TO: Directors, State Planning Councils Directors, Protection and Advocacy Agencies Directors, State Administering Agencies

SUBJECT: Revisions and Clarification of Instructions for Preparation and Submission of Financial Status Reports for Formula Grants Under the Developmental Disabilities Program - BASIC SUPPORT AND PROTECTION AND ADVOCACY


45 CFR parts 1385, 1386, and 1387, dated March 27, 1984.

CONTENT: Reporting Requirements:

Quarterly SF-269 - Each Grantee is required to submit a cumulative financial status report (SF-269) for each Federal fiscal quarter, for each Fiscal Year Allotment (separate submission for Basic Support and Protection and Advocacy) not later than 30 days after the end of each Federal fiscal quarter.

Final SF-269 - A cumulative SF-269 for each Federal fiscal year is required from each Grantee, for each program, not later than 90 days after the end of each Federal fiscal year (except when unliquidated funds remain to be reported). All expenditures for a Federal fiscal year must be claimed.
cumulatively on an SF-269 for that year. When unliquidated funds remain to be reported, grantee will continue to report on a quarterly basis until all funds are accounted for or reported for deobligation.

Amended SF-269 - Adjustments resulting from audits applicable to prior fiscal years and expenditures that were paid in a prior fiscal year that have not been included in an SF-269 for that prior fiscal year will require an amended final SF-269 to be submitted for the prior year.

An SF-269 for a fiscal year must be submitted until all expenditures for such fiscal year have been claimed, obligations liquidated, and/or deobligated. The amount of unobligated Federal funds that are reported at the end of any fiscal year will be deobligated and returned to the Federal Treasury. The amount deobligated cannot be obligated by the State agency at a later date.

Claims for Federal reimbursement may be submitted up to "not later than two years after the end of each Federal fiscal year".

Reporting Guidelines

Funds for each Federal fiscal year must be obligated not later than September 30 of each Federal fiscal year.

ATTACHMENT: Attachment A - Instructions for the Preparation of the Financial Status Report (SF-269)

Attachment B - Sample Financial Status Report

Attachment C - Listing of Directors, Office of Fiscal Operations
ACTION REQUIRED: Forward the signed original Financial Status Report, SF-269, to:

Formula Grants Management Branch
Division of Grants and Contract Management
330 Independence Avenue, S.W., Room 1296
Washington, D.C. 20201

In addition, please send three copies to the appropriate Regional Office of Fiscal Operations
(Attachment C)

EFFECTIVE DATE: This instruction becomes effective with the first full quarter after issuance.

SUPERSEDED MATERIAL: AA-M-OFM-PI-74-4 dated October 10, 1973

INQUIRIES TO: Regional Administrator, OHDS

cc: HDS Regional Administrators
ADD Regional Program Directors
HDS Office of Fiscal Operations
HDS Office of Management Services
HDS Office of Regional Operations

Jean K. Elder, Ph.D.
Commissioner
Administration on Developmental Disabilities
ADMINISTRATION ON DEVELOPMENTAL DISABILITIES

INSTRUCTIONS FOR PREPARATION OF THE
FINANCIAL STATUS REPORT
(SF-269)

Item 1  Federal Agency and Organizational Element To Which Report is Submitted

ENTER:  Administration on Developmental Disabilities, OHDS/HHS

Item 2  Federal Grant or Other Identifying Number

This information is located on the grant award document (OHDS-4) under the column "Accounting Codes". Number to be used is the Department's document number for accounting purposes, the appropriation number and the common accounting number (CAN) of the DD Program for the fiscal year of the grant award.

ENTER:  Document Number/Appropriation Number/Common Accounting Number

(It should be noted: This information changes from year-to-year.)

Example: FY 1984 Basic Support for Alabama would be:

65-01 40Y (Document Number)
7541636 (Appropriation Number)
41994902 (Common Accounting Number)

Item 3  Recipient Organization (Name and Complete Address, Including ZIP Code)

ENTER:  Grantee name and complete mailing address, including ZIP code.

(Should be the same as that on the grant award, unless grantee has moved and made appropriate "change of address" notification to Regional Office and Central Office.)
Item 4  **Employer Identification Number**

Employer Identification Number (EIN) is a twelve digit number, originally assigned to the agency by the Internal Revenue Service (IRS) and entered in the Department's Central Registry. This number appears on the grant award under the heading of "IRS VENDOR CODE (EIN)".

ENTER: Employer Identification Number

Example: 1 999 999 999 A1

Item 5  **Recipient Account Number or Identifying Number**

Payee Identification Number (PIN) is the number assigned to the grantee by the Departmental Payment Management System (PMS).

ENTER: Payee Identification Number

Example: 9999

Item 6  **Final Report - Check Box (Yes) (No)**

ENTER: YES -- Indicates FINAL report for that fiscal year.

NO -- Indicates QUARTERLY report.

Item 7  **Basis - Check Box (Cash) (Accrual)**

ENTER: CASH --

ACCRUAL--

Item 8  **Project/Grant Period (From) (To)**

ENTER: FROM: Month, day, and year of the beginning of the grant award period (the beginning of the Federal fiscal year).

TO: Month, day, and year of the end of the grant award period (the end of the Federal fiscal year).
Item 9  Period Covered by This Report
ENTER:  The beginning month, day, and year and the
ending month, day, and year for the quarter
for which this report is prepared.

Item 10  Status of Funds -- Programs/Functions/Activities

VERTICAL COLUMNS:

BASIC SUPPORT AGENCIES COMPLETE (a) THROUGH (f) AS FOLLOWS

(a) Non-Poverty:  The Federal share for expenditures for
service activities provided by a
project in non-poverty areas may not
exceed seventy-five (75) percent.
(non-federal share -- twenty-five (25)
percent) (Reference:  Section 103 (a))

(b) Poverty:  The Federal share for expenditures for
service activities provided by a
project in poverty areas may not exceed
ninety (90) percent.  (non-Federal
share -- ten (10) percent) (Reference:
Section 103 (a))

NOTE:  Addition of columns (a) and
(b) should equal the total
column (g) (i.e. the total
amount of the grant).

(c) Planning:  A State may spend not more than
thirty-five (35%) percent of the total
allotment for planning and
administration (see Administration
below).  The Federal share for Planning
may not exceed seventy-five (75%)
percent.  (non-Federal share --
twenty-five (25) percent) (Reference:
Section 103 (a))

(d) Administration --  A State may spend not more
than five (5%) percent of the
total allotment, or $50,000,
whichever is less, for
Administration costs.  The
Federal share for
Administration costs may not
exceed fifty (50%) percent.
(non-Federal share --
fifty(50%) percent)
(Reference:  Section 133
(d)(1))
A State may not spend less than sixty-five (65%) percent of the total allotment for priority services. Columns (e) and (f) are available for identification of priority services by priority area, either Case Management Services, Child Development Services, Alternative Community Living Arrangement Services, and Non-Vocational Social Development Services (see Section 102 (8)(B)). P. L. 95.602

Provision of at least one priority service is required by Section 133 (b)(4)(A)(ii). In the event over two priority services are provided include an attachment providing the financial information on the additional services and include this information in column g—Total.

**NOTE:** Addition of columns (c), (d), (e) and (f) should equal the total column (g).

**Total** - Addition of columns (a) plus (b) = (g) Total

Addition of columns (c), (d), (e) and (f) = (g) Total

**HORIZONTAL COLUMNS:**

**TO BE COMPLETED BY BOTH BASIC SUPPORT AND PROTECTION AND ADVOCACY AGENCIES**

10a. Net outlays previously reported

**ENTER:** The total outlays reported on line 10(e) of the last report. If there has been an adjustment to the amount shown previously, please attach explanation. Show zero if this is the initial report.
10b. **Total outlays this period report**

**ENTER:** The total gross program outlays for this report period, including disbursements of cash realized as program income.

