

Recipient Report: Grant or Loan

Prime Recipient

Reporting Information		
Award Type*	Award Number*	Final Report*
Grant	SS80AR-10FC	No

Award Recipient Information		
Recipient DUNS Number*	Recipient Account Number	Recipient Congressional District*
		08

Award Information		
Funding Agency Code*	Awarding Agency Code*	Award Date*
7526		
Amount of Award*	CFDA Number*	
\$2,386,895.00	93.658	
Program Source (TAS)*	Sub Account Number for Program Source (TAS)	
Total Number of Sub Awards to Individuals*	Total Amount of Sub Awards to individuals*	
0	0	
Total Number of Payments to Vendors less than	Total Amount of Payments to Vendors less than	
0	0	
Total Number of Sub Awards less than	Total Amount of Sub Awards less than	
0	0	
Award Description*		

Project Information		
Project Name or Project/Program Title*	Project Status*	Total Federal Amount ARRA Funds Received/Invoiced*
FOSTER CARE-TITLE IV-E	Completed 50% or more	\$1,697,151.88
Number of Jobs*	Description of Jobs Created*	
0.00		

Quarterly Activities/Project Description*

Foster Care Aid Payments; ARRA funding resulting from an FMAP increased.

Activity Code (NAICS or NTEE-NPC)*		
1	P02.06	2
3		4
5		6
7		8
9		10
Total Federal Amount of ARRA Expenditure*	Total Federal ARRA Infrastructure Expenditure	Infrastructure Contact Name
\$1,897,550.88		
Infrastructure Contact Email	Infrastructure Contact Phone	Infrastructure Contact Phone Ext
Infrastructure Contact Street Address 1	Infrastructure Contact Street Address 2	Infrastructure Contact Street Address 3
Infrastructure City	Infrastructure State	Infrastructure Zip Code+4
Infrastructure Purpose and Rationale		

Primary Place of Performance		
Street Address 1	Street Address 2	City*
State*	Zip Code+4*	Congressional District*
Country*		

Recipient Highly Compensated Officers			
Primary Recipient Indication of Reporting	#	Officer Name	Officer Compensation
No	1		
	2		
	3		
	4		
	5		

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Vendors

Reporting Information

Award Type*	Award Number*	Recipient DUNS Number*
Grant	SS80AR-10FC	

Subaward Number(*)	Vendor DUNS Number(*)	Vendor Name*	Vendor HQ ZIP Code+4(*)	Product and Service Description	Payment Amount
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