



Documentation: Subsequent Payments / #2



Four (4) documents are required to process an FMPP payment request:

1. A **cover letter** (email) indicating the for what and/or how the payment will be used.
2. A copy of the **MS Excel budget** with a column showing the reimbursements amounts
3. A completed and signed **SF-270 [Request for Advance or Reimbursement](#)**
4. A completed and signed **SF-425 [Federal Financial Report](#)**

Email to **USDAFMPPPayments@ams.usda.gov**

**Preparation for Submission of SF-270
Request for Advance or Reimbursement**

2nd Payment Request: \$25,050 // Balance: \$13,601

1. Provide a cover letter with a brief project progress report.

- Have I updated my Excel budget spreadsheet to reflect the request for \$25,050 in grant funds?
- Do I have a copy of the updated budget spreadsheet to submit with this request for funds?

2. If the answers are “Yes” to these questions, you are ready to complete an SF-270. For convenience, use the [electronic Form SF-270](#), which is available via the FMPP website www.ams.usda.gov/FMPP; select FMPP forms.

- Enter all specific project information in boxes 1 through 10.
- **For all payments, enter information in COLUMN (a) ONLY.**
- **On line 11a, column (a):** Enter \$53,183, which equals the amount you are presently requesting (\$25,050), PLUS the amount already requested (\$28,133). Also enter this amount in the last column—TOTAL—on line 11a.
- **On line 11c, column (a):** Enter total amount--\$53,183. Also enter this amount in the last column—TOTAL—on line 11c.
- **On line 11e, column (a):** Enter amount requested--\$53,183. Also enter this amount in the last column—TOTAL—on line 11e.
- **On line 11g, column (a):** Enter amount requested--\$53,183. Also enter this amount in the last column—TOTAL—on line 11e.
- **On line 11h, column (a):** Enter amount previously requested--\$28,133. Also enter this amount in the last column—TOTAL—on line 11h.

- **On line 11i, column (a):** Enter amount currently being requested--
\$25,050. Also enter this amount in the last column—TOTAL—on line 11i.
- **On line 11j column (a), 12a, 12b, and 12c:** LEAVE BLANK.

3. Sign second page of SF-270 and email package to:

USDAFMPPPayments@ams.usda.gov

EXAMPLE Cover Letter (Email) - Payment 2 / Subsequent Requests

To: USDAFMPPPayments@ams.usda.gov

Subject: Payment Request #2: 14-FMPPX-AL-0004 / AL-137

Dear FMPP Staff:

Please process our 2nd payment request under FMPP in the amount of \$25,050; the amount covers the last 3-4 (project work) months.

Project Progress to Date:

With this request, we have purchased our 2 walk-in coolers and printed 100 posters and newsletters. We also are requesting reimbursement for our project manager salary, and the project manager and market manager training workshop (travel requested).

Please let me know if you need additional information. I can be reached by email and phone on (222) 777-1234 ext. 33.

Thanks,

Carlos Humphrey

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Project Manager  
XYZ Farmers Market  
123 Market Lane  
Anywhere, US 12345  
(222) 777-1234 ext. 33

Electronic Attachments:

1. XYZ Farmers Market Excel Budget (updated with new column for payment 2)
2. Payment 2 - SF-270
3. Payment 2 – SF425

MS Excel Budget Spreadsheet

Example: Farmers' Market Promotion Program Budget Spreadsheet for Payment Requests

Organization Name: XYZ Farmers Market

Contact Phone Number: (222) 777-1234 ext. 33

Contact Email: my\_email@gmail.com

| Reimbursement Requests:<br>Item:                                 | FMPP               | REIMBURSEMENT REQUESTS |                   |                   |                   |                        | Outstanding<br>Balance |
|------------------------------------------------------------------|--------------------|------------------------|-------------------|-------------------|-------------------|------------------------|------------------------|
|                                                                  | Approved<br>Budget | First<br>Payment       | Pymt 1<br>Balance | Second<br>Payment | Pymt 2<br>Balance | Third-Final<br>Payment |                        |
| <b>Equipment:</b>                                                |                    |                        |                   |                   |                   |                        |                        |
| 1. Two (2) 10'x12'x8' walk-in coolers                            | \$12,750           |                        | \$12,750          | \$12,750          | \$0               |                        | \$0                    |
| 2. Rental - one (1) used 16' refrigerated box truck              | \$18,300           | \$18,300               | \$0               |                   | \$0               |                        | \$0                    |
| <b>Supplies:</b>                                                 |                    |                        |                   |                   |                   |                        |                        |
| 1. Paper toner for photocopier                                   | \$150              |                        | \$150             |                   | \$150             | \$150                  | \$0                    |
| 2. "Buy Fresh - Buy Local" posters (100)                         | \$450              |                        | \$450             | \$150             | \$300             | \$300                  | \$0                    |
| 3. Newsletter printing                                           | \$1,350            | \$450                  | \$900             | \$450             | \$450             | \$450                  | \$0                    |
| 4. Sandwich Signage along highway                                | \$1,625            | \$1,625                | \$0               |                   |                   |                        | \$0                    |
| <b>Personnel:</b>                                                |                    |                        |                   |                   |                   |                        |                        |
| 1. 3/4 time position for 9 months<br>(@\$17.31/hr. for 2340 hrs) | \$20,250           | \$6,750                | \$13,500          | \$7,500           | \$6,000           | \$6,000                | \$0                    |
| 2. Social Security Share (7.65*20,250)                           | \$1,549            | \$516                  | \$1,033           |                   | \$1,033           | \$1,033                | \$0                    |
| <b>Travel:</b>                                                   |                    |                        |                   |                   |                   |                        |                        |
| 1. Mileage - 41¢ x 75 x 300 miles/week                           | \$9,225            | \$492                  | \$8,733           | \$4,200           | \$4,533           | \$4,533                | \$0                    |
| 2. Workshop registration (2 people)                              | \$150              |                        | \$150             |                   | \$150             | \$150                  | \$0                    |
| <b>Other:</b>                                                    |                    |                        |                   |                   |                   |                        |                        |
| 1. Storage rental                                                | \$985              |                        | \$985             |                   | \$985             | \$985                  | \$0                    |
| <b>Totals:</b>                                                   | <b>\$66,784</b>    | <b>\$28,133</b>        | <b>\$38,651</b>   | <b>\$25,050</b>   | <b>\$13,601</b>   | <b>\$13,601</b>        | <b>\$0</b>             |

# REQUEST FOR ADVANCE OR REIMBURSEMENT

*(See instructions on back)*

|                                      |                           |
|--------------------------------------|---------------------------|
| OMB APPROVAL NO.<br><b>0348-0004</b> | PAGE _____ OF _____ PAGES |
|--------------------------------------|---------------------------|

|                                                                                                                                                                                                                                                                 |                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| 1. TYPE OF PAYMENT REQUESTED<br>a. "X" one or both boxes<br><input type="checkbox"/> <b>ADVANCE</b> <input type="checkbox"/> <b>REIMBURSEMENT</b><br>b. "X" the applicable box<br><input type="checkbox"/> <b>FINAL</b> <input type="checkbox"/> <b>PARTIAL</b> | 2. BASIS OF REQUEST<br><input type="checkbox"/> <b>CASH</b><br><input type="checkbox"/> <b>ACCRUAL</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION NUMBER

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

8. **PERIOD COVERED BY THIS REQUEST**  
 FROM (month, day, year) \_\_\_\_\_ TO (month, day, year) \_\_\_\_\_

9. RECIPIENT ORGANIZATION

*Name:* \_\_\_\_\_

*Number and Street:* \_\_\_\_\_

*City, State and ZIP Code:* \_\_\_\_\_

10. PAYEE (Where check is to be sent if different than item 9)

*Name:* \_\_\_\_\_

*Number and Street:* \_\_\_\_\_

*City, State and ZIP Code:* \_\_\_\_\_

**11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED**

| PROGRAMS/FUNCTIONS/ACTIVITIES ►                                                                                 | (a)       | (b) | (c) | <b>TOTAL</b> |
|-----------------------------------------------------------------------------------------------------------------|-----------|-----|-----|--------------|
| a. Total program outlays to date <small>(As of date)</small>                                                    | \$        | \$  | \$  | \$           |
| b. Less: Cumulative program income                                                                              |           |     |     |              |
| c. Net program outlays (Line a minus line b)                                                                    |           |     |     |              |
| d. Estimated net cash outlays for advance period                                                                |           |     |     |              |
| e. Total (Sum of lines c & d)                                                                                   |           |     |     |              |
| f. Non-Federal share of amount on line e                                                                        |           |     |     |              |
| g. Federal share of amount on line e                                                                            |           |     |     |              |
| h. Federal payments previously requested                                                                        |           |     |     |              |
| i. Federal share now requested (Line g minus line h)                                                            |           |     |     |              |
| j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances | 1st month |     |     |              |
|                                                                                                                 | 2nd month |     |     |              |
|                                                                                                                 | 3rd month |     |     |              |

**12. ALTERNATE COMPUTATION FOR ADVANCES ONLY**

|                                                                                          |    |
|------------------------------------------------------------------------------------------|----|
| a. Estimated Federal cash outlays that will be made during period covered by the advance | \$ |
| b. Less: Estimated balance of Federal cash on hand as of beginning of advance period     |    |
| c. Amount requested (Line a minus line b)                                                | \$ |

13. **CERTIFICATION**

|                                                                                                                                                                                                                                                    |                                                                 |                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------|
| I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested. | SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL<br><br>/ S /        | DATE REQUEST SUBMITTED<br><br>Date                            |
|                                                                                                                                                                                                                                                    | TYPED OR PRINTED NAME AND TITLE<br><br>Your Name and Title Here | TELEPHONE (AREA CODE, NUMBER, EXTENSION)<br><br>XXX -XXX-XXXX |

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 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 (0348-0004), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**INSTRUCTIONS**

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

| <u>Item</u> | <u>Entry</u>                                                                                                                                                                                                                                                                                                                                                       | <u>Item</u> | <u>Entry</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2           | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.                                                                                                                                                                                                                            |             | activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4           | Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement. | 11a         | Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, 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, contracts, subgrantees and other payees. |
| 6           | Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.                                                                                                                                                                                                         | 11b         | Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7           | This space is reserved for an account number or other identifying number that may be assigned by the recipient.                                                                                                                                                                                                                                                    | 11d         | Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8           | Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.                                          | 13          | Complete the certification before submitting this request.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Note:       | The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.                                                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 11          | The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or                                                                                                                                                                                       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

**Preparation for Submission of SF-425  
Federal Financial Report**

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**FMPP Awardee – XYZ Farmers Market  
With Total Budget of \$66,784**

**2<sup>nd</sup> Payment / Quarter Report \$25,050 // Balance: \$13,601**

1. **Complete form SF-425.** For convenience, use the [electronic Form SF-425](#), which is available via the FMPP website [www.ams.usda.gov/FMPP](http://www.ams.usda.gov/FMPP); select FMPP forms.
  - Enter all specific project information in boxes 1 through 7.
  - For Box 8: Enter dates of the FMPP Project – October 1, 2011 - October 1, 2013
  - For Box 9: Enter the reporting period end date March 31, 2012. (Note: This date should always be the end of the quarterly reporting period)

***FEDERAL CASH***

- **On line 10a:** Enter \$25,050, which equals the amount you requested for the 2<sup>nd</sup> payment. Plus include any additional funds that are still in your account.
- **On line 10b:** Enter the actual amount spent (\$25,000?). If you spent less than the amount received from FMPP enter this amount. In our example we only spend \$25,000.
- **On line 10c:** Enter the difference of 10a. minus 10b. (amount received from FMPP minus amount actually spent). In our example we have \$50 remaining in our account. **If there are funds remaining on hand you MUST provide a written justification explaining the remaining funds. This information is require as there should be no cash on hand for more than 3 days after an reimbursement or advance payment is received by an awarded organization.**



### ***FEDERAL EXPENDITURE AND UNOBLIGATED BALANCE***

- **On line 10d**: Enter the total amount awarded under FMPP - \$66,784.
- **On line 10e**: Enter the \$53,183, which equals \$28,133 from the 1<sup>st</sup> payment request plus the \$25,050 from the 2<sup>nd</sup> request.
- **On line 10f**: Enter \$0.
- **On line 10g**: Enter the \$53,183, which is the sum of 10e. plus 10f.
- **On Line 10h**: Enter \$13,601, which is the remaining balance of FMPP grant funds.

### ***RECIPIENT SHARE***

- **On line 10i-10k**: LEAVE BLANK, unless instructed by FMPP to complete.

### ***PROGRAM INCOME***

- **On Line 10l**: Enter any monies (Federal program income) earned. The FMPP grant program allows the organization to keep this money, but all income must be reported.
- **Complete and sign Boxes 13a-13e and email to:**

[USDAFMPPPayments@ams.usda.gov](mailto:USDAFMPPPayments@ams.usda.gov)

# 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<br>(To report multiple grants, use FFR Attachment) |         |                                                                                                      | Page       | 1                                                                                                                                                                            | of                |                                                                                          |
| pages                                                                                                                                                                                                                                                                                                 |  |                                                                                                                            |         |                                                                                                      |            |                                                                                                                                                                              |                   |                                                                                          |
| 3. Recipient Organization (Name and complete address including Zip code)                                                                                                                                                                                                                              |  |                                                                                                                            |         |                                                                                                      |            |                                                                                                                                                                              |                   |                                                                                          |
| 4a. DUNS Number                                                                                                                                                                                                                                                                                       |  | 4b. EIN                                                                                                                    |         | 5. Recipient Account Number or Identifying Number<br>(To report multiple grants, use FFR Attachment) |            | 6. Report Type<br><input checked="" type="checkbox"/> Quarterly<br><input type="checkbox"/> Semi-Annual<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Final |                   | 7. Basis of Accounting<br><input type="checkbox"/> Cash <input type="checkbox"/> Accrual |
| 8. Project/Grant Period<br>From: (Month, Day, Year)                                                                                                                                                                                                                                                   |  |                                                                                                                            |         | To: (Month, Day, Year)                                                                               |            | 9. Reporting Period End Date<br>(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:                                                                                                                                                  |  |                                                                                                                            |         |                                                                                                      |            |                                                                                                                                                                              |                   |                                                                                          |
| <b>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)</b> |  |                                                                                                                            |         |                                                                                                      |            |                                                                                                                                                                              |                   |                                                                                          |
| 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.