



U.S. Department of Housing and Urban Development
Community Planning and Development

OMB Approval No. 2506-0193 (exp 1/31/2015)

Attachment C

EXAMPLE OF LETTER TO BE ATTACHED TO FINANCIAL REPORT

**SUBJECT: Financial Report
Statement of Grant Costs**

The Community Planning and Development Office received and reviewed the Financial Report submitted by the State of _____ for _____. Our review of the Report and other documents related to the grant agreement indicates that the grant document balances are as follows:

<u>Description</u>	<u>\$ Amount</u>
1. Grant applied to Program Costs	_____
2. *Estimated amount for Unsettled Third Party Claims	_____
3. Subtotal (sum of line 1 and 2)	_____
4. Grant Amount per Grant Agreement	_____
5. Unused Grant to be Recaptured (Line 4 minus line 3)	_____
6. Grant Funds Received	_____
7. Balance of Grant Payable (Line 3 minus line 6)	_____

***Note:** The Grantee should draw down amounts for unsettled third party claims. Any such amounts not subsequently disbursed by the grantee or subgrantee, must comply with procedures to minimize the time elapsing between the transfers of the funds and/or shall be immediately reimbursed to HUD.

The Financial Report is hereby approved. Because the amount on line 5 is zero, no adjustment to the Line of Credit is required at this time. Or, I authorize cancellation of the unused contract commitment and related funds reservations and obligations of \$ _____, less \$ _____ previously authorized for cancellation.

Date: _____

Name/Title of Authorized
HUD Program Official

Signature of Authorized
HUD Official

Name/Title of Authorized
HUD Accounting Official

Signature of Authorized
HUD Accounting Official



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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						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)							
(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)							
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)		
b. Signature of Authorized Certifying Official					d. Email address		
					e. Date Report Submitted (Month, Day, Year)		
14. Agency use only:							

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement
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 (0348-0061), Washington, DC 20503.



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