Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014
Expiration Date: 06/30/2028

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)
HHS- Administration for Children and Families	04CH01267601

3. Recipient Organization (Name and complete address including Zip code)

Recipient Organization Name: Bourbon County Schools A DM

Street1: 3343 Lexington Road

Street2:

City: Paris County: Bourbon

State: KY: Kentucky Province:

Country: USA: UNITED STATES ZIP / Postal Code: 40361-1000

4a. UEI	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)
YJ49WJKCSH23	1616001344A1	

6. Report Type	7. Basis of Accounting	8. Project/Grant Period		9. Reporting Period End Date
☐ Quarterly ☐ Semi-Annual ☒ Annual ☐ Final	☐ Cash ☒ Accrual	From: 07/01/2024	To: 06/30/2025	06/30/2025

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	1,604,648.00
b. Cash Disbursements	2,000,463.89
c. Cash on Hand (line a minus b)	-395,815.89
(Use lines d-o for single grant reporting)	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	2,030,427.00
e. Federal share of expenditures	2,000,463.89
f. Federal share of unliquidated obligations	0.00
g. Total Federal share (sum of lines e and f)	2,000,463.89
h. Unobligated balance of Federal Funds (line d minus g)	29,963.11
Recipient Share:	
i. Total recipient share required	507,607.00
j. Recipient share of expenditures	531,037.00
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 aocordance with the addition alternative	0.00
o. Unexpended program income (line l minus line m and line n)	0.00

11. Indirect Expense

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
			g. Totals:			

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

Add Attachment | Delete Attachment | View Attachment

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 objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

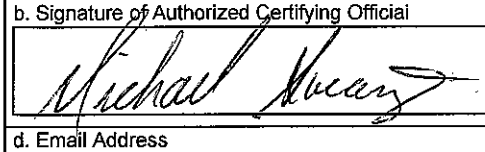
a. Name and Title of Authorized Certifying Official

Prefix: Mr. First Name: Michael Middle Name:

Last Name: Swearingen Suffix:

Title: Chief Finance Officer

b. Signature of Authorized Certifying Official



c. Telephone (Area code, number and extension)

859-987-2180 ext 1124

d. Email Address

michael.swearingen@bourbon.kyschools.us

e. Date Report Submitted

10/31/2025

14. Agency use only:

Standard Form 425