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

			(ollow form ins	,					
-	ncy and Organizati port is Submitted	ional Element			ntifying Number Assig use FFR Attachment)	ned by Feder	al Agency	Page of 1 page	iges	
 Recipient Or 	rganization (Name a	and complete address includ	ding Zip code)							
4a. DUNS Nun	. DUNS Number 4b. EIN 5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)							6. Report Type 7. Basis of Accounting Quarterly Semi-Annual Annual Final		
8. Project/Grar From: (Mon	nt Period th, Day, Year)	E	To: (Month, Da	ıy, Year)			ting Period End th, Day, Year)	Date		
10. Transact	ions	×						Cumulative		
(I lse lines a-c	for single or mult	iple grant reporting)								
•	-	ble grants, also use FFR At	ttachment):							
a. Cash Re	· · · ·	de grants, also use FFR A	uachmenty.							
	sbursements									
	Hand (line a minus	s b)								
(Use lines d-o	for single grant re	eporting)								
Federal Expe	nditures and Unol	bligated Balance:				_	_			
d. Total Fe	deral funds authoria	zed					Ξ			
e. Federal share of expenditures										
f. Federal share of unliquidated obligations							_		<mark>\</mark> ~	
g. Total Federal share (sum of lines e and f)							_			
h. Unobligated balance of Federal funds (line d minus g) Recipient Share:							<u> </u>			
	pient share require	ad				~	<u> </u>			
	it share of expendit					<mark>_</mark>	<u> </u>			
k. Remaining recipient share to be provided (line i minus j)							=		-=	
Program Income:										
I. Total Fed	eral program incom	ne earned								
m. Program	income expended	in accordance with the dedu	uction alternative	1						
		in accordance with the addit								
o. Unexpen		ne (line I minus line m or line	,							
11. Indirect	а. Туре	b. Rate	c. Period From	Period To	d. Base	e. Amou	nt Charged	f. Federal Share		
Expense										
шлропоо				g. Totals:						
12. Remarks:	Attach any explana	ations deemed necessary or	information requ		al sponsoring agency ir	n compliance	with governing	legislation:		
any false,	fictitious, or fraud	nis report, I certify that it is Iulent information may sub le of Authorized Certifying O	oject me to crim			ties. (U.S. C	ode, Title 18, S			
a. Typeu OF PI	nicu name anu Tili	o o Autorized Centryilly U	molai			d. Email				
b. Signature of Authorized Certifying Official							e. Date Report Submitted (Month, Day, Year)			
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						OM	ndard Form 425 B Approval Numbe iration Date: 10/31/			
Paperwork Burd	len Statement									

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