

EXAMPLE COPY
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 <div style="border: 1px solid black; padding: 2px;">USDA-AMS-TM-LMPP</div>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px;">##LFPPXX###</div>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div style="border: 1px solid black; padding: 2px;">XXX Food Hub</div> Street1: <div style="border: 1px solid black; padding: 2px;">123 Market Street</div> Street2: <div style="border: 1px solid black; padding: 2px;"></div> City: <div style="border: 1px solid black; padding: 2px;">Marketville</div> County: <div style="border: 1px solid black; padding: 2px;"></div> State: <div style="border: 1px solid black; padding: 2px;">CA: California</div> Province: <div style="border: 1px solid black; padding: 2px;"></div> Country: <div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div> ZIP / Postal Code: <div style="border: 1px solid black; padding: 2px; border-color: red;">12345</div>			
4a. UEI <div style="border: 1px solid black; padding: 2px;">XXXXXXXXXXXXXX</div>	4b. EIN <div style="border: 1px solid black; padding: 2px;">#####</div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px;"></div>	
6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	8. Project/Grant Period From: <div style="border: 1px solid black; padding: 2px; border-color: red;">09/30/20XX</div> To: <div style="border: 1px solid black; padding: 2px; border-color: red;">09/29/20XX</div>	9. Reporting Period End Date <div style="border: 1px solid black; padding: 2px; border-color: red;">09/29/20XX</div>
10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i> Federal Cash (To report multiple grants, also use FFR attachment):			Cumulative
a. Cash Receipts			100,000.00
b. Cash Disbursements			100,000.00
c. Cash on Hand (line a minus b)			0.00
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			100,000.00
e. Federal share of expenditures			100,000.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			100,000.00
h. Unobligated balance of Federal Funds (line d minus g)			0.00
Recipient Share:			
i. Total recipient share required			25,000.00
j. Recipient share of expenditures			25,000.00
k. Remaining recipient share to be provided (line i minus j)			0.00
Program Income:			
l. Total Federal program income earned			5,000.00
m. Program Income expended in accordance with the deduction alternative			0.00
n. Program Income expended in accordance with the addition alternative			5,000.00
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
Fixed 	10.00	09/30/20xx	09/29/20xx	100,000.00	10,000.00	10,000.00
						
g. Totals:				100,000.00	10,000.00	10,000.00

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: