FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page of
DHHS/ACF/OCS	**2401NCSOSR**	1 1 pages

3. Recipient Organization (Name and complete address including Zip code)

North Carolina Department of Health & Human Services, 2019 Mail Service Center, Raleigh, NC 27699-2019

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	7. Basis of Accounting
	1-566023166-E6	**357Q FFY24 TR**	☐ Quarterly ☐ Semi-Annual ☑ Annual ☐ Final	☑ Cash ☐ Accrual

8. Project/Grant Period (Month, Day, Year)		9. Reporting Period End Date (Month, Day, Year)
From: 10/01/23	To: 09/30/25	

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	39,277,682.22
b. Cash Disbursements	49,888,008.53
c. Cash on Hand (line a minus b)	(10,610,326.31)
(Use lines d-o for single grant reporting)	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	51,575,225.00
e. Federal share of expenditures	49,888,008.53
f. Federal share of unliquidated obligations	1,687,216.47
g. Total Federal share (sum of lines e and f)	51,575,225.00
h. Unobligated balance of Federal funds (line d minus g)	
Recipient Share:	
i. Total recipient share required	0.00
j. Recipient share of expenditures	0.00
k. Remaining recipient share to be provided (line i minus j)	0.00
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:	0	0	0

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	c. Telephone (Area code, number, and extension)
Laketha M. Miller	**919-855-3736**
	d. Email Address teresa.rawls@dhhs.nc.gov
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year)
	14. Agency use only:

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