

Documentation for Final Payment / #3



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**

3rd Payment / Final Request: \$13,601 // Balance: \$0

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

- Have I updated my Excel budget spreadsheet to reflect the request for \$13,601 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](#).

- 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 \$66,784, which equals the amount you are presently requesting (\$13,601), PLUS the total amounts previously requested (\$53,183). Also enter this amount in the last column—TOTAL—on line 11a.
- **On line 11c, column (a)**: Enter total amount--\$66,784. Also enter this amount in the last column—TOTAL—on line 11c.
- **On line 11e, column (a)**: Enter amount requested--\$66,784. Also enter this amount in the last column—TOTAL—on line 11e.
- **On line 11g, column (a)**: Enter amount requested--\$66,784. Also enter this amount in the last column—TOTAL—on line 11e.
- **On line 11h, column (a)**: Enter amount previously requested--\$53,183. Also enter this amount in the last column—TOTAL—on line 11h.
- **On line 11i, column (a)**: Enter amount currently being requested--\$13,601. 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 entire package to:

USDAFMPPPayments@ams.usda.gov

Example Cover Letter (Email) -- Final Payment Request

To: USDAFMPPPayments@ams.usda.gov
Subject: Payment Request #3: 14-FMPPX-AL-0004 / AL-137

Dear FMPP Staff:
Please process our final payment request under FMPP in the amount of \$13,601; the amount covers the final project implementation. Our final performance and financial reports will be emailed in early December. We have questions about this report and will call in late November.

Project Progress to Date:
With this request, we have rented our storage unit and purchased our remaining supplies – toner, posters, and newsletters. We also are requesting reimbursement for our project manager salary, mileage, and workshop registration.

If you need additional information, please call (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 (final) payment 3)
  2. Payment 3 - SF-270
  3. Payment 3 – 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                            | <b>\$12,750</b>    |                        | \$12,750          | \$12,750          | \$0               |                        | \$0                    |
| 2. Rental - one (1) used 16' refrigerated box truck              | <b>\$18,300</b>    | \$18,300               | \$0               |                   | \$0               |                        | \$0                    |
| <b>Supplies:</b>                                                 |                    |                        |                   |                   |                   |                        |                        |
| 1. Paper toner for photocopier                                   | <b>\$150</b>       |                        | \$150             |                   | \$150             | \$150                  | \$0                    |
| 2. "Buy Fresh - Buy Local" posters (100)                         | <b>\$450</b>       |                        | \$450             | \$150             | \$300             | \$300                  | \$0                    |
| 3. Newsletter printing                                           | <b>\$1,350</b>     | \$450                  | \$900             | \$450             | \$450             | \$450                  | \$0                    |
| 4. Sandwich Signage along highway                                | <b>\$1,625</b>     | \$1,625                | \$0               |                   |                   |                        | \$0                    |
| <b>Personnel:</b>                                                |                    |                        |                   |                   |                   |                        |                        |
| 1. 3/4 time position for 9 months<br>(@\$17.31/hr. for 2340 hrs) | <b>\$20,250</b>    | \$6,750                | \$13,500          | \$7,500           | \$6,000           | \$6,000                | \$0                    |
| 2. Social Security Share (7.65*20,250)                           | <b>\$1,549</b>     | \$516                  | \$1,033           |                   | \$1,033           | \$1,033                | \$0                    |
| <b>Travel:</b>                                                   |                    |                        |                   |                   |                   |                        |                        |
| 1. Mileage - 41¢ x 75 x 300 miles/week                           | <b>\$9,225</b>     | \$492                  | \$8,733           | \$4,200           | \$4,533           | \$4,533                | \$0                    |
| 2. Workshop registration (2 people)                              | <b>\$150</b>       |                        | \$150             |                   | \$150             | \$150                  | \$0                    |
| <b>Other:</b>                                                    |                    |                        |                   |                   |                   |                        |                        |
| 1. Storage rental                                                | <b>\$985</b>       |                        | \$985             |                   | \$985             | \$985                  | \$0                    |
| <b>Totals:</b>                                                   | <b>\$66,784</b>    | \$28,133               | \$38,651          | \$25,050          | \$13,601          | \$13,601               | \$0                    |

# 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) | TOTAL |
|-----------------------------------------------------------------------------------------------------------------|-----------|-----|-----|-------|
| 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)                                                | \$ |

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

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

**3<sup>rd</sup> Payment / Final Report \$13,601 // Balance: \$0**

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 – September 30, 2014 - September 29, 2016
  - For Box 9: Enter the reporting period end date September 30, 2016. (Note: This date should be near the end of the quarterly reporting period)

***FEDERAL CASH***

- **On line 10a:** Enter \$13,601, which equals the amount you requested for the 2<sup>nd</sup> payment plus the additional funds that are still in your account.
- **On line 10b:** Enter the actual amount spent \$13,601. If you spent less than the amount received from FMPP enter this amount. You will owe AMS these remaining funds unspent.
- **On line 10c:** Enter the difference of 10a. minus 10b. (amount received from FMPP minus amount actually spent). This should be \$0, unless there are remaining funds unspent. (**Note: If this is the final financial report there should be \$0 funds remaining unspent.**)

***FEDERAL EXPENDITURE AND UNOBLIGATED BALANCE***

- **On line 10d:** Enter the total amount awarded under FMPP - \$66,784.
- **On line 10e:** Enter the \$66,784, which equals \$28,133 from the 1<sup>st</sup> payment request, plus the \$25,050 from the 2<sup>nd</sup> request, and \$13,601 from the 3<sup>rd</sup> request.
- **On line 10f:** Enter \$0.
- **On line 10g:** Enter the \$66,784, which is the sum of 10e. plus 10f.
- **On Line 10h:** Enter \$0, which should be 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                                     | 7. Basis of Accounting                                         |                  |  |
|                                                                                                                                                                                                                                                                                                       |         |                                                                                                                            |                |                        | <input type="checkbox"/> Quarterly                 | <input type="checkbox"/> Cash <input type="checkbox"/> Accrual |                  |  |
|                                                                                                                                                                                                                                                                                                       |         |                                                                                                                            |                |                        | <input type="checkbox"/> Semi-Annual               |                                                                |                  |  |
|                                                                                                                                                                                                                                                                                                       |         |                                                                                                                            |                |                        | <input type="checkbox"/> Annual                    |                                                                |                  |  |
|                                                                                                                                                                                                                                                                                                       |         |                                                                                                                            |                |                        | <input type="checkbox"/> Final                     |                                                                |                  |  |
| 8. Project/Grant Period<br>From: (Month, Day, Year)                                                                                                                                                                                                                                                   |         |                                                                                                                            |                | To: (Month, Day, Year) | 9. Reporting Period End Date<br>(Month, Day, Year) |                                                                |                  |  |
| <b>10. Transactions</b>                                                                                                                                                                                                                                                                               |         |                                                                                                                            |                |                        |                                                    | 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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Paperwork Burden Statement</b></p> <p>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.</p> |
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