(Follow form instruction)

1. Federal Agend			ent			ant or Other Identifying		ned by Fe	ederal Agancy		Page	of	
to Which Report U.S. Depar					2009-DG-	Itiple grants, use FFR	Attacnment)				1	1	1
U.S. Depar	tment of c	Justice			2009-DG-	-DX-0110						'	
Recipient Orga		ime and comple	ete address Ir	ncluding Zip co	ode)								
City of Los A	•	eet Rm 724L	os Angeles	CA 90012-	-3302								
4a. DUNS Numbe	 -	4b. EIN	03 / trigeles	-		er or Identifying Numbe	or.		6. Report Type	7. Basis of A	ccountir	na	—
4a. DONS Number	=	40. EIIN				use FFR Attachment)	31		Report Type Quartely	7. Dasis of A	SCOUTTE	ig	
037848012		95-6000735		09SMRT02	2				Semi-Annual Annual				
									Final	X Cash	☐ A	ccrual	
Project/Grant I From: (Month,				To: (Month,	Day Year)				9. Reporting Period End Date				
10/01/2	,			08/31					03/31/2010				
10. Transactions	s								Cumul	ative			
(Use lines a-c fo	r single or m	ultiple grant rep	porting)						1				
Federal Cash ((To report m	nultiple grants	also use FFI	R Attachmen	t):								
a. Cash Re	ceipts												
b. Cash Dis	sbursements												
c. Cash on	Hand (line a	minus b)											
(Use lines d-o fo	r single gran	t reporting)											
Federal Expen	ditures and	Unobligated I	Balance:										
d. Total Fed	deral funds a	uthorized									\$ 49	99,959	9.00
e. Federal s	share of expe	enditures									\$	-	0.00
f. Federal s	hare of unliq	uidated obligati	ions								\$		0.00
g. Total Fed	deral share (sum of lines e a	and f)								\$		0.00
		of Federal fund		us a)								99,959	
Recipient Shar									I			,	
i. Total reci	pient share r	equired									\$		0.00
j. Recipient	share of exp	 penditures											0.00
k. Remainir	ng recipient s	share to be prov	vided (line i m	ninus j)							\$		0.00
Program Incor	ne:								1				
I. Total Fed	eral program	n income earne									\$		0.00
-		pended in accor		e deduction a	alternative						Ψ		
		ended in accord											
		n income (line l									\$		0.00
		,				D. d. d.T.	4.0		A manufacture of	4 5-4	\$		0.00
11. Indirect Expense	a. Type		b. Rate	c. Period	1 F.LOW	Period To	d. Base		e. Amount Charged	f. Feder	ai Snare	•	
	Not App	licable											
						g. Totals:							
12. Remarks: Att	ach any expl	lanations deem	ned necessary	or information	n required by Fr	l ederal sponsoring age	ncy in complianc	e with go	verning legislation:	ı			
The Los Angel	es Police D	Dept will rece	ive a LA Cit	y Council/M	layor approva	al on this award with	nin two weeks.	. Expend	ditures will be reported on the	next FFR425	j.		
40. 0	. D l l	- 45							and the st				
						urate to the best of n il, or administrative p							
a. Typed or Printo	ed Name and	d Title of Autho	rized Certifyir	ng Official				c. Telep	hone (Area code, number and ext	tension)			
		nagement An	•										
			,						l address				
h Oissantson of A			.1						50@lapd.lacity.org	\			
b. Signature of A	uthorized Ce	artifying Offiicia	d					1	Report Submitted (Month, Day, Yo 8/2010	ear)			
								14. Ag	gency use only:				
								OJP V	endor Number: 956000735				
									Standard Form 425 OMB Approval Number: 0348-00	061			
									Expiration Date: 10/31/201				
Paperwork Bur			as amended	no persons r	are required to r	respond to a collection	of information	nless if di	splays a valid OMB Control Numb	ner The valid ∩	MR con	trol	
									1.5 hours per response, including				,

