

QUARTER END

9/30/2019

Final



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Route Slip – Federal Report Approval

Financial Status Report: 1701AAAZT70M

Period Ending: 9/30/2019

Instructions:

Please review as promptly as possible for the following criteria. Subsequent to approval, please check the corresponding box, date when reviewed, and forward the report to the next person listed.

Approval Criteria	FA/SFA	SFA/MA	MA/SMA
	Bryce Dreifuss	RV	RC
Date reviewed	10/29/19	10/29/19	10/30/19
Tick and foot report to supporting documentation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cash on hand is zero or positive amount- if positive, remark added.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Expenditures + Obligations is less than or equal to federal funds authorized.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administrative expenditures match federal regulations. Administrative cap is <u>NA</u> . (N/A if no admin cap).	<input type="checkbox"/>	<input type="checkbox"/> NA	<input type="checkbox"/>
AFIS downloads are pulling in correct quarters and accounting periods and posting codes. Confirm AFIS downloads are from JRNL_CA.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unobligated balance is greater than or equal to zero. If obligation date is equal to reporting end date, no unobligated balance is shown. If obligation date was a previous report, unobligated balance cannot decrease.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Program Income is logical and supported (N/A if no program income).	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/>
If grant liquidation date has passed and there are unspent funds, program is aware. If obligation date has passed and there are unobligated funds, program is aware.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of the completed draft has been provided to the program.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If final report, PPC is closed (N/A if not final report).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

From	Phone	Date
Bryce Dreifuss Financial Services Administration Division of Business and Finance	(602) 542-5526	10/29/2019

FEDERAL FINANCIAL REPORT
(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted Department of Health and Human Services, Administration on Aging	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 17AAAZT70M	Page of 1 1 pages
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3. Recipient Organization (Name and complete address including Zip code)
 Arizona Department of Economic Security, P.O. BOX 6123, SITE CODE 838Z, PHOENIX, ARIZONA 85005

4a. DUNS Number 136730434	4b. EIN 86-6004791	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) G09, G41	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period (Month, Day, Year) From: 10/01/2016 To: 09/30/2017	9. Reporting Period End Date (Month, Day, Year) 9/30/2019
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10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i>	Cumulative
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Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	344,482
b. Cash Disbursements	344,482
c. Cash on Hand (line a minus b)	-

<i>(Use lines d-o for single grant reporting)</i>	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	344,482
e. Federal share of expenditures	344,482
f. Federal share of unliquidated obligations	-
g. Total Federal share (sum of lines e and f)	344,482
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.	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Indirect Expense							
g. Totals:					-	-	-

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

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 Rebecca Clayton, Budget and Finance Manager Division of Business and Finance	c. Telephone (Area code, number, and extension) (602) 364-0772 d. Email Address RClayton@azdes.gov
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year)

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.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted Department of Health and Human Services, Administration on Aging	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 17AAAZT70M	Page of 1 1 pages
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 Arizona Department of Economic Security, P.O. BOX 6123, SITE CODE 838Z, PHOENIX, ARIZONA 85005

4a. DUNS Number 136730434	4b. EIN 86-6004791	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) G09, G41	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period (Month, Day, Year) From: 10/01/2016 To: 09/30/2017	9. Reporting Period End Date (Month, Day, Year) 9/30/2019
---	--

10. Transactions Cumulative

(Use lines a-c for single or multiple grant reporting)

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c. Cash on Hand (line a minus b)	-

(Use lines d-o for single grant reporting)

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g. Total Federal share (sum of lines e and f)	344,482
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Recipient Share:

i. Total recipient share required	-
j. Recipient share of expenditures	-
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l. Total Federal program income earned	-
m. Program income expended in accordance with the deduction alternative	-
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11.	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Indirect Expense							
							g. Totals: -

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a. Typed or Printed Name and Title of Authorized Certifying Official Rebecca Clayton, Budget and Finance Manager Division of Business and Finance	c. Telephone (Area code, number, and extension) (602) 364-0772 d. Email Address RClayton@azdes.gov
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year)

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MJR_PROG_CD	OMBUDS ACTV	
PSTNG_CD_ID	(Multiple Items)	D011, D013, D014, P005, R003, C001, D025
DOC_CD	(Multiple Items)	Excluding CA
FY_DC	(All)	2017, 2018, 2019
FQTR	(All)	1, 2, 3, 4

Sum of PSTNG_AM				
PSTNG_CD_ID2	TASK_CD	PROG_CD	PPC_CD	Total
Expenditures	FED	G09	2017	12,534.29
		G41	2017	328,877.00
Expenditures Total				341,411.29
Obligations	FED	G41	2017	0.00
Obligations Total				0.00
Revenue	FED	G09	2017	(344,482.00)
Revenue Total				(344,482.00)
Grand Total				(3,070.71)

Expenditures	341,411.29	Revenue	(344,482.00)
	3,070.71		(344,482.00)
	<u>344,482.00</u>		

B1
Budg - 2019
B accruals

A

MJR_PROG_CD	OMBUDS ACTV	
PSTNG_CD_ID	(Multiple Items)	D011, D013, D014, P005, R003, C001, D025
DOC_CD	CA	Only CA
FY_DC	(All)	2017, 2018, 2019
FQTR	(All)	1, 2, 3, 4

Sum of PSTNG_AM				
PSTNG_CD_ID2	TASK_CD	PROG_CD	PPC_CD	Total
Expenditures	FED	G09	2017	3,070.71
Expenditures Total				3,070.71
Grand Total				3,070.71

T7SP17_OMBUDSMAN	\$386.00				
927 05/05/2017 05/04/2017	\$939,457.17	170504	53300	4036647950	
T7SP17_OMBUDSMAN	\$3,305.00				
927 04/19/2017 04/18/2017	\$4,462,116.82	170418	43263	4036624596	
T7SP17_OMBUDSMAN	\$178.00				
927 04/14/2017 04/13/2017	\$296,114.20	170413	43250	4036620384	
T7SP17_OMBUDSMAN	\$997.00				
927 04/11/2017 04/10/2017	\$1,402,584.31	170410	43238	4036614316	
T7SP17_OMBUDSMAN	\$2.00				
927 04/07/2017 04/05/2017	\$946,420.37	170406	43230	4036609703	
T7SP17_OMBUDSMAN	\$740.00				
927 03/27/2017 03/24/2017	\$607,031.03	170324	33200	4036593700	
T7SP17_OMBUDSMAN	-\$6,460.00				
927 03/23/2017 03/22/2017	\$4,744,921.97	170322	33194	4036590600	
T7SP17_OMBUDSMAN	\$6,490.00				
927 03/20/2017 03/17/2017	\$141,547.09	170317	33185	4036585460	
T7SP17_OMBUDSMAN	\$6,490.00				
927 03/14/2017 03/13/2017	\$2,138,137.59	170313	33170	4036578422	
T7SP17_OMBUDSMAN	\$19,043.00				
927 03/09/2017 03/08/2017	\$1,549,357.81	170308	33160	4036572388	
T7SP17_OMBUDSMAN	-\$8,655.00				
927 03/06/2017 03/03/2017	\$488,560.04	170303	33151	4036567266	
T7SP17_OMBUDSMAN	\$8,655.00				
PIN:Y746 ACC:Y194P	\$120,794,815.93	Total Advances Listed	Pay Hits: 74		
	\$13,793,928,129.78	Total Advances	Pay Count: 12814		
T7SP17_OMBUDSMAN	\$344,482.00	Total Subacct Advances Listed			

 ***** Inquiry Results Complete *****

 You may now make another selection from the Menu

927	10/25/2017	10/24/2017	3,293,020.95	171024	103712	4036863.
	T7SP17_OMBUDSMAN		\$5,370.00			
927	10/23/2017	10/20/2017	\$231,441.44	171020	103704	4036860169
	T7SP17_OMBUDSMAN		-\$360.00			
927	10/17/2017	10/16/2017	\$3,549,061.99	171016	103690	4036852299
	T7SP17_OMBUDSMAN		-\$682.00			
927	10/10/2017	10/06/2017	\$2,213,289.00	171006	103668	4036843621
	T7SP17_OMBUDSMAN		\$6,311.00			
927	10/04/2017	10/03/2017	\$2,586,017.98	171003	103656	4036838402
	T7SP17_OMBUDSMAN		\$4,957.00			
927	09/25/2017	09/22/2017	\$1,964,504.80	170922	93630	4036824228
	T7SP17_OMBUDSMAN		\$6,768.00			
927	09/20/2017	09/19/2017	\$1,373,867.17	170919	93619	4036818693
	T7SP17_OMBUDSMAN		-\$251.00			
927	09/18/2017	09/15/2017	\$1,527,044.84	170915	93612	4036815137
	T7SP17_OMBUDSMAN		-\$3,768.00			
927	09/11/2017	09/08/2017	\$752,000.78	170908	93594	4036806296
	T7SP17_OMBUDSMAN		\$6.00			
927	08/31/2017	08/30/2017	\$3,510.51	170830	83574	4036795929
	T7SP17_OMBUDSMAN		-\$13,513.00			
927	08/29/2017	08/28/2017	\$1,638,308.76	170828	83567	4036791874
	T7SP17_OMBUDSMAN		\$13,028.00			
927	08/28/2017	08/25/2017	\$376,614.00	170825	83564	4036790334
	T7SP17_OMBUDSMAN		\$13,885.00			
927	08/23/2017	08/22/2017	\$1,849,134.09	170822	83555	4036784734
	T7SP17_OMBUDSMAN		\$9,722.00			
927	08/15/2017	08/14/2017	\$670,936.02	170814	83537	4036774569
	T7SP17_OMBUDSMAN		\$1.00			
927	08/07/2017	08/04/2017	\$494,596.08	170804	83519	4036764830
	T7SP17_OMBUDSMAN		\$2,455.00			
927	08/01/2017	07/31/2017	\$1,012,110.86	170731	73505	4036757912
	T7SP17_OMBUDSMAN		\$1,181.00			
927	07/31/2017	07/28/2017	\$347,799.51	170728	73501	4036755870
	T7SP17_OMBUDSMAN		\$1,193.00			
927	07/26/2017	07/25/2017	\$282,730.00	170725	73491	4036749428
	T7SP17_OMBUDSMAN		\$121.00			
927	07/24/2017	07/21/2017	\$198,567.48	170721	73484	4036745529
	T7SP17_OMBUDSMAN		\$3,386.00			
927	07/14/2017	07/13/2017	\$450,292.82	170713	73465	4036735214
	T7SP17_OMBUDSMAN		\$3.00			
927	07/12/2017	07/11/2017	\$4,531,407.23	170711	73459	4036731300
	T7SP17_OMBUDSMAN		\$5,699.00			
927	07/10/2017	07/07/2017	\$1,283,909.78	170707	73453	4036728068
	T7SP17_OMBUDSMAN		\$755.00			
927	06/28/2017	06/27/2017	\$1,000.00	170627	63427	4036715283
	T7SP17_OMBUDSMAN		\$109.00			
927	06/23/2017	06/22/2017	\$1,000.00	170622	63417	4036709838
	T7SP17_OMBUDSMAN		\$739.00			
927	06/19/2017	06/16/2017	\$509,406.09	170616	63403	4036702590
	T7SP17_OMBUDSMAN		\$1,080.00			
Z27	06/15/2017		\$285,408.00			
	T7SP17_OMBUDSMAN		\$739.00			
927	06/08/2017	06/06/2017	\$587,008.00	170607	63374	4036688304
	T7SP17_OMBUDSMAN		\$6,603.00			
927	06/05/2017	06/02/2017	\$1,322,097.67	170602	63367	4036684683
	T7SP17_OMBUDSMAN		\$47,923.00			
927	05/25/2017	05/23/2017	\$9,973,395.76	170524	53344	4036671841
	T7SP17_OMBUDSMAN		\$145.00			
Z27	05/23/2017		\$9,973,395.76			
	T7SP17_OMBUDSMAN		\$145.00			
927	05/18/2017	05/17/2017	\$1,767,393.04	170517	53330	4036664618
	T7SP17_OMBUDSMAN		\$323.00			
927	05/12/2017	05/11/2017	\$945,495.11	170511	53318	4036657755
	T7SP17_OMBUDSMAN		\$739.00			
927	05/10/2017	05/09/2017	\$5,479,719.99	170509	53311	4036654028

