FINANCIAL STATUS REPORT (Long Form)

(Follow instructions on the back)

| Federal Agency as to Which Report is | nd Organizational Element s Submitted | 2. Federal Grant or Other Idea By Federal Agency | OMB Approval F No. 0348-0039 | age of pages | | |
|---|--|---|---|------------------------|-----------------|---------|
| 3. Recipient Organiz | zation (Name and complete addre | ess, including ZIP code) | | | I | |
| | | | | | | |
| 4. Employer Identific | cation Number | 5. Recipient Account Number | r or Identifying Number | 6. Final Report | 7. Basis | |
| 4. Employer identific | cation Number | 3. Recipient Account Number | or identifying Number | □ Yes □ No | | Accrual |
| 8. Funding/Grant Pe | eriod (See instructions) | | 9. Period Covered by th | | | |
| From: (Month, Da | | To: (Month, Day, Year) | From: (Month, Day, Y | | To: (Month, Day | , Year) |
| | | | | | | |
| 10. Transactions: | | | I | II | III | |
| a Total outlavs | | | Previously Reported | This Period | Cumulati | ve |
| a. Total outlays | | | | | | |
| b. Refunds, reba | ates, etc. | | | | | |
| | | | | | | |
| c. Program income used in accordance with the deduction alternative | | | | | | |
| d. Net outlays | (Line a, less the sum of lines b and | d c) | | | | |
| | | | | | | |
| Recipient's share of r | net outlays, consisting of: | | | | | |
| | n-kind) contributions | | | | | |
| f. Other Federal | l awards authorized to be used to | match this award | | | | |
| g. Program inco | me used in accordance with the r | natching or cost | | | | |
| sharing altern | | | | | | |
| h. All other recip | pient outlays not shown on lines e | , f or g | | | | |
| i. Total recipien | t share of net outlays (Sum of lin | nes e, f, g and h) | | | | |
| · | , | - | | | | |
| j. Federal share | of net outlays (line d less line i) | | | | | |
| | • | | | | | |
| k. Total unliquid | lated obligations | | | | | |
| I. Recipient's sh | are of unliquidated obligations | | | | | |
| | | | | | | |
| m. Federal share | e of unliquidated obligations | | | | | |
| n. Total Federal | share (sum of lines j and m) | | | | | |
| | • | | | | | |
| o. Total Federal | funds authorized for this funding | period | | | | |
| p. Unobligated | balance of Federal funds (Line o | minus line n) | | | | |
| | | | | | | |
| Program income, co | nsisting of: | | | | | |
| | ogram income shown on lines c ar | nd/or g above | | | | |
| r. Disbursed pro | ogram income using the addition | alternative | | | | |
| s. Undisbursed p | orogram income | | | | | |
| | | | | | | |
| t. Total progran | n income realized (Sum of lines | q, r and s) | | | | |
| | a. Type of Rate (Place "X" in a | ppropriate box) | | | | |
| 11. Indirect | ☐ Provision | | etermined | ■ Final | ☐ Fixed | |
| Expense | b. Rate | c. Base | d. Total Amount | e. | Federal Share | |
| | | | | | | |
| 12. Remarks: Atta governing legi | ch any explanations deemed nece | essary or information required b | by Federal sponsoring age | ncy in compliance with | | |
| governing legi | isiation. | | | | | |
| | | | | | | |
| | I certify to the best of my knowled | | | d that all outlays and | | |
| | quidated obligations are for the p | urposes set forth in the award o | documents. | Talant and A | | -: |
| Typed or Printed Na | me and Title | | Telephone (Area code, number and extension) | | | |
| Signature of Authorit | zed Certifying Official | | | Date Report Submitted | | |
| Joignature of Authori | zea Cermying Official | | Sate report submitted | | | |

Previous Edition Usable Standard Form 269 (Rev. 7-97) 269-104 NSN 7540-01-012-4285

FINANCIAL STATUS REPORT (Long Form)

Public reporting burden for this collection of information is estimated to average 30 minutes 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 (0348-0039), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award (e.g., how to calculate the Federal share, the permissible uses of program income, the value of in-kind contributions, etc.). You may also contact the Federal agency directly.

| ay also contact the | Federal agency directly. | | | |
|---------------------|--------------------------|------|-------|---|
| ltem | Entry | ltem | Entry | _ |

- 1, 2 and 3. Self-explanatory.
- 4. Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service.
- 5. Space reserved for an account number or other identifying number assigned by the recipient.
- 6. Check yes only if this is the last report for the period shown in item 8.
- 7. Self-explanatory.
- 8. Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."
- 9. Self-explanatory.
- 10. The purpose of columns, I, II, and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column III of the previous report in the same funding period. If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.
- 10a. Enter total gross program outlays. Include disbursements of cash realized as program income if that income will also be shown on lines 10c or 10g. Do not include program income that will be shown on lines 10r or 10s.

For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subrecipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other pavees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.

- Ob. Enter any receipts related to outlays reported on the form that are being treated as a reduction of expenditure rather than income, and were not already netted out of the amount shown as outlays on line 10a.
- 10c. Enter the amount of program income that was used in accordance with the deduction alternative.
- Note: Program income used in accordance with other alternatives is entered on lines q, r, and s. Recipients reporting on a cash basis should enter the amount of cash income received; on an accrual basis, enter the program income earned. Program income may or may not have been included in an application budget and/or a budget on the award document. If actual income is from a different source or is significantly different in amount, attach an explanation or use the remarks section.
- 10d, e, f, g, h, i and j. Self-explanatory.
- 10k. Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors.

Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded.

Do not include any amounts on line 10k that have been included on lines 10a and 10i.

On the final report, line 10k must be zero.

- 10l. Self-explanatory.
- 10m. On the final report, line 10m must also be zero.
- 10n, o, p, q, r, s and t. Self-explanatory.
- 11a. Self-explanatory.
- 11b. Enter the indirect cost rate in effect during the reporting period.
- 11c. Enter the amount of the base against which the rate was applied.
- 11d. Enter the total amount of indirect costs charged during the report period.
- 11e. Enter the Federal share of the amount in 11d.
- Note: If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.