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 suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

(Follow form instruction)

												_
		nizational Element			rant or Other Identifyin Itiple grants, use FFR		by Fed	deral Agancy		Page	of	
to Which Report U.S. Depar				2009-DG-		Attachment)				1	1	1
·					-07-0110						'	'
		ame and complete addr	ess Including Zip c	ode)								
City of Los A	J	eet Rm 724Los Ang	eles CA 90012	-3302								
4a. DUNS Numbe		4b. EIN			er or Identifying Numb	er		6. Report Type	7. Basis of A	ccountir	ıa	
		.5. 2			use FFR Attachment)	.		X Quartely			3	
037848012		95-6000735	08COMPT	RN02				Semi-Annual Annual				
								Final	X Cash	□ Ac	crual	
Project/Grant From: (Month,			To: (Month,	Dav. Year)				9. Reporting Period End Date				
10/01/2	,			/2012				06/30/2010				
10. Transaction	s							Cumul	ative			
(Use lines a-c fo	r single or m	ultiple grant reporting)										
Federal Cash	(To report m	nultiple grants also us	e FFR Attachmen	t):								
a. Cash Re	ceipts											
b. Cash Dis	sbursements											
c. Cash on	Hand (line a	minus b)										
(Use lines d-o fo	r single gran	t reporting)										
Federal Exper	ditures and	Unobligated Balance	:									
d. Total Fe	deral funds a	uthorized								\$ 49	9,95	9.00
e. Federal	share of expe	enditures								\$	3,00	8.95
f. Federal s	hare of unliq	uidated obligations								\$		0.00
g. Total Fe	deral share (s	sum of lines e and f)								\$	3,00	8.95
h. Unobliga	ated balance	of Federal funds (line of	I minus g)							\$ 49	6,95	0.05
Recipient Sha	re:						'					
i. Total reci	pient share re	equired								\$		0.00
j. Recipient	share of exp	enditures								\$		0.00
k. Remainii	ng recipient s	share to be provided (lin	ne i minus j)							\$		0.00
Program Inco	me:											
l. Total Fed	leral program	income earned								\$		0.00
m. Progran	n income exp	ended in accordance v	vith the deduction a	alternative								
n. Program	income expe	ended in accordance w	ith the addition alte	rnative						\$		0.00
o. Unexper	nded program	n income (line I minus li	ne m or line n)							\$		0.00
11. Indirect	а. Туре	b. Ra	te c. Period	d From	Period To	d. Base		e. Amount Charged	f. Feder			0.00
Expense	Predetermi			010	06/30/2010	\$ 167,33	30.24	\$ 38,636.5	5	\$ 3	38,636	6.55
					g. Totals:	\$ 167,33	30.24	\$ 38,636.5	5	\$ 3	38,636	6.55
12. Remarks: Att	ach any expl	lanations deemed nece	ssary or informatio	n required by F	ederal sponsoring age	ncy in compliance w	ith gov	erning legislation:				
13. Certification	: By signing	g this report, I certify	that it is true, com	plete, and acc	urate to the best of r	ny knowledge. I am	n awar	e that				
any false, fic	titious, or fr	audulent information	may subject me t	o criminal, civ	il, or administrative p	penalities. (U.S. Cod	de Title	e 18, Section 1001)				
a. Typed or Print	ed Name and	d Title of Authorized Ce	rtifying Official			c. ⁻	Teleph	one (Area code, number and ex	tension)			
Isabelita Ta	buena, Mar	nagement Analyst II				d	Email	address				
						-		0@lapd.lacity.org				
b. Signature of A	Authorized Ce	ertifying Offiicial						Report Submitted (Month, Day, Y	ear)			
						1.	4. Age	ency use only:				
							JUP VE	Standard Form 425 OMB Approval Number: 0348-0	061			
Paperwork Bu	rden Statom							Expiration Date: 10/31/201				
According to the	e Paperwork	Reduction Act, as ame						plays a valid OMB Control Numb 5 hours per response, including				s,