For reports which are prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, and the amount of cash advances and payments made to contractors and subgrantees.

For reports prepared on an accrued expenditure basis, outlays are the sum of actual cash disbursements; the amount of indirect expenses incurred; and the net increase (or decrease) in the amounts owed by the grantee for goods and other property received and for services performed by employees, contractors, subgrantees, and other payees.

10c. **Less:** **Program income credits**

**ENTER:** The amount of all program income realized in this period which is to be used in the program, including projects, subgrants, and contracts, in accordance with the terms of the grant. For reports prepared on a cash basis, enter the amount of cash income received during the reporting period. For reports prepared on an accrual basis, enter the amount of the net increase (or decrease) in the amount of accrued income since the beginning of the report period. Enter here program refunds.

10d. **Net outlays this report period**

**ENTER:** This amount should be the difference between amounts shown on lines b and c.

All general program income used during this period in accordance with the deduction alternative (see 45 CFR Part 74.42 for further information about general program income and the alternatives for its use).

10e. **Net Outlays to date**

**ENTER:** The sum of amounts shown on lines a and d above.
10f. **Less: Non-Federal share of outlays**

**ENTER:** The amount pertaining to the non-Federal share of program outlays included in the amount on line 3. The computation of the non-Federal share should be explained in the remarks column and on attached sheets, as needed. (When line g is computed, subtract line g from line e to obtain the amount for line f). Costs paid during the period by general program income under the matching alternative (see 45 CFR Part 74.42) must be included here.

10g. **Total Federal share of outlays**

**ENTER:** The Federal share of program outlays. The amount should be the difference between lines e and f. The Federal share of refunds and and all audit adjustments are to be adequately explained and identified in Item 12 and on a separate schedule if additional space is necessary.

10h. **Total unliquidated obligations**

**ENTER:** Total amount of unliquidated obligations for this program, including unliquidated obligations to subgrantees and contractors. Unliquidated obligations are:

- Cash basis -- Obligations incurred but not paid;
- Accrued expenditure basis -- obligations incurred, for which an outlay has not been recorded.

Do not include any amounts that have been included on lines a through g. On the final report, line h should have a zero balance.

When the report is prepared on a cash basis, enter the total amount of unpaid obligations for this program including unpaid obligations to subgrantees and contractors. If the report is prepared on an accrued expenditure basis, enter the amount of undelivered orders and other outstanding obligations. Do not include any amounts that have been included on lines a through g. On the final report, line h should have a zero balance.
10i. Less: Non-Federal share of unliquidated obligations shown on line h
ENTER: The non-Federal share of unpaid obligations shown on line h.

10j. Federal share of unliquidated obligations
ENTER: The Federal share of unpaid obligations shown on line h. The amount shown on this line should be the difference between the amounts on line h and i.

10k. Total Federal share of outlays and unliquidated obligations
ENTER: The sum of the amounts shown on lines g and j. If the report is final, the report should not contain any unpaid obligations.

10l. Total cumulative amount of Federal funds authorized
ENTER: The total cumulative amount of Federal funds authorized from the latest Notice of Grant Award for that fiscal year.

10m. Unobligated balance of Federal Funds
ENTER: The unobligated balance of Federal funds. This amount should be the difference between lines k and l. The amount of unobligated Federal funds that are reported at the end of any fiscal year will be deobligated through an adjustment grant award. The amount deobligated cannot be obligated by the State Agency at a later date.

11. INDIRECT EXPENSE

11b. Enter the rate in effect during the reporting period.

11c. Enter amount of the base to which the rate was applied.

11d. Enter the amount of indirect cost charged during the report period.
11e. Enter amount of the Federal share charged during the report period.

If more than one rate was applied during the project period, include a separate schedule showing bases against which the indirect cost rates were applied, the respective indirect rates the month, day, and year the indirect rates were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

12. REMARKS Report any supplemental data in this section and continue on an attached sheet if necessary. All attachments should contain identifying data shown in items (3) and (10).

If any program income alternative (see 45 CFR Part 74.42) other than the deduction alternative is used or if deferral to a later period is authorized, report the amount of general program income earned during the reporting period here. For all program income alternatives list the source of the income or describe how the income was earned.

13. CERTIFICATION Each SF-269 submitted must contain signature of authorizing official with printed name and title, date of report submitted, along with the telephone number of the authorizing official.

After completion of the SF-269, Financial Status Report, with appropriate signatures on the forms:

Forward the signed original to:

Formula Grants Management Branch
Division of Grants and Contract Management
330 Independence Avenue, S.W., Room 1296
Washington, D. C. 20201

and three copies to the appropriate Regional Office of Fiscal Operations.
Attached for your information is a listing of the Directors, Office of Fiscal Operations, and the ADD Regional Program Directors. The Regional Office will review the SF-269 submitted, and forward forms to Central Office for final processing.
## ATTACHMENT B

### FINANCIAL STATUS REPORT

**Alabama Department of Mental Health**
135 South Union Street
Montgomery, AL 36130

<table>
<thead>
<tr>
<th>PROGRAMS/FUNCTIONS/ACTIVITIES</th>
<th>(a) NON-POVERTY</th>
<th>(b) POVERTY</th>
<th>(c) PLANNING</th>
<th>(d) ADMINISTRATION</th>
<th>(e) SERVICE (PRIORITY AREA)</th>
<th>(f) SERVICE (PRIORITY AREA)</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>a. Net outlays previously reported</td>
<td>$5</td>
<td>$10</td>
<td>$15</td>
<td>$20</td>
<td>$25</td>
<td>$30</td>
<td>$70</td>
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<td>b. Total outlays this report period</td>
<td>$125</td>
<td>$250</td>
<td>$375</td>
<td>$500</td>
<td>$625</td>
<td>$750</td>
<td>$1275</td>
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<tr>
<td>c. Less: Program income credits</td>
<td>$50</td>
<td>$100</td>
<td>$150</td>
<td>$200</td>
<td>$250</td>
<td>$300</td>
<td>$700</td>
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<tr>
<td>d. Net outlays this report period</td>
<td>$75</td>
<td>$150</td>
<td>$225</td>
<td>$300</td>
<td>$375</td>
<td>$450</td>
<td>$1525</td>
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<tr>
<td>e. Net outlays to date</td>
<td>$200</td>
<td>$400</td>
<td>$550</td>
<td>$700</td>
<td>$875</td>
<td>$1050</td>
<td>$2625</td>
</tr>
<tr>
<td>f. Less: Non Federal share of outlays</td>
<td>$50</td>
<td>$100</td>
<td>$150</td>
<td>$200</td>
<td>$250</td>
<td>$300</td>
<td>$700</td>
</tr>
<tr>
<td>g. Total Federal share of outlays</td>
<td>$150</td>
<td>$300</td>
<td>$400</td>
<td>$500</td>
<td>$625</td>
<td>$750</td>
<td>$2425</td>
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<td>h. Total unliquidated obligations</td>
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<td>$200</td>
<td>$300</td>
<td>$400</td>
<td>$500</td>
<td>$600</td>
<td>$2000</td>
</tr>
<tr>
<td>i. Less: Non Federal share of unliquidated obligations shown on line h</td>
<td>$50</td>
<td>$100</td>
<td>$150</td>
<td>$200</td>
<td>$250</td>
<td>$300</td>
<td>$700</td>
</tr>
<tr>
<td>j. Federal share of unliquidated obligations</td>
<td>$50</td>
<td>$100</td>
<td>$150</td>
<td>$200</td>
<td>$250</td>
<td>$300</td>
<td>$700</td>
</tr>
<tr>
<td>k. Total Federal share of outlays and unliquidated obligations</td>
<td>$200</td>
<td>$400</td>
<td>$550</td>
<td>$700</td>
<td>$875</td>
<td>$1050</td>
<td>$3225</td>
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<tr>
<td>l. Total cumulative amount of Federal funds authorized</td>
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<td>$400</td>
<td>$550</td>
<td>$700</td>
<td>$875</td>
<td>$1050</td>
<td>$3225</td>
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<td>m. Unobligated balance of Federal Funds</td>
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<td>$20</td>
<td>$30</td>
<td>$40</td>
<td>$50</td>
<td>$60</td>
<td>$210</td>
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<tr>
<th>TYPE OF BUDGET</th>
<th>PROVISIONAL</th>
<th>PREDETERMINED</th>
<th>FINAL</th>
<th>FIXED</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. DATE</td>
<td>09-30-84</td>
<td>10-01-83</td>
<td>11-30-84</td>
<td>12-31-84</td>
</tr>
<tr>
<td>a. TOTAL AMOUNT</td>
<td>$700</td>
<td>$1275</td>
<td>$1525</td>
<td>$2625</td>
</tr>
<tr>
<td>c. FEDERAL SHARE</td>
<td>$700</td>
<td>$1275</td>
<td>$1525</td>
<td>$2625</td>
</tr>
</tbody>
</table>

