

FEDERAL FINANCIAL REPORT

(Follow form instructions)

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 (To report multiple grants, use FFR Attachment) 90-CM6896/39	Page 1	of pages
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3. Recipient Organization (Name and complete address including Zip code)
 Texas Migrant Council, Inc.
 5215 McPherson RD, P.O. Box 2579, Laredo, Texas 78041-2579

4a. DUNS Number 010527414	4b. EIN SW-741695460	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) I-74-1695480 A-1	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
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8. Project/Grant Period From: (Month, Day, Year) 02 01 10	To: (Month, Day, Year) 01 31 11	9. Reporting Period End Date (Month, Day, Year) 1 31 11
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10. Transactions Cumulative

(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):

a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	62,984,268.00
e. Federal share of expenditures	62,984,217.37
f. Federal share of unliquidated obligations	0.00
g. Total Federal share (sum of lines e and f)	62,984,217.37
h. Unobligated balance of Federal funds (line d minus g)	50.63

Recipient Share:

i. Total recipient share required	4,740,751.00
j. Recipient share of expenditures	4,945,570.00
k. Remaining recipient share to be provided (line i minus j)	-204,819.00

Program Income:

l. Total Federal program income earned	0.00
m. Program income expended in accordance with the deduction alternative	0.00
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

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
		Provisional	5.9%	02-01-10	Present	45,660,149.35	2,693,948.82
g. Totals:					45,660,149.35	2,693,948.82	2,693,948.82

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:
 Final Administrative Rate- 14.11 USDA Reimbursement- \$1,695,775.50

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 MARY G. CAPELLO, PRESIDENT/C.E.O.	c. Telephone (Area code, number and extension) (956)-722-5174 Extension 1101 d. Email address mary.capello@mail.tmccentral.org
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 4-29-11
14. Agency use only:	

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
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