



United States  
Department of  
Agriculture

research



education



extension



# CSREES



Cooperative State **Research, Education, and Extension** Service



2008 CSREES Administrative Officers'  
Conference

Session #42, May 6, 2008, 2:45pm-4:00 pm  
Savannah, Georgia

**Financial Reporting**

By Barry Sims, Staff Accountant, Oversight Section, and Kenneth  
Keys, Team Leader, Funds Management Section  
Office of Extramural Programs, CSREES-USDA



## Financial Status Reports

CSREES formula grantees are required by the Terms and Conditions of their grant awards to submit a SF-269, Financial Status Report, annually until a “Final” SF-269 is submitted.

This report should be sent to the Oversight Section by the applicable due date for that Formula Grant Program. SF-269’s should be sent electronically as PDF files to [formulagrants@csrees.usda.gov](mailto:formulagrants@csrees.usda.gov) or faxed to (202) 690-3002.

The OEP staff will review the FSR to make sure it is completed correctly and contains all required information and signatures. If there are corrections needed, the OEP staff will contact the grantee. If there are no corrections needed, the OEP staff will reconcile the SF-269.



# There are two Financial Status Report forms (SF 269) available:

## The 269a (Short Form)

## The 269 (Long Form)

**FINANCIAL STATUS REPORT**  
(Short Form)  
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned By Federal Agency		OMB Approval No. 0348-0039	Page of _____ pages
3. Recipient Organization (Name and complete address, including ZIP code)					
4. Employer Identification Number		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)		To: (Month, Day, Year)
10. Transactions:					
		I Previously Reported		II This Period	
		III Cumulative			
a. Total outlays					
b. Recipient share of outlays					
c. Federal share of outlays					
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share (Sum of lines c and f)					
h. Total Federal funds authorized for this funding period					
i. Unobligated balance of Federal funds (Line h minus line g)					
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount	
				e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title			Telephone (Area code, number and extension)		
Signature of Authorized Certifying Official			Date Report Submitted		

**FINANCIAL STATUS REPORT**  
(Long Form)  
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned By Federal Agency		OMB Approval No. 0348-0039	Page of _____ pages
3. Recipient Organization (Name and complete address, including ZIP code)					
4. Employer Identification Number		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)		To: (Month, Day, Year)
10. Transactions:					
		I Previously Reported		II This Period	
		III Cumulative			
a. Total outlays					
b. Recipient share of outlays					
c. Federal share of outlays					
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share (Sum of lines c and f)					
h. Total Federal funds authorized for this funding period					
i. Unobligated balance of Federal funds (Line h minus line g)					
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount	
				e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title			Telephone (Area code, number and extension)		
Signature of Authorized Certifying Official			Date Report Submitted		



# In most cases, either form is acceptable by CSREES/OEP

However, if you have *Program Income* (generated by funds as a result of at least a portion of the grant funds), then the Long Form 269 is required.

If your program does not generate *Program Income*, then the Short Form 269a is acceptable

**FINANCIAL STATUS REPORT**  
(Short Form)  
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency		OMB Approval No. 0348-0039	Page of _____ pages
3. Recipient Organization (Name and complete address, including ZIP code)					
4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual		
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) To: (Month, Day, Year)		9. Period Covered by this Report Form: (Month, Day, Year) To: (Month, Day, Year)			
10. Transactions					
		I	II	III	
		Periodically Reported	This Period	Cumulative	
a. Total outlays					
b. Recipient share of outlays					
c. Federal share of outlays					
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share (Sum of lines e and f)					
h. Total Federal funds authorized for this funding period					
i. Unliquidated balance of Federal funds (See instructions)					
11. Indirect Expense					
a. Type of Rate/Rate "X" (in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate	c. Base	d. Total Amount	e. Federal Share		
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title			Telephone (Area code, number and extension)		
Signature of Authorized Certifying Official			Date Report Submitted		

NIN 7540-01-210-4357 269-302 Standard Form 269A (Rev. 7-87) Prescribed by OMB Circulars A-102 and A-111

**FINANCIAL STATUS REPORT**  
(Long Form)  
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency		OMB Approval No. 0348-0039	Page of _____ pages
3. Recipient Organization (Name and complete address, including ZIP code)					
4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual		
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) To: (Month, Day, Year)		9. Period Covered by this Report Form: (Month, Day, Year) To: (Month, Day, Year)			
10. Transactions					
		I	II	III	
		Periodically Reported	This Period	Cumulative	
a. Total outlays					
b. Recipient share of outlays					
c. Program income used in accordance with the deduction alternative					
d. Net outlay (Line a, less the sum of lines b and c)					
Recipient's share of net outlays, consisting of:					
e. Third party (including contribution)					
f. Other Federal awards authorized to be used in cash this award					
g. Program income used in accordance with the matching or cost sharing alternative					
h. All other recipient outlays not shown on lines a, b or g					
i. Total recipient share of net outlay (Sum of lines e, f and g)					
j. Federal share of net outlay (Sum of lines a and i)					
k. Total unliquidated obligations					
l. Recipient's share of unliquidated obligations					
m. Federal share of unliquidated obligations					
n. Total Federal share (Sum of lines j and m)					
o. Total Federal funds authorized for this funding period					
p. Unliquidated balance of Federal funds (See instructions)					
Program income, consisting of:					
q. Disbursed program income shown on line c and/or g above					
r. Disbursed program income using the action alternative					
a. Undisbursed program income					
i. Total program income realized (Sum of lines q, r and a)					
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate	c. Base	d. Total Amount	e. Federal Share		
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title			Telephone (Area code, number and extension)		
Signature of Authorized Certifying Official			Date Report Submitted		

Previous Edition Liable NIN 7540-01-012-4035 269-104 Standard Form 269 (Rev. 7-87) Prescribed by OMB Circulars A-102 and A-110 200-650 P.O. 139 (Face)



**The following example shows a FSR  
(SF 269) of an  
Hatch Act Formula grant, the  
performance period lasted two years.**



## Hatch Formula Carryover

### Breakout Session #42

Tuesday, May 6, 2008, 2:45-4:00 PM

### 2008 CSREES Administrative Officers' Conference

- On March 1, 2008, Duke Ellington University receives notification that their fiscal year (FY) 2008 allocation for extension activities as authorized under Hatch Act is \$1,734,892. The FY 2008 matching requirement is 100 percent and nothing is eligible for a waiver. The total FY 2008 matching requirement is \$1,734,892 with \$0 being eligible for a matching waiver.  
On December 1, 2008, the university submits the required annual (not final) SF-269, Financial Status Report. The university reports that it has expended \$1,720,776.72, in Federal funds and \$1,734,892, in State funds for the period October 1, 2007, through September 30, 2008. The university reported no unliquidated obligations from Recipients or Federal Share. Consequently, the university reports \$14,115.28, as the Unobligated Balance of Federal Funds which is below the 100 percent carryover limitation (\$1,734,892).
- On December 1, 2009, the university submits the required annual (final) SF-269, Financial Status Report. The University reports that it has expended \$14,115.28, in Federal funds for the period from October 1, 2007, through September 30, 2009. The university also reports \$0, in Recipients Share of Unpaid Obligations, and \$0, in Federal Share of Unpaid Obligations. The university reports an unobligated balance of \$0.
- Please prepare the interim SF-269, Financial Status Report, for the period October 1, 2007, through September 30, 2008, and the final SF-269 for the period October 1, 2007, through September 30, 2009. The grant number is 2008-41100-08999.



# Helpful Hints

- Double check to make sure the FSR is completed correctly and contains all required information and signatures.
- Have a copy available of the Notice of Award, for this program (for reference purposes).
- Have copies of the last reported Financial Status Report (to refer to), if not a new grant. If new, this would be the 1<sup>st</sup> report.



# Starting with Cell # 1

## 1. Federal Agency and Organizational Element to Which Report is Submitted:

**FINANCIAL STATUS REPORT**  
*(Long Form)*  
*(Follow instructions on the back)*

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency		OMB Approval No. <b>0348-0039</b>	Page of  pages
3. Recipient Organization (Name and complete address, including ZIP code)					
4. Employer Identification Number		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period <i>(See instructions)</i> From: (Month, Day, Year)		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)	
		To: (Month, Day, Year)			
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays <i>(Line a, less the sum of lines b and c)</i>					



2. Federal Grant or Other Identifying Number Assigned By Federal Agency

*(this grant # can be found on Line 3 on your Notice of Award)*

*The first number indicates the year that the grant was awarded, the next five is FDC code, and the last final five numbers are random*

**FINANCIAL STATUS REPORT**

*(Long Form)*

*(Follow instructions on the back)*

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)		OMB Approval No. <b>0348-0039</b>	Page of  pages
3. Recipient Organization (Name and complete address, including ZIP code)					
4. Employer Identification Number	5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)		To: (Month, Day, Year)
10. Transactions:			I Previously Reported	I This Period	III Cumulative
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					



3. Recipient Organization (Name and complete address, including ZIP code)

**FINANCIAL STATUS REPORT**  
*(Long Form)*  
*(Follow instructions on the back)*

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3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University                      Address and Zip Code</b>					
4. Employer Identification Number		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)	
		To: (Month, Day, Year)			
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					



## 4. Employer Identification Number

### FINANCIAL STATUS REPORT

(Long Form)

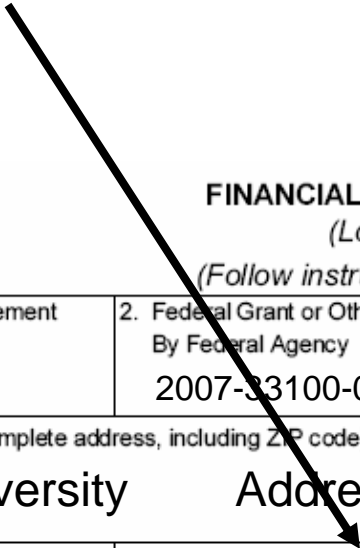
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)		OMB Approval No. <b>0348-0039</b>	Page of  pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University                      Address and Zip Code</b>					
4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)	
		To: (Month, Day, Year)		To: (Month, Day, Year)	
10. Transactions:		I	I	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					



5. Recipient Account Number or Identifying Number

**This is a block for use by the recipient for identification and tracking purposes.**



**FINANCIAL STATUS REPORT**

*(Long Form)*

*(Follow instructions on the back)*

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3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University</b> <b>Address and Zip Code</b>					
4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)	
		To: (Month, Day, Year)		To: (Month, Day, Year)	
10. Transactions:		I	I	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					



**“Yes”** should be marked **if** this is the **last report** for the budget period with no unliquidated obligations, or the final closeout FSR.

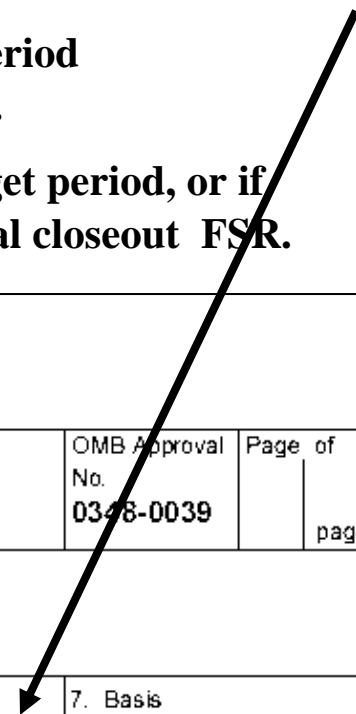
**“NO”** should be marked **if** this is **not the final** report for the budget period, or if the FSR contains unliquidated obligations, or is not the final closeout FSR.

**FINANCIAL STATUS REPORT**

*(Long Form)*

*(Follow instructions on the back)*

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3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University</b> <b>Address and Zip Code</b>					
4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)	
		To: (Month, Day, Year)			
10. Transactions:		I	I	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					





**Cash Accounting:** *CSREES Grantees who record obligations for goods and services to the general ledger when funds are actually disbursed are reporting on a “CASH” basis.*

**Accrual Accounting:** *CSREES Grantees who record obligations to the ledger when they make an order for goods or services that will become owed under the CSREES grant program are reporting on a “ACCRUAL” basis.*

**FINANCIAL STATUS REPORT**

*(Long Form)*

*(Follow instructions on the back)*

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3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University      Address and Zip Code</b>					
4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)	
		To: (Month, Day, Year)			
10. Transactions:		I	I	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					





## 8. Funding/Grant Period

*(Use Line 9 'Project Period' from your Notice of Award)*

### FINANCIAL STATUS REPORT

*(Long Form)*

*(Follow instructions on the back)*

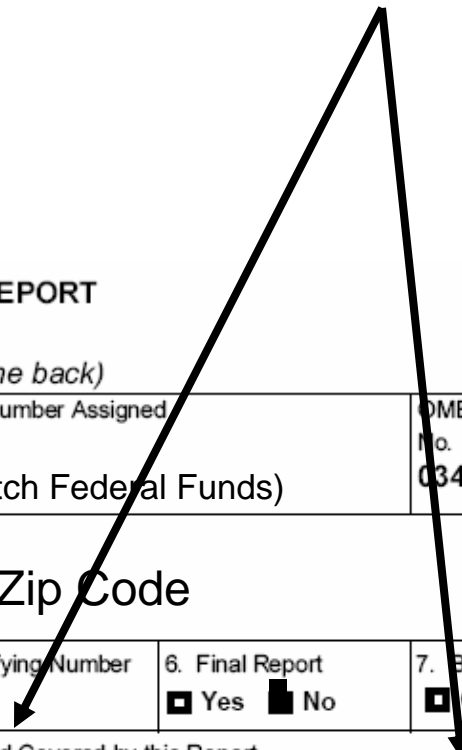
1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)		OMB Approval No. <b>0348-0039</b>	Page of  pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University      Address and Zip Code</b>					
4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>10/1/2006</b>		To: (Month, Day, Year) <b>09/30/2007</b>		9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year)	
10. Transactions:		I	I	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					



## 9. Period Covered by this Report

### FINANCIAL STATUS REPORT (Long Form) (Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)		OMB Approval No. <b>0348-0039</b>	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University</b> <b>Address and Zip Code</b>					
4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>10/1/2006</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2006</b>	
		To: (Month, Day, Year) <b>09/30/2007</b>		To: (Month, Day, Year) <b>09/30/2007</b>	
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					





Section 10, Column I, Line a

**In this example, this is the 1<sup>st</sup> FSR for this grant. Therefore, the grantee should have nothing reported in the “Previously Reported” section.**

**FINANCIAL STATUS REPORT**

*(Long Form)*

*(Follow instructions on the back)*

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)		OMB Approval No. <b>0348-0039</b>	Page of  pages
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4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>10/1/2006</b>		To: (Month, Day, Year) <b>09/30/2007</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2006</b>	
		To: (Month, Day, Year) <b>09/30/2007</b>			
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					



Column II (Sec. 10, Line a)

*The “THIS PERIOD” column should only have expenses reported for the budget period covered in section 9.*

**FINANCIAL STATUS REPORT**

*(Long Form)*

*(Follow instructions on the back)*

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)		OMB Approval No. <b>0348-0039</b>	Page of  pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University</b> <b>Address and Zip Code</b>					
4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>10/1/2006</b>		To: (Month, Day, Year) <b>09/30/2007</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2006</b>	
		To: (Month, Day, Year) <b>09/30/2007</b>			
10. Transactions:		I Previously Reported		I This Period	
a. Total outlays				<b>3,455,668.72</b>	
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					



**The “Cumulative Section” is a collective account of all expenditures for the entire “Funding Period”**

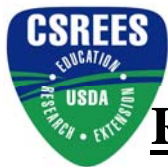
Column III (*Sec. 10, Line a*)

**FINANCIAL STATUS REPORT**

*(Long Form)*

*(Follow instructions on the back)*

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)		OMB Approval No. <b>0348-0039</b>	Page of   pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University      Address and Zip Code</b>					
4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Annual					
8. Funding/Grant Period ( <i>See instructions</i> ) From: (Month, Day, Year) <b>10/1/2006</b>		To: (Month, Day, Year) <b>09/30/2007</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2006</b>	
		To: (Month, Day, Year) <b>09/30/2007</b>			
10. Transactions:		I	I	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays			<b>3,455,668.72</b>	<b>3,455,668.72</b>	
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays ( <i>Line a, less the sum of lines b and c</i> )					



# Rebates and Refunds

*(Sec. 10, Line b)*

*Usually zero but occasionally a grantee will have a rebate or refund for the project.*

## FINANCIAL STATUS REPORT

*(Long Form)*

*(Follow instructions on the back)*

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)		OMB Approval No. <b>0348-0039</b>	Page of  pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University</b> <b>Address and Zip Code</b>					
4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>10/1/2006</b>		To: (Month, Day, Year) <b>09/30/2007</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2006</b>	
		To: (Month, Day, Year) <b>09/30/2007</b>			
10. Transactions:		I	I	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays			<b>3,455,668.72</b>	<b>3,455,668.72</b>	
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					



Column II (*Sec. 10, Line b*)

**Rebates and refunds should be reported here under “This Period”.**

**FINANCIAL STATUS REPORT**

*(Long Form)*

*(Follow instructions on the back)*

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)		OMB Approval No. <b>0348-0039</b>	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University                      Address and Zip Code</b>					
4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2006</b> To: (Month, Day, Year) <b>09/30/2007</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2006</b> To: (Month, Day, Year) <b>09/30/2007</b>	
8. Funding/Grant Period ( <i>See instructions</i> ) From: (Month, Day, Year) <b>10/1/2006</b>		8. Funding/Grant Period ( <i>See instructions</i> ) To: (Month, Day, Year) <b>09/30/2007</b>		8. Funding/Grant Period ( <i>See instructions</i> ) To: (Month, Day, Year) <b>09/30/2007</b>	
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays			<b>3,455,668.72</b>	<b>3,455,668.72</b>	
b. Refunds, rebates, etc.			<b>0.00</b>		
c. Program income used in accordance with the deduction alternative					
d. Net outlays ( <i>Line a, less the sum of lines b and c</i> )					



Column III (*Sec. 10, Line b*)

**Total of refunds and rebates should be reported by the grantee in the “Cumulative Sections”.**

**FINANCIAL STATUS REPORT**

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)		OMB Approval No. <b>0348-0039</b>	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University                      Address and Zip Code</b>					
4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period ( <i>See instructions</i> ) From: (Month, Day, Year) <b>10/1/2006</b>		To: (Month, Day, Year) <b>09/30/2007</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2006</b>	
		To: (Month, Day, Year) <b>09/30/2007</b>			
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays			<b>3,455,668.72</b>	<b>3,455,668.72</b>	
b. Refunds, rebates, etc.			<b>0.00</b>	<b>0.00</b>	
c. Program income used in accordance with the deduction alternative					
d. Net outlays ( <i>Line a, less the sum of lines b and c</i> )					



# Program Income (Sec. 10, Line c)

(This award does not have any Program Income)

## FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organization/Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)		OMB Approval No. <b>0348-0039</b>	Page of  pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University</b> <b>Address and Zip Code</b>					
4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>10/1/2006</b>		To: (Month, Day, Year) <b>09/30/2007</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2006</b>	
		To: (Month, Day, Year) <b>09/30/2007</b>			
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays			<b>3,455,668.72</b>	<b>3,455,668.72</b>	
b. Refunds, rebates, etc.			<b>0.00</b>	<b>0.00</b>	
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					



# Net Outlays

Column II (Sec. 10, Line d)

## FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)		OMB Approval No. <b>0348-0039</b>	Page of  pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University</b> <b>Address and Zip Code</b>					
4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>10/1/2006</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>09/30/2007</b>		To: (Month, Day, Year) <b>09/30/2007</b>	
10. Transactions:		I	I	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays			<b>3,455,668.72</b>	<b>3,455,668.72</b>	
b. Refunds, rebates, etc.			<b>0.00</b>	<b>0.00</b>	
c. Program income used in accordance with the deduction alternative			<b>0.00</b>	<b>0.00</b>	
d. Net outlays (Line a, less the sum of lines b and c)			<b>3,455,668.72</b>		



Column III (Sec. 10, Line d)

**Subtract Line b & c from Line a in  
Column III to arrive at the Cumulative  
'Net Outlays'**

**FINANCIAL STATUS REPORT**  
(Long Form)  
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)		OMB Approval No. <b>0348-0039</b>	Page of  pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University</b> <b>Address and Zip Code</b>					
4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>10/1/2006</b>		To: (Month, Day, Year) <b>09/30/2007</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2006</b>	
		To: (Month, Day, Year) <b>09/30/2007</b>			
10. Transactions:		I	I	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays			<b>3,455,668.72</b>	<b>3,455,668.72</b>	
b. Refunds, rebates, etc.			<b>0.00</b>	<b>0.00</b>	
c. Program income used in accordance with the deduction alternative			<b>0.00</b>	<b>0.00</b>	
d. Net outlays (Line a, less the sum of lines b and c)			<b>3,455,668.72</b>	<b>3,455,668.72</b>	



## Recipient Share of Outlays

Section 10, Line h is where you will record the recipient's matching portion.

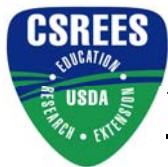
d. Net outlays ( <i>Line a, less the sum of lines b and c</i> )		<b>3,455,668.72</b>	<b>3,455,668.72</b>
<b>Recipient's share of net outlays, consisting of:</b>			
e. Third party (in-kind) contributions			<b>0.00</b>
f. Other Federal awards authorized to be used to match this award			<b>0.00</b>
g. Program income used in accordance with the matching or cost sharing alternative			<b>0.00</b>
h. All other recipient outlays not shown on lines e, f or g		<b>1,734,892</b>	<b>1,734,892</b>
i. Total recipient share of net outlays ( <i>Sum of lines e, f, g and h</i> )		<b>1,734,892</b>	<b>1,734,892</b>
<b>j. Federal share of net outlays (<i>line d less line i</i>)</b>			
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share ( <i>sum of lines j and m</i> )			
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds ( <i>Line o minus line n</i> )			



Column II & III  
(*Sec. 10, Line j*)

**Subtract Line i from Line d in Column III to arrive at the federal share of '*Net Outlays*'**

d. Net outlays ( <i>Line a, less the sum of lines b and c</i> )		<b>3,455,668.72</b>	<b>3,455,668.72</b>
<b>Recipient's share of net outlays, consisting of:</b>			<b>0.00</b>
e. Third party (in-kind) contributions			<b>0.00</b>
f. Other Federal awards authorized to be used to match this award			<b>0.00</b>
g. Program income used in accordance with the matching or cost sharing alternative			<b>0.00</b>
h. All other recipient outlays not shown on lines e, f or g		<b>1,734,892</b>	<b>1,734,892</b>
i. Total recipient share of net outlays ( <i>Sum of lines e, f, g and h</i> )		<b>1,734,892</b>	<b>1,734,892</b>
j. Federal share of net outlays ( <i>line d less line i</i> )		<b>1,720,776.72</b>	<b>1,720,776.72</b>
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share ( <i>sum of lines j and m</i> )			
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds ( <i>Line o minus line n</i> )			



## Unliquidated Obligations

Column II & III (*Sec. 10, Line k*)

Grantee should list any expenses incurred for their CSREES grant program that they have not yet been billed for.

*(These are expenses owed by the grantee for program related goods and services that have not been paid)*

d. Net outlays ( <i>Line a, less the sum of lines b and c</i> )		<b>3,455,668.72</b>	<b>3,455,668.72</b>
<b>Recipient's share of net outlays, consisting of:</b>			
e. Third party (in-kind) contributions			<b>0.00</b>
f. Other Federal awards authorized to be used to match this award			<b>0.00</b>
g. Program income used in accordance with the matching or cost sharing alternative			<b>0.00</b>
h. All other recipient outlays not shown on lines e, f or g		<b>1,734,892</b>	<b>1,734,892</b>
i. Total recipient share of net outlays ( <i>Sum of lines e, f, g and h</i> )		<b>1,734,892</b>	<b>1,734,892</b>
j. Federal share of net outlays ( <i>line d less line i</i> )		<b>1,720,776.72</b>	<b>1,720,776.72</b>
k. Total unliquidated obligations			<b>0.00</b>
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share ( <i>sum of lines j and m</i> )			
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds ( <i>Line o minus line n</i> )			



Column II & III  
(Sec. 10, Line L)

Grantee should list the amount of funds they are responsible for paying towards outstanding unliquidated obligations under “Recipient’s Share”, if there are any.

d. Net outlays (Line a, less the sum of lines b and c)		<b>3,455,668.72</b>	<b>3,455,668.72</b>
<b>Recipient's share of net outlays, consisting of:</b>			
e. Third party (in-kind) contributions			<b>0.00</b>
f. Other Federal awards authorized to be used to match this award			<b>0.00</b>
g. Program income used in accordance with the matching or cost sharing alternative			<b>0.00</b>
h. All other recipient outlays not shown on lines e, f or g		<b>1,734,892</b>	<b>1,734,892</b>
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		<b>1,734,892</b>	<b>1,734,892</b>
<b>Federal share of net outlays (line d less line i)</b>			
j. Federal share of net outlays (line d less line i)		<b>1,720,776.72</b>	<b>1,720,776.72</b>
k. Total unliquidated obligations			<b>0.00</b>
l. Recipient's share of unliquidated obligations			<b>0.00</b>
m. Federal share of unliquidated obligations			
n. Total Federal share (sum of lines j and m)			
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds (Line o minus line n)			



Column II & III (*Sec. 10, Line m*)

**Grantee should list the amount of funds charged to the CSREES grant program for any “unliquidated obligations” charged as “Federal Share”.**

d. Net outlays ( <i>Line a, less the sum of lines b and c</i> )		<b>3,455,668.72</b>	<b>3,455,668.72</b>
<b>Recipient's share of net outlays, consisting of:</b>			
e. Third party (in-kind) contributions			<b>0.00</b>
f. Other Federal awards authorized to be used to match this award			<b>0.00</b>
g. Program income used in accordance with the matching or cost sharing alternative			<b>0.00</b>
h. All other recipient outlays not shown on lines e, f or g		<b>1,734,892</b>	<b>1,734,892</b>
i. Total recipient share of net outlays ( <i>Sum of lines e, f, g and h</i> )		<b>1,734,892</b>	<b>1,734,892</b>
j. Federal share of net outlays ( <i>line d less line i</i> )		<b>1,720,776.72</b>	<b>1,720,776.72</b>
k. Total unliquidated obligations			<b>0.00</b>
l. Recipient's share of unliquidated obligations			<b>0.00</b>
m. Federal share of unliquidated obligations			<b>0.00</b>
n. Total Federal share ( <i>sum of lines j and m</i> )			
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds ( <i>Line o minus line n</i> )			

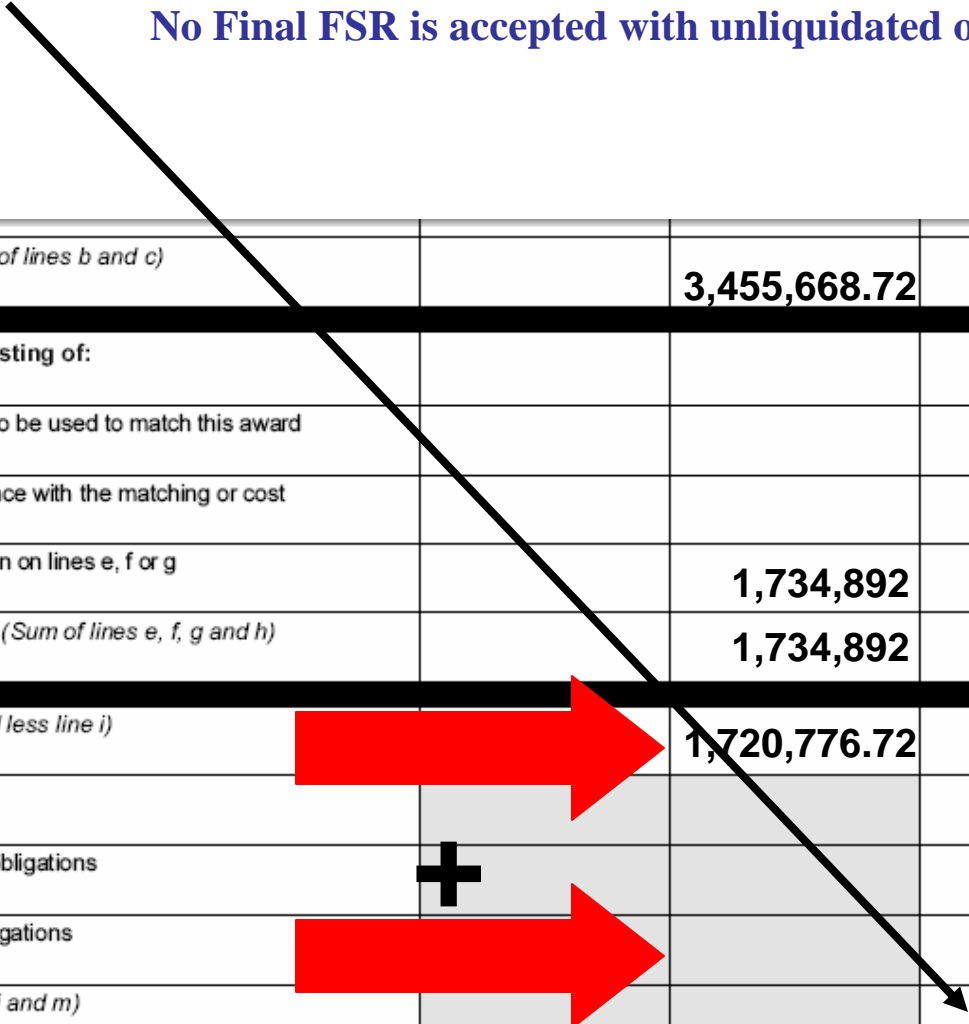


Unliquidated obligations incurred in a budget period must be charged or counted against the budget period in which they accrued.

Column II & III  
(Sec. 10, Line n)

**No Final FSR is accepted with unliquidated obligations**

d. Net outlays (Line a, less the sum of lines b and c)		<b>3,455,668.72</b>	<b>3,455,668.72</b>
<b>Recipient's share of net outlays, consisting of:</b>			
e. Third party (in-kind) contributions			<b>0.00</b>
f. Other Federal awards authorized to be used to match this award			<b>0.00</b>
g. Program income used in accordance with the matching or cost sharing alternative			<b>0.00</b>
h. All other recipient outlays not shown on lines e, f or g		<b>1,734,892</b>	<b>1,734,892</b>
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		<b>1,734,892</b>	<b>1,734,892</b>
j. Federal share of net outlays (line d less line i)		<b>1,720,776.72</b>	<b>1,720,776.72</b>
k. Total unliquidated obligations			<b>0.00</b>
l. Recipient's share of unliquidated obligations			<b>0.00</b>
m. Federal share of unliquidated obligations			<b>0.00</b>
n. Total Federal share (sum of lines j and m)			<b>1,720,776.72</b>
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds (Line o minus line n)			





## Federal Funds Authorized

Column II & III (*Sec. 10, Line o*)

Grantee should list “**Total Federal Funds**” available for this budget period here.

(*Found on Item 16 in the Notice of Award*)

d. Net outlays ( <i>Line a, less the sum of lines b and c</i> )		<b>3,455,668.72</b>	<b>3,455,668.72</b>
<b>Recipient's share of net outlays, consisting of:</b>			
e. Third party (in-kind) contributions			<b>0.00</b>
f. Other Federal awards authorized to be used to match this award			<b>0.00</b>
g. Program income used in accordance with the matching or cost sharing alternative			<b>0.00</b>
h. All other recipient outlays not shown on lines e, f or g		<b>1,734,892</b>	<b>1,734,892</b>
i. Total recipient share of net outlays ( <i>Sum of lines e, f, g and h</i> )		<b>1,734,892</b>	<b>1,734,892</b>
j. Federal share of net outlays ( <i>line d less line i</i> )		<b>1,720,776.72</b>	<b>1,720,776.72</b>
k. Total unliquidated obligations			<b>0.00</b>
l. Recipient's share of unliquidated obligations			<b>0.00</b>
m. Federal share of unliquidated obligations			<b>0.00</b>
n. Total Federal share ( <i>sum of lines j and m</i> )			<b>1,720,776.72</b>
o. Total Federal funds authorized for this funding period			<b>1,734,892</b>
p. Unobligated balance of Federal funds ( <i>Line o minus line n</i> )			



## Unobligated Balance

Column II & III (*Sec. 10,*

*Line p)*

**Subtract Line n from Line o to find the Unobligated balance**

$$(1,734,892 - 1,720,776.72 = 14,115.28)$$

d. Net outlays ( <i>Line a, less the sum of lines b and c</i> )		<b>3,455,668.72</b>	<b>3,455,668.72</b>
<b>Recipient's share of net outlays, consisting of:</b>			
e. Third party (in-kind) contributions			<b>0.00</b>
f. Other Federal awards authorized to be used to match this award			<b>0.00</b>
g. Program income used in accordance with the matching or cost sharing alternative			<b>0.00</b>
h. All other recipient outlays not shown on lines e, f or g			<b>1,734,892</b>
i. Total recipient share of net outlays ( <i>Sum of lines e, f, g and h</i> )			<b>1,734,892</b>
j. Federal share of net outlays ( <i>line d less line i</i> )		<b>1,720,776.72</b>	<b>1,720,776.72</b>
k. Total unliquidated obligations			<b>0.00</b>
l. Recipient's share of unliquidated obligations			<b>0.00</b>
m. Federal share of unliquidated obligations			<b>0.00</b>
n. Total Federal share ( <i>sum of lines j and m</i> )			<b>1,720,776.72</b>
o. Total Federal funds authorized for this funding period			<b>1,734,892</b>
p. Unobligated balance of Federal funds ( <i>Line o minus line n</i> )			<b>14,115.28</b>



Column III (Sec. 10, Line q, r, s, t)

**Detail any Program Income as instructed on these Lines**

**(There no program income for this award)**

<b>Program income, consisting of:</b>				
q. Disbursed program income shown on lines c and/or g above				<b>0.00</b>
r. Disbursed program income using the addition alternative				<b>0.00</b>
s. Undisbursed program income				<b>0.00</b>
t. Total program income realized (Sum of lines q, r and s)				<b>0.00</b>
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box)			
	<input checked="" type="checkbox"/> Provisional <input checked="" type="checkbox"/> Predetermined <input checked="" type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed			
	b. Rate	c. Base	d. Total Amount	e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.				
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.				
Typed or Printed Name and Title			Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official			Date Report Submitted	



# Indirect Costs:

**IDC are costs incurred by the grantee for common or joint objectives that cannot be identified specifically with a particular project or program. (This type of award does not have indirect cost. So this section is not needed)**

1. Indirect Expense	a. Type of Rate <i>(Place "X" in appropriate box)</i>			
	<input checked="" type="checkbox"/> Provisional	<input checked="" type="checkbox"/> Predetermined	<input checked="" type="checkbox"/> Final	<input checked="" type="checkbox"/> Fixed
	b. Rate	c. Base	d. Total Amount	e. Federal Share
12. <i>Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.</i>				
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.				
Typed or Printed Name and Title			Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official			Date Report Submitted	



## Section 12

Any special comments to the FSR will be noted here by the grantee. (*e.g.- here is where the grantee noted that a waiver was requested and approved.*)

11. Indirect Expense	a. Type of Rate ( <i>Place "X" in appropriate box</i> )			
	<input type="checkbox"/> Provisional	<input type="checkbox"/> Predetermined	<input type="checkbox"/> Final	<input type="checkbox"/> Fixed
	b. Rate	c. Base	d. Total Amount	e. Federal Share
12. <i>Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.</i>				
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.				
Typed or Printed Name and Title			Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official			Date Report Submitted	



**Certification Section should be completely filled out by the Grantee.**

**Section 13**

11. Indirect Expense	a. Type of Rate <i>(Place "X" in appropriate box)</i>			
	<input checked="" type="checkbox"/> Provisional	<input checked="" type="checkbox"/> Predetermined	<input checked="" type="checkbox"/> Final	<input checked="" type="checkbox"/> Fixed
	b. Rate	c. Base	d. Total Amount	e. Federal Share
12. <i>Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.</i>				
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.				
Typed or Printed Name and Title <b>Jane Doe, Director of Experiment Station</b>			Telephone (Area code, number and extension) <b>(202) 333-4444</b>	
Signature of Authorized Certifying Official			Date Report Submitted <b>December 1, 2007</b>	



## Special Note:

Grantee must submit a 'FINAL' FSR for this budget period with no unliquidated obligations before the OEP can accept the FSR for this reporting period as "Final".



