FEDERAL FINANCIAL REPORT

(Follow form instructions)

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)	Page	of
U.S. Department of Environmental Protection Agency	**FS99290518-0**	1	1 pages

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

New York State Department of Health
Empire State Plaza - Corning Tower
Albany, New York 12237-0016

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	7. Basis of Accounting
806781340	**14-6013200**	**FS99290518**	☐ Quarterly ☐ Semi-Annual X Annual ☐ Final	x Cash ☐ Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date (Month, Day, Year)
10/01/2017	**9/30/2024**	**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	**$0.00**
b. Cash Disbursements	**$0.00**
c. Cash on Hand (line a minus b)	**$0.00**
(Use lines d-o for single grant reporting)	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	**$45,363,000.00**
e. Federal share of expenditures	**$42,827,080.51**
f. Federal share of unliquidated obligations	**$0.00**
g. Total Federal share (sum of lines e and f)	**$42,827,080.51**
h. Unobligated balance of Federal funds (line d minus g)	**$2,535,919.49**
Recipient Share:	
i. Total recipient share required	**$9,072,600.00**
j. Recipient share of expenditures	**$9,072,600.00**
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**

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense							
				g. Totals:	**$0.00**	**$0.00**	**$0.00**

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 penalities. (U.S. Code, Title 218, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number and extension)
Michael Sawicz, Principal Accountant **Bureau of Accounts Management**	**(518) 473-8294** d. Email address michael.sawicz@health.ny.gov
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) **October 18, 2019**
	14. Agency use only:

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 collecti

New York State Department of Health

Drinking Water State Revolving Fund

GRANT FS99290518-0 For Period Ending 9/30/19

FFY18	18DA-PROJECT	18DD - ADMIN.	18DE Tech ASST.	18DFA PWSS ADM.	Total
Award Amount	$38,104,920.00	$1,814,520.00	$907,260.00	$4,536,300.00	$45,363,000.00
Amount Drawn	$38,104,920.00	$1,814,520.00	$0.00	$2,907,640.51	$42,827,080.51
Balance	$0.00	$0.00	$907,260.00	$1,628,659.49	$2,535,919.49