

# 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<br>(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<br>(To report multiple grants, use FFR Attachment) |           | 6. Report Type  |                   | 7. Basis of Accounting   |
|   |  |  |         |  |           | <input type="checkbox"/> Quarterly<br><input type="checkbox"/> Semi-Annual<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Final |                   | <input type="checkbox"/> Cash <input type="checkbox"/> Accrual |
| 8. Project/Grant Period<br>From: (Month, Day, Year)   |  |  |         | To: (Month, Day, Year)   |           | 9. Reporting Period End Date<br>(Month, Day, Year)  |                   |  |
| 10. Transactions  |  |  |         |  |           |   | Cumulative        |  |
| <i>(Use lines a-c for single or multiple grant reporting)</i>   |  |  |         |  |           |   |                   |  |
| <b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>   |  |  |         |  |           |   |                   |  |
| a. Cash Receipts  |  |  |         |  |           |   |                   |  |
| b. Cash Disbursements   |  |  |         |  |           |   |                   |  |
| c. Cash on Hand (line a minus b)  |  |  |         |  |           |   |                   |  |
| <i>(Use lines d-o for single grant reporting)</i>   |  |  |         |  |           |   |                   |  |
| <b>Federal Expenditures and Unobligated Balance:</b>  |  |  |         |  |           |   |                   |  |
| 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)  |  |  |         |  |           |   |                   |  |
| <b>Recipient Share:</b>   |  |  |         |  |           |   |                   |  |
| i. Total recipient share required   |  |  |         |  |           |   |                   |  |
| j. Recipient share of expenditures  |  |  |         |  |           |   |                   |  |
| k. Remaining recipient share to be provided (line i minus j)  |  |  |         |  |           |   |                   |  |
| <b>Program Income:</b>  |  |  |         |  |           |   |                   |  |
| 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  | b. Rate | c. Period From   | Period To | d. Base   | e. Amount Charged | f. Federal Share   |
|   |  |  |         |  |           |   |                   |  |
|   |  |  |         | g. Totals:   |           |   |                   |  |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:  |  |  |         |  |           |   |                   |  |
| <b>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 18, Section 1001)</b> |  |  |         |  |           |   |                   |  |
| 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  
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