2. Federal Grant or Other Identifying Number Assigned By Federal Agency

*(this grant # can be found on Line 3 on your Notice of Award)*

*Note: Even though this is the second year nothing has change with the grant numbers.*

**FINANCIAL STATUS REPORT**

*(Long Form)*

*(Follow instructions on the back)*

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)	OMB Approval No. <b>0348-0039</b>	Page of _____ pages
3. Recipient Organization (Name and complete address, including ZIP code)			
4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period <i>(See instructions)</i> From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10. Transactions:	I Previously Reported	I This Period	III Cumulative
a. Total outlays			
b. Refunds, rebates, etc.			
c. Program income used in accordance with the deduction alternative			
d. Net outlays <i>(Line a, less the sum of lines b and c)</i>			

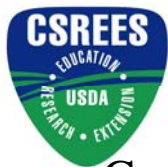


## 5. Recipient Account Number or Identifying Number

### FINANCIAL STATUS REPORT (Long Form)

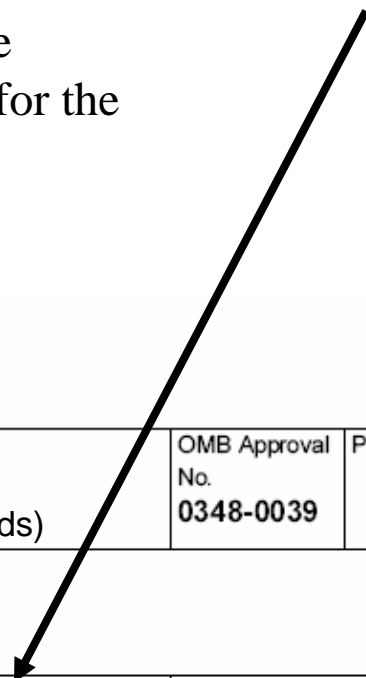
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)		OMB Approval No. <b>0348-0039</b>	Page of  pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University</b> <b>Address and Zip Code</b>					
4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual		8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)	
		To: (Month, Day, Year)		To: (Month, Day, Year)	
10. Transactions:		I	I	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					



Grantee should have selected yes because all the funds will be expensed in the second year and it is the Final Closeout FSR for the this award.

6. Final Report



**FINANCIAL STATUS REPORT**  
*(Long Form)*  
*(Follow instructions on the back)*

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)		OMB Approval No. <b>0348-0039</b>	Page of   pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University</b> <b>Address and Zip Code</b>					
4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual		8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)	
		To: (Month, Day, Year)		To: (Month, Day, Year)	
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					



7. Basis

**FINANCIAL STATUS REPORT**  
*(Long Form)*  
*(Follow instructions on the back)*

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)		OMB Approval No. <b>0348-0039</b>	Page of  pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University      Address and Zip Code</b>					
4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)	
		To: (Month, Day, Year)			
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					



## 8. Funding/Grant Period

*(Use Line 9 'Project Period' from your Notice of Award)*

### FINANCIAL STATUS REPORT

*(Long Form)*

*(Follow instructions on the back)*

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)		OMB Approval No. <b>0348-0039</b>	Page of  pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University</b> <b>Address and Zip Code</b>					
4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period <i>(See instructions)</i> From: (Month, Day, Year) <b>10/1/2006</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>09/30/2007</b>		To: (Month, Day, Year)	
10. Transactions:		I	I	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays <i>(Line a, less the sum of lines b and c)</i>					



## 9. Period Covered by this Report

### FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University</b> <b>Address and Zip Code</b>					
4. Employer Identification Number 99-1234567		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10/1/2006		To: (Month, Day, Year) 09/30/2007		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2007	
				To: (Month, Day, Year) 09/30/2008	
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					



As a “Cumulative Report, since this is the second year FSR, grantee should report all first year expenditures on this FSR under “Previously Reported”

Verify what is being reported (by comparing Line A “Total Outlays” on this report against the first yr Final FSR Line N, Col. III “Total Federal Share”)

Previously  
Reported  
Section 10,  
Column I, Line  
a

**FINANCIAL STATUS REPORT**  
(Long Form)  
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)	OMB Approval No. <b>0348-0039</b>	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University</b> <b>Address and Zip Code</b>			
4. Employer Identification Number <b>99-1234567</b>	5. Recipient Account Number or Identifying Number	6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>10/1/2006</b>	To: (Month, Day, Year) <b>09/30/2007</b>	9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2007</b>	To: (Month, Day, Year) <b>09/30/2008</b>
10. Transactions:	I	I	III
a. Total outlays	Previously Reported	This Period	Cumulative
b. Refunds, rebates, etc.			
c. Program income used in accordance with the deduction alternative			
d. Net outlays (Line a, less the sum of lines b and c)			

**Add Previous Year here**

**3,455,668.72**



Column II (Sec. 10, Line a)

*Grantee is required to report current year expenditures for the second year under “ This Period”. Which should reflect the budget period in section 9.*

**FINANCIAL STATUS REPORT**  
(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)		OMB Approval No. <b>0348-0039</b>	Page of  pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University</b> <b>Address and Zip Code</b>					
4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>10/1/2006</b>		To: (Month, Day, Year) <b>09/30/2007</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2007</b>	
		To: (Month, Day, Year) <b>09/30/2008</b>			
10. Transactions:		I Previously Reported		I This Period	
a. Total outlays		<b>3,455,668.72</b>		<b>14,115.28</b>	
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					



Column III (Sec. 10, Line a)

Add Line a, Column I and Column II to verify the balance recorded in Column III.

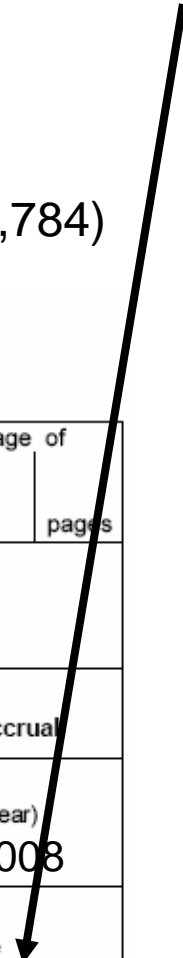
$$(3,455,668.72 + 14,115.28 = 3,469,784)$$

**FINANCIAL STATUS REPORT**

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)		OMB Approval No. <b>0348-0039</b>	Page of  pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University      Address and Zip Code</b>					
4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>10/1/2006</b>		To: (Month, Day, Year) <b>09/30/2007</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2007</b>	
To: (Month, Day, Year) <b>09/30/2008</b>					
10. Transactions:		I	I	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays		<b>3,455,668.72</b>	<b>14,115.28</b>	<b>3,469,784</b>	
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					





Column III (Sec. 10, Line d)

Subtract Line b & c from Line a in Column III  
to arrive at the Cumulative '*Net Outlays*'

**FINANCIAL STATUS REPORT**  
(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>CSREES</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2007-33100-08999 (Hatch Federal Funds)		OMB Approval No. <b>0348-0039</b>	Page of  pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Duke Ellington University</b> <b>Address and Zip Code</b>					
4. Employer Identification Number <b>99-1234567</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>10/1/2006</b>		To: (Month, Day, Year) <b>09/30/2007</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2007</b>	
		To: (Month, Day, Year) <b>09/30/2008</b>			
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays		<b>3,455,668.72</b>	<b>14,115.28</b>	<b>3,469,784</b>	
b. Refunds, rebates, etc.		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
c. Program income used in accordance with the deduction alternative		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
d. Net outlays (Line a, less the sum of lines b and c)		<b>3,455,668.72</b>	<b>14,115.28</b>	<b>3,469,784</b>	



## Section 10, Line e through i

This is where the recipient will record matching requirements.

d. Net outlays ( <i>Line a, less the sum of lines b and c</i> )	<b>3,455,668.72</b>	<b>14,115.28</b>	<b>3,469,784</b>
<b>Recipient's share of net outlays, consisting of:</b>			
e. Third party (in-kind) contributions			<b>0.00</b>
f. Other Federal awards authorized to be used to match this award			<b>0.00</b>
g. Program income used in accordance with the matching or cost sharing alternative			<b>0.00</b>
h. All other recipient outlays not shown on lines e, f or g	<b>1,734,892</b>	<b>0.00</b>	<b>1,734,892</b>
i. Total recipient share of net outlays ( <i>Sum of lines e, f, g and h</i> )	<b>1,734,892</b>	<b>0.00</b>	<b>1,734,892</b>
<b>j. Federal share of net outlays (<i>line d less line i</i>)</b>			
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share ( <i>sum of lines j and m</i> )			
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds ( <i>Line o minus line n</i> )			



Column III (*Sec. 10, Line j*)

Subtract Line i from Line d in Column III to arrive at the federal share of '*Net Outlays*'

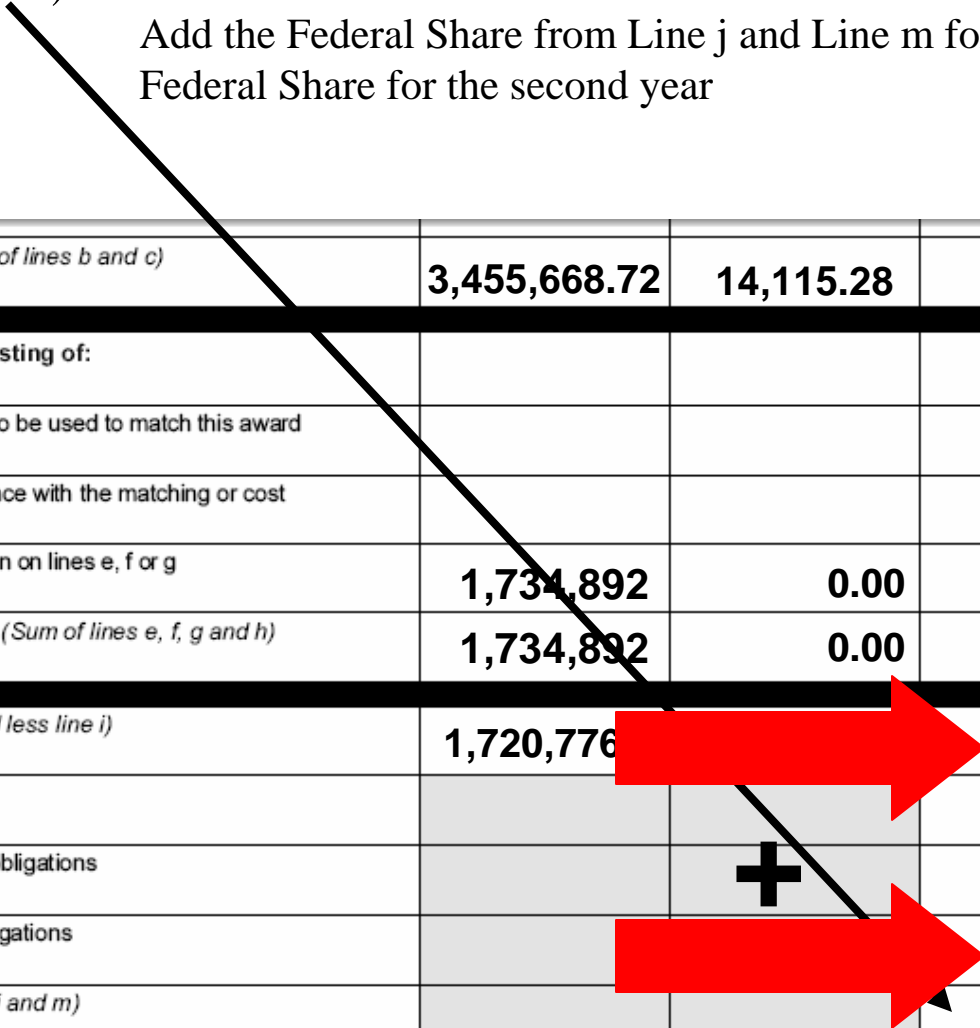
d. Net outlays ( <i>Line a, less the sum of lines b and c</i> )	<b>3,455,668.72</b>	<b>14,115.28</b>	<b>3,469,784</b>
<b>Recipient's share of net outlays, consisting of:</b>			
e. Third party (in-kind) contributions			<b>0.00</b>
f. Other Federal awards authorized to be used to match this award			<b>0.00</b>
g. Program income used in accordance with the matching or cost sharing alternative			<b>0.00</b>
h. All other recipient outlays not shown on lines e, f or g	<b>1,734,892</b>	<b>0.00</b>	<b>1,734,892</b>
i. Total recipient share of net outlays ( <i>Sum of lines e, f, g and h</i> )	<b>1,734,892</b>	<b>0.00</b>	<b>1,734,892</b>
j. Federal share of net outlays ( <i>line d less line i</i> )	<b>1,720,776.72</b>	<b>14,115.28</b>	<b>1,734,892</b>
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share ( <i>sum of lines j and m</i> )			
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds ( <i>Line o minus line n</i> )			



Column III (*Sec. 10, Line n*)

Add the Federal Share from Line j and Line m for the Total Federal Share for the second year

d. Net outlays ( <i>Line a, less the sum of lines b and c</i> )	<b>3,455,668.72</b>	<b>14,115.28</b>	<b>3,469,784</b>
<b>Recipient's share of net outlays, consisting of:</b>			
e. Third party (in-kind) contributions			<b>0.00</b>
f. Other Federal awards authorized to be used to match this award			<b>0.00</b>
g. Program income used in accordance with the matching or cost sharing alternative			<b>0.00</b>
h. All other recipient outlays not shown on lines e, f or g	<b>1,734,892</b>	<b>0.00</b>	<b>1,734,892</b>
i. Total recipient share of net outlays ( <i>Sum of lines e, f, g and h</i> )	<b>1,734,892</b>	<b>0.00</b>	<b>1,734,892</b>
j. Federal share of net outlays ( <i>line d less line i</i> )	<b>1,720,776</b>		<b>1,734,892</b>
k. Total unliquidated obligations			<b>0.00</b>
l. Recipient's share of unliquidated obligations		<b>+</b>	<b>0.00</b>
m. Federal share of unliquidated obligations			<b>0.00</b>
n. Total Federal share ( <i>sum of lines j and m</i> )			<b>1,734,892</b>
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds ( <i>Line o minus line n</i> )			





Column III (Sec. 10, Line o)

List the **TOTAL** Federal grant funds available. *Total Federal Funds Authorized, \$1,734,892 Total Federal Funds Expended, \$1,734,892).*

d. Net outlays (Line a, less the sum of lines b and c)	<b>3,455,668.72</b>	<b>14,115.28</b>	<b>3,469,784</b>
<b>Recipient's share of net outlays, consisting of:</b>			
e. Third party (in-kind) contributions			<b>0.00</b>
f. Other Federal awards authorized to be used to match this award			<b>0.00</b>
g. Program income used in accordance with the matching or cost sharing alternative			<b>0.00</b>
h. All other recipient outlays not shown on lines e, f, g and i	<b>1,734,892</b>	<b>0.00</b>	<b>1,734,892</b>
i. Total recipient share of net outlays (Sum of lines e, f, g and h)	<b>1,734,892</b>	<b>0.00</b>	<b>1,734,892</b>
<b>Federal share of net outlays (line d less line i)</b>			
j. Federal share of net outlays (line d less line i)		<b>14,115.28</b>	<b>1,734,892</b>
k. Total unliquidated obligations			<b>0.00</b>
l. Recipient's share of unliquidated obligations			<b>0.00</b>
m. Federal share of unliquidated obligations			<b>0.00</b>
n. Total Federal share (sum of lines j and m)			<b>1,734,892</b>
o. Total Federal funds authorized for this funding period			<b>1,734,892</b>
p. Unobligated balance of Federal funds (Line o minus line n)			

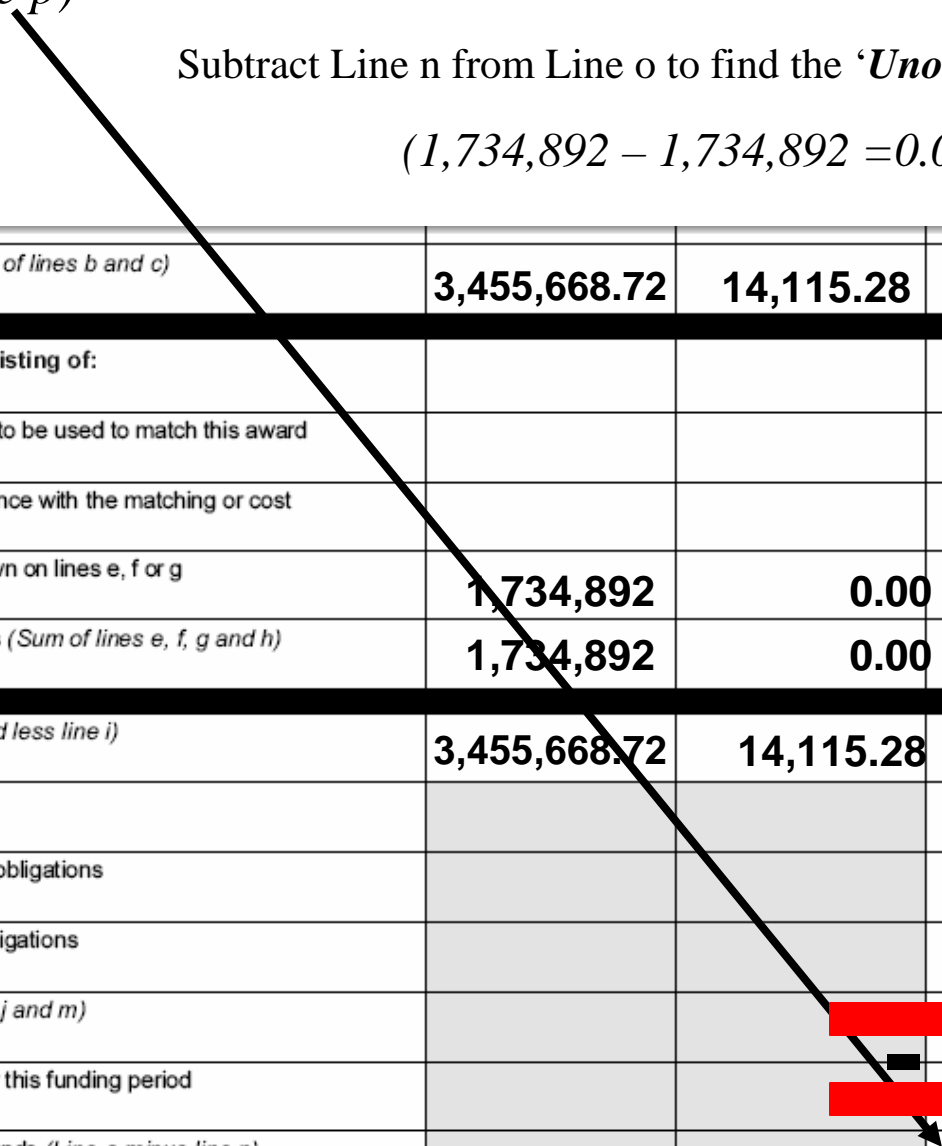
**Show total of all years of funding here**



Column III (*Sec. 10, Line p*)

Subtract Line n from Line o to find the '*Unobligated Balance*'  
 $(1,734,892 - 1,734,892 = 0.00)$

d. Net outlays ( <i>Line a, less the sum of lines b and c</i> )	<b>3,455,668.72</b>	<b>14,115.28</b>	<b>3,469,784</b>
<b>Recipient's share of net outlays, consisting of:</b>			
e. Third party (in-kind) contributions			<b>0.00</b>
f. Other Federal awards authorized to be used to match this award			<b>0.00</b>
g. Program income used in accordance with the matching or cost sharing alternative			<b>0.00</b>
h. All other recipient outlays not shown on lines e, f or g	<b>1,734,892</b>	<b>0.00</b>	<b>1,734,892</b>
i. Total recipient share of net outlays ( <i>Sum of lines e, f, g and h</i> )	<b>1,734,892</b>	<b>0.00</b>	<b>1,734,892</b>
j. Federal share of net outlays ( <i>line d less line i</i> )	<b>3,455,668.72</b>	<b>14,115.28</b>	<b>3,469,784</b>
k. Total unliquidated obligations			<b>0.00</b>
l. Recipient's share of unliquidated obligations			<b>0.00</b>
m. Federal share of unliquidated obligations			<b>0.00</b>
n. Total Federal share ( <i>sum of lines j and m</i> )			<b>1,734,892</b>
o. Total Federal funds authorized for this funding period			<b>1,734,892</b>
p. Unobligated balance of Federal funds ( <i>Line o minus line n</i> )			<b>0.00</b>





Column III (Sec. 10, Line q, r, s, t)

**Detail any Program Income as instructed on these Lines**  
**(There no program income for this award)**

<b>Program income, consisting of:</b>				
q. Disbursed program income shown on lines c and/or g above				<b>0.00</b>
r. Disbursed program income using the addition alternative				<b>0.00</b>
s. Undisbursed program income				<b>0.00</b>
t. Total program income realized (Sum of lines q, r and s)				<b>0.00</b>
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box)			
	<input checked="" type="checkbox"/> Provisional <input checked="" type="checkbox"/> Predetermined <input checked="" type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed			
	b. Rate	c. Base	d. Total Amount	e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.				
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.				
Typed or Printed Name and Title			Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official			Date Report Submitted	



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