

# FEDERAL FINANCIAL REPORT

(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2009-DG-BX-0118	Page 1 of 1
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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) 09SMRT02	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2009	To: (Month, Day, Year) 08/31/2012
9. Reporting Period End Date 03/31/2010	

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

(Use lines d-o for single grant reporting)

**Federal Expenditures and Unobligated Balance:**

d. Total Federal funds authorized	\$ 499,959.00
e. Federal share of expenditures	\$ 0.00
f. Federal share of unliquidated obligations	\$ 0.00
g. Total Federal share (sum of lines e and f)	\$ 0.00
h. Unobligated balance of Federal funds (line d minus g)	\$ 499,959.00

**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 program income earned	\$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	\$ 0.00
o. Unexpended program income (line l minus line m or line n)	\$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
g. Totals:							

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:  
 The Los Angeles Police Dept will receive a LA City Council/Mayor approval on this award within two weeks. Expenditures will be reported on the next FFR425.

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. 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 Isabelita Tabuena, Management Analyst II	c. Telephone (Area code, number and extension) [REDACTED]
	d. Email address N3550@lapd.lacity.org
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) 04/28/2010

14. Agency use only:  
 OJP Vendor Number: 956000735

Standard Form 425 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 (03448-0060). Washington, DC 20503

# FEDERAL FINANCIAL REPORT

(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>			2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2009-DG-BX-0118</b>			Page <b>1</b> of <b>1</b>	
3. Recipient Organization (Name and complete address including Zip code) <b>City of Los Angeles 150 N Los Angeles Street Rm 724 Los Angeles, CA 90012-3302</b>							
4a. DUNS Number <b>037848012</b>	4b. EIN <b>95-6000735</b>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <b>08COMPTRN02</b>			6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Project/Grant Period From: (Month, Day, Year) <b>10/01/2009</b>				To: (Month, Day, Year) <b>08/31/2012</b>		9. Reporting Period End Date <b>06/30/2010</b>	
<b>10. Transactions</b>					<b>Cumulative</b>		
(Use lines a-c for single or multiple grant reporting)							
<b>Federal Cash (To report multiple grants also use FFR Attachment):</b>							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
(Use lines d-o for single grant reporting)							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized					\$ 499,959.00		
e. Federal share of expenditures					\$ 3,008.95		
f. Federal share of unliquidated obligations					\$ 0.00		
g. Total Federal share (sum of lines e and f)					\$ 3,008.95		
h. Unobligated balance of Federal funds (line d minus g)					\$ 496,950.05		
<b>Recipient Share:</b>							
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		
<b>Program Income:</b>							
l. Total Federal program income earned					\$ 0.00		
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative					\$ 0.00		
o. Unexpended program income (line l minus line m or line n)					\$ 0.00		
<b>11. Indirect Expense</b>							
	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Predetermined	23.1%	04/01/2010	06/30/2010	\$ 167,330.24	\$ 38,636.55	\$ 38,636.55
g. Totals:					\$ 167,330.24	\$ 38,636.55	\$ 38,636.55
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 that it is true, complete, and accurate to the best of my knowledge. 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 <b>Isabelita Tabuena, Management Analyst II</b>					c. Telephone (Area code, number and extension) [REDACTED]		
					d. Email address <b>N3550@lapd.lacity.org</b>		
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year) <b>08/04/2010</b>		
					14. Agency use only: OJP Vendor Number: <b>956000735</b>		
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011							
<b>Paperwork Burden Statement</b> 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 (03448-0060). Washington, DC 20503							

# FEDERAL FINANCIAL REPORT

(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2009-DG-BX-0118</b>	Page of 1 1
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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 <b>037848012</b>	4b. EIN <b>95-6000735</b>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <b>09SMRT04</b>	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) <b>10/01/2009</b>	To: (Month, Day, Year) <b>08/31/2012</b>
9. Reporting Period End Date <b>09/30/2010</b>	

**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	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

**Federal Expenditures and Unobligated Balance:**

d. Total Federal funds authorized	\$ 499,959.00
e. Federal share of expenditures	\$ 2,816.39
f. Federal share of unliquidated obligations	\$ 0.00
g. Total Federal share (sum of lines e and f)	\$ 2,816.39
h. Unobligated balance of Federal funds (line d minus g)	\$ 497,142.61

**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 program income earned	\$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	\$ 0.00
o. Unexpended program income (line l minus line m or line n)	\$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
g. Totals:							

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:  
**\*\*CORRECTION TO LAST QUARTERLY REPORT\*\*** Total expenditure last quarter is zero. Total expenditure this quarter is \$2,816.39. Expenditure reduced by \$192.56 due to last quarter reporting error of \$3,008.95 + \$38,636.55. A check of \$41,645.50 was returned to OJP.