INQUIRY: PAY-G DATE: 10/29/2019 TIME: 02:06:14 PM

```

---PIN: Y746 ---ACC: Y194P -----
T/C* ***DEBIT** **POSTED** *****AMOUNT***** *DATE**SCHED* **CONFIRM*
927 03/21/2019 03/20/2019      $2,756,894.10 190320 33934 4037500777
    T7SP17_OMBUDSMAN          $15,609.44
227      03/18/2019          $2,391,840.26
    T7SP17_OMBUDSMAN          $15,609.44
916 03/06/2019 03/05/2019      $837,650.79 190306 34050 4037480865
    T7SP17_OMBUDSMAN          $3,802.83
916 02/22/2019 02/21/2019      $2,501,112.95 190222 24498 4037465868
    T7SP17_OMBUDSMAN          -$3,802.83
916 02/20/2019 02/19/2019      $2,292,388.52 190220 24487 4037462003
    T7SP17_OMBUDSMAN          -$3,802.83
927 10/01/2018 09/28/2018      $3,884,087.03 180928 93532 4037287256
    T7SP17_OMBUDSMAN          -$220.00
927 09/20/2018 09/18/2018      $1,191,193.26 180919 93501 4037271081
    T7SP17_OMBUDSMAN          $220.00
227      09/17/2018          $6,256,309.79
    T7SP17_OMBUDSMAN          $220.00
927 09/18/2018 09/17/2018      $6,256,191.63 180917 93496 4037269041
    T7SP17_OMBUDSMAN          $220.00
927 07/11/2018 07/10/2018      $493,013.41 180710 73327 4037184302
    T7SP17_OMBUDSMAN          $148.70
927 06/27/2018 06/26/2018      $2,088,524.28 180626 63295 4037168802
    T7SP17_OMBUDSMAN          $4,708.64
927 06/14/2018 06/13/2018      $536,710.31 180613 63264 4037152505
    T7SP17_OMBUDSMAN          $50,112.61
927 06/06/2018 06/05/2018      $814,125.56 180605 63241 4037142414
    T7SP17_OMBUDSMAN          $11,627.42
927 06/01/2018 05/31/2018      $528,818.43 180531 53232 4037137872
    T7SP17_OMBUDSMAN          -$343.81
927 05/24/2018 05/23/2018      $1,592,094.44 180523 53214 4037128369
    T7SP17_OMBUDSMAN          $63,896.64
927 05/22/2018 05/21/2018      $184,906.67 180521 53208 4037124159
    T7SP17_OMBUDSMAN          $2,209.00
927 05/02/2018 05/01/2018      $1,231,546.87 180501 53163 4037101060
    T7SP17_OMBUDSMAN          $4,242.00
927 04/27/2018 04/26/2018      $4,772,933.61 180426 43153 4037095276
    T7SP17_OMBUDSMAN          $4,242.00
927 04/10/2018 04/09/2018      $522,050.77 180409 43107 4037071169
    T7SP17_OMBUDSMAN          $2,563.00
927 04/04/2018 04/03/2018      $1,190,427.36 180403 43094 4037064946
    T7SP17_OMBUDSMAN          $4,922.00
927 03/27/2018 03/26/2018      $1,000.00 180326 33073 4037054546
    T7SP17_OMBUDSMAN          $11,211.00
927 03/08/2018 03/07/2018      $596,491.20 180307 33029 4037031372
    T7SP17_OMBUDSMAN          $755.00
927 03/02/2018 03/01/2018      $349,057.99 180301 33015 4037024860
    T7SP17_OMBUDSMAN          $6,747.00
927 02/14/2018 02/13/2018      $7,601,701.80 180213 23978 4037003646
    T7SP17_OMBUDSMAN          $10,563.00
927 01/18/2018 01/17/2018      $1,753,013.16 180117 13910 4036965879
    T7SP17_OMBUDSMAN          $20.00
927 01/09/2018 01/08/2018      $905,477.21 180108 13892 4036955354
    T7SP17_OMBUDSMAN          $.19
927 12/18/2017 12/15/2017      $984,906.80 171215 123841 4036931430
    T7SP17_OMBUDSMAN          $3.00
916 12/06/2017 12/06/2017      $4,125,103.03 171206 124072 4036917961
    T7SP17_OMBUDSMAN          $5,370.00
927 11/16/2017 11/15/2017      $1,084,235.76 171115 113765 4036892793
    T7SP17_OMBUDSMAN          $3.00
927 11/01/2017 10/31/2017      $786,228.84 171031 103732 4036874087
    T7SP17_OMBUDSMAN          $4,356.00

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INQUIRY: AUTHC-G

DATE: 10/29/2019 TIME: 02:04:56 PM

PIN:Y746 ACC:Y194P DOC:17AAAZT70M AGY:FHHA299 OLD AGY:299 AUTH TC's Follow --

T/C*	*****FCO*****	*****INC-AUTH*****	POST DATE	START DATE	END DATE	ISSUE DATE
050	2017-2994345-4115		1,920.00	08/14/2017	10/01/2016	09/30/2017 08/10/2017
050	2017-2994345-4115		146,027.00	06/07/2017	10/01/2016	09/30/2017 06/01/2017
050	2017-2994345-4115		131,157.00	12/23/2016	10/01/2016	09/30/2017 12/19/2016
050	2017-2994345-4115		65,378.00	10/21/2016	10/01/2016	09/30/2017 10/14/2016
	NET TC:		344,482.00			

Hits: 4

 ***** Inquiry Results Complete *****

 You may now make another selection from the Menu

QUARTER END

9/30/2019

Route Slip – Federal Report Approval

Financial Status Report: 18AAAZT70M

Period Ending: 9/30/2019

Instructions:

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Approval Criteria	FA/SFA	SFA/MA	MA/SMA
	Bryce Dreifuss	RV	RC
Date reviewed	<u>10/30/19</u>	<u>10/30/19</u>	<u>10/30/19</u>
Tick and foot report to supporting documentation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cash on hand is zero or positive amount- if positive, remark added.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Expenditures + Obligations is less than or equal to federal funds authorized.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administrative expenditures match federal regulations. Administrative cap is <u>NA</u> . (N/A if no admin cap).	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>
AFIS downloads are pulling in correct quarters and accounting periods and posting codes. Confirm AFIS downloads are from JRNL_CA.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unobligated balance is greater than or equal to zero. If obligation date is equal to reporting end date, no unobligated balance is shown. If obligation date was a previous report, unobligated balance cannot decrease.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Program Income is logical and supported (N/A if no program income).	<input type="checkbox"/> NA	NA <input type="checkbox"/>	<input type="checkbox"/>
If grant liquidation date has passed and there are unspent funds, program is aware. If obligation date has passed and there are unobligated funds, program is aware.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copy of the completed draft has been provided to the program.	<input type="checkbox"/> NA	NA <input type="checkbox"/>	<input type="checkbox"/>
If final report, PPC is closed (N/A if not final report).	<input type="checkbox"/> NA	NA <input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

From	Phone	Date
Bryce Dreifuss Financial Services Administration Division of Business and Finance	(602) 542-5526	10/30/2019

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted Department of Health and Human Services, Administration on Aging	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 18AAAZT70M	Page of 1 1 pages
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3. Recipient Organization (Name and complete address including Zip code)
 Arizona Department of Economic Security, P.O. BOX 6123, SITE CODE 838Z, PHOENIX, ARIZONA 85005

4a. DUNS Number 136730434	4b. EIN 86-6004791	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) G09, G41	6. Report Type <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
----------------------------------	---------------------------	---	---	--

8. Project/Grant Period (Month, Day, Year) From: 10/01/2017 To: 09/30/2018	9. Reporting Period End Date (Month, Day, Year) 9/30/2019
---	--

10. Transactions Cumulative

(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):

a. Cash Receipts	370,041
b. Cash Disbursements	370,041
c. Cash on Hand (line a minus b)	(0)

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	370,494
e. Federal share of expenditures	370,041
f. Federal share of unliquidated obligations	0
g. Total Federal share (sum of lines e and f)	370,041
h. Unobligated balance of Federal funds (line d minus g)	453

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
g. Totals:					-	-	-

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:
 COH due to timing

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 Rebecca Clayton, Budget and Finance Manager Division of Business and Finance	c. Telephone (Area code, number, and extension) (602) 364-0772 d. Email Address RClayton@azdes.gov
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year)

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.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted Department of Health and Human Services, Administration on Aging	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 18AAA2T7OM	Page of 1 1 pages
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3. Recipient Organization (Name and complete address including Zip code)
Arizona Department of Economic Security, P.O. BOX 6123, SITE CODE 838Z, PHOENIX, ARIZONA 85005

4a. DUNS Number 136730434	4b. EIN 86-6004791	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) G09, G41	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period (Month, Day, Year) From: 10/01/2017 To: 09/30/2018	9. Reporting Period End Date (Month, Day, Year) 9/30/2019
---	--

10. Transactions Cumulative

(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):

a. Cash Receipts	A	370,041
b. Cash Disbursements		370,041
c. Cash on Hand (line a minus b)		(0)

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	C	370,494
e. Federal share of expenditures	E	370,041
f. Federal share of unliquidated obligations	/	0
g. Total Federal share (sum of lines e and f)	/	370,041
h. Unobligated balance of Federal funds (line d minus g)	/	453

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
					g. Totals:	-	-

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:
COH due to timing

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 Rebecca Clayton, Budget and Finance Manager Division of Business and Finance	c. Telephone (Area code, number, and extension) (602) 364-0772 d. Email Address RClayton@azdes.gov
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year)

14. Agency use only:

Standard Form 425 - Revised 6/28/2010
OMB Approval Number: 0348-0061
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PPC_CD 2018
 MJR_PROG_CD OMBUDS ACTV
 TASK_CD FED
 DOC_CD (All)
 PROG_CD (All)
 FY_DC 2018, 2019

Sum of PSTNG_AM PostingCodeGroup2	FQTR	1	2	3	4 Grand Total
Encumbrance		215,175.04	(11,225.89)	(165,796.76)	(38,152.39)
Expense		97,987.53	11,225.89	163,504.82	97,312.27
Revenue		(75,477.73)	(36,014.58)	(162,336.08)	(370,040.51)
Grand Total		237,694.84	(36,014.58)	(164,628.02)	(37,052.24)

E1 A

PPC_CD 2018
 MJR_PROG_CD OMBUDS ACTV
 TASK_CD FED
 DOC_CD CA
 PROG_CD (All)
 FY_DC 2018, 2019

Sum of PSTNG_AM PostingCodeGroup2	FQTR	1	3	4 Grand Total
Expense		1,780.91	1,467.23	4,711.86
Grand Total		1,780.91	1,467.23	1,463.72

E2 * Moving ineligible CA to appropriate fund source

Expense
 370,040.51
 (4,711.86)
 4,711.86
 370,040.51

E1 E2 E3 E

E3* backfilling ineligible expenditures w/ 2019 accruals

E2 * Moving ineligible CA to appropriate fund source

927	07/16/2018	07/13/2018	\$3,122,663.64	180713	73339	403718	5
	T7SP18_OMBUDSMAN		\$5,591.38				
927	07/11/2018	07/10/2018	\$493,013.41	180710	73327	4037184302	
	T7SP18_OMBUDSMAN		\$753.03				
927	07/02/2018	06/29/2018	\$1,000.00	180629	63308	4037174940	
	T7SP18_OMBUDSMAN		\$1,743.14				
927	06/27/2018	06/26/2018	\$2,088,524.28	180626	63295	4037168802	
	T7SP18_OMBUDSMAN		\$42,717.53				
927	06/14/2018	06/13/2018	\$536,710.31	180613	63264	4037152505	
	T7SP18_OMBUDSMAN		\$1,329.82				
927	06/01/2018	05/31/2018	\$528,818.43	180531	53232	4037137872	
	T7SP18_OMBUDSMAN		-\$73.54				
927	05/24/2018	05/23/2018	\$1,592,094.44	180523	53214	4037128369	
	T7SP18_OMBUDSMAN		\$1,087.24				
927	05/22/2018	05/21/2018	\$184,906.67	180521	53208	4037124159	
	T7SP18_OMBUDSMAN		\$829.00				
927	05/02/2018	05/01/2018	\$1,231,546.87	180501	53163	4037101060	
	T7SP18_OMBUDSMAN		\$896.00				
927	04/27/2018	04/26/2018	\$4,772,933.61	180426	43153	4037095276	
	T7SP18_OMBUDSMAN		\$140.00				
927	04/19/2018	04/18/2018	\$410,177.00	180418	43129	4037083798	
	T7SP18_OMBUDSMAN		\$1,029.00				
927	04/04/2018	04/03/2018	\$1,190,427.36	180403	43094	4037064946	
	T7SP18_OMBUDSMAN		\$755.00				
927	03/23/2018	03/22/2018	\$1,601,169.15	180322	33066	4037050455	
	T7SP18_OMBUDSMAN		\$208.00				
927	03/19/2018	03/16/2018	\$334,858.00	180316	33052	4037043508	
	T7SP18_OMBUDSMAN		\$1,131.00				
927	03/02/2018	03/01/2018	\$349,057.99	180301	33015	4037024860	
	T7SP18_OMBUDSMAN		\$1,057.00				
927	02/22/2018	02/21/2018	\$1,000.00	180221	23992	4037011874	
	T7SP18_OMBUDSMAN		\$1,654.00				
927	02/14/2018	02/13/2018	\$7,601,701.80	180213	23978	4037003646	
	T7SP18_OMBUDSMAN		\$328.00				
927	02/09/2018	02/08/2018	\$666,829.51	180208	23969	4036998633	
	T7SP18_OMBUDSMAN		\$1,511.00				
PIN:Y746 ACC:Y194P			\$94,294,915.87	Total Advances Listed Pay Hits: 48			
			\$13,794,744,916.99	Total Advances Pay Count: 12817			
T7SP18_OMBUDSMAN			\$370,040.51	Total Subacct Advances Listed			

A

 ***** Inquiry Results Complete *****

 You may now make another selection from the Menu

INQUIRY: PAY-G DATE: 10/30/2019 TIME: 09:38:18 PM