Printed by GMS on 01/25/2011 09:57 PM

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 suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

(Follow form instruction)

		izational Element			ant or Other Identifying		ned by Fe	deral Agancy		Page	of
to Which Report U.S. Depar		Justice		2009-DG-		Attacriment)				1	1 1
Recipient Orga	anization (Na	me and complete add	ress Including Zip co	ide)							
City of Los A	Angeles	eet Rm 724Los Ang									
4a. DUNS Numbe		4b. EIN	<u> </u>		er or Identifying Numbe	er		6. Report Type	7. Basis of Ac	counting	
					use FFR Attachment)			X Quartely			
037848012	!	95-6000735	09SMRT04					Semi-Annual Annual Final	X Cash	☐ Acc	crual
Project/Grant I From: (Month,			To: (Month, D	Day Vearl				9. Reporting Period End Date			
10/01/2	,		08/31/	,				09/30/2010			
10. Transactions	s							Cumula	ative		
(Use lines a-c fo	r single or mu	ultiple grant reporting)									
Federal Cash ((To report m	ultiple grants also us	se FFR Attachment):							
a. Cash Re											
	sbursements										
c. Cash on	Hand (line a	minus b)									
(Use lines d-o fo	r single grant	reporting)									
Federal Expen	ditures and	Unobligated Balance	Đ: 					I			
d. Total Fed	deral funds a	uthorized								\$ 499	9,959.00
e. Federal s	share of expe	enditures								\$ 2	2,816.39
f. Federal s	hare of unliqu	uidated obligations								\$	0.00
g. Total Fed	deral share (s	sum of lines e and f)								\$ 2	2,816.39
h. Unobliga	ited balance	of Federal funds (line	d minus g)							\$ 497	7,142.61
Recipient Sha	re:	_									
i. Total reci	pient share re	equired								\$	0.00
	share of exp									\$	0.00
k. Remainir	ng recipient s	hare to be provided (li	ne i minus j)							\$	0.00
Program Incor	ne:							1			
I. Total Fed	eral program	income earned								\$	0.00
m. Program	n income exp	ended in accordance	with the deduction al	ternative							
n. Program	income expe	ended in accordance v	vith the addition alter	native						\$	0.00
o. Unexpen	nded program	n income (line I minus I	line m or line n)							\$	0.00
11. Indirect Expense	а. Туре	b. Ra	ate c. Period	From	Period To	d. Base		e. Amount Charged	f. Federa	l Share	
Lxpelise	Not Appl	icable									
					a Tatala:						
					g. Totals:	<u> </u>					
CORRECTIO	ON TO LAS	T QUARTERLY RE	EPORT Total e	xpenditure la	ederal sponsoring age ast quarter is zero. 7 645.50 was returned	Total expenditu	•	verning legislation: quarter is \$2,816.39. Expend	iture reduced	by \$19	2.56 due
					urate to the best of n il, or administrative p						
a. Typed or Printe	ed Name and	d Title of Authorized C	ertifying Official				c. Telep	hone (Area code, number and exte	ension)		
Isabelita Tal	ouena, Mar	nagement Analyst I	I				d Email	address			
								60@lapd.lacity.org			
b. Signature of A	Authorized Ce	ertifying Offiicial					1	Report Submitted (Month, Day, Ye	ear)		
								gency use only: endor Number: 956000735			
								Standard Form 425 OMB Approval Number: 0348-00 Expiration Date: 10/31/201			
Paperwork Bur	rden Statem	ent						Expiration Date: 10/31/201	•		
According to the	e Paperwork	Reduction Act, as ame						splays a valid OMB Control Numbers, including t			

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 suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

(Follow form instruction)

