

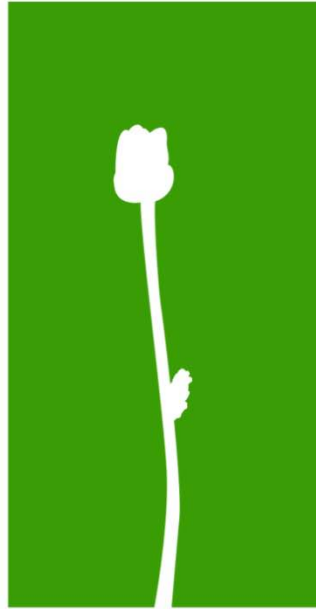


A M E R I C O R P S  
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2 0 1 0   S O U T H W E S T  
C L U S T E R   C O N F E R E N C E  
p e e r s . p r a c t i c e s . k n o w l e d g e . t o o l s

# Federal Financial Report and Program Income

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# WELCOME

- Clarification questions may be posed during session
- Further questions will also be taken at the end of the session (time permitting)
- There is a small group activity at the end

# Session Objectives

Understand your role in preparing the  
Federal Financial Report

Review highlights of the Federal Financial Report  
and Program Income

Identify and Answer Questions

# Federal Financial Report

## Federal Financial Report (FFR)

- A consolidated federal cash and federal expenditure report
- Eventually replaces two reports:
  - The Financial Status Report (FSR) you submit to the CNCS
  - The Federal Cash Transaction Report you submit to the Payment Management System
- Currently, grantees must submit
  - One FFR to CNCS and One FCTR to HHS

# FFR Basics

- Government-wide standard for reporting periods and due date
- Agencies determine which data elements to collect
- FFR available in CNCS eGrants
- HHS implemented the FFR in December 2009
- Continue submitting 2 separate reports to CNCS and HHS – reports must reconcile at closeout

# FFR Due Dates

- 30 days after the calendar quarter ends
  - Final is due 90 days after grant ends
- Due dates are outlined in the terms and conditions of the grant award
- Always be on time – or face penalties
- Exception: Recovery grant awards
  - Due 10 days after quarter ends

FFR  
What's  
New?

See Handout

Total Recipient  
Share Required

Remaining Recipient  
Share to be Provided

Program Income

Remarks

"Report Type" drop down option

FEDERAL FINANCIAL REPORT						
(Follow form instructions)						
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, use FFR Attachment)			Page	of
					1	
3. Recipient Organization (Name and complete address including Zip code)						
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type	7. Basis of Accounting	
				<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<input type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Project/Grant Period From: (Month, Day, Year)			To: (Month, Day, Year)		9. Reporting Period End Date (Month, Day, Year)	
10. Transactions					Cumulative	
<i>(Use lines a-c for single or multiple grant reporting)</i>						
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>						
a. Cash Receipts						
b. Cash Disbursements						
c. Cash on Hand (line a minus b)						
<i>(Use lines d-o for single grant reporting)</i>						
<b>Federal Expenditures and Unobligated Balance:</b>						
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)						
<b>Recipient Share:</b>						
i. Total recipient share required						
j. Recipient share of expenditures						
k. Remaining recipient share to be provided (line i minus j)						
<b>Program Income:</b>						
l. Total Federal program income earned						
m. Program income expended in accordance with the deduction alternative						
n. Program income expended in accordance with the addition alternative						
o. Unexpended program income (line l minus line m or line n)						
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged
						f. Federal Share
						g. Totals:
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:						
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)						
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 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011						
<b>Paperwork Burden Statement</b> 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 (0348-0060), Washington, DC 20503.						



# FFR – Issues

## ❑ Late Reporting

- Deemed out of compliance
  - CNCS assessment tool
- Potential sanctions
  - Funds placed on manual hold
  - Future funding at risk

## ❑ Inability to track funds appropriately

# FFR - Best Practices

Share best practice examples:

- To educate those who need to know
- Actual to budgeted
- Timely submission

# FFR - Resources

## Link to FFR:

[www.whitehouse.gov/omb/grants/standard\\_forms/ff\\_report.pdf](http://www.whitehouse.gov/omb/grants/standard_forms/ff_report.pdf)

## Link to Resources:

[www.nationalserviceresources.org/ffr](http://www.nationalserviceresources.org/ffr)

[www.nationalserviceresources.org/files/FFR-FAQs.pdf](http://www.nationalserviceresources.org/files/FFR-FAQs.pdf)

[www.nationalserviceresources.org/files/program-income-FAQs.pdf](http://www.nationalserviceresources.org/files/program-income-FAQs.pdf)

# Program Income on the FFR

# Program Income – Defined

- OMB defines program income as:
  - Gross income earned by the grantee that is directly generated by a grant supported activity
    - Includes: Income from fees for services performed
    - Does not include: Interest earned on advances of Federal funds
- Program income included as grantee share
- Excess program income recorded on FFR

# Program Income

- Gross Program Income – All funds collected as a direct result of grant funded-activities
- Net Program Income – The amount after deducting costs associated with generating the income
- All program income must be used for grant-related purposes
- Program income and the supporting documentation is “auditable”

# Program Income

- ❑ There are 2 alternatives to using program income:
  1. Additive – added to funds committed to the program and used to further program objectives
  2. Deductive – deducted from total allowable costs of the program to determine the net allowable costs for which the Federal share is based
- ❑ Consult grant terms and conditions to determine deductive or additive alternative

# Program Income – Most Common Error

- ❑ Program income used as match was erroneously reported as program income
  - *Corrective Action:* If all your program income was used as match, your Program Income line on the FFR should be blank



# Time & Attendance – Staff

## *Findings:*

- Inadequate documentation to support salary expenses
- Staff allocating time to more than one grant were not keeping timesheets that show actual time spent on each grant
  - Lack of proper timekeeping systems
  - No timesheets or activity reports maintained or retained
  - No reconciliation between estimates and actual time
  - Non-compliance with OMB requirements
- Salaries and wages charged to the grant:
  - On the basis of budgeted amounts instead of actual after-the-fact time
  - Based on estimates
  - Unsigned or unapproved timesheets by employee or supervisor
  - Time not allocated among activities

# Questions?

## Evaluations

### Wrap-up

# Summary

- Continue to submit your reports on time to CNCS and HHS
  
- Implement best practice suggestions