```

---PIN: Y746 ---ACC: Y194P -----
T/C* ***DEBIT** **POSTED** *****AMOUNT***** *DATE**SCHED* **CONFIRM*
927 05/28/2019 05/24/2019 $4,728,305.56 190524 53086 4037585800
    T7SP18_OMBUDSMAN $10,686.38
927 05/21/2019 05/17/2019 $1,122,910.37 190520 53072 4037577031
    T7SP18_OMBUDSMAN $14,623.75
Z27 05/17/2019 $1,125,569.65
    T7SP18_OMBUDSMAN $14,623.75
927 05/08/2019 05/07/2019 $8,542,541.77 190507 53047 4037562794
    T7SP18_OMBUDSMAN -$12,417.23
927 04/26/2019 04/25/2019 $3,260,733.59 190425 43021 4037547930
    T7SP18_OMBUDSMAN $6,401.13
927 04/22/2019 04/18/2019 $1,348,321.93 190419 43006 4037539044
    T7SP18_OMBUDSMAN $13,670.10
927 04/17/2019 04/16/2019 $134,213.27 190416 43999 4037535039
    T7SP18_OMBUDSMAN $7,268.97
927 04/12/2019 04/11/2019 $777,208.58 190411 43990 4037529949
    T7SP18_OMBUDSMAN $7,268.97
927 03/29/2019 03/28/2019 $1,849,499.02 190328 33956 4037512973
    T7SP18_OMBUDSMAN $55,130.66
927 03/21/2019 03/20/2019 $2,756,894.10 190320 33934 4037500777
    T7SP18_OMBUDSMAN $70,999.43
Z27 03/18/2019 $2,391,840.26
    T7SP18_OMBUDSMAN $63,353.95
916 03/06/2019 03/05/2019 $837,650.79 190306 34050 4037480865
    T7SP18_OMBUDSMAN $13,254.88
916 02/22/2019 02/21/2019 $2,501,112.95 190222 24498 4037465868
    T7SP18_OMBUDSMAN $8,180.91
927 01/11/2019 01/10/2019 $1,333,092.01 190110 13770 4037412817
    T7SP18_OMBUDSMAN $8,881.20
927 12/28/2018 12/27/2018 $365,030.30 181227 123741 4037398081
    T7SP18_OMBUDSMAN $4,498.00
927 11/07/2018 11/06/2018 $1,454,413.75 181106 113618 4037333598
    T7SP18_OMBUDSMAN $6,726.49
927 10/17/2018 10/16/2018 $602,010.22 181016 103570 4037306921
    T7SP18_OMBUDSMAN $1.40
927 10/12/2018 10/11/2018 $2,566,313.22 181011 103560 4037302418
    T7SP18_OMBUDSMAN $1.40
927 10/01/2018 09/28/2018 $3,884,087.03 180928 93532 4037287256
    T7SP18_OMBUDSMAN $24,787.29
927 09/20/2018 09/18/2018 $1,191,193.26 180919 93501 4037271081
    T7SP18_OMBUDSMAN $7,035.51
Z27 09/17/2018 $6,256,309.79
    T7SP18_OMBUDSMAN $6,179.30
927 09/18/2018 09/17/2018 $6,256,191.63 180917 93496 4037269041
    T7SP18_OMBUDSMAN $6,179.30
927 09/06/2018 09/05/2018 $4,564,489.41 180905 93470 4037254672
    T7SP18_OMBUDSMAN $897.67
927 08/30/2018 08/28/2018 $1,856,248.55 180829 83453 4037245734
    T7SP18_OMBUDSMAN $3,420.04
927 08/22/2018 08/21/2018 $6,928,500.52 180821 83436 4037236940
    T7SP18_OMBUDSMAN $33,036.27
927 08/16/2018 08/15/2018 $2,257,441.27 180815 83420 4037229843
    T7SP18_OMBUDSMAN $3.81
927 08/08/2018 08/07/2018 $1,232,605.56 180807 83399 4037220258
    T7SP18_OMBUDSMAN $10,783.10
927 08/01/2018 07/31/2018 $4,023,211.15 180731 73383 4037212174
    T7SP18_OMBUDSMAN $175.99
927 07/25/2018 07/24/2018 $931,280.91 180724 73361 4037201653
    T7SP18_OMBUDSMAN $5,515.71
927 07/18/2018 07/17/2018 $281,982.68 180717 73345 4037192751
    T7SP18_OMBUDSMAN $342.78

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INQUIRY: AUTHC-G

DATE: 10/30/2019 TIME: 09:40:47 PM

PIN:Y746 ACC:Y194P DOC:18AAAZT70M AGY:FHHA299 OLD AGY:299 AUTH TC's Follow --

T/C*	*****FCO*****	*****INC-AUTH*****	POST DATE	START DATE	END DATE	ISSUE DATE
050	2018-2994345-4115		2,078.00	09/10/2018	10/01/2017	09/30/2018 09/05/2018
050	2018-2994345-4115		204,315.00	05/18/2018	10/01/2017	09/30/2018 05/17/2018
050	2018-2994345-4115		59,417.00	02/21/2018	10/01/2017	09/30/2018 02/14/2018
050	2018-2994345-4115		39,623.00	01/04/2018	10/01/2017	09/30/2018 01/03/2018
050	2018-2994345-4115		65,061.00	10/18/2017	10/01/2017	09/30/2018 10/11/2017
NET TC:			370,494.00			

Hits: 5

 ***** Inquiry Results Complete *****

 You may now make another selection from the Menu

QUARTER END

9/30/2019

Route Slip – Federal Report Approval

Financial Status Report: 1901AZOAOM

Period Ending: 09/30/2019

Instructions:

Please review as promptly as possible for the following criteria. Subsequent to approval, please check the corresponding box, date when reviewed, and forward the report to the next person listed.

Approval Criteria	FA/SFA	SFA/MA	MA/SMA	Manager
	JF	RV		RC
Date reviewed	10-29-19	10/30/2019	_____	10/30/19
Tick and foot report to supporting documentation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash on hand is zero or positive amount- if positive, remark added.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expenditures + Obligations is less than or equal to federal funds authorized.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Administrative expenditures match federal regulations (N/A if no admin regulations). N/A	<input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFIS downloads are pulling in correct quarters and accounting periods and posting codes. Confirm AFIS downloads are from JRNL_CA.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unobligated balance is greater than or equal to zero. If obligation date is equal to reporting end date, no unobligated balance is shown. If obligation date was a previous report, unobligated balance cannot decrease.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Program Income is logical and supported (N/A if no program income). N/A	<input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If grant liquidation date has passed and there are unspent funds, program is aware. If obligation date has passed and there are unobligated funds, program is aware.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of the completed draft has been provided to the program.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If final report, PPC is closed (N/A if not final report). N/A	<input type="checkbox"/>	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

From	Phone	Date
Jennifer Flynn Financial Services Administration Division of Business and Finance	(602) 364-1089	10/29/2019

