

SAMHSA.gov> Grants> Post-Award Reporting Requirements

Federal Financial Report (FFR) (SF-425) Model

This tool is provided to aid SAMHSA grantees in the understanding and completion of the Federal Financial Report (SF-425).

To use this tool as intended, scroll over the highlighted areas of the SF-425 to reveal the instructions. Each section will have individual instructions that are intended to guide in the completion of this document. Upon completion of this document, please forward a signed copy to your Grants Management Specialist (GMS).

This is a tool designed to guide SAMHSA grantees through the completion of the Federal Financial Report (SF-425).

SAMHSA grantees will be provided with content of what information should be conveyed by scrolling over the different sections of the SF-425.

Additional Remarks for Section 12 of the SF-425 (FFR)

This is a tool designed to aid in the completion of section 12 of the SF-425, to provide SAMHSA with detailed breakdown of expenditures, and to calculate carryover for the grantee.

To use the expenditure calculator follow these three steps: Select the center that corresponds with the CAN# provided in the Notice of Award (NoA), the CAN#, and the amount of funds expended from each CAN.

To use the carryover calculator, enter the Authorized Amount of funds found on your NoA into the yellow box provided.

The final section of this sheet is provided as suitable sample language for section 12 of the SF-425. To use this language, highlight the text, then copy and paste it into section 12.

Here SAMHSA's grantees will enter the center in which you are supported; the CAN number(s) and amount(s) in order to gain the information to enter into section 12 of the SF-425.

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 (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 (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 ? (Use lines a-c for single or multiple grant reporting)			Cumulative				
Federal Cash (To report multiple grants, also use FFR Attachment):							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
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)							
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)							
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: ?							
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				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
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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.