

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FINANCIAL STATUS REPORT**

See Reverse for Instructions and  
 Paperwork Burden Disclosure Notice

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O.M.B. No. 1660-0025  
 Expires November 30, 2013

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED	2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED	3. RECIPIENT ORGANIZATION (Name and complete address, including zip code)			
4. EMPLOYER I.D. NO.	5. RECIPIENT ACCT. NO. OR I.D.	6. FINAL REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO	7. BASE <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL	8. Funding/Grant Period From _____ To _____	9. Period Covered This Report From _____ To _____

**STATUS OF REPORT**

10. PROGRAM ACRONYM _____ CFDA NUMBER _____	(a)	(b)	(c)	(d)	(e) <b>TOTAL</b>
a. Net 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 line c and line f)					
h. Total Federal funds authorized for this funding period					
i. Unobligated balance of Federal funds (Line h minus line g)					

**COMPUTATION OF TOTAL INDIRECT COST EXPENSE AS REPORTED ON LINES 10a TO 10g**

11a. Type of indirect cost rate (Please check appropriate box)	<input type="checkbox"/> Provisional-Final	<input type="checkbox"/> Predetermined	<input type="checkbox"/> Fixed with carry forward
b. Indirect Cost Rate			
c. Base			
d. Total Amount of Indirect Cost			
e. Federal Share of Indirect Cost			

12. REMARKS: Attach any explanation 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 document.

TYPE OR PRINT NAME AND TITLE	SIGNATURE OF AUTHORIZED REPRESENTATIVE	TELEPHONE NO. (Include area code, and extension)	DATE
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## Paperwork Burden Disclosure Notice

Public reporting burden for this data collection is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005 Paperwork Reduction Project (1660-0025). **NOTE: Do not send your completed form to this address.**

### INSTRUCTIONS

1. Enter the FEMA Regional Office which awarded the grant/cooperative agreement to your organization.
2. Enter the number assigned by FEMA and listed in item 1 of the Obligating Document for Award/Amendment, FEMA Form 76-10A.
3. Enter the name and address of the organization receiving the funds. This information should be the same information as shown in item 6 of FEMA Form 76-10A.
4. Enter the number assigned to the recipient by the Internal Revenue Service. This number should be the same as the number reported in item 6 of the applicant's Application for Federal Assistance, SF 424.
5. Enter the account number or other identifying number assigned by the recipient.
6. Mark the appropriate box.
7. Mark the appropriate box.
8. Enter the beginning and ending dates of the current grant period.
9. Enter the beginning and ending dates of the quarter being reported.
10. Enter the program acronym for each program being reported. Enter the CFDA number assigned to the program being reported. Enter the cumulative amounts of:
  - 10a. Outlays for each program (Federal and non-Federal). Enter cumulative program outlays less any rebates, refunds, or other credits.
  - 10b. Non-Federal outlays that are included in line 10a.
  - 10c. Federal outlays that are included in line 10a.
  - 10d. Unliquidated obligations (Federal and non-Federal), including unliquidated obligations to sub-grantees and contractors.
  - 10e. Non-Federal unliquidated obligations that are included in line 10d.
  - 10f. Federal share of unliquidated obligations included on line 10d.
  - 10g. Enter the total Federal share of outlays and unliquidated obligations.
  - 10h. The amount of Federal funds authorized for the grant period.
  - 10i. This amount should be line 10h minus line 10g.
11. Report in this section the computation of total indirect costs reported on lines 10a through 10g.
  - 11a. Check the appropriate box.
  - 11b. Enter in each column the indirect cost rate(s) that were in effect during the reporting period. If more space is needed, attach a schedule showing the computation of indirect cost.
  - 11c. Enter in each column the amount of the base to which the indirect cost rate was applied.
  - 11d. Enter total amount of indirect cost charged during the report period.
  - 11e. Enter total amount of Federal share of the indirect cost.
12. Self-explanatory.
13. Enter the name, title, telephone number of the authorized certifying official, and date report was submitted.