

Federal Agency Form Instructions

Form Identifiers	Information
Agency Owner	Grants.gov with PTAP Changes and Clarifications
Form Name	Federal Financial Report
Form Version Number	3.0 If unable to use version 3.0, any version is acceptable
OMB Number	4040-0014
OMB Expiration Date	02/28/2022

Form Field Instructions

Field Number	Field Name	Required or Optional	Information
1.	Federal Agency and Organizational Element to Which Report is Submitted	Required	Enter Federal Agency and Organizational Element for which the report is submitted. This field is required.
2.	Federal Grant or Other Identifying Number Assigned by Federal Agency	Required	Enter Federal Assistance Award Number, "Agreement Number" typically in Block 1 of the cooperative agreement award document.
3-1.	Recipient Organization Name	Required	Enter the legal name of the applicant that will undertake the assistance activity.
3-2.	Street1	Required	Enter the first line of the Street Address. This field is required.
3-3.	Street2	Optional	Enter the second line of the Street Address.
3-4.	City	Required	Enter the City. This field is required.
3-5.	County	Optional	Enter the County.
3-6.	State	Required	Select the state, US possession or military code from the provided list.
3-7.	Province	Optional	Enter the Province.
3-8.	Country	Optional	Select the Country from the provided list. This field is required.

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3-9.	Zip/Postal Code	Required	Enter the Postal Code (e.g., ZIP code).
4a.	UEI or Duns	Required	Enter the UEI or Duns depending on the version of the SF425 being used.
4b.	EIN	Required	Enter either TIN or EIN as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. This field is required.
5.	Recipient Account Number or Identifying Number	Optional	Enter Recipient Account Number or Identifying Number. May Leave blank.
6.	Report Type	Required	Select Quarterly or Final as Applicable
7.	Basis of Accounting	Required	Select one.
8.	Project/Grant Period From	Required	Enter award Period From Date as mm/dd/yyyy. This field is required.
8-1.	Project/Grant Period To	Required	Enter award Period To Date as mm/dd/yyyy. This field is required.
9.	Report Period End	Required	Enter the Reporting Period End Date as mm/dd/yyyy. This field is required.
10a.	Cash Receipts	Required	Enter the amount of federal payments received.
10b.	Cash Disbursements	Required	Enter the amount of funds paid out by the recipient.
10c.	Cash on Hand (line a minus b)	Required	Amount owed by the Federal agency to the recipient. This should be a negative number unless the recipient was overpaid
10d.	Total Federal funds authorized	Required	Enter the total federal funds that are authorized. This matches Block 12b +Block 12e of the award.
10e.	Federal share of expenditures	Required	Enter the federal share of the expenditures disbursed (actual expenses paid).
10f.	Federal share of unliquidated obligations	Required If Applicable	Enter the Federal share of the unliquidated obligations for the quarterly period reported. Encumbrances incurred and anticipated to be paid within about 30 days but not yet paid/dispensed. (i.e. purchase orders and subrecipient expenses)
10g.	Total Federal share (sum of lines e and f)	Required	Total Federal share (sum of lines e and f). This is a calculated field. This is the total Fed Share of expenditures to date.

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10h.	Unobligated balance of Federal Funds (line d minus g)	Required	Unobligated balance of Federal Funds (line d minus g). This is a calculated field. Federal Funds Not Yet Executed
10i.	Total recipient share required	Required	Enter actual calculated recipient share of expenditures that is required to meet cost matching requirements to date .
10j.	Recipient share of expenditures	Required	Enter the recipient's share of expenditures or disbursements. Actual cash outlays, payments to subs or KR's, Recipient's share of program income, and third party in-kind used to date. Also enter Third Party in-kind in Block 12
10k.	Remaining recipient share to be provided (i minus j)	Required	Remaining recipient share to be provided (line i minus j). This is a calculated field.
10l.	Total Federal program income earned	Required if Applicable	Enter the total federal share of program income earned. Document total program earned (federal share plus recipient share) in Block 12
10m.	Program Income expended in accordance with the deduction alternative	Leave Blank	Enter the amount of program income that was used to reduce the Federal share of the total project costs. Deduction Alternative is Not Applicable
10n.	Program Income expended in accordance with the addition alternative	Required if Applicable	Enter the total amount (federal share plus recipient share) of program income that was added to funds committed to the total project costs and expended to further eligible project or program activities.
10o.	Unexpended program income	Required	Enter Unexpended program income. All program income must be expended prior to requesting Federal reimbursement.
11.	Indirect Expense	Required if Applicable	Enter the indirect expense data. If more than one indirect rate is used, enter remarks in Block 12 to explain.
11a.	Type	Required	Enter the type of indirect expense if applicable .
11b.	Rate	Required	Enter the rate for the given indirect expense if applicable .
11c-1.	Period From	Optional	Enter the start date of the indirect expense.
11c-2.	Period To	Optional	Enter the end date of the indirect expense.

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11d.	Base	Required	Enter base amount for the type of indirect expense if applicable .
11e.	Amount Charged	Required	Enter amount charged for the type of indirect expense if applicable .
11f.	Federal Share	Required	Enter the Federal Share for the type of indirect expense if applicable .
11g-1.	Totals	Optional	Calculated. Sum of Base
11g-2.	Totals	Optional	Calculated. Sum of Amount Charged.
11g-3.	Totals	Optional	Calculated. Sum of Federal Share.
12.	Remarks: Provide any explanations deemed necessary or information required by Federal sponsoring agency	Required	Report the dollar value of third party in-kind included in Block 10j Report the total dollar value of program income earned (Federal share plus Recipient share).
13a.	Name and Title of Authorized Certifying Official	Required	
13a-1.	Prefix	Optional	Select the Prefix from the provided list or enter a new Prefix not provided on the list.
13a-2.	First Name	Required	Enter the First Name. This field is required.
13a-3.	Middle Name	Optional	Enter the Middle Name.
13a-4.	Last Name	Required	Enter the Last Name. This field is required.
13a-5.	Suffix	Optional	Select the Suffix from the provided list or enter a new Suffix not provided on the list.
13a-6.	Title	Required	Enter the position title. This field is required.
13b.	Signature of Authorized Certifying Official	Required	Report is to be signed by the Authorized Certifying Official.
13c.	Telephone	Required	Enter the daytime Telephone Number. This field is required.
13d.	Email Address	Required	Enter a valid Email Address. This field is required.

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13e.	Date Report Submitted	Required	Enter the date this report was submitted as mm/dd/yyyy. This field is required.