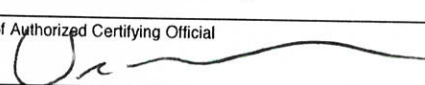


# FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted HHS-Substance Abuse & Mental Health Services Admin		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 1H79TI026096-01			Page 1	of 1 pages																								
3. Recipient Organization (Name and complete address including Zip code) Webb County 406th District Court 1110 Victoria Street Suite 402 Laredo, TX 78040																														
4a. DUNS Number 052767030	4b. EIN 1746001587A5	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 351	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 From: (Month, Day, Year) 09/30/2015		To: (Month, Day, Year) 09/29/2018		9. Reporting Period End Date (Month, Day, Year) 09/29/2016																										
10. Transactions (Use lines a-c for single or multiple grant reporting)						Cumulative																								
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>																														
a. Cash Receipts						235,231.07																								
b. Cash Disbursements						290,369.13																								
c. Cash on Hand (line a minus b)						-55,138.06																								
(Use lines d-o for single grant reporting)																														
<b>Federal Expenditures and Unobligated Balance:</b>																														
d. Total Federal funds authorized						325,000.00																								
e. Federal share of expenditures						290,369.13																								
f. Federal share of unliquidated obligations						0.00																								
g. Total Federal share (sum of lines e and f)						290,369.13																								
h. Unobligated balance of Federal funds (line d minus g)						34,630.87																								
<b>Recipient Share:</b>																														
i. Total recipient share required																														
j. Recipient share of expenditures																														
k. Remaining recipient share to be provided (line i minus j)																														
<b>Program Income:</b>																														
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)																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">11. Indirect Expense</th> <th style="width: 10%;">a. Type</th> <th style="width: 10%;">b. Rate</th> <th style="width: 10%;">c. Period From</th> <th style="width: 10%;">Period To</th> <th style="width: 10%;">d. Base</th> <th style="width: 10%;">e. Amount Charged</th> <th style="width: 10%;">f. Federal Share</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6" style="text-align: right;">g. Totals:</td> <td></td> <td></td> </tr> </tbody> </table>							11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share									g. Totals:							
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share																							
g. Totals:																														
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: It is our intention to carry over the unobligated balance of \$32,500.00 into Year 2.																														
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  Oscar J. Hale Jr., 406th District Court Judge				c. Telephone (Area code, number and extension) 956-523-4963																										
b. Signature of Authorized Certifying Official 				d. Email address drugcourt@webbcountytexas.gov																										
				e. Date Report Submitted (Month, Day, Year) 12/20/16																										
14. Agency Use only:																														

Standard Form 425 - Revised 6/28/2010  
 OMB Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

### 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 (0348-0061), Washington, DC 20503.