

SF-425 778AS

Submission Studio

Form Name: SF-425 (FNS-778) (AS) (10-17)
Form Description: Federal Financial Report - American Samoa
Program: SWSJ - Territories
State: WV
Agency Code: 5499999 **Agency Name:** Test Agency
Program Time: December 2017
Submission Type: Quarterly **Revision:** 0
Submission Status: New Submission

| 425-Page 1 | | Federal Financial Report | |
|---|--|--------------------------|------------|
| 8. Project/Grant Period (NOTE: Refer to Grant Award Document for dates) | | From | To |
| | | 10/01/2017 | 09/30/2018 |
| 10. Transactions | | Cumulative | |
| Federal Cash (To report multiple grants, also use FFR Attachment): | | | |
| a. Cash Receipts | | | |
| b. Cash Disbursements | | | |
| c. Cash on Hand (line a minus b) | | | |
| 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 share of 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 |
| | | | | | |
| | | | | | |
| g. Totals: | | | | | |

| 11. Indirect Expense | | | |
|----------------------|---------|-------------------|------------------|
| Period To | d. Base | e. Amount Charged | f. Federal Share |
| | | | |
| | | | |
| | | | |

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| 778-Page 3 (Item 11) | | a. Type of Rate | b. Rate |
|----------------------|----------------------|----------------------|----------------------|
| 11. Indirect Expense | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| <input type="text"/> | <input type="text"/> |
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| c. Base | d. Total Amount | e. Federal Share |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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| Remarks | Remarks |
|---|----------------------|
| 12. Remarks: Attach any explanation deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | <input type="text"/> |