

# Title IIIC-1 Area Agency Administration Financial Report

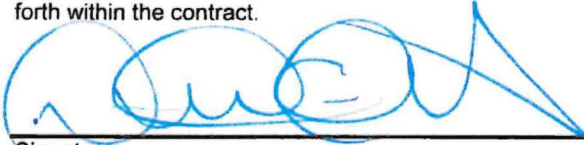
Final Report [ ] YES [X] NO

Agency: EAST BATON ROUGE COUNCIL ON AGING, INC.

Period Month Ending: 31-Mar-25

Gross Expenditures to Date	98,577
Operating Transfers in -ARP IIIAAA	
Less: Other/ Local Funds	
Less: Transfers Out-ARP IIIAAA	
Net Expenditures to Date	98,577
GOEA Funds Received to date	98,580
Cash on Hand	3

I hereby certify that the above expenditures are for the period shown above (year to date), and are true and correct to the best of my knowledge. The expenditures reported have been made in accordance with federal and state guidelines and as outlined in the contract summary, and are for the purpose set forth within the contract.



CHIEF EXECUTIVE OFFICER

Signature

Title

4/9/2025

DYTASHA CLARK AMAR

Typed Name

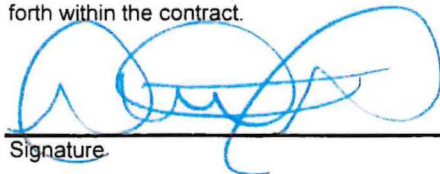
# Title IIIC-1 Congregate Meals Financial Report

Final Report [ ] YES [X] NO

Agency: East Baton Rouge Council on Aging  
 Period Month Ending: 31-Mar-25

	Direct Costs	Indirect Costs	Total Costs
Indirect Costs		348,172	
Congregate Meals	1,460,271	348,172	1,808,443
[Raw Food Costs: (\$95,690.18)]	-		-
Nutrition Counseling	-		-
Nutrition Education	-		-
Outreach			-
***Operating Transfers Out to - IIIC-2	-	-	-
<b>Gross Expenditures</b>	<b>1,460,271</b>	<b>348,172</b>	<b>1,808,443</b>
Less: Participant Contributions			-
Less: Sale of Meals			-
Less: NSIP Cash			1,293,273
Less: Other/Local Funds			-
Operating Transfers In - SC			
Operating Transfers In - PCOA			83,224
			-
<b>Net Expenditures</b>			<b>431,946</b>
<b>GOEA Funds Received to Date</b>			<b>431,946</b>
<b>Cash on Hand</b>			<b>-</b>

I hereby certify that the above expenditures are for the period shown above (year to date), and are true and correct to the best of my knowledge. The expenditures reported have been made in accordance with federal and state guidelines and as outlined in the contract summary, and are for the purpose set forth within the contract.



Signature

CEO  
Title

Date

4/9/2025

# Title IIIC-2 Home Delivered Meals Financial Report

Final Report ( ) Yes (X) No

Agency: East Baton Rouge Council on Aging  
 Period Month Ending: 31-Mar-25

	Direct Costs	Indirect Costs	Total Costs
<b>Indirect Costs</b>		385,255	
Home Delivered Meals	1,871,341	385,255	2,256,596
<b>COVID 19 HDM:</b>			
Raw Food Costs: \$61,158.76			
Nutrition Counseling	-		-
Nutrition Education	-		-
Outreach			-
<b>Gross Expenditures</b>	<b>1,871,341</b>	<b>385,255</b>	<b>2,256,596</b>
Less: Participant Contributions			-
Less: Sale of Meals			-
Less: NSIP Cash			-
Less: Other/Local Funds			1,845,476
Operating Transfers In - SC			-
			-
<b>***Operating Transfers In - IIID</b>			-
<b>***Operating Transfers In - IIIE</b>			-
<b>Net Expenditures</b>			<b>411,120</b>
<b>GOEA Funds Received to Date</b>			<b>411,117</b>
<b>Cash on Hand</b>			<b>(3)</b>

I hereby certify that the above expenditures are for the period shown above (year to date), and are true and correct to the best of my knowledge. The expenditures reported have been made in accordance with federal and state guidelines and as outlined in the contract summary, and are for the purpose set forth within the contract.

