

AMS Grant Programs Worksheet to Accompany the SF-270 Request for Advance/Reimbursement

Grant Agreement Number:	#14-LFPPX- OR #14-FMPPX- OR #15-LFPPX- OR #15-LFPPX-					
Recipient Organization:						
Recipient Contact:						
Time Period of Request:	MM/DD/YYYY - MM/DD/YYYY					
No.	Date of Expense	Payee	Amount	Budget/Section	Notes	Receipt Available?
	<i>Insert date of expense MM/DD/YYYY</i>	<i>List name of payee</i>	<i>Amount of Expense</i>	<i>Select budget category from drop down menu</i>	<i>Add any notes to explain expenses as appropriate</i>	<i>Select Yes or No</i>
1				Personnel	program work	No
2				Fringe		
3				Personnel		
4				Contractual		
5				Travel		
6				Equipment		
7				Supplies		
8				Indirect Costs		
9				Misc or Other		
10				Misc or Other		
11				Misc or Other		
12						
13						
14						
15						
Totals						
	Budget Category	Total				
	Personnel	\$ -				
	Contractual	\$ -				

Fringe	\$	-			
Travel	\$	-			
Equipment	\$	-			
Supplies	\$	-			
Misc	\$	-			
Indirect Costs	\$	-			
ALL EXPENSES	\$	-			

	<p>According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0581-0240. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</p>				
	<p>USDA's Nondiscrimination Statement (effective 2015)</p>				
	<p>In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.</p>				
	<p>Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.</p>				
	<p>To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:</p>				
	<p>1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;</p>				
	<p>2) fax: (202) 690-7442; or</p>				
	<p>3) email: program.intake@usda.gov.</p>				
	<p>USDA is an equal opportunity provider, employer, and lender.</p>				

Personnel Yes
Contractual No
Fringe
Travel
Equipment
Supplies
Misc or Other
Indirect Costs