FEDERAL FINANCIAL REPORT
(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted Department of Health and Human Services, Administration on Aging	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 1901AZOAO M	Page of 1 1 pages
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3. Recipient Organization (Name and complete address including Zip code)
Arizona Department of Economic Security, P.O. BOX 6123, SITE CODE 838Z, PHOENIX, ARIZONA 85005

4a. DUNS Number 136730434	4b. EIN 86-6004791	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) G09, G41	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period (Month, Day, Year) From: 10/01/2018 To: 09/30/2020	9. Reporting Period End Date (Month, Day, Year) 09/30/19
---	---

10. Transactions Cumulative
(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):

a. Cash Receipts	169,090
b. Cash Disbursements	163,100
c. Cash on Hand (line a minus b)	5,990

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	369,707
e. Federal share of expenditures	163,100
f. Federal share of unliquidated obligations	202,422
g. Total Federal share (sum of lines e and f)	365,522
h. Unobligated balance of Federal funds (line d minus g)	4,185

Recipient Share:

i. Total recipient share required	-
j. Recipient share of expenditures	-
k. Remaining recipient share to be provided (line i minus j)	-

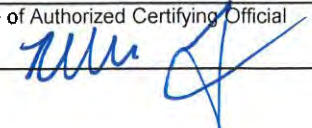
Program Income:

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
g. Totals:					-	-	-

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:
Cash on hand due to timing

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 Rebecca Clayton, Business and Finance Manager Division of Business and Finance	c. Telephone (Area code, number, and extension) 602-364-0772 d. Email Address rclayton@azdes.gov
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year)
14. Agency use only:	

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

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FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted Department of Health and Human Services, Administration on Aging	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 1901AZOAO M	Page of 1 1 pages
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3. Recipient Organization (Name and complete address including Zip code)
Arizona Department of Economic Security, P.O. BOX 6123, SITE CODE 838Z, PHOENIX, ARIZONA 85005

4a. DUNS Number 136730434	4b. EIN 86-6004791	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) G09, G41	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period (Month, Day, Year) From: 10/01/2018 To: 09/30/2020	9. Reporting Period End Date (Month, Day, Year) 09/30/19 Cumulative
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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	A	169,090
b. Cash Disbursements	B	163,100
c. Cash on Hand (line a minus b)	COH	5,990

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	D	369,707
e. Federal share of expenditures	E	163,100
f. Federal share of unliquidated obligations		202,422
g. Total Federal share (sum of lines e and f)		365,522
h. Unobligated balance of Federal funds (line d minus g)		4,185

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
g. Totals:						-	-

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:
Cash on hand due to timing

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 Rebecca Clayton, Business and Finance Manager Division of Business and Finance	c. Telephone (Area code, number, and extension) 602-364-0772 d. Email Address rclayton@azdes.gov
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year)

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.

PPC_CD 2019
 MJR_PROG_CD OMBUDS ACTV
 TASK_CD FED
 DOC_CD (All)
 PROG_CD G09, G41

Sum of PSTNG_AM FY_DC	PostingCodeGroup	FQTR			
		2	3	4	Grand Total
2019	Encumbrance		7,562.00	(7,562.00)	0.00
	Expense	2,409.44	9,284.27	105,926.37	117,620.08
	Revenue	(2,403.26)	(9,288.02)	(105,904.59)	(117,595.87)
2019 Total		6.18	7,558.25	(7,540.22)	24.21
Grand Total		6.18	7,558.25	(7,540.22)	24.21

PPC_CD 2019
 MJR_PROG_CD OMBUDS ACTV
 TASK_CD FED
 DOC_CD (All)
 PROG_CD G09, G41

Sum of PSTNG_AM FY_DC	PostingCodeGroup	FQTR			
		1	2	3	Grand Total
2020	Encumbrance	202,422.03	202,422.03		404,844.06
	Expense	45,479.95	45,479.95		90,959.90
	Revenue	(51,493.85)	(51,493.85)		(102,987.70)
2020 Total		196,408.13	196,408.13		392,816.26
Grand Total		196,408.13	196,408.13		392,816.26

Expenditures
 Revenue
 163,100.03
 -90.72
 90.72
 163,100.03

PPC_CD 2019
 MJR_PROG_CD OMBUDS ACTV
 TASK_CD FED
 DOC_CD CA
 PostingCodeGroup Expense

Sum of PSTNG_AM FY_DC	PROG_CD	FQTR			
		3	4	1	2 Grand Total
2019	G09	8.79	58.00		15.66
2019 Total		8.79	58.00		82.45
2020	G09			8.27	8.27
2020 Total				8.27	8.27
Grand Total		8.79	58.00	8.27	90.72