 CEO  
 Signature \_\_\_\_\_ Title \_\_\_\_\_ Date 9-Apr-25

Dytrasha Clark Amar  
 Printed Name \_\_\_\_\_

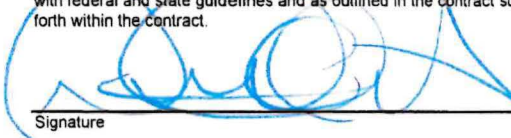
# Title IIIB Supportive Services Financial Report

Final Report [ ] YES [X] NO

Agency: East Baton Rouge Council on Aging  
 Period Month Ending: 3/31/2025

	Direct Costs	Indirect Costs	Total Costs
Indirect Costs		66067	
<b>1 COVID-19 DNI MEALS</b>			0
<b>2 COVID-19 NON-DNI MEALS</b>			0
3 Assisted Transportation			0
4 Case Management			0
5 Chore			0
6 Homemaker			0
7 Information and Assistance	294,426	53,514	347,940
8 Legal Assistance	-		-
9 Outreach	14,540	2,643	17,183
10 Personal Care	-	-	-
11 Transportation			-
12 Telephoning	21,809	3,964	25,773
13 Home Repair / Modification			-
14 Visiting			-
15 Total Other Priority Services (12+13+14)	21,809	3,964	25,773
16 Counseling			-
17 Crime Prevention Services			-
18 Material Aid	32,714	5,946	38,660
19 Medical Alert			-
20 Medication Management			-
21 Placement Services			-
22 Public Education			-
23 Recreation			-
24 Sitter Service			-
25 Utility Assistance			-
26 Wellness			-
27 Total Other Non Priority Services (16 through 26)	32,714	5,946	38,660
28 Gross Expenditures ((1 through 11)+15+27)	363,489	66,067	429,556
29 Less: Participant Contributions			
30 Less: Other/Local Funds			57,665
31 Operating Transfers In - SC			
32 Operating Transfers In - PCOA			83,225
33 Operating Transfers In - Supp SC			-
<b>***Operating Transfers In - IIID</b>			-
			-
34 Net Expenditures (28-(29 through 33)			288,666
35 GOEA Funds Received To Date			288,663
36 Cash on Hand (35 -34)			(3)

I hereby certify that the above expenditures are for the period shown above (year to date), and are true and correct to the best of my knowledge. The expenditures reported have been made in accordance with federal and state guidelines and as outlined in the contract summary, and are for the purpose set forth within the contract.

  
 Signature \_\_\_\_\_ Title \_\_\_\_\_ Date 4/9/2025  
 Dytasha Clark Amar  
 Printed Name

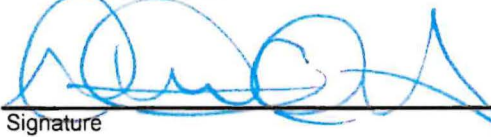
# Title IID Preventive Health Financial Report

Final Report [ ] YES [X] NO

Agency: East Baton Rouge Council On aging  
 Period Month Ending: 31-Mar-25

	Direct Costs	Indirect Costs	Total Costs
<b>Indirect Costs</b>			
Nutrition Counseling			0
Nutrition Education			0
<b>Other Services:</b>			
Counseling			0
Medication Management			0
Wellness	9,279		9,279
***Operating Tranfer Out to - IIC2	-		-
<b>Gross Expenditures</b>	<b>9,279</b>	<b>0</b>	<b>9,279</b>
Less: Participant Contributions			
Less: Other/Local Funds			-
Operating Transfers In - ARP IID			0
Operating Transfers In - PCOA			
<b>Net Expenditures</b>			<b>9,279</b>
<b>GOEA Funds Received to Date</b>			<b>9,274</b>
<b>Cash on Hand</b>			<b>(5)</b>

I hereby certify that the above expenditures are for the period shown above (year to date), and are true and correct to the best of my knowledge. The expenditures reported have been made in accordance with federal and state guidelines and as outlined in the contract summary, and are for the purpose set forth within the contract.