				T							
 Federal Agence to Which Report 	cy and Organizational Elis Submitted	ement		g Number Assign Attachment)	ned by Fe	ederal Agancy	P	age	of		
•	tment of Justice			2009-DG-	-BX-0118					1	1
Recipient Orga	anization (Name and co	mplete address	Including Zip c	code)	-						
City of Los A		'		,							
	angeles Street Rm 72	24Los Angeles	s, CA 90012	-3302							
4a. DUNS Numbe	er 4b. EIN				er or Identifying Numbe use FFR Attachment)	ır.		6. Report Type	7. Basis of Acc	ounting	
037848012	95-60007	70 <i>E</i>	09SMRT01		USE FFR Attachment,			X Quartely☐ Semi-Annual			
037040012	30-00007	35	USOIVILLO	1				☐ Annual ☐ Final	X Cash	☐ Accr	rual
8. Project/Grant F					-			Reporting Period End Date			
From: (Month, I 10/01/20			To: (Month, 08/31,	Day, Year) 1/2012				12/31/2009			
10. Transactions				123.2				Cumula	tive		
/I lee lines a-c fo	r single or multiple gran							_ 			
	(To report multiple gran		FR Attachmen								
a. Cash Re			T Alluciano	''							
	sbursements										
c. Cash on	Hand (line a minus b)										
(Use lines d-o fo	or single grant reporting)	,						'			
Federal Expen	nditures and Unobligat	ed Balance:									
d. Total Fed	deral funds authorized								\$	499	,959.00
e. Federal s	share of expenditures									\$	0.00
f. Federal s	hare of unliquidated obl	ligations								\$	0.00
g. Total Fed	deral share (sum of lines	s e and f)				\$	0.00				
h. Unobliga	ated balance of Federal	funds (line d mir	nus g)						\$	499	,959.00
Recipient Shar	re:										
i. Total reci	pient share required									\$	0.00
	share of expenditures									\$	0.00
	ng recipient share to be	provided (line i r	ninus j)							\$	0.00
Program Incor	ne:							1			
I. Total Fed	leral program income ea	arned								\$	0.00
m. Program	n income expended in a	ccordance with t	the deduction a	alternative							
n. Program	income expended in ac	cordance with the	ne addition alte	rnative						\$	0.00
o. Unexpen	nded program income (li	ne I minus line m	n or line n)							\$	0.00
11. Indirect Expense	а. Туре	b. Rate	c. Period	d From	Period To	d. Base		e. Amount Charged	f. Federal	Share	
Enpone	Not Applicable										
					g. Totals:						
12 Remarks: Att	ach any explanations de	eemed necessa	ry or informatic	on required by F	<u> </u>	ecv in complianc	e with an	werning legislation:			
IZ. Noma	acti aity explanations	Jemeu nococo	y or imorman	II loquilou 2,	sucial spondoning age.	loy iii oompha	,6 w.u. g.	verning legislation.			
12. 0:::4/6 4	Do alembra ship wan		to to topic page		to to the best of a		•				
	: By signing this repo titious, or fraudulent i										
a. Typed or Print	ed Name and Title of Au	uthorized Certify	ing Official				c. Telep	hone (Area code, number and exte	nsion)		
Isabelita Tal	buena, Management	t Analyst II									
								l address 50@lapd.lacity.org			
b. Signature of A	Authorized Certifying Off	fiicial					+	Report Submitted (Month, Day, Yea	ar)		
J. 0.3								6/2010			
								gency use only: endor Number: 956000735			
							OJF V	Standard Form 425 OMB			
								Approval Number: 0348-006 Expiration Date: 10/31/2011			
Paperwork Bui	rden Statement							Expiration Date: 10/31/2011			
		Act ac amondo	d no norcone	are required to	respond to a collection	of information ur	nloce if di	splays a valid OMB Control Number	r The valid OM	R contro	sl.

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 suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

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,

(Follow form instruction)

				0 5-410:	and an Other Identifier	. N	and have English	-l		Done	_	-6
 Federal Agence to Which Report 		nal Element	deral Agancy		Page	U .	of					
U.S. Depar	tment of Justi	ice		2009-DG-	-BX-0118						1	1
Recipient Orga	anization (Name a	and complete address la	ncluding Zip o	ode)								
City of Los A	Angeles	Rm 724Los Angeles										
4a. DUNS Numbe	er 4b.	EIN			er or Identifying Numbe use FFR Attachment)	er er		6. Report Type X Quartely	7.	Basis of Accounti	ng	
037848012	95-6	6000735	09SMRT04	1				Semi-Annual Annual Final	P	【 Cash □ A	Accrua	al
8. Project/Grant F			- /8.4 a.m.th	- ٧/				Reporting Period End	l Date			
From: (Month, I	, ,		To: (Month, I 08/31/					12/31/2010				
10. Transactions	s							C	Cumulativ	е		
(Use lines a-c fo	r single or multiple	grant reporting)										
Federal Cash ((To report multip	le grants also use FF	R Attachmen	t):								
a. Cash Re	ceipts										_	
	sbursements											
c. Cash on	Hand (line a minu	s b)										
(Use lines d-o fo	r single grant repo	orting)										
Federal Expen	ditures and Unol	bligated Balance:										
	deral funds author									\$ 4	99,9	959.00
	share of expenditu										35,5	544.02
	hare of unliquidate	•								\$		0.00
g. Total Fed	deral share (sum o	of lines e and f)										544.02
	h. Unobligated balance of Federal funds (line d minus g)									\$ 4	64,4	14.98
Recipient Shar								1				
	pient share require									\$		0.00
	share of expendit	tures to be provided (line i m	i							\$		0.00
Program Incor	•	to be provided (iiile i ii								\$	_	0.00
		اده										
	eral program inco			tra						\$		0.00
	•	ed in accordance with the										
	-	d in accordance with the		rnative						\$		0.00
		ome (line I minus line m								\$		0.00
11. Indirect Expense	a. Type	b. Rate	c. Period		Period To	d. Base		e. Amount Charged		f. Federal Shar		45.47
	Fixed	23.1%	10/01/20	010	12/31/2010	\$ 19	9,252.80	\$ 4	4,445.47	\$	4,44	45.47
					g. Totals:	\$ 19	9,252.80	\$	4,445.47	\$	4,4	45.47
12. Remarks: Att	ach any explanation	ons deemed necessary	or information	n required by F	ederal sponsoring ager	ncy in compliance	with gov	verning legislation:		1		
					curate to the best of mil, or administrative p							
a. Typed or Printe	ed Name and Title	e of Authorized Certifyir	ng Official				c. Teleph	none (Area code, number	and extensi	ion)		
Isabelita Tal	buena, Manage	ement Analyst II				-	d. Email	address 0@lapd.lacity.org				
b. Signature of A	Authorized Certifyin	ng Offiicial						Report Submitted (Month,	Day, Year)			
								ency use only: endor Number: 956000	735			
						·		Standard Form 425 Approval Number: Expiration Date: 10	0348-0061			
Paperwork Bur	rden Statement							Expiration Date. 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless if 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 suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503



BJA FY 09 Smart Policing: Evidence-Based Law Enforcement: Smart Policing Demonstration Initiative 2009-DG-BX-0118



Financial Status Reports

FSR Correspondence

Financial Status Report Handbook *Required Report Number: 17

FSR Details

Previously Submitted Reports

Financial Status Reports Home

GMS Home

Log Off

FEDERAL FINANCE (Follow form ins	
1. Federal Agency and Organizational Element to Which Report is Submitted	U.S. Department of Justice
Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR attachment)	2009-DG-BX-0118
3. Recipient Organization (Name and complete address including Zip code)	City of Los Angeles 150 N Los Angeles Street Rm 724 Los Angeles, CA 90012 -3302
4a. DUNS Number	037848012
4b. EIN	95-6000735
5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR attachment)	
* 6. Final Report	○ Yes 🍑 No
* 7. Basis of Accounting	② Cash Accrual
8. Project/Grant Period From: (Month, Day, Year)	10/01/2009
To: (Month, Day, Year)	06/30/2014
9. Reporting Period End Date (Month, Day, Year)	12/31/2013