### CERTIFICATION

I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

**SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL**

<table>
<thead>
<tr>
<th>DATE REPORT SUBMITTED</th>
<th>12-31-84</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE OR PRINTED NAME AND TITLE</td>
<td>Montgomery, AL 36130</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TELEPHONE (Area code, number and extension)</th>
<th>Montgomery, AL 36130</th>
</tr>
</thead>
</table>

- **ATTACHMENT B**
  Federal Agency and Organizational Element to Which Report Is Submitted
  Office of Human Development Services
  Department of Health and Human Services
  Administration of Developmental Disabilities
  OMB Approved No. 09-0308
  Page of
  1

- **ATTACHMENT B**
  Federal Grant or Other Identifying Number
  65-01 401: 7541636
  41994902
  Page of
  1

- **ATTACHMENT B**
  Recipient Account Number or Identifying Number
  1 636 000 619 A5
  Page of
  1
INSTRUCTIONS

Please type or print legibly. Items 1, 2, 3, 6, 7, 9, 10d, 10e, 10g, 10i, 10l, 11a, and 12 are self-explanatory, specific instructions for other items are as follows:

<table>
<thead>
<tr>
<th>Item</th>
<th>Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Enter the employer identification number assigned by the U.S. Internal Revenue Service or FICE (institution) code, if required by the Federal sponsoring agency.</td>
</tr>
<tr>
<td>5</td>
<td>This space is reserved for an account number or other identifying numbers that may be assigned by the recipient.</td>
</tr>
<tr>
<td>8</td>
<td>Enter the month, day, and year of the beginning and ending of this project period. For formula grants that are not awarded on a project basis, show the grant period.</td>
</tr>
<tr>
<td>10</td>
<td>The purpose of vertical columns (a) through (f) is to provide financial data for each program, function, and activity in the budget as approved by the Federal sponsoring agency. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the totals of all programs, functions, or activities should be shown in column (g) of the first page. For agreements pertaining to several Catalog of Federal Domestic Assistance programs that do not require a further functional or activity classification breakdown, enter under columns (a) through (f) the title of the program. For grants or other assistance agreements containing multiple programs where one or more programs require a further breakdown by function or activity, use a separate form for each program showing the applicable functions or activities in the separate columns. For grants or other assistance agreements containing several functions or activities which are funded from several programs, prepare a separate form for each activity of function when requested by the Federal sponsoring agency.</td>
</tr>
<tr>
<td>10a</td>
<td>Enter the net outlay. This amount should be the same as the amount reported in Line 10e of the last report. If there has been an adjustment to the amount shown previously, please attach explanation. Show zero if this is the initial report.</td>
</tr>
<tr>
<td>10b</td>
<td>Enter the total gross program outlays (less rebates, refunds, and other discounts) for this report period, including disbursements of cash realized as program income. For reports that are prepared on a cash basis, outlays are the sum of actual cash disbursements 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 contractors and subgrantees. For reports prepared on an accrued expenditure basis, outlays are the sum of actual cash disbursements, 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 and for services performed by employees, contractors, subgrantees, and other payees.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>10c</td>
<td>Enter the amount of all program income realized in this period that is required by the terms and conditions of the Federal award to be deducted from total project costs. For reports prepared on a cash basis, enter the amount of cash income received during the reporting period. For reports prepared on an accrual basis, enter the amount of income earned since the beginning of the reporting period. When the terms or conditions allow program income to be added to the total award, explain in remarks, the source, amount and disposition of the income.</td>
</tr>
<tr>
<td>10f</td>
<td>Enter amount pertaining to the non-Federal share of program outlays included in the amount on line 10e.</td>
</tr>
<tr>
<td>10h</td>
<td>Enter total amount of unliquidated obligations for this project or program, including unliquidated obligations to subgrantees and contractors. Unliquidated obligations are:</td>
</tr>
<tr>
<td></td>
<td>Cash basis—obligations incurred but not paid;</td>
</tr>
<tr>
<td></td>
<td>Accrued expenditure basis—obligations incurred but for which an outlay has not been recorded.</td>
</tr>
<tr>
<td></td>
<td>Do not include any amounts that have been included on lines a through g. On the final report, line h should have a zero balance.</td>
</tr>
<tr>
<td>10j</td>
<td>Enter the Federal share of unliquidated obligations shown on line h. The amount shown on this line should be the difference between the amounts on lines h and i.</td>
</tr>
<tr>
<td>10k</td>
<td>Enter the sum of the amounts shown on lines g and j. If the report is final the report should not contain any unliquidated obligations.</td>
</tr>
<tr>
<td>10m</td>
<td>Enter the unobligated balance of Federal funds. This amount should be the difference between lines k and l.</td>
</tr>
<tr>
<td>11b</td>
<td>Enter rate in effect during the reporting period.</td>
</tr>
<tr>
<td>11c</td>
<td>Enter amount of the base to which the rate was applied.</td>
</tr>
<tr>
<td>11d</td>
<td>Enter total amount of indirect cost charged during the report period.</td>
</tr>
<tr>
<td>11e</td>
<td>Enter amount of the Federal share charged during the report period.</td>
</tr>
</tbody>
</table>

If more than one rate was applied during the project period, include a separate schedule showing bases against which the indirect cost rates were applied, the respective indirect rates the month, day, and year the indirect rates were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.
## ATTACHMENT B-2

### FINANCIAL STATUS REPORT

#### (Follow instructions on the back)

1. **Recipient Organization (Name and complete address, including ZIP code):**
   - Alabama DD Advocacy Program
   - 9th 4th Avenue
   - Tuscalsia, Alabama 35401

2. **Recipient Account Number or ID/Tag Number:**
   - 626.001.138 AI

3. **Project/Grant Period (See instructions):**
   - FROM (Month, Day, year): 10-01-83
   - TO (Month, Day, year): 09-30-84

4. **Status of Funds:**

<table>
<thead>
<tr>
<th>P &amp; A</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>TOTAL</th>
<th>(g)</th>
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</thead>
<tbody>
<tr>
<td>Net outlays previously reported</td>
<td>$</td>
<td></td>
<td></td>
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<tr>
<td>Total outlays this report period</td>
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<tr>
<td>Less: Program income credits</td>
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<td>Net outlays this report period</td>
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<td></td>
</tr>
<tr>
<td>(line a plus line d)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less: Non Federal share of outlays</td>
<td></td>
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<td>Total Federal share of outlays</td>
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<td>Total unobligated obligations</td>
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<td>Less: Non Federal share of unobligated obligations shown on line h</td>
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<td>Federal share of unobligated obligations</td>
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<tr>
<td>Total federal share of outlays and unobligated obligations</td>
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<td>Total cumulative amount of Federal funds authorized</td>
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<tr>
<td>Unobligated balance of Federal funds</td>
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</tbody>
</table>

5. **Certification:**
   - I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unobligated obligations are for the purposes set forth in the award documents.

