



PROGRAM INCOME REPORT
 (For SBDC Use Only)

Purpose: The Office of Small Business Development Center (OSBDC) uses the SBA Form 2113 to track the sources and uses of program income. Each lead Center SBDC must submit the completed form as an attachment to the SF 425 (Federal Financial Report) as required in the SBDC's Notice of Award (NOA). This additional form is necessary as balances of program income for these awards may be carried over to subsequent years and may include several thousands of additional funds earned and used each year. The total amount of program income must be monitored by SBA as there are limitations on the total program income balance that may be held by an entity. Please refer to the NOA for specific instructions on how and where to submit the requested information.

SBDC NETWORK: _____

PERIOD: _____

1) Net Program Income Carried Forward from the Prior Year(s) \$ _____ -

2) Current Year Gross Program Income

| SOURCE | AMOUNT (\$) | |
|--|-------------|-------------------|
| Training | \$ _____ | - |
| Sale of Books, etc | \$ _____ | - |
| Advertising | \$ _____ | - |
| Research Work | \$ _____ | - |
| Trade Shows | \$ _____ | - |
| Others (Describe) | \$ _____ | - |
| _____ | \$ _____ | - |
| _____ | \$ _____ | - |
| TOTAL CURRENT YEAR PROGRAM INCOME | | \$ _____ - |

3) Current Year Program Income Expenditures

| EXPENSE CATEGORY | AMOUNT (\$) | |
|--|-------------|-------------------|
| Personnel | \$ _____ | - |
| Fringe Benefits | \$ _____ | - |
| Travel | \$ _____ | - |
| Equipment | \$ _____ | - |
| Supplies | \$ _____ | - |
| Contractual | \$ _____ | - |
| Consultants | \$ _____ | - |
| Other (Describe) | \$ _____ | - |
| _____ | \$ _____ | - |
| _____ | \$ _____ | - |
| TOTAL CURRENT YEAR EXPENDITURES | | \$ _____ - |

4) Current Year Net Income (2-3) \$ _____ -

5) Net Program Income Carried Forward to Following Year (1+4) \$ _____ -

6) Narrative Description of how program income was used to further program objective.

By signing this report, I certify that it, I am authorized to sign on behalf of the SBDC, and that all information submitted with this report, is true and accurate to the best of my knowledge and all information submitted with this report, is true and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal penalties under 18 U.S.C. § 1001 and other statues, and to other civil and administrative remedies as allowed by law. I further certify that all disbursements have been made in accordance with SBA requirements and that this institution maintains documentation supporting all information submitted to SBA.

NAME and TITLE: _____

DATE: _____

SIGNATURE: _____

Paperwork Burden Statement: According to the Paperwork Reduction Act, as amended, no person is required to respond to a collection of information unless it displays a valid OMB Control Number. The control number for this information collection is 3245-0169. SBA estimates that the time burden for reporting this collection of information is on average 2 hours for each reporting cycle, including time for reviewing instructions, searching existing data source, maintaining the data, and reviewing responses. Comments regarding the burden estimate or other aspect of this collection of information, including suggestions for reducing the burden are to be sent to: U.S. Small Business Administration, Chief, Administrative Information Branch, Washington, DC 20416 and /or SBA Desk Office, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503. PLEASE DO NOT SEND FORMS TO OMB.

