

Federal Agency Form Instructions

Form Identifiers	Information
Agency Owner	Grants.gov with PTAP Changes
Form Name	Federal Financial Report
Form Version Number	3.0
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 (To report multiple grants, use FFR Attachment)	Required	Enter Federal Grant or Other Identifying Number Assigned by Federal Agency. (To report multiple grants, use FFR Attachment) This field is required.
3-1.	Recipient Organization Name	Required	Enter the legal name of the applicant that will undertake the assistance activity. This
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	Required	Select the Country from the provided list. This field is required.

Field Number	Field Name	Required or Optional	Information
3-9.	Zip/Postal Code	Required	Enter the Postal Code (e.g., ZIP code).
4a.	UEI	Required	Enter the UEI of the applicant organization. This field is required
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. Leave blank.
6.	Report Type	Required	Select Quarterly or Final as Applicable
7.	Basis of Accounting	Optional	Select one.
8.	Project/Grant Period From	Required	Enter the Project/Grant Period From Date as mm/dd/yyyy. This field is required.
8-1.	Project/Grant Period To	Required	Enter the Project/Grant 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	Leave Blank	Not Applicable Unless Paid in Advance
10b.	Cash Disbursements	Leave Blank	Enter the amount of the federal cash disbursements. Not Applicable Unless Paid in Advance.
10c.	Cash on Hand (line a minus b)	Leave Blank	Federal cash on hand. Not Applicable Unless Paid in Advance
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. Obligated and disbursed.
10f.	Federal share of unliquidated obligations	Required If Applicable	Enter the Federal share of the unliquidated obligations. Obligated but not disbursed.
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.
10j.	Recipient share of expenditures	Required	Enter the recipient's share of expenditures. Actual cash outlays, payments to subs or KR's, and third party in-kind earned. 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 income 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 amount 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 (line l minus line m and line n)	Required	Enter Unexpended program income (line l minus line m and line n). 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 <i>if applicable</i> .
11e.	Amount Charged	Required	Enter amount charged for the type of indirect expense <i>if applicable</i> .
11f.	Federal Share	Required	Enter the Federal Share for the type of indirect expense <i>if applicable</i> .
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: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:	Required	Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. <i>Report the dollar value of third party in-kind included in Block 10j</i> <i>Report the total dollar value of program income earned (Federal share plus Recipient share).</i>
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.