

SF-425 Sample Form

This sample form indicates with yellow highlighting which fields must be completed in the SF-425. Please ensure that each yellow-highlighted field is completed on your submission. You will be required to submit a report every 6 months of the grant period.

Please note that the financial information reported in Section 10, on lines d-h refers only to activity for the federal funds authorized (i.e. the amount of your grant). Lines i-k are for reporting activity for the required matching funds.

For all financial information, the amounts in Section 10 are *cumulative* from the start of the grant period, ending on the date of the reporting period.

Consider this example. You have a grant of \$50,000 in federal funds. At the end of months 1-6, you had spent \$10,000. Therefore, on line d of the SF-425, you record the total grant amount (\$50,000); on line e, the amount you spent so far (\$10,000), and on line f, the amount you have left to spend (\$40,000). In months 7-12, you spent \$5000 in federal funds. When you submit your report for months 7-12, on line d, you will record the total grant amount (\$50,000); on line e, you will record the *total* amount that you've spent so far (\$15,000); on line f, you will record the overall amount left to spend (\$35,000). The same approach applies to lines i-k, where you record your matching fund activity.

FEDERAL FINANCIAL REPORT

1. Federal Agency and Organizational Element to Which Report is Submitted National Park Service Maritime Heritage Program		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 Quarterly Semi-Annual Annual Final	7. Basis of Accounting Cash Accrual
8. Project/Grant Period (Month, Day, Year) From: _____ To: _____				9. Reporting Period End Date (Month, Day, Year)			
10. Transactions						Cumulative	
<i>(Use lines a-c for single or combined multiple grant reporting)</i>							
Federal Cash (To report multiple grants separately, also use FFR Attachment):							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized						TOTAL GRANT AMOUNT	
e. Federal share of expenditures						WHAT YOU'VE SPENT	
f. Federal share of unliquidated obligations						ANYTHING OUTSTANDING	
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						AMOUNT IN GRANT AGREEMENT	
j. Recipient share of expenditures						MATCH SPENT TO DATE	
k. Remaining recipient share to be provided (line i minus j)						MATCH YET TO SPEND	
Program Income:							
l. Total Federal share of 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:	0	0	0
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 intent set forth in the award documents. 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)		
					d. Email Address		
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year)		
14. Agency use only:							

Standard Form 425 - Revised
10/11/2011 OMB Approval Number:
0348-0061 Expiration Date: 2/28/2015

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