2 10. Transactions	Previously		
	Reported	This Period	Cumulative
(Use lines a-c for single or multiple grant reporting)		
Federal Cash (To report multiple grants, also	use FFR Attachment):	
a. Cash Receipts			
b. Cash Disbursements			
c. Cash on Hand (line a minus b)			
(Use lines d-o for single grant reporting)		·	·
Federal Expenditures and Unobligated Balanc	e:		
d. Total Federal funds authorized			\$499959.00
* e. Federal share of expenditures	\$458339.21	\$ 18299.88	\$476639.09
* f. Federal share of unliquidated obligations			\$ 0
g. Total Federal share (sum of lines e and f)			\$476639.09
h. Unobligated balance of Federal funds (line d minus g)			\$23319.91
Recipient Share:			
* i. Total recipient share required			\$ 0.00
j. Recipient share of expenditures	\$0.00	\$ 0	\$0.00
k. Remaining recipient share to be provided (line i minus j)			\$0.00
Program Income:			
I. Total Federal program income earned			\$ 0
m. Program income expended in accordance with the deduction alternative			
n. Program income expended in accordance			

with the addition alter	rnative				_		\$		0
o. Unexpended progra line m or line n)	ım income (line l	minus						\$1	0.00
* 11. Indirect Exp	pense								_
a. Type of Rate	b. Rate		c. Peri		d. Base	e. Amount	it	f. Federal	_
	D. Nate	From	T	То	U. Dasc	Charged	!	Share	
Not Applicable ▼	%	<u> </u>			\$		\$0.00	\$	- :
Not Applicable ▼	%	197.792			\$		\$0.00	T	
					g. Totals		\$0.00	\$(0.00
12. Remarks: Atta	rning legislation.	ions deemo	ed neces	sary or informat	tion required by	/ Federal sp	onsorin	g agency in	
leh						··			-
13. Certification: B am aware that any fals (U.S. Code, Title 218,	lse, fictitious, or f	port, I cert fraudulent	tify that i	it is true, completion may subject	ete, and accurat me to criminal	te to the be	ast of m dministr	y knowledge ative penalti	i. I
* Prefix		Mrs.	·	#					
Prefix (Other)									
* First Name		Nich	iole						
Middle Initial									
* Last Name		Trujil	illo	· · · <u> </u>					_
Suffix		Seie	ect Sutfix	x					_
Suffix (Other)				<u> </u>					
* Title		Man	agemen	nt Analyst II		<u> </u>			
* Telephone (Area codextension)	de, number and				Ext.	· · · · · · · · · · · · · · · · · · ·			
* E-mail Address		п336	32@lapo	d lacity.org	· · · · · · · · · · · · · · · · · · ·				
Date Report Last Subn	nitted								_
14. Agency use only		-T ₂₅₆₀							
OJP Vendor Number		95600	00735						_
Attachments: None		-							
None			Add	Attachment]				
Actions:									=
		Sav	ve S	Submit Can	icel				
Audit Trail:									=
Description:		Role:		User:		Timestamp	p:	Note:	
Draft	Financial Point o Role	of Contact E	External	Trujillo, Nich		2014 6:12		View Note	_
									•

(Follow form instruction)