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. 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 <b>Isabelita Tabuena, Management Analyst II</b>	c. Telephone (Area code, number and extension) [REDACTED]
b. Signature of Authorized Certifying Official	d. Email address <b>N3550@lapd.lacity.org</b>
e. Date Report Submitted (Month, Day, Year) <b>10/28/2010</b>	

14. Agency use only:  
 OJP Vendor Number: **956000735**

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

**Paperwork Burden Statement**  
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# FEDERAL FINANCIAL REPORT

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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) 09SMRT01	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2009	To: (Month, Day, Year) 08/31/2012	9. Reporting Period End Date 12/31/2009
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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	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

**Federal Expenditures and Unobligated Balance:**

d. Total Federal funds authorized	\$ 499,959.00
e. Federal share of expenditures	\$ 0.00
f. Federal share of unliquidated obligations	\$ 0.00
g. Total Federal share (sum of lines e and f)	\$ 0.00
h. Unobligated balance of Federal funds (line d minus g)	\$ 499,959.00

**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 program income earned	\$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	\$ 0.00
o. Unexpended program income (line l minus line m or line n)	\$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
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 that it is true, complete, and accurate to the best of my knowledge. 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 Isabelita Tabuena, Management Analyst II	c. Telephone (Area code, number and extension) [REDACTED]
	d. Email address N3550@lapd.lacity.org
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) 01/06/2010

14. Agency use only:  
 OJP Vendor Number: 956000735

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

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# FEDERAL FINANCIAL REPORT

(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>U.S. Department of Justice</b>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>2009-DG-BX-0118</b>	Page <b>1</b> of <b>1</b>
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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 <b>037848012</b>	4b. EIN <b>95-6000735</b>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <b>09SMRT04</b>	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) <b>10/01/2009</b>	To: (Month, Day, Year) <b>08/31/2012</b>	9. Reporting Period End Date <b>12/31/2010</b>
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**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	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

**Federal Expenditures and Unobligated Balance:**

d. Total Federal funds authorized	\$ 499,959.00
e. Federal share of expenditures	\$ 35,544.02
f. Federal share of unliquidated obligations	\$ 0.00
g. Total Federal share (sum of lines e and f)	\$ 35,544.02
h. Unobligated balance of Federal funds (line d minus g)	\$ 464,414.98

**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 program income earned	\$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	\$ 0.00
o. Unexpended program income (line l minus line m or line n)	\$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Fixed	23.1%	10/01/2010	12/31/2010	\$ 19,252.80	\$ 4,445.47	\$ 4,445.47
<b>g. Totals:</b>					<b>\$ 19,252.80</b>	<b>\$ 4,445.47</b>	<b>\$ 4,445.47</b>

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 that it is true, complete, and accurate to the best of my knowledge. 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 <b>Isabelita Tabuena, Management Analyst II</b>	c. Telephone (Area code, number and extension) [REDACTED]
	d. Email address <b>N3550@lapd.lacity.org</b>
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) <b>01/21/2011</b>

14. Agency use only:  
 OJP Vendor Number: **956000735**

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

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**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](#)

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<b>FEDERAL FINANCIAL REPORT</b> (Follow form instructions)			
1. Federal Agency and Organizational Element to Which Report is Submitted	U.S. Department of Justice		
2. 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	<input type="radio"/> Yes <input checked="" type="radio"/> No		
* 7. Basis of Accounting	<input checked="" type="radio"/> Cash <input type="radio"/> 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		
<b>10. Transactions</b>			
	<b>Previously Reported</b>	<b>This Period</b>	<b>Cumulative</b>
(Use lines a-c for single or multiple grant reporting)			
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>			
a. Cash Receipts			
b. Cash Disbursements			
c. Cash on Hand (line a minus b)			
(Use lines d-o for single grant reporting)			
<b>Federal Expenditures and Unobligated Balance:</b>			
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
<b>Recipient Share:</b>			
* 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
<b>Program Income:</b>			
l. 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 alternative			\$ 0
o. Unexpended program income (line l minus line m or line n)			\$0.00

* 11. Indirect Expense						
a. Type of Rate	b. Rate	c. Period		d. Base	e. Amount Charged	f. Federal Share
		From	To			
Not Applicable	%			\$	\$0.00	\$
Not Applicable	%			\$	\$0.00	\$
g. Totals					\$0.00	\$0.00

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

*sw* *ll ll*

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

* Prefix	Mrs.
Prefix (Other)	
* First Name	Nichole
Middle Initial	
* Last Name	Trujillo
Suffix	Select Suffix
Suffix (Other)	
* Title	Management Analyst II
* Telephone (Area code, number and extension)	██████████ Ext.
* E-mail Address	n3362@iapd.lacity.org
Date Report Last Submitted	

14. Agency use only

OJP Vendor Number	956000735
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Attachments:

None

Actions:

Audit Trail:

Description:	Role:	User:	Timestamp:	Note:
Draft	Financial Point of Contact External Role	Trujillo, Nichole	01/23/2014 6:12 PM	View Note

# FEDERAL FINANCIAL REPORT

(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2009-DG-BX-0118	Page 1 of 1
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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. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 10/01/2009	To: (Month, Day, Year) 06/30/2014	9. Reporting Period End Date 03/31/2014
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**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	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

**Federal Expenditures and Unobligated Balance:**

d. Total Federal funds authorized	\$ 499,959.00
e. Federal share of expenditures	\$ 476,639.09
f. Federal share of unliquidated obligations	\$ 0.00
g. Total Federal share (sum of lines e and f)	\$ 476,639.09
h. Unobligated balance of Federal funds (line d minus g)	\$ 23,319.91

**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 program income earned	\$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	\$ 0.00
o. Unexpended program income (line l minus line m or line n)	\$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Predetermined	13.9%	10/01/2010	06/30/2011	\$ 60,967.20	\$ 8,498.83	\$ 8,498.83
g. Totals:					\$ 60,967.20	\$ 8,498.83	\$ 8,498.83

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:  
 The indirect cost rate used is 13.94%. This is based on CAP 33 approved by the Dept. of Health and Human Services, with an effective date of 7/1/10-6/30/11. The City is only applying the indirect cost rate to salaries charged to the grant.

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. 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 Nichole Trujillo, Management Analyst II	c. Telephone (Area code, number and extension) [REDACTED]
b. Signature of Authorized Certifying Official	d. Email address n3362@lapd.lacity.org
e. Date Report Submitted (Month, Day, Year) 04/09/2014	

14. Agency use only:  
 OJP Vendor Number: 956000735

Standard Form 425 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 (03448-0060). Washington, DC 20503



**FEDERAL FINANCIAL REPORT**

(Follow form instructions)

Federal Grant or Other identifying Number Assigned by Federal agency ( To report multiple grants use FFR U. S Dept of Justice, Office of Justice Programs	Federal Grant or Other identifying Number Assigned by Federal Agency (To report multiple grants use FFR Attachment) 2009-DG-BX-0118	1 of 1  pages
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3. Recipient Organization (Name and complete address including Zip code)  
 City of Los Angeles 100 West First Street, Los Angeles CA. 90012 Suite 842

4a. DUNS Number 37848012	4b. EIN 95-6000735	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period (Month, Day, Year) From: 10/01/2009 To: 03/31/2016	9. Reporting Period End Date (Month, Day, Year) 10/30/2014
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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	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

**Federal Expenditures and Unobligated Balance:**

d. Total Federal funds authorized	\$899,959.00
e. Federal share of expenditures	\$491,891.19
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$491,891.19
h. Unobligated balance of Federal funds (line d minus g)	\$408,067.81
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

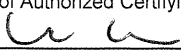
**Program Income:**

l. Total Federal program income earned	\$0.00
m. Program income expended in accordance with the deduction alternative	\$0.00
n. Program income expended in accordance with the addition alternative	\$0.00
o. Unexpended program income (line l minus line m or line n)	\$0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Predetermined	13.94%	10/01/2010	06/30/2011	60,967.20	8,498.83	8,498.83
<b>g. Totals:</b>					60,967.20	8,498.83	8,498.83

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:  
 The indirect cost rate used is 13.94%. This is based on CAP 33 approved by the Dept. of Health and Human Services, with an effective date of 7/1/10-6/30/11. The City is only applying the indirect cost rate to salaries charged to the grant.

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 LAURA LUNA, Commanding Officer, Fiscal Operations Division	c. Telephone (Area code, number, and extension) [REDACTED]
b. Signature of Authorized Certifying Official 	d. Email Address Laura.Luna@lapd.lacity.org
	e. Date Report Submitted (Month, Day, Year) 10/27/2014
14. Agency use only: OJP Vendor Number 956000735	

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

**Paperwork Burden Statement**

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