6. **Signature of Authorized Certifying Official:**
   - Signature: ____________________________
   - Date: 01-30-84

7. **Telephone (Area code, number, and extension):**
   - Telephone: ____________________________

---

**Remarks:**

- Attach any explanations deemed necessary or information required by Federal awarding agency in compliance with regulations.

---

**Certification:**

- (Signature and title)

---

**Provisional:**

- (Signature)

---

**Provisional:**

- (Signature)

---

**Provisional:**

- (Signature)

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**Provisional:**

- (Signature)
Please type or print legibly. Items 1, 2, 3, 6, 7, 9, 10d, 10e, 10g, 10i, 10l, 11a, and 12 are self-explanatory, specific instructions for other items are as follows:

<table>
<thead>
<tr>
<th>Item</th>
<th>Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Enter the employer identification number assigned by the U.S. Internal Revenue Service or FICE (institutions) code, if required by the Federal sponsoring agency.</td>
</tr>
<tr>
<td>5</td>
<td>This space is reserved for an account number or other identifying numbers that may be assigned by the recipient.</td>
</tr>
<tr>
<td>8</td>
<td>Enter the month, day, and year of the beginning and ending of the project period. For formula grants that are not awarded on a project basis, show the grant period.</td>
</tr>
<tr>
<td>10</td>
<td>The purpose of vertical columns (a) through (f) is to provide financial data for each program, function, and activity in the budget as approved by the Federal sponsoring agency. If additional columns are needed, use as many additional forms as needed and indicate page numbers in space provided in upper right; however, the totals of all programs, functions or activities should be shown in column (g) of the first page. For agreements pertaining to several Catalog of Federal Domestic Assistance programs that do not require a further functional or activity classification breakdown, enter under columns (a) through (f) the title of the program. For grants or other assistance agreements containing multiple programs where one or more programs require a further breakdown by function or activity, use a separate form for each program showing the applicable functions or activities in the separate columns. For grants or other assistance agreements containing several functions or activities which are funded from several programs, prepare a separate form for each activity or function when requested by the Federal sponsoring agency.</td>
</tr>
<tr>
<td>10a</td>
<td>Enter the net outlay. This amount should be the same as the amount reported in Line 10e of the last report. If there has been an adjustment to the amount shown previously, please attach explanation. Show zero if this is the initial report.</td>
</tr>
<tr>
<td>10b</td>
<td>Enter the total gross program outlays (less rebates, refunds, and other discounts) for this report period, including disbursements of cash realized as program income. For reports that are prepared on a cash basis, outlays are the sum of actual cash disbursements 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 contractors and subgrantees. For reports prepared on an accrued expenditure basis, outlays are the sum of actual cash disbursements, 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 and for services performed by employees, contractors, subgrantees, and other payees.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>10c</td>
<td>Enter the amount of all program income realized in this period that is required by the terms and conditions of the Federal award to be deducted from total project costs. For reports prepared on a cash basis, enter the amount of cash income received during the reporting period. For reports prepared on an accrual basis, enter the amount of income earned since the beginning of the reporting period. When the terms or conditions allow program income to be added to the total award, explain in remarks, the source, amount and disposition of the income.</td>
</tr>
<tr>
<td>10f</td>
<td>Enter amount pertaining to the non-Federal share of program outlays included in the amount on line a.</td>
</tr>
<tr>
<td>10h</td>
<td>Enter total amount of unliquidated obligations for this project or program, including unliquidated obligations to subgrantees and contractors. Unliquidated obligations are:</td>
</tr>
<tr>
<td></td>
<td>Cash basis—obligations incurred but not paid;</td>
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<td>Accrued expenditure basis—obligations incurred but for which an outlay has not been recorded.</td>
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<tr>
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<td>Do not include any amounts that have been included on lines a through g. On the final report, line h should have a zero balance.</td>
</tr>
<tr>
<td>10j</td>
<td>Enter the Federal share of unliquidated obligations shown on line h. The amount shown on this line should be the difference between the amounts on lines h and i.</td>
</tr>
<tr>
<td>10k</td>
<td>Enter the sum of the amounts shown on lines g and j. If the report is final the report should not contain any unliquidated obligations.</td>
</tr>
<tr>
<td>10m</td>
<td>Enter the unobligated balance of Federal funds. This amount should be the difference between lines k and l.</td>
</tr>
<tr>
<td>11b</td>
<td>Enter rate in effect during the reporting period.</td>
</tr>
<tr>
<td>11c</td>
<td>Enter amount of the base to which the rate was applied.</td>
</tr>
<tr>
<td>11d</td>
<td>Enter total amount of indirect cost charged during the report period.</td>
</tr>
<tr>
<td>11e</td>
<td>Enter amount of the Federal share charged during the report period.</td>
</tr>
</tbody>
</table>

