

FEDERAL FINANCIAL REPORT

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, attach page 2)		OMB Approval No.	Page 1	of pages
3. Recipient Organization (Name and complete address including Zip code)						
4. Universal Identifier Number		5. Recipient Account Number or Identifying Number (To report multiple grants, attach page 2)		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period From: (Month, Day, Year)		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)		To: (Month, Day, Year)
10. Transactions				I. Previously Reported	II. Current Period	III. Cumulative
Status of Federal Cash (To report multiple grants, attach page 2):						
a. Cash Receipts						
b. Cash Disbursements						
c. Cash on hand (line a minus b)						
Status of Federal Expenditures and Unobligated Balance:						
d. Total Federal funds authorized						
e. Federal share of expenditures						
f. Federal share of unliquidated obligations (current period)						
g. Total Federal share (sum of lines e and f)						
h. Unobligated balance of Federal funds (line d minus g)						
Status of Recipient Share:						
i. Total recipient share required						
j. Recipient share of expenditures						
k. Recipient share of unliquidated obligations (current period)						
l. Total recipient share (sum of lines j and k)						
m. Remaining recipient share to be provided (line i minus l)						
Program Income:						
n. Program income expended in accordance with the deduction alternative						
o. Program income expended in accordance with the addition alternative						
p. Unexpended program income (current period)						
q. Total Federal program income earned (sum of lines n,o and p)						
11. Indirect Expense		a. Type of Rate (place "X" in the appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
		b. Rate	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:						
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all expenditures and unliquidated obligations are for the purposes set forth in the award documents.						
a. Typed or Printed Name and Title of Certifying Official				c. Telephone (Area code, number and extension)		
				d. Email address		
b. Signature of Authorized Certifying Official				e. Date Report Submitted		
14. Agency use only:						

Prescribed by OMB A-102 and A-110