Federal Agence to Which Report	cy and Organizatio	nal Element			ant or Other Identifying		ned by Fe	deral Agancy	Pag	е	of
	tment of Justi	ice		2009-DG-		-ttacilinent)				1	1
Recipient Orga	anization (Name a	ind complete address I	ncluding Zip co	ode)					I		
City of Los A	Angeles	Rm 724Los Angeles									
4a. DUNS Numbe	er 4b. I	EIN			er or Identifying Numbe use FFR Attachment)	er		6. Report Type X Quartely	7. Basis of Accou	nting	
037848012	95-6	0000735						☐ Semi-Annual ☐ Annual ☐ Final	X Cash □] Accr	·ual
8. Project/Grant I			- 01 11	5 V V				Reporting Period End Date			
From: (Month, 10/01/2	•		To: (Month, 06/30)	•				03/31/2014			
10. Transactions	s							Cumula	tive		
(Use lines a-c fo	r single or multiple	grant reporting)									
Federal Cash ((To report multiple	le grants also use FF	R Attachment	t):							
a. Cash Re	ceipts										
b. Cash Dis	sbursements										
c. Cash on	Hand (line a minu	s b)									
(Use lines d-o fo	r single grant repo	orting)									
Federal Expen	ditures and Unol	bligated Balance:									
d. Total Fed	deral funds author	ized							\$	499,	,959.00
e. Federal s	share of expenditu	ıres							\$	476,	,639.09
f. Federal s	hare of unliquidate	ed obligations								\$	0.00
g. Total Fed	deral share (sum o	of lines e and f)							\$	476,	,639.09
h. Unobliga	ited balance of Fe	deral funds (line d min	us g)						\$	23,	,319.91
Recipient Shar	re:										
i. Total reci	pient share require	ed								\$	0.00
j. Recipient	share of expendit	ures								\$	0.00
k. Remainir	ng recipient share	to be provided (line i n	ninus j)							\$	0.00
Program Incor	ne:										
I. Total Fed	eral program inco	me earned								\$	0.00
m. Program	n income expende	d in accordance with the	ne deduction a	Iternative							
n. Program	income expended	d in accordance with th	e addition alte	rnative						\$	0.00
o. Unexpen	nded program inco	ome (line I minus line m	or line n)							\$	0.00
11. Indirect	a. Type	b. Rate	c. Period	I From	Period To	d. Base		e. Amount Charged	f. Federal Sh		
Expense	Predetermined	13.9%	10/01/2		06/30/2011		60,967.20	\$ 8,498.83			,498.83
					g. Totals:	\$	60,967.20	\$ 8,498.83	\$	8,	,498.83
The indirect co	st rate used is	ons deemed necessar 13.94%. This is ba rate to salaries cha	sed on CAP	33 approved			-	verning legislation: ees, with an effective date of 7	7/1/10-6/30/11. T	The C	ity is
		report, I certify that lent information may									
a. Typed or Printe	ed Name and Title	e of Authorized Certifyi	ng Official				c. Telepi	none (Area code, number and exte	ension)		
Nichole Truj	illo, Manageme	nt Analyst II					d. Email				
h Oissantson of A		O#" -! -!					1	2@lapd.lacity.org			
b. Signature of A	Authorized Certifyir						04/09	Report Submitted (Month, Day, Ye 0/2014 ency use only:	ar)		
							_	endor Number: 956000735			
								Standard Form 425 OMB Approval Number: 0348-00 Expiration Date: 10/31/201			
	rden Statement e Paperwork Redu	uction Act, as amended	I, no persons a	re required to r	respond to a collection	of information u	ınless if dis	splays a valid OMB Control Numbe	er. The valid OMB	control	·I

Printed by GMS on 04/09/2014 12:23 PM

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 suggestons for reducing this burden, to the office of Management and Budget. Paperwork Reduction Project (03448-0060). Washington, DC 20503

(Follow form instructions)

Federal Gr	ant or Other identifyi	ng Number Assigned by	Federal Grai	nt or Other id	entifying Nun	ber Assigned	by Federal Agency	(To report multiplegrantsus	e
Federal ag	ency (To report mul	tiple grants use FFR	FFR Attachn	nent)					1of 1
U. S Dept	of Justice, Office of a	Justice Programs	2009-DG-BX	(-0118					
3 Pocinio	ot Organization (Nam	ne and complete address	including Zin	anda)					pages
'	`	•	Ο,	,					
City of Los	s Angeles 100 vvest	First Street, Los Angeles	CA. 90012 S	uite 842					
		7	T					·	
4a. DUNS	Number	4b. EIN					6. Report Type	7. Basis of Accounting	
37848012		95-6000735	(To report m	iultiple grants	, use FFR At	achment)	✓ Quarterly	✓ Cash	
							Semi-Annual	Accrual	
							Annual		
							Final		
8. Project/	Grant Period (Month,	Day, Year)				9. Reporting	Period End Date (Month, Dav. Year)	
From:	10/01/2009	• ,	To:	03/31/2016		10/30/2014	,	, , , , , , , , , , , , , , , , , , , ,	
10. Transa	ictions				····	1		Cumulative	
	a-c for single or mult	tiple grant reporting)					L		
	·	iple grants, also use FF	R Attachmen	it):					
	Receipts								
b. Cash	Disbursements								
c. Cash	on Hand (line a minı	us b)							
(Use lines	d-o for single grant r	reporting)	***	***************************************		***************************************	•		
Federal E	cpenditures and Un	obligated Balance:							
d. Total	Federal funds autho	rized							\$899,959.00
e. Fede	al share of expendition	ures							\$491,891.19
f. Fede	al share of unliquida	ited obligations							\$0.00
g. Total	Federal share (sum	of lines e and f)							\$491,891.19
h. Unob	ligated balance of Fe	ederal funds (line d minus	s g)						\$408,067.81
i. Total	recipient share requi	red							\$0.00
j. Recip	ient share of expend	litures							\$0.00
k. Rema	ining recipient share	to be provided (line i mir	nus j)						\$0.00
Program I	ncome:						_		
I. Total I	ederal program inco	ome earned							\$0.00
		ed in accordance with the							\$0.00
		d in accordance with the		native					\$0.00
	pended program inco	ome (line I minus line m o	r line n)						\$0.00
11. Indirect	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount 0	Charged	f. Federal Share	
Expense	Predetermined	13.94%	10/01/2010	06/30/2011	60,967.20	8,498.83		8,498.83	
NAME AND ADDRESS OF THE OWNER, TH									
				g. Totals:	60,967.20	8,498.83		8,498.83	
12. Remar	ks: Attach any expla	nations deemed necessa	ry or informat	ion required i	by Federal sp	onsoring age	ncy in compliance v	vith governing legislation:	
The indire	ct cost rate used is 1	3.94%. This is based on	CAP 33 appro	oved by the D	ept. of Health	and Human	Services, with an e	ffective date of 7/1/10-6/30/1	1. The City is only
1		o salaries charged to the		•	·		•		, ,
13. Certifi	cation: By signing t	his report. I certify to th	e best of my	knowledge	and belief th	at the report	is true, complete.	and accurate, and the expe	enditures
disbursen	nents and cash rece	eipts are for the purpose	es and intent	set forth in	the award de	ocuments. I	am aware that any	false, fictitious, or fraudul	ent information
may subje	ct me to criminal, o	ivil, or administrative p	enalties. (U.S	S. Code. Title	18. Section	1001)		,,	
		Title of Authorized Certify		, , , , , , , , , , , , , , , , , , , ,	,		e (Area code, numb	or and outonoise)	
1		•	•			C. Telephon	e (Area code, numi	ber, and extension)	
LAURA L	JNA, Commanding C	Officer, Fiscal Operations	Division						
						d. Email Ad	dress		
L						Laura.Luna	a@lapd.lacity.org		
h Signatu	re of Authorized Cert	ifiina Official				- Data Dan	and Contamination of (Mana	45 Day Vara	
D. Digitalu	C of Authorized Cert	arying Official				l .	ort Submitted (Mon	iui, Day, rear)	
	<u> </u>	The state of the s				10/27/2014			
						14. Agency	-		
						OJP Vendo	r Number 95600073	35	
						Standard Fo	orm 425 - Revised 6	6/28/2010	
							val Number: 0348-0		

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.

Expiration Date: 10/31/2011