

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 <div style="border: 1px solid black; height: 30px; width: 100%; background-color: yellow;"></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%; background-color: yellow;"></div>	
3. Recipient Organization (Name and complete address including Zip code)			
Recipient Organization Name: <input style="width: 90%;" type="text" value="Cornell University"/>			
Street1: <input style="width: 90%;" type="text" value="377 Pine Tree Road"/>			
Street2: <input style="width: 90%;" type="text"/>			
City: <input style="width: 80%;" type="text" value="Ithaca"/>		County: <input style="width: 80%;" type="text" value="Tompkins"/>	
State: <input style="width: 80%;" type="text" value="NY: New York"/>		Province: <input style="width: 80%;" type="text"/>	
Country: <input style="width: 80%;" type="text" value="USA: UNITED STATES"/>		ZIP / Postal Code: <div style="border: 1px solid red; padding: 2px;"><input style="width: 80%;" type="text" value="14850"/></div>	
4a. UEI <input style="width: 90%;" type="text" value="G56PUALJ3KT5"/>		4b. EIN <input style="width: 90%;" type="text" value="150532082"/>	
5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <input style="width: 90%;" type="text"/>			
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 checked="" type="checkbox"/> Accrual	
8. Project/Grant Period From: <div style="border: 1px solid red; display: inline-block; width: 80px; height: 20px;"></div> To: <div style="border: 1px solid red; display: inline-block; width: 80px; height: 20px;"></div>		9. Reporting Period End Date <div style="border: 1px solid red; display: inline-block; width: 150px; height: 20px;"></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			<input style="width: 80%;" type="text"/>
b. Cash Disbursements			<input style="width: 80%;" type="text"/>
c. Cash on Hand (line a minus b)			<input style="width: 80%;" type="text"/>
<i>(Use lines d-o for single grant reporting)</i>			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			<input style="width: 80%;" type="text"/>
e. Federal share of expenditures			<input style="width: 80%;" type="text"/>
f. Federal share of unliquidated obligations			<input style="width: 80%;" type="text"/>
g. Total Federal share (sum of lines e and f)			<input style="width: 80%;" type="text"/>
h. Unobligated balance of Federal Funds (line d minus g)			<input style="width: 80%;" type="text"/>
Recipient Share:			
i. Total recipient share required			<input style="width: 80%;" type="text" value="0.00"/>
j. Recipient share of expenditures			<input style="width: 80%;" type="text" value="0.00"/>
k. Remaining recipient share to be provided (line i minus j)			<input style="width: 80%;" type="text" value="0.00"/>
Program Income:			
l. Total Federal program income earned			<input style="width: 80%;" type="text" value="0.00"/>
m. Program Income expended in accordance with the deduction alternative			<input style="width: 80%;" type="text" value="0.00"/>
n. Program Income expended in accordance with the addition alternative			<input style="width: 80%;" type="text" value="0.00"/>
o. Unexpended program income (line l minus line m and line n)			<input style="width: 80%;" type="text" value="0.00"/>

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Predetermined	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Totals:				<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: <div style="display: flex; align-items: center; margin-top: 5px;"> <input style="width: 30%; height: 20px; border: 1px solid black;" type="text"/> <div style="margin-left: 10px;"> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </div> </div>						
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 <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Prefix: <input style="width: 100px;" type="text"/></div> <div>First Name: <input style="width: 200px;" type="text" value="Janet"/></div> <div>Middle Name: <input style="width: 150px;" type="text"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Last Name: <input style="width: 300px;" type="text" value="Strait"/></div> <div>Suffix: <input style="width: 80px;" type="text"/></div> </div> <div style="margin-top: 5px;">Title: <input style="width: 300px;" type="text" value="Assoc. Director, Sponsored Financial Services"/></div>						
b. Signature of Authorized Certifying Official <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>				c. Telephone (Area code, number and extension) <div style="border: 2px solid red; background-color: yellow; height: 20px; width: 150px; margin-top: 5px;"></div>		
d. Email Address <div style="border: 2px solid red; background-color: yellow; height: 20px; width: 100%; margin-top: 5px;"></div>				e. Date Report Submitted <div style="border: 2px solid red; background-color: yellow; height: 20px; width: 80px; margin-top: 5px;"></div>		14. Agency use only: