

View Burden Statement

### Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014  
Expiration Date: 02/28/2025

|   |   |   |                              |
|---|---|---|------------------------------|
| 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) |                              |
| <input type="text"/>  |   | <input type="text"/>  |                              |
| 3. Recipient Organization (Name and complete address including Zip code)  |   |   |                              |
| Recipient Organization Name: <input type="text"/>   |   |   |                              |
| Street1: <input type="text"/>   |   |   |                              |
| Street2: <input type="text"/>   |   |   |                              |
| City: <input type="text"/>  |   | County: <input type="text"/>  |                              |
| State: <input type="text"/>   |   | Province: <input type="text"/>  |                              |
| Country: USA: UNITED STATES   |   | ZIP / Postal Code: <input type="text"/>   |                              |
| 4a. UEI   | 4b. EIN   | 5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)                       |                              |
| <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |                              |
| 6. Report Type  | 7. Basis of Accounting  | 8. Project/Grant Period   | 9. Reporting Period End Date |
| <input type="checkbox"/> Quarterly<br><input type="checkbox"/> Semi-Annual<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Final | <input type="checkbox"/> Cash<br><input type="checkbox"/> Accrual | From: <input type="text"/> To: <input type="text"/>   | <input type="text"/>         |
| 10. Transactions  |   |   | Cumulative                   |
| <i>(Use lines a-c for single or multiple grant reporting)</i>   |   |   |                              |
| <b>Federal Cash (To report multiple grants, also use FFR attachment):</b>   |   |   |                              |
| 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>   |   |   |                              |
| <b>Federal Expenditures and Unobligated Balance:</b>  |   |   |                              |
| d. Total Federal funds authorized   |   |   | 0.00                         |
| e. Federal share of expenditures  |   |   | 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                         |
| <b>Recipient Share:</b>   |   |   |                              |
| i. Total recipient share required   |   |   | 0.00                         |
| j. Recipient share of expenditures  |   |   | 0.00                         |
| k. Remaining recipient share to be provided (line i minus j)  |   |   | 0.00                         |
| <b>Program Income:</b>  |   |   |                              |
| 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                         |

- Template Comment:** U.S. Dept of Energy- Energy Efficiency & Renewable Energy (DOE/EERE)
- Template Comment:** Must match award # on Assistance Agreement.
- Template Comment:** Must be recognizable as recipient; Does not need to match the Assistance Agreement exactly.
- Template Comment:** Must match the UEI listed in the most recent Assistance Agreement.
- Template Comment:** Must match the EIN listed on most recent on SF-424.
- Template Comment:** Optional.
- Template Comment:** E.g., End date of the reporting quarter (9/30, 12/31, 3/31, 6/30). For award closeout: This date must be within 4 months of Period of Performance end date.
- Template Comment:** Must match period of performance (POP) listed on current Assistance Agreement (AA). POP is start date through end of current, approved Budget Period. See Box 7 on the AA.
- Template Comment:** Must match the frequency indicated on the Federal Assistance Reporting Checklist (FARC), typically Quarterly; For award closeout: Must select Final.
- Template Comment:** Must check one of the options, typically Accruals for EERE awards.
- Template Comment:** Total cash the recipient has received from DOE at the end of reporting period. For award closeout: The amount must match the Cost Amount indicated on IDW Report.
- Template Comment:** Total cash disbursed for direct charges, indirect expenses, and cash advances and payments made to subrecipients and contractors. For award closeout: Must match Payment Amount indicated on the IDW Report.
- Template Comment:** For award closeout: The amount must be \$0.
- Template Comment:** Federal funds obligated to date. Should match Box 12. Gov't Share on Assistance Agreement.
- Template Comment:** Should match 10b above.
- Template Comment:** Federal Share of obligations incurred, but not yet paid. For award closeout: The amount must be \$0.
- Template Comment:** For award closeout: The amount must be \$0 unless there will be a deobligation.
- Template Comment:** Amount of cost share required for the Period of Performance, not Budget Period. Must match Box 12. Cost Share on the Assistance Agreement.
- Template Comment:** For award closeout: The amount must be equal or greater than the amount listed in 10i above, unless there will be a deobligation.
- Template Comment:** For award closeout: The amount must be \$0 unless there will be a deobligation.
- Template Comment:** For award closeout: L-O should be blank or will require DOE review.

|   |      |
|---|------|
| o. Unexpended program income (line l minus line m and line n) | 0.00 |
|---|------|

