Form Approved OMB No. 4040-0014 Exp. Date 02/28/2015

FEDERAL FINANCIAL REPORT

(Follow form instructions)

Federal Agency and Organizational Element to Which Report is Submitted			Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)						Page 1	of
										pages
3. Recipier	nt Organization (Nam	e and complete address	s including Zi	p code)						
4a. DUNS	Number	5. Recipient Account Number or Identi								
			Number (To report multiple grants, us Attachment)			- Quarterly				
			Attachment)			Semi-Annual Accrual				
			1				Annual Final	1		
			1							
	Grant Period (Month,					Reporting Period End Date (Month, Day, Year)				
From:			То:							
10. Transactions						Cumulative				
		bined multiple grant rep				***				
Federal Cash (To report multiple grants separately, also use FFR Attachment): a. Cash Receipts										
b. Cash Disbursements c. Cash on Hand (line a minus b)										
c. Cash on Hand (line a minus b) (Use lines d-o for single grant reporting)										
(Use lines d-o for single grant reporting) Federal Expenditures and Unobligated Balance:										
d. Total Federal funds authorized										
e. Federal share of expenditures										
f. Federal share of experiorities										
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:										
I. Total F	ederal share of prog	gram income earned	a daduction o	Itornativo						
m. Program income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative										
				mauve						
11.	o. Unexpended program income (line I minus line m 1. a. Type b. Rate			Period To	d. Base	e. Amount 0	Charged	f. Federal Share		
Indirect	а. турс	b. rate	c. Period From	i dila i	u. Buss	0.74	J			
Expense				1		1				
				g. Totals:	0	0		0		
12. Remar	ks: Attach any expla	nations deemed necess	ary or informa	ation required	by Federal:	sponsoring a	gency in compliand	e with gover	ning leg	islation:
13. Certifi	cation: By signing	this report, I certify to	the best of n	ny knowledg	e and belief	that the rep	ort is true, compl	ete, and acc	urate, a	nd the
expenditu	res, disbursements	and cash receipts are	e for the pur	poses and ir	ntent set fort	th in the awa	ard documents. I	am aware th	at any	false,
fictitious,	or fraudulent inform	mation may subject me	e to criminal	, civil, or adr	ninistrative	penalties. (U	I.S. Code, Title 18	, Section 10	01)	
a. Typed or Printed Name and Title of Authorized Certifying Official						c. Telephone (Area code, number, and extension)				
						d. Email Address				
b. Signatur	re of Authorized Cert				e. Date Report Submitted (Month, Day, Year)					
L						14. Agency	use only:			
						100 Sec. 18 18 18				

According to the Paperwork Reduction Act of 1995, 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 4040-0014. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer