

FEDERAL FINANCIAL REPORT

(Follow form Instructions)

| | | | | | | | |
|---|---------|---|-----------------------------|---|--|-------------------|------------------|
| 1. Federal Agency and Organizational Element to Which This Report is Submitted: Department of Commerce/NOAA | | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) | | Page 1 | of 2 pages | | |
| 3. Recipient Organization (Name and complete address including Zip code) | | | | | | | |
| 4a. DUNS Number | 4b. EIN | 5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) | | 6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final | 7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual | | |
| 8. Project/Grant Period From: (Month, Day, Year) | | To: (Month, Day, Year) | | 9. Reporting Period End Date (Month, Day, Year) | | | |
| 10. Transactions | | | | Cumulative | | | |
| (Use lines a-c for single or multiple grant reporting) | | | | | | | |
| Federal Cash (To report multiple grants, also use FFR Attachment): | | | | | | | |
| a. Cash Receipts * Determine Cash Receipts from the Federal accounting system >> | | | | \$ | | | |
| b. Cash Disbursements * | | | | \$ | | | |
| c. Cash on Hand (line a minus b) | | | | \$0.00 | | | |
| (Use lines d-o for single grant reporting) | | | | | | | |
| Federal Expenditures and Unobligated Balance: | | | | | | | |
| d. Total Federal funds authorized * Update/verify total Federal funds authorized >> | | | | \$0.00 | | | |
| e. Total Federal share of expenditures ** | | | | \$ | | | |
| f. Total share of unliquidated obligations ** | | | | \$ | | | |
| g. Total Federal share (sum of lines e and f) | | | | \$0.00 | | | |
| h. Unobligated balance of Federal funds (line d minus g) | | | | \$0.00 | | | |
| Recipient Share: | | | | | | | |
| i. Total recipient share required * Update/verify total recipient share required >> | | | | \$0.00 | | | |
| j. Recipient share of expenditures ** | | | | \$ | | | |
| k. Remaining Recipient share to be provided (line i minus j) | | | | \$0.00 | | | |
| Program Income: | | | | | | | |
| 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) | | | | \$0.00 | | | |
| 11. Indirect Expense | a. Type | b. Rate | c. Period From (MM/DD/YYYY) | Period To (MM/DD/YYYY) | d. Base | e. Amount Charged | f. Federal Share |
| | | | | | \$ | \$ | \$ |
| | | | | | \$ | \$ | \$ |
| g. Totals: | | | | | \$0.00 | \$0.00 | \$0.00 |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: View/edit remarks >> No recipient remarks exist. | | | | | | | |
| 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 218, Section 1001) | | | | | | | |
| a. Typed or Printed Name and Title of Authorized Certifying Official | | | | c. Telephone (Area code, number and extension) | | | |
| | | | | d. Email address | | | |
| b. Signature of Authorized Certifying Official | | | | e. Date Report Submitted (Month, Day, Year) | | | |
| | | | | | | | |
| FEDERAL AGENCY NOTE: Cash on hand MUST be \$0 for this final report. | | | | 14. Agency use only: View remarks >> | | | |


This form is not validated and cannot be forwarded to NOAA. Clicking the Save button will show validation issues.

Save **Save and Start Workflow** **Cancel** **Print**

NOTE: This is the FINAL report - This report should include ALL transactions pertaining to grant activity which occurred up to the award expiration date. This includes any transactions made after the award expiration date for the purpose of completing grant close-out activity.

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| <div style="border: 1px solid black; background-color: #e0f0ff; padding: 5px;"> <!-- Remarks content area --> </div> | | | | | |
| <div style="border: 1px solid black; background-color: #0056b3; color: white; padding: 2px 10px; display: inline-block;">Spell Check</div> | | | | | |
| 14. Agency use only: | | | | | |
| Agency use only area | | | | | |
| Audit Trail:  | | | | | |