

# 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	Page <b>1</b>	of <b>1</b>
3. Recipient Organization (Name and complete address including Zip code)		pages	

Make sure you identify Funds as either Section 101, 102 or 251.

All Reporting for EAC is annual. States may Submit a Final FSR for Section 102 Funds if all funds have been used or State will not be using remainder of Funds

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <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)	

DUNS and EIN are required fields

Date Funds first Received: Check your NGA or past FSRs for the dates.

Insert "Until Disbursed" for 101, 251 funds. For 102, use your State's deadline for expenditures.

Use Your Sta accounting mett HAVA fund

This is September 30, 101, 102 and 251 Fun

<b>10. Transactions</b>	Cumulative
-------------------------	------------

*(Use lines a-c for single or multiple grant reporting)*

<b>Federal Cash</b>		Boxes a, b and c are optional as they are duplicative of information provided below.		
a. Cash Receipts			\$0.00	
b. Cash Disbursements			\$0.00	
c. Cash on Hand (line a minus b)			\$0.00	

*(Use lines d-o for single grant reporting)*

<b>Federal Expenditures and Unobligated Balance:</b>				
d. Total Federal funds authorized			\$0.00	
e. Federal share of expenditures			\$0.00	
f. Federal share of unliquidated obligations			\$0.00	
g. Total Federal share (sum of lines e and f)			\$0.00	
h. Unobligated balance of Federal funds (line d minus g)			\$0.00	
<b>Recipient Share:</b>				
i. Total recipient share required + earned			\$0.00	
j. Recipient share of expenditures			\$0.00	
k. Remaining recipient share (line i minus j)			\$0.00	
<b>Program Income:</b>				
l. Total Federal program income (interest) earned			\$0.00	
m. Program income expended in accordance with the deduction alternative			\$0.00	
n. Program income (interest) expenditures.			\$0.00	
o. Unexpended program income (interest) (line l minus line m or line n)			\$0.00	

Recipient share includes the matching funds, interest earned on State match and net program income.

EAC is using the Program Income boxes to exclusively track Interest earned on Federal Funds. This amount was previously included as part of Federal Share.

Expenditures of interest income earned on Federal Funds only.

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

**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 (0348-0060), Washington, DC 20503.