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Cropert multiple grants, use FFR Attachment)	3. Recipient Orga	anization (N	Name and complete add	dress including ZIP co	ode)					-			
R. Project/Grant  Person   Project	4a. DUNS Number		4b. EIN							7. Basis of Accounting			
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Clash (To report multiple grants, also use FFR Attachment):   a. Cash Receipts	,			To: (Month, Day,	Year)		1	_	Date				
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b. Cash Disbursements c. Cash on Hand (line a minus b)  (Use lines d-o for strigle grant reporting)  Federal Expenditures and Unobligated Balance:  d. Total Federal Funds Authorized c. Federal Share of Expenditures  f. Federal Share of Unliquidated Obligations g. Total Federal Share (sum of lines e and f) h. Unobligated Balance of Federal Funds (line d minus g)  Recipient Share:  i. Total Recipient Share Required j. Recipient Share of Expenditures  k. Remaining Recipient Share of Expenditures  7. Program Income  8. Remaining Recipient Share to Be Provided (line i minus j)  Program Income  9. Total Federal Program Income Expended in Accordance with the Deduction Alternative  1. Total Federal Program Income Expended in Accordance with the Addition Alternative  1. Program Income Expended in Accordance with the Addition Alternative  1. Indirect  1. Total Federal Program Income (line I minus line m or line n)  11. Indirect  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, Retificus, or fraudulent information may subject me to criminal, civil, or administrative penalties, (U.S. Code, Title 18, Section 1001)  a. Typed or Printed Name and Title of Authorized Certifying Official  b. Signature of Authorized Certifying Official  c. Date Report Submitted (Month, Day, Year)  6. Email Address:  c. Date Report Submitted (Month, Day, Year)  8. Sandard Form 45  OMB Approval Name 1048-6081  Sendand Form 45  OMB Approval Name 1048-6081  Sendand Form 45  OMB Approval Name 1048-6081	Federal Cash (T	o report n	ultiple grants, also us	se FFR Attachment):	<u> </u>								
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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 collection is 0.348-0.061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0.348-0.060), Washington, DC 20503.