-B3 * moving ineligible
 CA charges to appropriate
 fund source title III
 G36

B4* Accruals backfilling
 100% of CA charges

INQUIRY: PAY-G DATE: 10/29/2019 TIME: 05:00:23 PM

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---PIN: Y746 ---ACC: Y194P -----
T/C* **DEBIT** **POSTED** *****AMOUNT***** *DATE**SCHED* **CONFIRM*
927 09/18/2019 09/17/2019      $8,366,003.81 190917 93336 4037729428
  1901AZOAOAOM                $5,937.36
927 09/13/2019 09/12/2019      $6,554,621.55 190912 93325 4037724120
  1901AZOAOAOM                $5,664.32
927 09/03/2019 08/30/2019      $2,833,691.23 190830 83299 4037709444
  1901AZOAOAOM                $24,336.80
Z27          08/28/2019          $1,255,798.90
  1901AZOAOAOM                $24,336.80
927 08/16/2019 08/15/2019          $626,193.29 190815 83265 4037689573
  1901AZOAOAOM                $7.22
927 08/09/2019 08/08/2019      $3,298,051.53 190808 83250 4037680674
  1901AZOAOAOM               -$7,017.38
927 08/07/2019 08/06/2019      $2,879,124.88 190806 83244 4037677233
  1901AZOAOAOM                $7,920.16
927 08/02/2019 08/01/2019          $1,000.00 190801 83235 4037672508
  1901AZOAOAOM                $7,515.49
927 07/29/2019 07/25/2019      $1,901,595.82 190726 73219 4037662424
  1901AZOAOAOM                $7,129.88
927 06/26/2019 06/25/2019      $1,174,626.01 190625 63154 4037624514
  1901AZOAOAOM                $47.51
927 06/14/2019 06/13/2019      $1,181,334.14 190613 63127 4037609906
  1901AZOAOAOM               $16,849.99
927 05/28/2019 05/24/2019      $4,728,305.56 190524 53086 4037585800
  1901AZOAOAOM               $65,250.68
927 05/21/2019 05/17/2019      $1,122,910.37 190520 53072 4037577031
  1901AZOAOAOM               $19,999.93
Z27          05/17/2019          $1,125,569.65
  1901AZOAOAOM               $19,999.93
927 05/08/2019 05/07/2019      $8,542,541.77 190507 53047 4037562794
  1901AZOAOAOM               -$1,968.46
927 04/22/2019 04/18/2019      $1,348,321.93 190419 43006 4037539044
  1901AZOAOAOM                $1,872.49
927 04/17/2019 04/16/2019      $134,213.27 190416 43999 4037535039
  1901AZOAOAOM                $1,872.49
927 04/12/2019 04/11/2019      $777,208.58 190411 43990 4037529949
  1901AZOAOAOM                $2.43
927 03/29/2019 03/28/2019      $1,849,499.02 190328 33956 4037512973
  1901AZOAOAOM                $1,870.06
927 03/21/2019 03/20/2019      $2,756,894.10 190320 33934 4037500777
  1901AZOAOAOM                $1,873.44
Z27          03/18/2019          $2,391,840.26
  1901AZOAOAOM                $3.38
916 03/06/2019 03/05/2019      $837,650.79 190306 34050 4037480865
  1901AZOAOAOM                $1,870.06
916 02/22/2019 02/21/2019      $2,501,112.95 190222 24498 4037465868
  1901AZOAOAOM                $3,069.87
927 01/11/2019 01/10/2019      $1,333,092.01 190110 13770 4037412817
  1901AZOAOAOM                $604.59
927 12/28/2018 12/27/2018      $365,030.30 181227 123741 4037398081
  1901AZOAOAOM                $598.44
927 12/10/2018 12/07/2018      $1,958,294.78 181207 123694 4037372175
  1901AZOAOAOM                $602.49
927 11/30/2018 11/29/2018      $15,267.54 181129 113673 4037361814
  1901AZOAOAOM                $3,179.86
PIN:Y746 ACC:Y194P          $57,086,585.23 Total Advances Listed Pay Hits: 27
                              $13,793,928,129.78 Total Advances Pay Count: 12815
                              1901AZOAOAOM          $169,089.72 Total Subacct Advances Listed
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57 A

INQUIRY: DOC-G DATE: 10/29/2019 TIME: 05:01:26 PM

PIN *ACCT**

Y746 Y194P

AGY	*****GRANT*****	*****AUTHORIZED****	*****DISBURSED*****	*RPT DISB*	DS
2	1901AZOAO	\$369,707.00	\$117,620.00	06/30/2019	0

	*****AUTHORIZED****	*****DISBURSED*****
TOTAL:	\$369,707.00	\$117,620.00

Hits: 1

57 D

 ***** Inquiry Results Complete *****

 You may now make another selection from the Menu



Notice of Award

Title of Program: (OAOM) Older Americans Act Title VII - Ombudsman
Award Authority: P.L. 114-144 (OAA)

Grantee:
Arizona
Arizona Division of Aging and Adult Services
Department of Economic Security
Administrator
1789 West Jefferson
950A St.
PHOENIX, ARIZONA 85007

Date: September 11, 2019

Grant No.: 1901AZOAOM-02
Award Instrument: Grant (Formula)
Project Period: 10-01-2018 - 09-30-2020
Budget Period: 10-01-2018 - 09-30-2020

EIN: 1866004791A9
DUNS#: 136730434

CFDA: 93.042

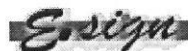
Object Class Code: 41.15

Appropriation	CAN	Award This Action	Cumulative Grant Award to Date
75-19-0142	2019,2994345	\$3,881.00	\$369,707.00
	Total	\$3,881.00	\$369,707.00

5 D

ACL Contact Information:

Please find your assigned ACL programmatic and fiscal contacts on ACL's website at <https://www.acl.gov/grants/acl-mandatory-grants-programmatic-and-fiscal-contacts>.



Tanielle Chandler
ACL Grants Officer

Terms and Conditions:

1. This grant award is issued under Older Americans Act of 1965, as amended through P.L. 114-144, enacted April 19, 2016. The terms and conditions of this Notice of Award (NoA) and other requirements have the following order of precedence: (1) statute; (2) executive order; (3) program regulation; (4) administrative regulation found in 45 CFR Part 75; (5) agency policies; and (6) Any additional terms and conditions and remarks on NoA.

Please visit ACL's website at <https://www.acl.gov/grants/managing-grant> to view some of these terms and conditions such as:

- SAM.gov / DUNS Requirement
- Consolidated Appropriations Act, 2018, Pub. L. 115-141, signed into law on March 23, 2018
- National Policies including Trafficking Victims Protection Act, Whistleblower Protections, and DOMA: Implementation of Same-Sex Spouses/Marriages

QUARTER END

3/31/2019