CM6896/37		OMB Approval No. 0348-0039	Page _____ of _____ pages
3. Recipient Organization (Name and complete address, including ZIP code) TEXAS MIGRANT COUNCIL, INC. 5215 McPHERSON RD., P.O. BOX 2579 LAREDO, TX 78044-2579					
4. Employer Identification Number SW-741695460		5. Recipient Account Number or Identifying Number I-74-1695460-A-1		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 02 01 08		To: (Month, Day, Year) 01 31 09		9. Period Covered by this Report From: (Month, Day, Year) 08 01 08	
		To: (Month, Day, Year) 01 31 09			
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		65,043,445.52	931,013.54	65,974,459.06	
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)		65,043,445.52	931,013.54	65,974,459.06	
Recipient's share of net outlays, consisting of:					
e. Third party (in-kind) contributions		4,788,864.00	(72,553.00)	4,716,311.00	
f. Other Federal awards authorized to be used to match this award					
Program income used in accordance with the matching or cost sharing alternative					
h. All other recipient outlays not shown on lines e, f or g					
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		4,788,864.00	(72,553.00)	4,716,311.00	
j. Federal share of net outlays (line d less line i)		60,254,581.52	1,003,566.54	61,258,148.06	
k. Total unliquidated obligations					
l. Recipient's share of unliquidated obligations					
m. Federal share of unliquidated obligations					
n. Total federal share (sum of lines j and m)				61,258,148.06	
o. Total federal funds authorized for this funding period				61,258,311.00	
p. Unobligated balance of federal funds (Line o minus line n)				162.94	
Program income, consisting of:					
q. Disbursed program income shown on lines c and/or g above					
r. Disbursed program income using the addition alternative					
s. Undisbursed program income					
t. Total program income realized (Sum of lines q, r and s)					
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
		b. Rate 5.9%	c. Base \$42,439,507.12	d. Total Amount \$2,503,930.92	e. Federal Share 0.00
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. FINAL ADMINISTRATION COST 13.70%					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title MARY G. CAPELLO, CHIEF EXECUTIVE OFFICER				Telephone (Area code, number and extension) (956)722-5174, EXT. 1101	
Signature of Authorized Certifying Official 				Date Report Submitted 04/29/09	

BUDGET INFORMATION									
SECTION A - BUDGET SUMMARY					Non-Construction				
					7%				
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget			Total (g)		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)				
1. Texas Migrant Council, Inc. (Grantee)		\$ -	\$ -	\$ 57,645,249	\$ 4,338,890	\$ 61,984,139			
2. UMOS (Delegate Agency)				\$ 2,289,932	\$ 172,360	\$ 2,462,292			
3									
4.									
5. TOTALS		\$ -	\$ -	\$ 59,935,181	\$ 4,511,250	\$ 64,446,431			
SECTION B - BUDGET CATEGORIES									
Object Class Categories	Grant Program, Function Or Activity		Total (h)						
	PA-23 Base Grant	PA-20 T&TA							
a. Personnel	\$ 31,120,077		\$ 31,120,077						
b. Fringe Benefits	\$ 10,526,816		\$ 10,526,816						
c. Travel	\$ 112,000		\$ 112,000						
d. Equipment	\$ -		\$ -						
e. Supplies	\$ 2,116,280		\$ 2,116,280						
f. Contractual	\$ 2,273,682	\$ 16,250	\$ 2,289,932						
g. Construction	\$ -		\$ -						
h. Other	\$ 10,747,450	\$ 482,165	\$ 11,229,615						
i. Total Direct Charges (sum of 6a-6h)	\$ 56,896,306	\$ 498,415	\$ 57,394,721						
j. Indirect Charges	\$ 2,540,460		\$ 2,540,460						
k. Totals (sum of 6i and 6j)	\$ 59,436,766	\$ 498,415	\$ 59,935,181						
7. Program Income	\$ -	\$ -	\$ -						

Standard Form 424a (4-88) Prescribed by OMB Circular A-102

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