FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organ to Which Report is Submitt Department of Housing and	(To rep	2. Federal Grant or Other Identifying Number Assigned by Federal A (To report multiple grants, use FFR Attachment) M16UC480230				Page 1	of 1 pages	
3. Recipient Organization: BR	AZORIA COUNTY, TX							pageo
Brazoria County								
1524 E. Mulberry, Suite 162	2							
ANGLETON, TX 77515								
4a. UEI Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)				6. Report Type 7. Basis of Accounting		
N1GLHP8EWHD9	746000044				iment)	Quarterly Cash Semi-Annual X Accrual Annual Final		
8. Project/Grant Period To: (Month, Day, Year)					9. Reporting Period End Date:			
From: 11/03/2016	09/30/2024			01/23/2025				
10. Transactions					Cumulative			
(Use lines a-c for single or mu	Itiple grant reporting)							
Federal Cash (To report	t multiple grants, also use	FFR Attachm	nent):					
a. Cash Receipts						N/A		
b. Cash Disbursements						N/A		
c. Cash on Hand (line a minus b) (Use lines d-o for single grant reporting)						N/A		
Federal Expenditures an	•						¢2	377,226.00
d. Total Federal funds authorized e. Federal share of expenditures								377,226.00
f. Federal share of unliquidated obligations								
g. Total Federal share (sum of lines e and f) h. Unobligated balance of Federal funds (line d minus g)							\$3	377,226.00 \$0.00
Recipient Share:	rederal lunds (line d minus g)							\$0.00
i. Total recipient share req	nuired					N/A		
j. Recipient share of expenditures						N/A		
k. Remaining recipient share to be provided (line i minus j)						N/A		
Program Income:								
I. Total Federal program in		uction alternative				N/A	\$	75,292.99
m. Program income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative						N/A \$75,292.99		
	ncome (line I minus line m or line							\$0.00
11. Indirect Expense	b. Rate	c. Period From	Period To	d. Base	e. Amo	unt Charged f. Federal Share		
			g. Totals:					
12. Remarks:Attach any expla	anations deemed necessary or	information requi	ired by Federa	sponsoring	agency in cor	mpliance with governing legislat	tion:	
disbursements and cash re-	g this report, I certify to the be ceipts are for the purposes ar , civil, or administrative penal	nd intent set for	th in the awar	d documen				
a. Typed or Printed Name and Title of Authorized Certifying Official					c. Telephone (Area code, number and extension)			
L.M. "Matt" Sebesta, Jr. , Brazoria County Judge					979-864-1200			
					d. Email address Matts@brazoriacountytx.gov			
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year) 1/28/25			
L					14. Agency u			
					OMB Ap	d Form 425 - Revised 10/11/2011 proval Number: 4040-0014 in 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.