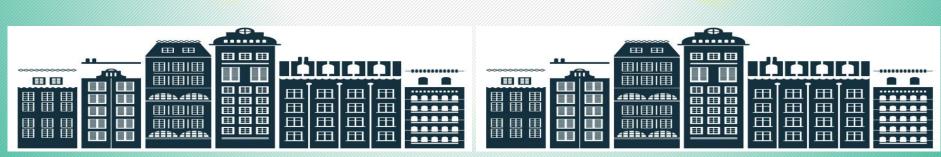
U.S. Department of Housing and Urban Development (HUD)
Office of Lead Hazard Control and Healthy Homes (OLHCHH)

FY21 NEW GRANTEE ORIENTATION

Its All in the Numbers- Fiscal Accountability Completing the Federal Financial Report (Standard Form 425) and Part 3 Form

Denise Williams and Aaron Mitchell Government Technical Representatives







Training Topics

- Purpose of each Form
- Submission Requirements
- Completing the SF-425 and Part 3 Forms
- Common Errors
- Things to Remember

Completing the Federal Financial Report (Standard Form 425) and Part 3 Form

 The SF-425 and Part 3 are the two most important Federal Financial Report forms that Grantees will use to track obligations and disbursements, and remaining funds. In this training, we will cover the do's and don'ts of filling out both forms.

Purpose of the Standard Form 425

- The SF-425 form also referred to as the Federal Financial Report (FFR) is a required Office of Management and Budget (OMB) financial reporting form to track the status of financial data tied to a particular Federal grant award.
- The form captures the obligations and disbursements that occurred during the grant period not just the quarter being reported.
- A separate SF-425 must be completed for each grant.

Submission Requirements

- Grantees are required by the HUD grant agreement to submit a SF-425.
- Due no later than 30 calendar days after the close of each quarter; (3/31, 6/30, 9/30, or 12/31).
- Submit every quarter, regardless of whether expenses were incurred or not, once the project has begun.
- All lines must be completed (if no expenses enter 0.00 or N/A)
- If expenses have not yet been incurred during the life of the grant, report a zero cumulative total.
- If delinquent in prior period reporting, once the project has begun or at least one report has been submitted, submit delinquent report for each quarter.
- Final SF-425 must be submitted no later than 90 days after the Period of Performances end date.

Completing the SF-425/FFR



FEDERAL FINANCIAL REPORT (Follow form instructions) 1. Federal Agency and Organizational Element 2. Federal Grant or Other Identifying Number Assigned by Federal Agency Page of to Which Report is Submitted (To report multiple grants, use FFR Attachment) U.S. Department of Housing and Urban 1 Development, Office of Housing pages Counseling 3. Recipient Organization (Name and complete address including Zip code) 5. Recipient Account Number or Identifying Number 7. Basis of Accounting 4a. DUNS Number 4b. EIN Report Type (To report multiple grants, use FFR Attachment) X Quarterly □ Semi-Annual □ Annual ☐ Cash X Accrual □ Final 8. Project/Grant Period 9. Reporting Period End Date From: (Month, Day, Year) To: (Month, Day, Year) (Month, Day, Year)

FEDERAL FINANCIAL REPORT (Follow form instructions) 1. Federal Agency and Organizational Element 2. Federal Grant or Other Identifying Number Assigned by Federal Agency Page to Which Report is Submitted (To report multiple grants, use FFR Attachment) HC150941006 pages 3. Recipient Organization (Name and complete address including Zip code) 4a. DUNS Number 5. Recipient Account Number or Identifying Number 7. Basis of Accounting 4b. EIN Report Type (To report multiple grants, use FFR Attachment) X Quarterly ☐ Semi-Annual □ Annual □ Cash X Accrual ☐ Final 9. Reporting Period End Date 8. Project/Grant Period From: (Month, Day, Year) To: (Month, Day, Year) (Month, Day, Year)

FEDERAL FINANCIAL REPORT (Follow form instructions) 2. Federal Grant or Other Identifying Number Assigned by Federal Agency Federal Agency and Organizational Element Page (To report multiple grants, use FFR Attachment) to Which Report is Submitted HC150941006 pages 3. Recipient Organization (Name and complete address including Zip code) XYZ Housing Counseling Agency, 6500 Highway Avenue, Washington, DC 20002 4a. DUNS Number 4b. EIN 5. Recipient Account Number or Identifying Number 7. Basis of Accounting Report Type (To report multiple grants, use FFR Attachment) X Quarterly 069500251 43-1569215 □ Semi-Annual □ Annual X Accrual □ Cash ☐ Final 8. Project/Grant Period 9. Reporting Period End Date From: (Month, Day, Year) To: (Month, Day, Year) (Month, Day, Year)

10. Transactions	Cumulative
(Use lines a-c for single or multiple grant reporting)	et.
Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	\$5,000
b. Cash Disbursements	\$5,000
c. Cash on Hand (line a minus b)	\$0

Block 10. Transactions

FEDERAL CASH: Enter cumulative amounts from the date of award through the end date of the current reporting period.

- a) Cash receipts amount of federal funds drawn down
- b) Cash Disbursements amount of federal funds paid out
 - Grantees on the Cash based accounting system: (a) should equal (b)
 - Grantees on the Accrual based accounting system: (b) is usually greater than (a)

c) Cash on Hand

- Cash based accounting should be \$0.00 as recipient should not have drawdown any funds greater than that expended. If line (c) is greater than \$0.00 an explanation must be provided.
- Accrual based accounting will usually be a negative number representing the amount of money owed to recipient (funds expended but not yet reimbursed).

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	\$15,000
e. Federal share of expenditures	\$4,950
f. Federal share of unliquidated obligations	\$0
g. Total Federal share (sum of lines e and f)	\$4,950
h. Unobligated balance of Federal funds (line d minus g)	\$10,050

Block 10 Transactions (cont'd)

Federal Expenditures and Unobligated Balance:

- d.) Cumulative obligated (awarded) amount of federal funds to include original obligation and any modifications
- e.) Cumulative federal dollars spent as of the reporting period end date (usually the same as Line (b.))
- f.) Refers to recipient outstanding amounts owed to sub-recipients, contractors, or vendors (if any) as of the reporting period end date. If there are no recipient obligations enter \$0.00
- g.) Line (e.) + Line (f.)
- h.) Line (d.) Line (g.) = The amount of federal funds remaining

COMPLETING THE SF-425/FFR

- Cumulative reporting provides a sum of expenditures for the life of a grant. To arrive at your cumulative total, add all expenses incurred to date.
- In the example that follows, and Block 10e-Federal Share continues to increase in each successive SF-425 to show the total amount of expenditures to date. If a Grantee finds that a reporting error has occurred, and in order to correct the SF-425 a deduction from either block is necessary, the Grantee is required to make a notation in Block 12-Remarks.

COMPLETING THE SF-425/FFR

For Example:

Federal Expenditures

Unobligated balance of Federal funds (line d minus g)

- For the reporting period 07/01/18 to 09/30/18, Federal expenditures = \$5,000
- For the reporting period 10/01/18 to 12/31/18, Federal expenditures = \$3,320
- The Federal Expenditures and Unobligated Balance Section of the report should be completed as follows:

Period Ended 09/30/2018 and Unobligated Balance:		15,000
Total Federal funds authorized		5,000
Federal share of expenditures		-
Federal share of unliquidated obligations		5,000
Total Federal Share (sum lines e & f)		10,000
Unobligated balance of Federal funds (line d minus g)		
Period Ended 12/31/2018 and Unobligated Balance:		
Federal Expenditures		
Total Federal funds authorized		15,000
Federal share of expenditures	\$5,000 + \$3,320	8,310
Federal share of unliquidated obligations		-
Total Federal Share (sum lines e & f)		8,310

6,690

Recipient Share:	
į. Total recipient share required	\$200,000.00
j. Recipient share of expenditures	\$120,000.00
k. Remaining recipient share to be provided (line i minus j)	\$80,000.00

Recipient Share:

This section must be completed with your match requirement according to the grant agreement.

Program Income:	
Total Federal program income earned	\$200
m. Program income expended in accordance with the deduction alternative	\$200
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line I minus line m or line n)	\$0

PROGRAM INCOME:

This section must be completed if the recipient will generate any income as a result of work performed under this Award. If no income will be generated Lines (l), (m), (n) and (o) should be marked N/A. For all others:

- l) Amount of income earned as a result of this Award
- m) Refer to Award
- n) Refer to Award
- o) Line (l) line (m) or (n) as applicable

44 Indirect	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	Provisional	10%	01/01/2012	12/31/2016	\$4,500	\$450	\$450
	*			g. Totals:	\$4,500	\$450	\$450

Block 11. Indirect Expenses

This section must be completed if recipient is charging indirect costs, otherwise leave blank.

- Type of indirect cost rate: Provisional, Predetermined, Final or Fixed
- Rate (%) in effect during the reporting period
- Beginning and ending dates for the effective rate
- Amount of the base against which the rate was applied. Ex: if the agreement provides for indirect costs and the rate negotiated was computed using salaries and wages only, then the rate may only be applied to the amount paid for salaries and wages (not to travel, equipment, or other direct costs etc.)
- Multiply 11(b) x 11(d)
- 11(f) = 11(e) unless charging the government less than the indirect costs incurred.
- Enter totals for columns 11(d), 11(e), and 11(f)

12. Remarks: Attach any explanations deemed necessary or information requi	
fraudulent information may subject me to criminal, civil, or administra	and accurate to the best of my knowledge. I am aware that any false, fictitious, or ative penalties. (U.S. Code, Title 18, Section 1001)
Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number and extension) 410-309-4929, ext. 201
Effort, epis	d. Email address robinb@bmc-llc.net
b. Signature of Authorized Certifying Official Robin L. Booth, CPA	e. Date Report Submitted (Month, Day, Year) 09/30/2015

Block 12. Remarks

Enter or attach any explanation recipient feels should be included with the report.

Block 13. Certification

Please make sure all information is legible.

- a. Print or type the name of the person authorized to sign this document
- b. Signature of the person authorized to sign this document
- c. Telephone number of the person to contact for questions
- d. E-mail address of the person to contact for questions
- e. Submission date

			FEDERAL FINANCIAL REPORT				
			(Follow form instructions)				
1.	Federal Agency and Organizational Element to Which Report is Submitted (To report multiple grants, use FFR Attachment)		ed by Federa	l Agency	Page 1	of	
3.	. Recipient Organization (Na	me and complete address	including Zip code)				pages
4	a. DUNS Number	4b. EIN	Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	□ Qu		7. Basis of Acco	
8	Project/Grant Period From: (Month, Day, Year)		To: (Month, Day, Year)	9. Reportin	g Period End D Day, Year)		
1	0. Transactions					Cumulative	

- Incomplete forms
- Not reporting the correct grant number
- Not capturing the accurate reporting type
- Not reporting the accurate reporting period end date

10. Transactions	Cumulative
(Use lines a-c for single or multiple grant reporting)	
Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

- 10(a), Not reporting the correct amount of the grant funds authorized (received) as of the beginning of the grant reporting period to the reporting period end date.
- 10(b), Not reporting the correct amount of Federal funds disbursed from the start of the award through the reporting period end date.

Notable Reasons for the Net Effect on Cash on Hand:

- Positive (Excess)
 Cash Flow
- Negative Cash Flow
- Waiting for eLOCCS reimbursement

10. Transactions	Cundate
(Use lines a-c for single or multiple grant reporting)	
Federal Cash (To report multiple grants, also use FFR Attachment);	
a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	
(Uso linos d o far singlo grant raparting)	—
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	
e. Federal share of expenditures	
f Federal Share of uniquidated obligations	
g. Total Federal share (sum of lines e and f)	
h. Unobligated balance of Federal funds (line d minus g)	
Redipient Share:	
i. Total recipient share required	
. Recipient share of expenditures	
Remaining recipient share to be provided (line i minus j)	
ram Income:	
otal Federal program income earned	
Program income expended in accordance with the deduction alternative	
ogram income expended in accordance with the addition alternative	
expended program income (line I minus line m or line n)	
alteres had a manage of the same of the sa	

(Use lines d-o for single grant reporting)	
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)	

- 10(e), Not reporting the correct amount of actual disbursements (direct and indirect expenses) charged to the grant as of the reporting period end date. Do not include any program income expended.
- 10(f), Not reporting all incurred expenses owed (un-liquidated obligations) but not yet recognized.



Program Income:	
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 I minus line m or line n)	

- 10(l), Not reporting the cumulative amount of program income received during beginning of the grant reporting period to the reporting period end date.
- 10(m), Not reporting the correct amount of program income expended for HUD grant activities supported under the grant during the reporting period end date.

	That I do						
12. Rei	marks: Attach any explanations	s deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:					
		Add Attachment Delete Attachment View Attachment					
12	Remarks	Enter any explanations or additional information required by the Federal sponsoring agency including excess cash as stated in line 10c.					
	t including ceptions:	notes for the following					
•	Cash on ha	and;					

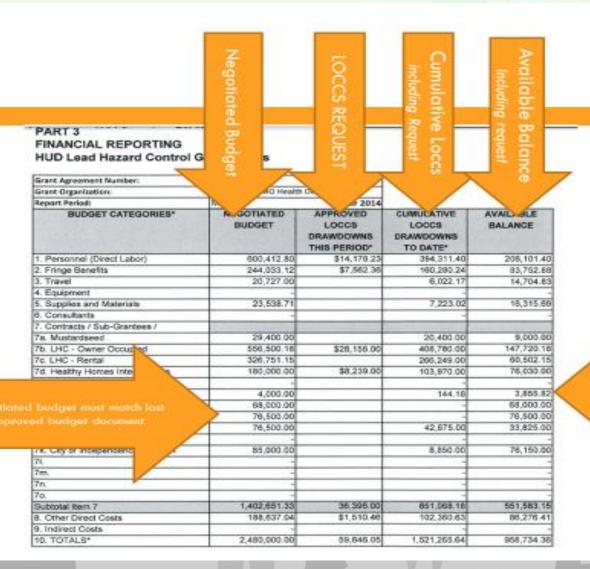
- · Unobligated balance of Federal funds; and
- Unexpected Program Income.



- O The Part 3 is a summary of costs reimbursed through LOCCS for each budget category MUST BE SIGNED
- Includes Administrative Costs Summary and Match Commitment Summary
- O Grantees will fill this out both manually in the Budget Workbook and electronically within the LOCCS request.
- O Grantees are to use the Part 3 Financial Reporting Form in accordance with OLHCHH Policy Guidance PGI 2015-02, "Line of Credit Control System (eLOCCS) Reimbursement Procedures".

Submission of the Part 3 Form

- With each eLOCCS submission the Grantee shall submit to the GTR a copy of the original signed Voucher.
- o The voucher shall be supported by the Part 3, which is a detailed breakdown of the cost(s).
- With each budget revision, your Part 3 will be updated through the Excel Budget Worksheet you must use.



NO negative balances can result from draw being approved

FINANCIAL REPORTED HUD Lead Hazard Co.	Admin Sub Report Breakdown					
Grant Agreement Number:	Asomula .	Descriptions				
Grant Organization: Report Period:						
		168F 2014				
Administrative Cost Summar						
BUDGET CATEGORIES*	NEGOTIATED BUDGET	APPROVED LOCGS DRAWDOWNS THIS PERIOD*	LOCCS DRAWDOWNS TO DATE*	BALANCE		
1. Personnel	102,541.92	2,839.84	70,464.34	32,077.58		
2. Fringe Benefits	41,683.29	1,154.39	34,070.10	7,613.19		
3. Travel	20,727.00		6,022.17	14,704.83		
4. Equipment						
5. Supplies and Materials	12,988.00		7,103.37	5,882.63		
8. Consultants		_01	+			
7. Contracts / Sub-Grantees /			+	-		

17,400.00

195,338.21

No Negative Balances can results from the requested draw.

8. Other Grant Costs 10. TOTALS ADMIN COSTS*

> Total Award \$2,480,000 with HHI Budgeted

0.46

12,292.55

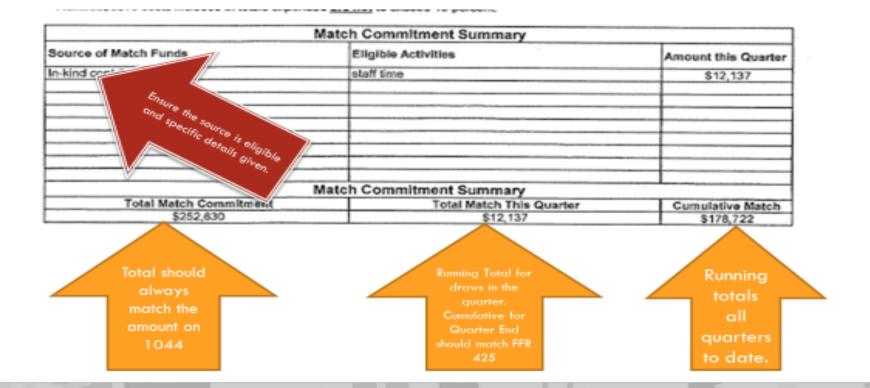
129,952.53

5,107.45

65,385,68

Minimum Direct Costs: \$ 1,612,000.00 \$ 1,806,526.19 meets
Maximum Administrative Exp: \$ 248,000.00 \$ 195,338.21 meets

^{*} Administrative costs included in totals expended are not to exceed 10-percent.



Common Errors for Part 3

- Negative numbers in Available Balance
- Draw from the wrong budget line item requiring a reconciliation - speak with your GTR on best way to handle
- Scratch out or corrections must be typed and correct
- Signature is missing
- Does not match current revised budget

THINGS TO REMEMBER

- Double-check to make sure the SF-425 and Part 3 are completed correctly and contain all required information and signatures.
- Have a copy of your award notification available for reference purposes.
- Have copies of the last reported SF-425 (to refer to). If you are a new grantee, this would be the 1st report.
- Report program outlays and program income on the same accounting basis (either cash or accrual).
- During closeout, Grantees must submit a completed SF-425 and Final Voucher including the Part 3. The balance reported on the SF-425 and the Part 3 MUST agree with the balance reported in LOCCS.