**11. Indirect Expense**

| a. Type              | b. Rate              | c. Period From       | Period To            | d. Base              | e. Amount Charged    | f. Federal Share     |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| g. Totals:           |                      |                      |                      | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**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 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).

a. Name and Title of Authorized Certifying Official

Prefix:  First Name:  Middle Name:   
 Last Name:  Suffix:   
 Title:

b. Signature of Authorized Certifying Official

c. Telephone (Area code, number and extension)

d. Email Address

e. Date Report Submitted

**14. Agency use only:**

- Template Comment:** Provisional, Predetermined, Final or Fixed.
- Template Comment:** Rate in effect during reporting period.
- Template Comment:** Total Amount against which rate is applied.
- Template Comment:** Amount of indirect costs charged during reporting period.
- Template Comment:** Federal Share of amount in 11e.

**Template Comment:** Must complete all fields in box 13.

**Template Comment:** Document must be signed either physically or electronically before submission.

### Where Can I Find More Information?

❖ [SF-425 Template and Instructions](#)

| POST AWARD REPORTING FORMS: |  |            |             |                        |                   |            | Export Data |                |
|-----------------------------|--|------------|-------------|------------------------|-------------------|------------|-------------|----------------|
| Agency Owner                | Form Name                                  | Adobe Form | Form Schema | Form Items Description | Form Instructions | GG Version | OMB Number  | OMB Expiration |
| Grants.gov                  | Disclosure of Lobbying Activities (SF-LLL) | PDF        | Schema      | FID                    | Instructions      | 1.2        | 4040-0013   | 02/28/2025     |
| Grants.gov                  | Federal Financial Report (SF-425)          | PDF        | Schema      | FID                    | Instructions      | 3.0        | 4040-0014   | 02/28/2025     |

## Federal Financial Report Instructions

### Report Submissions

- 1) Recipients will be instructed by Federal agencies to submit the *Federal Financial Report (FFR)* to a single location, except when an automated payment management reporting system is utilized. In this case, a second submission location may be required by the agency.
- 2) If recipients need more space to support their *FFRs*, or *FFR Attachments*, they should provide supplemental pages. These additional pages must indicate the following information at the top of each page: Federal grant or other identifying number (if reporting on a single award), recipient organization, Unique Entity Identifier (UEI) number, Employer Identification Number (EIN), and period covered by the report.

### Reporting Requirements

- 1) The submission of interim *FFRs* will be on a quarterly, semi-annual, or annual basis, as directed by the Federal agency. A final *FFR* shall be submitted at the completion of the award agreement. The following reporting period end dates shall be used for interim reports: 3/31, 6/30, 9/30, or 12/31. For final *FFRs*, the reporting period end date shall be the end date of the project or grant period.
- 2) Quarterly and semi-annual interim reports shall be submitted no later than 30 days after the end of each reporting period. Annual reports shall be submitted no later than 90 days after the end of each reporting period. Final reports shall be submitted no later than 90 days after the project or grant period end date.

Note: For single award reporting:

- 1) Federal agencies may require both cash management information on lines 10(a) through 10(c) and financial status information lines 10(d) through 10(o).
- 2) 10(b) and 10(e) may not be the same until the final report.

### Line Item Instructions for the Federal Financial Report

| FFR Number               | Reporting Item   | Instructions   |
|--------------------------|--|--|
| <b>Cover Information</b> |  |  |
| 1                        | Federal Agency and Organizational Element to Which Report is Submitted | Enter the name of the Federal agency and organizational element identified in the award document or as instructed by the agency.   |
| 2                        | Federal Grant or Other Identifying Number Assigned by Federal Agency   | For a single award, enter the grant number assigned to the award by the Federal agency. For multiple awards, report this information on the <i>FFR Attachment</i> . <i>Do not complete this box if reporting on multiple awards.</i> |
| 3                        | Recipient Organization   | Enter the name and complete address of the recipient organization including zip code.  |
| 4a                       | UEI  | Enter the recipient organization's Unique Entity Identifier (UEI) or Central Contract Registry UEI.  |
| 4b                       | EIN  | Enter the recipient organization's Employer Identification Number (EIN).   |
| 5                        | Recipient Account Number or Identifying Number                         | Enter the account number or any other identifying number assigned by the recipient to the award. This number is for the recipient's use only and is not required by the Federal agency. For multiple awards, report this             |

| FFR Number   | Reporting Item  | Instructions   |
|--|---|--|
|  |   | information on the <i>FFR</i> Attachment. <i>Do not complete this box if reporting on multiple awards.</i>   |
| 6  | Report Type   | Mark appropriate box. <i>Do not complete this box if reporting on multiple awards.</i>   |
| 7  | Basis of Accounting (Cash/Accrual)  | Specify whether a cash or accrual basis was used for recording transactions related to the award(s) and for preparing this <i>FFR</i> . Accrual basis of accounting refers to the accounting method in which expenses are recorded when incurred. For cash basis accounting, expenses are recorded when they are paid.   |
| 8  | Project/Grant Period, From: (Month, Day, Year)  | Indicate the period established in the award document during which Federal sponsorship begins and ends.<br><br>Note: Some agencies award multi-year grants for a project period that is funded in increments or budget periods (typically annual increments). Throughout the project period, agencies often require cumulative reporting for consecutive budget periods. Under these circumstances, enter the beginning and ending dates of the project period not the budget period.<br><i>Do not complete this line if reporting on multiple awards.</i>                                   |
|  | Project/Grant Period, To: (Month, Day, Year)  | See the above instructions for "Project/Grant Period, From: (Month, Day, Year)."   |
| 9  | Reporting Period End Date: (Month, Day, Year)   | Enter the ending date of the reporting period. For quarterly, semi-annual, and annual interim reports, use the following reporting period end dates: 3/31, 6/30, 9/30, or 12/31. For final <i>FFRs</i> , the reporting period end date shall be the end date of the project or grant period.   |
| 10   | <b>Transactions</b><br>Enter cumulative amounts from date of the inception of the award through the end date of the reporting period specified in line 9.<br>Use Lines 10a through 10c, Lines 10d through 10o, or Lines 10a through 10o, as specified by the Federal agency, when reporting on single grants.<br>Use Line 12, Remarks, to provide any information deemed necessary to support or explain <i>FFR</i> data. |  |
| <b>Federal Cash (To report multiple grants, also use FFR Attachment)</b> |   |  |
| 10a  | Cash Receipts   | Enter the cumulative amount of actual cash received from the Federal agency as of the reporting period end date.   |
| 10b  | Cash Disbursements  | Enter the cumulative amount of Federal fund disbursements (such as cash or checks) as of the reporting period end date. Disbursements are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expenses charged to the award, and the amount of cash advances and payments made to subrecipients and contractors.<br><br>For multiple grants, report each grant separately on the <i>FFR</i> Attachment. The sum of the cumulative cash disbursements on the <i>FFR</i> Attachment must equal the amount entered on Line 10b, <i>FFR</i> . |
| 10c  | Cash On Hand (Line 10a Minus Line 10b)  | Enter the amount of Line 10a minus Line 10b. This amount represents immediate cash needs. If more than three business days of cash are on hand, the Federal agency may require an explanation  |

| FFR Number   | Reporting Item   | Instructions   |
|--|--|--|
|  |  | on Line 12, Remarks, explaining why the drawdown was made prematurely or other reasons for the excess cash.  |
| <b>Federal Expenditures and Unobligated Balance:</b> Do not complete this section if reporting on multiple awards. |  |  |
| 10d  | Total Federal Funds Authorized                                 | Enter the total Federal funds authorized as of the reporting period end date.  |
| 10e  | Federal Share of Expenditures                                  | Enter the amount of Federal fund expenditures. For reports prepared on a cash basis, expenditures are the sum of cash disbursements for direct charges for property and services; the amount of indirect expense charged; and the amount of cash advance payments and payments made to subrecipients. For reports prepared on an accrual basis, expenditures are the sum of cash disbursements for direct charges for property and services; the amount of indirect expense incurred; and the net increase or decrease in the amounts owed by the recipient for (1) goods and other property received; (2) services performed by employees, contractors, subrecipients, and other payees; and (3) programs for which no current services or performance are required. Do not include program income expended in accordance with the deduction alternative, rebates, refunds, or other credits. (Program income expended in accordance with the deduction alternative should be reported separately on Line 10o.) |
| 10f  | Federal Share of Unliquidated Obligations                      | Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an expenditure has not yet been recorded. Enter the Federal portion of unliquidated obligations. Those obligations include direct and indirect expenses incurred but not yet paid or charged to the award, including amounts due to subrecipients and contractors. On the final report, this line should be zero unless the awarding agency has provided other instructions.<br><br><i>Do not include any amount in Line 10f that has been reported in Line 10e. Do not include any amount in Line 10f for a future commitment of funds (such as a long-term contract) for which an obligation or expense has not been incurred.</i>  |
| 10g  | Total Federal Share (Sum of Lines 10e and 10f)                 | Enter the sum of Lines 10e and 10f.  |
| 10h  | Unobligated Balance of Federal Funds (Line 10d Minus Line 10g) | Enter the amount of Line 10d minus Line 10g.   |
| <b>Recipient Share:</b> Do not complete this section if reporting on multiple awards.                              |  |  |
| 10i  | Total Recipient Share Required                                 | Enter the total required recipient share for reporting period specified in line 9. The required recipient share should include all matching and cost sharing provided by recipients and third-party providers to meet the level required by the Federal agency. This amount should not include cost sharing and match amounts in excess of the amount required by the Federal agency (for example, cost overruns for which the recipient incurs additional expenses and, therefore, contributes a greater level of cost  |

| FFR Number   | Reporting Item   | Instructions  |
|--|--|---|
|  |  | sharing or match than the level required by the Federal agency).  |
| 10j  | Recipient Share of Expenditures  | Enter the recipient share of actual cash disbursements or outlays (less any rebates, refunds, or other credits) including payments to subrecipients and contractors. This amount may include the value of allowable third party in-kind contributions and recipient share of program income used to finance the non-Federal share of the project or program. Note: On the final report this line should be equal to or greater than the amount of Line 10i. |
| 10k  | Remaining Recipient Share to be Provided (Line 10i Minus Line 10j)   | Enter the amount of Line 10i minus Line 10j. If recipient share in Line 10j is greater than the required match amount in Line 10i, enter zero.  |
| <b>Program Income: Do not complete this section if reporting on multiple awards.</b> |  |   |
| 10l  | Total Federal Program Income Earned  | Enter the amount of Federal program income earned. Do not report any program income here that is being allocated as part of the recipient's cost sharing amount included in Line 10j.   |
| 10m  | Program Income Expended in Accordance With the Deduction Alternative   | Enter the amount of program income that was used to reduce the Federal share of the total project costs.  |
| 10n  | Program Income Expended in Accordance With the Addition Alternative  | Enter the amount of program income that was added to funds committed to the total project costs and expended to further eligible project or program activities.   |
| 10o  | Unexpended Program Income (Line 10l Minus Line 10m or Line 10n)  | Enter the amount of Line 10l minus Line 10m or Line 10n. This amount equals the program income that has been earned but not expended, as of the reporting period end date.  |
| 11   | <b>Indirect Expense:</b> Complete this information only if required by the awarding agency. Enter cumulative amounts from date of the inception of the award through the end date of the reporting period specified in line 9. |   |
| 11a  | Type of Rate(s)  | State whether indirect cost rate(s) is Provisional, Predetermined, Final, or Fixed.   |
| 11b  | Rate   | Enter the indirect cost rate(s) in effect during the reporting period.  |
| 11c  | Period From; Period To   | Enter the beginning and ending effective dates for the rate(s).   |
| 11d  | Base   | Enter the amount of the base against which the rate(s) was applied.   |
| 11e  | Amount Charged   | Enter the amount of indirect costs charged during the time period specified. (Multiply 11b. x 11d.)   |
| 11f  | Federal Share  | Enter the Federal share of the amount in 11e.   |
| 11g  | Totals   | Enter the totals for columns 11d, 11e, and 11f.   |
| <b>Remarks, Certification, and Agency Use Only</b>                                   |  |   |
| 12   | Remarks  | Enter any explanations or additional information required by the Federal sponsoring agency including excess cash as stated in line 10c.   |
| 13a  | Typed or Printed Name and Title of Authorized Certifying Official  | Enter the name and title of the authorized certifying official.   |
| 13b  | Signature of Authorized Certifying Official  | The authorized certifying official must sign here.  |
| 13c  | Telephone (Area Code, Number and Extension)  | Enter the telephone number (including area code and extension) of the individual listed in Line 13a.  |
| 13d  | E-mail Address   | Enter the e-mail address of the individual listed in Line 13a.  |

| <b>FFR Number</b> | <b>Reporting Item</b>                    | <b>Instructions</b>   |
|-------------------|--|---|
| 13e               | Date Report Submitted (Month, Day, Year) | Enter the date the <i>FFR</i> is submitted to the Federal agency using the month, day, year format. |
| 14                | Agency Use Only                          | This section is reserved for Federal agency use.  |

