## FEDERAL FINANCIAL REPORT

(Follow form instructions)

to Which F	ency and Organization Report is Submitted Int of Housing and Urb		(To rep	Federal Grant or Other Identifying Number Assigned by Federal Agency     (To report multiple grants, use FFR Attachment)     M16UC480230					Page 1	of 1 pages	
3. Recipient Organization: BRAZORIA COUNTY, TX											
Brazoria County 1524 E. Mulberry, Suite 162											
ANGLETON, TX 77515											
4a. UEI Numi							6. Report Type 7.	. Basis of Accou	unting		
N1GLHP8EWHD9 746000044			(To report multiple grants, use FFR Attachment)				Quarterly Semi-Annual Annual X Final	Cash X Accrual			
8. Project/Grant Period			To: (Month, Day, Year) 9. Reporting				g Period End Date:				
From: 11/03/2016			09/30/2024			01/23/2025					
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								N/A			
OutSalare_And	isbursements							N/A			
c. Cash on Hand (line a minus b)							N/A				
(Use lines d-o for single grant reporting)											
Federal Expenditures and Unobligated Balance:											
d. Total Federal funds authorized e. Federal share of expenditures										7,226.00	
f. Federal share of expenditures									\$37	7,220.00	
g. Total Federal share (sum of lines e and f)									\$37	7,226.00	
h. Unobligated balance of Federal funds (line d minus g) \$0.00											
Recipient Share:											
i. Total recipient share required							N/A				
j. Recipient share of expenditures							N/A				
k. Remaining recipient share to be provided (line i minus j)  Program Income:											
I. Total Federal program income earned								N/A	\$75	5,292.99	
m. Program income expended in accordance with the deduction alternative  n. Program income expended in accordance with the addition alternative							\$75,292.99				
		e (line I minus line m or line							Ψ1.	\$0.00	
11. Indirect Expense	а. Туре	b. Rate	c. Period From	Period To	d. Base	e. Amo	unt Charged	f. Federal S	hare		
-			-								
				g. Totals:							
12. Remarks:	Attach any explanatio	ons deemed necessary or in	formation requ	ired by Federal	sponsoring	agency in cor	npliance with governing	legislation:			
disbursemer	nts and cash receipt	s report, I certify to the bests are for the purposes and I, or administrative penalti	d intent set for	rth in the awar	d documen						
a. Typed or Printed Name and Title of Authorized Certifying Official c. To							Telephone (Area code, number and extension)				
L.M. "Matt" Sebesta, Jr., Brazoria County Judge						979-864-1200					
						d. Email address Matts@brazoriacountytx.gov					
b. Signatore on Authorized Certifying D#Cal						e. Date Report Submitted (Month, Day, Year) 1/28/25					
,						14. Agency use only					
							ELECTION AND A SECOND				

Standard Form 425 - Revised 10/11/2011 OMB Approval Number: 4040-0014 Expiration Date: 02/28/2025

## Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project ( 0348-0060), Washington, DC 20503.