  
 Signature \_\_\_\_\_ CEO  
 Title

4/9/2025

# Title IIIE National Family Caregiver Support Financial Report

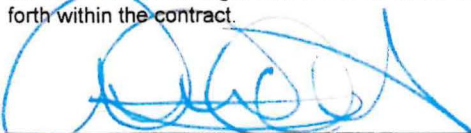
Final Report [ ] YES [ X ] NO

Agency: East Baton Rouge Council On Aging

Period Month Ending: 31-Mar-25

	Direct Costs	Indirect Costs	Total Costs
Indirect Costs		1,310	
NFCSP Public Education			
NFCSP Information and Assistance	78,884	2,928	81,812
NFCSP Outreach			
NFCSP Case Management	-		
NFCSP Individual Counseling			
NFCSP Support Groups			
NFCSP Adult Day Care	56,250		56,250
NFCSP Adult Day Health Care			
NFCSP Group Respite	-	-	
NFCSP In-Home Respite	-		-
NFCSP Individual Care Support			
NFCSP Institutional Respite			
NFCSP Material aid	-		-
NFCSP Personal Care	-	-	
NFCSP Sitter Service			
NFCSP Chore			
NFCSP Home Repair/Modification			
NFCSP Home Delivered Meals			
***Operating Transfers Out to - IIIB	-	-	
***Operating Transfers Out to- IIIC-2	-	-	
Gross Expenditures	135,134	2,928	138,062
Less: Participant Contributions			
Less: Other/Local Funds			48,431
Operating Transfers In - ARP IIIE			-
Operating Transfers In - PCOA			
Operating Transfers In - Sup SC			
Net Expenditures			89,631
GOEA Funds Received to Date			89,631
Cash on Hand			-

I hereby certify that the above expenditures are for the period shown above (year to date), and are true and correct to the best of my knowledge. The expenditures reported have been made in accordance with federal and state guidelines and as outlined in the contract summary, and are for the purpose set forth within the contract.



Signature

CEO  
Title

Date

4/9/2025

# Senior Center Financial Report

Final Report [ ] YES [ X ] NO

Agency: EAST BATON ROUGE COUNCIL ON AGING, INC.

Period Quarter Ending: 31-Mar-25

Senior Center Operational Costs	1,639,912
Operating Transfers Out - IIIB-SS	
Operating Transfers Out - III-C1	
Operating Transfers Out - III-C2	
Operating Transfers Out - III-D	
Operating Transfers Out - III-E	
Operating Transfers Out - Ombudsman	
Gross Expenditures to Date	1,639,912
Less Other/Local Funds	1,218,845
Operating Transfers In - Supp SC	44,480
Operating Transfers In - Suppl SC #2	5,859
Net Expenditures	370,728
GOEA Funds Received to Date	370,728
Cash on Hand	(0)

I hereby certify that the above expenditures are for the period shown above (year to date), and are true and correct to the best of my knowledge. The expenditures reported have been made in accordance with federal and state guidelines and as outlined in the contract summary, and are for the purpose set forth within the contract.



Signature

CEO  
Title

4/9/25  
Date

DYTASHA CLARK AMAR  
Typed Name

# Supplemental Senior Center Financial Report

Final Report [ ] YES [ X ] NO

Agency: EAST BATON ROUGE COUNCIL ON AGING, INC.

Period Quarter Ending: 31-Mar-25

Operating Transfers Out - III-B/SS	
Operating Transfers Out - III-C1	
Operating Transfers Out - III-C2	
Operating Transfers Out - III-D	
Operating Transfers Out - III-E	
Operating Transfers Out - SC	44,480
Operating Transfers Out - Ombusmen	
Total Transferred Out	44,480
Goea Funds Received to Date	44,480
Cash on Hand	0

I hereby certify that the above expenditures are for the period shown above (year to date), and are true and correct to the best of my knowledge. The expenditures reported have been made in accordance with federal and state guidelines and as outlined in the contract summary, and are for the purpose set forth within the contract.



Signature

CHIEF EXECUTIVE OFFICER 4/9/25

Title

DYTASHA CLARK AMAR

Typed Name

# Supplemental Senior Center Financial Report #2

Final Report [ ] YES [X] NO

Agency: EAST BATON ROUGE COUNCIL ON AGING, INC.

Period Quarter Ending: 31-Mar-25

Operating Transfers Out - III-B/SS	
Operating Transfers Out - III-C1	
Operating Transfers Out - III-C2	
Operating Transfers Out - III-D	
Operating Transfers Out - III-E	
Operating Transfers Out - SC	5,859
Operating Transfers Out - Ombusmen	
Total Transferred Out	5,859
Goea Funds Received to Date	5,859
Cash on Hand	0

I hereby certify that the above expenditures are for the period shown above (year to date), and are true and correct to the best of my knowledge. The expenditures reported have been made in accordance with federal and state guidelines and as outlined in the contract summary, and are for the purpose set forth within the contract.



