

Attachment 1- SOW-5

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted HHS-HEALTH RESOURCES & SERVICES ADMINISTRATION				2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 23H80CS00024			
3. Recipient Organization (Name and complete address including Zip code) Pinellas County Board of County Commissioners 315 Court St, Clearwater,FL,33756-5165,USA							
4a. UEI R37RMC63XKG1		4b. EIN 1596000800A2		5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 6D05P		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Project/Grant Period (Month, Day, Year) From: March 1, 2023 To: February 28, 2026				9. Reporting Period End Date (Month, Day, Year) February 29, 2024			
10. Transactions						Cumulative	
<i>(Use lines a-c for single or combined multiple grant reporting)</i>							
Federal Cash (To report multiple grants separately, also use FFR Attachment):							
a. Cash Receipts						\$2,056,279.00	
b. Cash Disbursements						\$2,056,279.00	
c. Cash on Hand (line a minus b)						\$0.00	
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized						\$2,436,385.00	
e. Federal share of expenditures						\$2,056,279.00	
f. Federal share of unliquidated obligations						\$0.00	
g. Total Federal share (sum of lines e and f)						\$2,056,279.00	
h. Unobligated balance of Federal funds (line d minus g)						\$380,106.00	
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 share of program income earned						\$1,402.76	
m. Program income expended in accordance with the deduction alternative						\$0.00	
n. Program income expended in accordance with the addition alternative						\$1,402.76	
o. Unexpended program income (line l minus line m and line n)						\$0.00	
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:					\$0.00	\$0.00	\$0.00
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: Total requested carryover of \$380,106.00 (under 25% of HRSA funds). No formal carryover request is required.							
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 Vizandiou, Keri FINANCE MANAGER					c. Telephone (Area code, number, and extension)		
					d. Email Address kvizandiou@pinellascounty.org		
b. Signature of Authorized Certifying Official Vizandiou, Keri					e. Date Report Submitted (Month, Day, Year) May 29, 2024		

Standard Form 425
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 4040-0014. Public reporting burden for this collection of information is estimated to average 1 hour 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. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: US Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PRA Reports Clearance Officer

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(Additional Page)

Federal Agency & Organization : HHS-HEALTH RESOURCES & SERVICES ADMINISTRATION

Federal Grant ID : 23H80CS00024

Recipient Organization : Pinellas County Board of County Commissioners
315 Court St, Clearwater,FL,33756-5165,USA

UEI : R37RMC63XKG1

UEI Status when Certified : ACTIVE (as of 05/29/2024)

EIN : 1596000800A2

Reporting Period End Date : February 29, 2024

Status : Awarding Agency Approval

Remarks : Total requested carryover of \$380,106.00 (under 25% of HRSA funds). No formal carryover request is required.

Federal Agency Review

Reviewer Name : Arana Saul

Phone # : 3014436555

Email : SArana@hrsa.gov

Review Date : May 29, 2024

Review Comments :