

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DEPARTMENT OF HEALTH & HUMAN SERVICES ACF		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <p align="center">SOCIAL SERVICES BLOCK GRANT SSBG G-2401MDSOSR</p>				Page 1	
3. Recipient Organization (Name and complete address including Zip code) DEPARTMENT OF HUMAN SERVICES GRANTS MANAGEMENT DIVISION/BUDGET & FINANCE 311 WEST SARATOGA STREET, ROOM 931 BALTIMORE, MARYLAND 21201							
4a. UEI GM1WZ4NRTM51	4b. EIN 1566002033A2	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		
8. Project/Grant Period (Month, Day, Year) From: 10/1/2023 To: 9/30/2025			9. Reporting Period End Date (Month, Day, Year) 12/31/2023				
10. Transactions (Use lines a-c for single or multiple grant reporting) Federal Cash (To report multiple grants, also use FFR Attachment):							
a. Cash Receipts					3,865,625		
b. Cash Disbursements					13,246,839		
c. Cash on Hand (line a minus b)					(9,381,214)		
(Use lines d-o for single grant reporting) Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized					13,246,839		
e. Federal share of expenditures					13,246,839		
f. Federal share of unliquidated obligations							
g. Total Federal share (sum of lines e and f)					13,246,839		
h. Unobligated balance of Federal funds (line d minus g)					-		
Recipient Share:							
i. Total recipient share required							
j. Recipient share of expenditures							
k. Remaining recipient share to be provided (line i minus j)							
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
q. Totals:							0
12. Transfer From TANF to SSBG - \$0							
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 48, Section 4904)							
a. Typed or Printed Name and Title of Authorized Certifying Official KIRILL REZNIK ACTING CFO FOR THE OFFICE OF BUDGET & FINANCE DEPARTMENT OF HUMAN SERVICES				c. Telephone (Area code, number, and extension) 410.767.7592			
b. Signature of Authorized Certifying Official				d. Email Address kirill.reznik@maryland.gov			
e. Date Report Submitted (Month, Day, Year)				14. Agency Use Only Standard Form 425 - Revised 10/11/2011 OMB Approval Number: 0348-0061 Expiration Date: 1/28/2018			

Paperwork Burden Statement
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