

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="background-color: yellow; height: 40px; width: 100%;"></div>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div style="background-color: yellow; height: 40px; width: 100%;"></div>	
3. Recipient Organization (Name and complete address including Zip code)			
Recipient Organization Name: Cornell University			
Street1: 377 Pine Tree Road			
Street2:			
City: Ithaca		County: Tompkins	
State: NY: New York		Province:	
Country: USA: UNITED STATES		ZIP / Postal Code: 14850	
4a. UEI G56PUALJ3KT5	4b. EIN 150532082	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="background-color: yellow; height: 40px; width: 100%;"></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 checked="" type="checkbox"/> Accrual	8. Project/Grant Period From: <div style="background-color: yellow; width: 100px; height: 20px;"></div> To: <div style="background-color: yellow; width: 100px; height: 20px;"></div>	9. Reporting Period End Date <div style="background-color: yellow; height: 40px; width: 100%;"></div>
10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i>		Cumulative	
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts	<div style="background-color: yellow; height: 40px; width: 100%;"></div>		
b. Cash Disbursements	<div style="background-color: yellow; height: 40px; width: 100%;"></div>		
c. Cash on Hand (line a minus b)	<div style="background-color: yellow; height: 40px; width: 100%;"></div>		
<i>(Use lines d-o for single grant reporting)</i>			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized	<div style="background-color: yellow; height: 40px; width: 100%;"></div>		
e. Federal share of expenditures	<div style="background-color: yellow; height: 40px; width: 100%;"></div>		
f. Federal share of unliquidated obligations	<div style="background-color: yellow; height: 40px; width: 100%;"></div>		
g. Total Federal share (sum of lines e and f)	<div style="background-color: yellow; height: 40px; width: 100%;"></div>		
h. Unobligated balance of Federal Funds (line d minus g)	<div style="background-color: yellow; height: 40px; width: 100%;"></div>		
Recipient Share:			
i. Total recipient share required	<div style="background-color: yellow; height: 40px; width: 100%; text-align: right;">0.00</div>		
j. Recipient share of expenditures	<div style="background-color: yellow; height: 40px; width: 100%; text-align: right;">0.00</div>		
k. Remaining recipient share to be provided (line i minus j)	<div style="background-color: yellow; height: 40px; width: 100%; text-align: right;">0.00</div>		
Program Income:			
l. Total Federal program income earned	<div style="background-color: yellow; height: 40px; width: 100%; text-align: right;">0.00</div>		
m. Program Income expended in accordance with the deduction alternative	<div style="background-color: yellow; height: 40px; width: 100%; text-align: right;">0.00</div>		
n. Program Income expended in accordance with the addition alternative	<div style="background-color: yellow; height: 40px; width: 100%; text-align: right;">0.00</div>		
o. Unexpended program income (line l minus line m and line n)	<div style="background-color: yellow; height: 40px; width: 100%; text-align: right;">0.00</div>		

11. Indirect Expense

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

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 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: First Name: Middle Name:
 Last Name: Suffix:
 Title:

b. Signature of Authorized Certifying Official	c. Telephone (Area code, number and extension)	
		
d. Email Address	e. Date Report Submitted	14. Agency use only:
		