Signature

CHIEF EXECUTIVE OFFICER 4/9/25  
Title

DYTASHA CLARK AMAR  
Typed Name

# Parish Council on Aging PCOA Financial Report

Final Report [ ] YES [x] NO

Agency: EAST BATON ROUGE COUNCIL ON AGING, INC.

Period Quarter Ending: 31-Mar-25

PCOA Discretionary Expenditures	
Operating Transfers Out - AAA	
Operating Transfers Out - IIIB-SS	83,225
Operating Transfers Out - III-C1	83,224
Operating Transfers Out - III-C2	
Operating Transfers Out - III-D	
Operating Transfers Out - III-E	
Operating Transfers Out - SC	
Operating Transfers Out - Ombudsman	
Operating Transfers Out - Other	
Gross Expenditures to Date	166,449
Less Other/Local Funds	
Net Expenditures	166,449
GOEA Funds Received to Date	166,449
Cash on Hand	0

I hereby certify that the above expenditures are for the period shown above (year to date), and are true and correct to the best of my knowledge. The expenditures reported have been made in accordance with federal and state guidelines and as outlined in the contract summary, and are for the purpose set forth within the contract.



Signature

CEO  
Title

4/9/25

DYTASHA CLARK AMAR  
Typed Name

Governor's Office of Elderly Affairs

GOEA Program Income Supplement Report

Final Report [ ] YES [X] NO

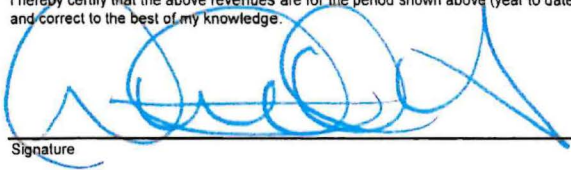
Agency: EAST BATON ROUGE COUNCIL ON AGING, INC.

Quarter Ending: March 31, 2025

	IIIB	IIIC-1	IIIC-2	IIID	IIIE	Totals
1. Outreach	0	0	0			0
2. Information and Assistance	0	0	0			0
3. Legal Assistance	0					0
4. Case Management	0					0
5. Adult Day Health Care	0					0
6. Assisted Transportation	0					0
7. Chore	0					0
8. Homemaker	0					0
9. Personal Care	0					0
10. Transportation	0					0
11. Other Services:	0					0
12. Congregate Meals		0				0
13. Nutrition Counseling		0	0	0		0
14. Nutrition Education		0	0	0		0
15. Home-Delivered Meals			0			0
16. Counseling				0		0
17. Medication Management				0		0
18. Wellness				0		0
19. NFCSP Individual Counseling					0	0
20. NFCSP Support Groups					0	0
<b>21. Counseling and Training Total (19 + 20)</b>					0	0
22. NFCSP Adult Day Care					0	0
23. NFCSP Adult Day Health Care					0	0
24. NFCSP Group Respite					0	0
25. NFCSP In-Home Respite					0	0
26. NFCSP Individual Care Support					0	0
27. NFCSP Institutional Respite					0	0
<b>28. Respite Care Total (22 through 27)</b>					0	0
29. NFCSP Material Aid					0	0
30. NFCSP Personal Care					0	0
31. NFCSP Sitter Service					0	0
32. NFCSP Chore					0	0
33. NFCSP Home Delivered Meals					0	0
34. NFCSP Home Repair/Modification					0	0
<b>35. Supplemental Services Total (29 through 34)</b>					0	0
36. NFCSP Information and Assistance					0	0
37. NFCSP Outreach					0	0
38. NFCSP Case Management					0	0
<b>39. Access Assistance Services Total (36 through 38)</b>					0	0
40. NFCSP Public Education					0	0
<b>41. Information Services Total (40)</b>					0	0

Totals	0	0	0	0	0	0
--------	---	---	---	---	---	---

I hereby certify that the above revenues are for the period shown above (year to date), and are true and correct to the best of my knowledge.



CHIEF EXECUTIVE OFFICER  
Title

4/9/2025  
Date

DYTASHA CLARK AMAR  
Typed Name