

Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014
Expiration Date: 02/28/2025

1. Federal Agency and Organizational Element to Which Report is Submitted <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div style="border: 1px solid black; width: 90%; height: 15px; display: inline-block;"></div> Street1: <div style="border: 1px solid black; width: 400px; height: 15px; display: inline-block;"></div> Street2: <div style="border: 1px solid black; width: 400px; height: 15px; display: inline-block;"></div> City: <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block;"></div> County: <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block;"></div> State: <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block;"></div> Province: <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block;"></div> Country: <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block;"></div> ZIP / Postal Code: <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block;"></div>			
4a. UEI <div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div>		4b. EIN <div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div>	
5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div>			
6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final		7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	
		8. Project/Grant Period From: <div style="border: 1px solid black; width: 80px; height: 15px; display: inline-block;"></div> To: <div style="border: 1px solid black; width: 80px; height: 15px; display: inline-block;"></div>	
9. Reporting Period End Date <div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div>			
10. Transactions			Cumulative
<i>(Use lines a-c for single or multiple grant reporting)</i>			
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			<div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div>
b. Cash Disbursements			<div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div>
c. Cash on Hand (line a minus b)			<div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div>
<i>(Use lines d-o for single grant reporting)</i>			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			<div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div>
e. Federal share of expenditures			<div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div>
f. Federal share of unliquidated obligations			<div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div>
g. Total Federal share (sum of lines e and f)			<div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div>
h. Unobligated balance of Federal Funds (line d minus g)			<div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div>
Recipient Share:			
i. Total recipient share required			<div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div>
j. Recipient share of expenditures			<div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div>
k. Remaining recipient share to be provided (line i minus j)			<div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div>
Program Income:			
l. Total Federal program income earned			<div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div>
m. Program Income expended in accordance with the deduction alternative			<div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div>
n. Program Income expended in accordance with the addition alternative			<div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div>
o. Unexpended program income (line l minus line m and line n)			<div style="border: 1px solid black; width: 100%; height: 15px; display: inline-block;"></div>

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
g. Totals:				<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
12. Remarks: <i>Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:</i>						
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: <input style="width: 100%;" type="text"/> First Name: <input style="width: 100%;" type="text"/> Middle Name: <input style="width: 100%;" type="text"/> Last Name: <input style="width: 100%;" type="text"/> Suffix: <input style="width: 100%;" type="text"/> Title: <input style="width: 100%;" type="text"/>						
b. Signature of Authorized Certifying Official <div style="border: 1px solid black; height: 40px; width: 100%;"></div>				c. Telephone (Area code, number and extension) <input style="width: 100%;" type="text"/>		
d. Email Address <input style="width: 100%;" type="text"/>				e. Date Report Submitted <input style="width: 100%;" type="text"/>		14. Agency use only: