# New Semi Annual Report

Top of Form

## **Federal Financial Report**

Federal Agency and Organizational Element to Which Report is Submitted



Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)



Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)



Report Type

Semi-Annual

Basis of Accounting

Cash Accrual

Project/Grant Period From:



Project/Grant Period To:



Reporting Period End Date



### ****Transactions****

**Federal Cash (To report multiple grants, also use FFR attachment):**

a. Cumulative Cash Receipts



b. Cumulative Cash Disbursements



c. Cash on Hand (line a minus b)



(Use lines d-o for single grant reporting):

**Federal Expenditures and Unobligated Balance:**

d. Cumulative Total Federal funds authorized



e. Cumulative Federal share of expenditures



f. Cumulative 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)



**Recipient Share:**

i. Total recipient share required



j. Recipient share of expenditures



k. Remaining recipient share to be provided (line i minus j)



**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)



### ****Indirect Expense****

Type



Rate



Period From



Period To



Base



Please type "0" if you have nothing to report

Amount Charged



Please type "0" if you have nothing to report

Federal Share



Please type "0" if you have nothing to report

Type



Rate



Period From



Period To



Base



Please type "0" if you have nothing to report

Amount Charged



Please type "0" if you have nothing to report

Federal Share



Please type "0" if you have nothing to report

Base Total

Amount Charged Total

Federal Share Total

Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

By signing this report and checking the box below, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

I certify

Please type your name below, this will act as your electronic signature:



Name and Title of Authorized Certifying Official

Prefix:



First Name:



Middle Name:



Last Name:



Suffix



Title



Email Address



Telephone (Area code, number and extension)



Please have the Authorized Certifying Official type their name below, this will act as their electronic signature:



## **Performance Report**

Project Name



### ****Activities and Accomplishments:****

Summarize activities undertaken during the reporting period



required

This field is required

Summarize any key accomplishments, including milestones and metrics completed for the period



required

List any contracts awarded during the reporting period, along with the name of the contractor and its principal, the DUNS number of the contractor, the value of the contract, the date of award, a brief description of the services to be provided, and whether local preference was used in the selection of the contractor



required

**Note: If events occur between scheduled performance reporting dates that have significant impact upon the activity, project or program, the recipient must notify the Grants Officer as soon as practicable. See 2 C.F.R. § 200.328(d).**

If the recipient is authorized to make subawards, list any subawards executed during the reporting period, along with the name of the entity and its principal, the DUNS number of the entity, the value of the agreement, the date of award, and a brief description of the scope of work.



required

### ****Adaptive Management:****

Indicate if any operational, legal, regulatory, budgetary, and/or ecological risks, as well as public controversies, have materialized.



required

If so, indicate what mitigation strategies have been undertaken to attenuate these risks or controversies; and Summarize any challenges that have impeded the recipient’s ability to accomplish the approved scope of work on schedule and on budget.



### ****Findings/Events****

Summarize any significant findings or events, if applicable:



required

### ****Dissemination Activities****

Describe any activities to disseminate or publicize results of the activity, project, or program, if applicable:



### ****Monitoring:****

Describe all efforts taken to monitor contractor and/or subrecipient performance, including site visits, during the reporting period. For subawards, indicate whether the subrecipient submitted an audit (to the recipient), and if so, whether the recipient issued a management decision on any findings; and describe any other activities or relevant information not already provided.



### ****Planned Activities****

Summarize the activities planned for the next reporting period:



### ****Attachments****

List and attach any deliverables completed during the performance period or other materials to be submitted with the report:



File Upload

File Upload

File Upload

Date Report Submitted

