FEDERAL FINANCIAL REPORT

(Follow form instructions)

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, use FFR Attachment)						Page 1	of
										pages
3. Recipient Organization (Name and complete address including Zip code)										
4a. DUNS	a. DUNS Number 4b. EIN			5. Recipient Account Number or Ident Number (To report multiple grants, us Attachment)			se FFR Quarterly		. Basis of Accounting Cash Accrual	
8. Project/Grant Period (Month, Day, Year)						9. Reporting Period End Date (Month, Day, Year)				
From:			То:							
10. Trans								Cumulative		
(Use lines a-c for single or combined multiple grant reporting)										
Federal Cash (To report multiple grants separately, also use FFR Attachment): a. Cash Receipts										
	Disbursements									
c. Cash on Hand (line a minus b)										
(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 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:										
I. Total Federal share of program income earned										
m. Program income expended in accordance with the deduction alternative										
		d in accordance with the a		native						
		me (line I minus line m or		Dariad Ta	ld Dage	- Amazumt (The same of	lt Fadaval O	·	
11. Indirect	а. Туре	b. Rate	c. Period From	Period To	d. Base	e. Amount 0	-narged	f. Federal S	nare	
Expense			1 10111							
Ехропос										
				g. Totals:						
12. Rema	rks: Attach any explar	nations deemed necessar	ry or informat	tion required	by Federal sp	oonsoring ag	ency in compliance	with governi	ng legis	lation:
expenditu	ıres, disbursements	his report, I certify to th and cash receipts are f nation may subject me t	or the purpo	oses and int	ent set forth	in the awar	d documents. I ar	n aware tha	any fa	
fictitious, or fraudulent information may subject me to criminal, civil, or administrative por a. Typed or Printed Name and Title of Authorized Certifying Official						c. Telephone (Area code, number, and extension)				
						d. Email Address				
b. Signature of Authorized Certifying Official						e. Date Report Submitted (Month, Day, Year)				
						14. Agency use only:				

Standard Form 425 - Revised 10/11/2011 OMB Approval Number: 0348-0061 Expiration Date: 2/28/2015

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, 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 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.