

FEDERAL FINANCIAL REPORT

(Follow form instructions)

| | | | | | | | |
|--|--|--|--|---|--|------------|--|
| 1. Federal Agency and Organizational Element to Which Report is Submitted | | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) | | Page | 1 | of | |
| pages | | | | | | | |
| 3. Recipient Organization (Name and complete address including Zip code) | | | | | | | |
| 4a. DUNS Number | 4b. EIN | 5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) | | 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: (Month, Day, Year) To: (Month, Day, Year) | | | | 9. Reporting Period End Date (Month, Day, Year) | | | |
| 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 | | | | | | | |
| b. Cash Disbursements | | | | | | | |
| c. Cash on Hand (line a minus b) | | | | | | | |
| <i>(Use lines d-o for single grant reporting)</i> | | | | | | | |
| Federal Expenditures and Unobligated Balance: | | | | | | | |
| d. Total Federal funds authorized | | | | | | | |
| e. 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 to be provided (line i minus j) | | | | | | | |
| Program Income: | | | | | | | |
| l. Total Federal program income earned | | | | | | | |
| m. Program income expended in accordance with the deduction alternative | | | | | | | |
| n. Program income expended in accordance with the addition alternative | | | | | | | |
| o. Unexpended program income (line l minus line m or line n) | | | | | | | |
| 11. Indirect Expense | a. Type of Rate <i>(Place "X" in appropriate box)</i> <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed | | | b. Rate: | | c. Base: | |
| | | d. Total Amount: | | e. Federal Share: | | | |
| 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 that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) | | | | | | | |
| a. Typed or Printed Name and Title of Authorized Certifying Official | | | | c. Telephone (Area code, number and extension) | | | |
| | | | | d. Email address | | | |
| b. Signature of Authorized Certifying Official | | | | e. Date Report Submitted (Month, Day, Year) | | | |
| 14. Agency use only: | | | | | | | |

Standard Form 425
OMB Approval Number: