

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FEDERAL FINANCIAL REPORT						FOR HRSA USE ONLY		
						Submission Tracking Number	Document Number	
						FSRXXXXXX/X	XXX00000X	
1. Federal Agency and Organizational Element to which Report is Submitted HRSA		2. Federal Grant or Other Identifying Assigned by Federal Agency (To report multiple grants, use FFR Attachment) XXXXXXXXXXXX			pages 1 of 1			
3. Recipient Organization (Name and Complete address including zipCode)						John Doe, Manager, (555) 555-5555, abc@123.com		
DEPARTMENT OF HUMAN RESOURCES 123 MAIN ST. SOME-TOWN, STATE 11111-1111								
4a. DUNS Number 000000000		4b. EIN 000000000X1		5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) F/S 14581		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final		7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Project/Grant Period From: (Month,Day,Year) 04/01/2008				To: (Month,Day,Year) 03/31/2009		9. Reporting Period End Date: (Month,Day,Year) 03/31/2009		
10. Transactions						Previously Reported	This Period	Cumulative
<i>(Use lines a-c for single or multiple grant reporting)</i>								
Federal Cash (To report multiple grants, also use FFR Attachment:								
a. Cash Receipts								\$0.00
b. Cash Disbursements								\$0.00
c. Cash on Hand(line a minus b)								\$0.00
<i>(Use lines d-o for single grant reporting)</i>								
Federal Expenditure and Unobligated Balance								
d. Total Federal Funds Authorized								\$0.00
e. Federal Share of Expenditures						\$0.00	\$ 0.00	\$0.00
f. Federal Share of Unliquidated Obligations								\$0.00
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						\$0.00	\$ 0.00	\$0.00
j. Recipient share of expenditure						\$0.00	\$ 0.00	\$0.00
k. Remaining recipient share to be provided(line i minus j)								0.00
Program Income								
l. Total Federal Program Income earned								\$0.00
m. Program income expended in accordance with the deduction alternative								\$0.00
n. Program income expended in accordance with the addition alternative								\$0.00
o. Unexpended program income(line l minus line m or line n)								\$0.00
11. Indirect Expense		a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
		N/A	N/A	N/A	N/A	\$0.00	\$0.00	\$0.00
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:								
Please refer to comments in next page.								
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)								

a. Typed or Printed Name and Title of Authorized Certifying Official : Renee, York (Accountant III)	c. Telephone(Area Code,number and extension): (555) 555-5555
b. Signature of Authorized Certifying Official: Renee York	d. Email Address: abc@123.com
	e. Date Report Submitted: 05/28/2010
	14. Agency use only:

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date:10/31/2011

<p>Paperwork Burden Statement According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing the burden, to the Office of Management and Budget, Paperwork Reduction Project(0348-0060), Washington, DC 20503</p>

Comments
<p>Comments related to Indirect</p>
<p>Comments related to Remarks</p> <p>Unobligated Balances: Part B Base - \$0.00 ADAP Earmark \$0.00 Emerging Communities \$0.00 Supplemental - \$0.00 Total UOB - \$0.00</p>