If more than one rate was applied during the project period, include a separate schedule showing bases against which the indirect cost rates were applied, the respective indirect rates the month, day, and year the indirect rates were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date. |
DIRECTOR, OFFICE OF FISCAL OPERATIONS
REGIONS I THRU X

REGION I

Mr. St. Clair Phillips
Director, OFO/HDS
Room 2000 - JFK Federal Bldg.
Boston, MA 02203
(8) 223-1104
Commercial (617) 223-1104

REGION II

Mr. Nicholas Cordasco
Director, OFO/HDS
Federal Bldg.
26 Federal Plaza
New York, NY 10278
(8) 264-4117
Commercial (212) 264-4117

REGION III - ADD EASTERN 1/

Mr. William Chesser
Director, OFO/HDS
3535 Market Street
Box 13716
Philadelphia, PA 19101
(8) 596-0283
Commercial (215) 596-0283

REGION IV

Mr. William H. Behm
Acting Director, OFO/HDS
101 Marietta Tower
Atlanta, GA 30323
(8) 242-2034
Commercial (404) 221-2034

REGION V

Mr. Russell Armstrong
Director, OFO/HDS
300 South Wacker Drive
13th Floor
Chicago, IL 60606
(8) 886-3378
Commercial (312) 886-3378

CT, ME, MA, NH, RI, VT, NY
NJ, PR, VI, DE, MD, PA, VA
WVA, D.C.
REGION VI - ADD SOUTHERN 1/

Mr. Marvin Layne
Director, OPO/HDS
1200 Main Tower Building
Dallas, TX 75202
(8) 729-4540
Commercial (214) 767-4540

REGION VII - ADD MIDWESTERN 1/

Mr. William Howard
Director, OPO/HDS
601 East 12th Street
Kansas City, MO 64106
(8) 758-3981
Commercial (816) 374-3981

REGION VIII

Mr. Masaru Yoshimura
Director, OPO/HDS
1961 Stout Street
Room 940
Denver, CO 80294
(8) 564-2011
Commercial (303) 844-2011

REGION IX - ADD WESTERN 1/

Mr. Al Huerta
Director, OPO/HDS
50 United Nations Plaza
San Francisco, CA 94102
(8) 556-5480
Commercial (415) 556-5480

REGION X

Mr. Gary Griffith
Director, OPO/HDS
2901 Third Avenue
Seattle, WA 98121
(8) 399-8093
Commercial (206) 442-8093

1) For Developmental Disabilities Program ONLY, OPO contact should be through Regions' III, VI, VII, IX

2) Currently not participating in DD Program