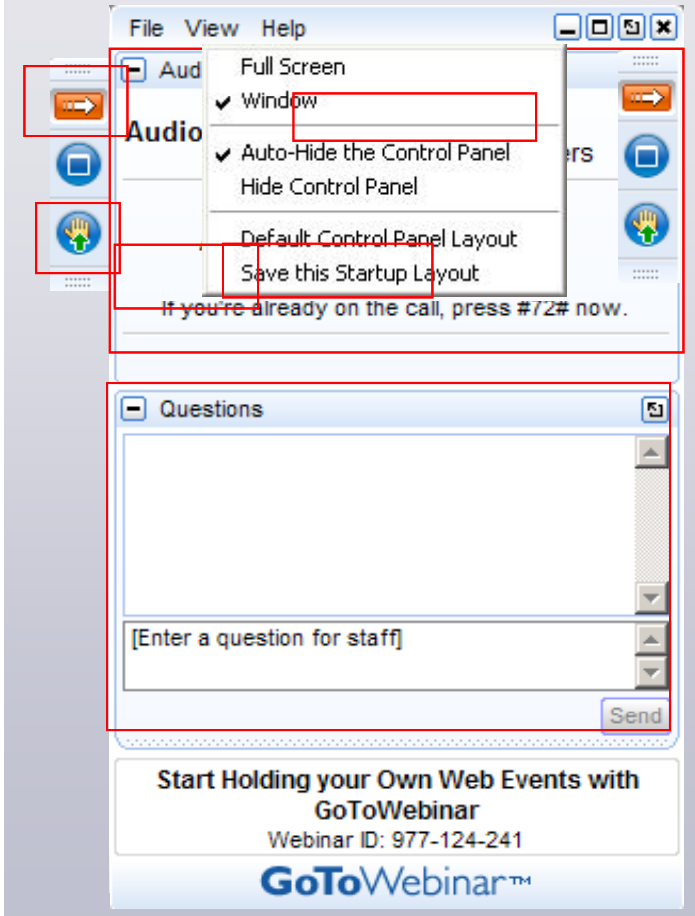
Managing the Finances of Your NHPRC Grant
June 2013

You can listen via your computer speakers or your telephone.

For telephone access, call

+1 (646) 307-1705
Access Code: 894-301-364

How to Participate Today



- Open and close your Panel
- View, Select either audio or telephone option.
- Submit text questions through the question box
- Raise Hand if you want to ask a question (we will unmute at appropriate time)
- FAQ on website will be updated to reflect your questions.

Agenda

- Basics of Managing a NHPRC Grant -- Presented by Lucy Barber
- Submitting Accurate Payment Requests– Presented by Annette Paul
- Completing Federal Financial Reports – Presented by Annette Paul

What role(s) do you have in administering a NHPRC Grant

- Please answer poll.

Resources for NHPRC Grantees

- The Slides from this Presentation
- Information on our website at: http://www.archives.gov/nhprc/administer/
  - "An Introduction To Financial Management For Grant Recipients " (March 2012)
  - Requesting Payments
  - Completing Reports
- NHPRC Staff: http://www.archives.gov/nhprc/contact.html

Managing a Federal Grant

Federal Financial Management Standards require:

- *Accounting methods that provide accurate and complete information about all financial transactions related to each Federally-supported project*
- *Accounting records to be maintained on a current basis and balanced monthly*
- *All costs to be reasonable, allowable, and properly allocated*

Cost Share

- NHPRC requires cost share on almost all grants (generally at least a one to one match).
- Must report on it as you request payments and report.
- If you are behind on your pledged cost share, contact us immediately to avoid penalties.
- See: http://www.archives.gov/nhprc/administer/costshare.html

Auditing

- If your organization receives more than $500,000 in federal funds, you must complete an A-133 Single Audit.
- If your organization receives less than $500,000 in federal funds, you may be selected for audit by NHPRC staff, the National Archives' Inspector General, or the Government Accountability Office.
- Audits can happen up to three years after the close of a project.
- Keep records!

Best Practices

- Establish separation of duties: person who requests payment does not sign check.
- Establish separate tracking methods or bank account for federal funds so they do not get mixed with operating expenses.
- Track cost-share expenses as closely as expenditures of federal funds – all are subject to audit.

Best Practices, cont.

- Keep documentation of expenses and contributions to the project for personnel, volunteers, purchases, in-kind donations, etc.
- Keep these records for three years after you submit the last Financial Report
- All grant related expenses must take place during the grant period!

Accounting Systems and Financial Capability Questionnaire

Instructions for Completing the NHPRC's
ACCOUNTING SYSTEM AND FINANCIAL CAPABILITY QUESTIONNAIRE

This form must be signed by the Authorized Representative and then faxed back to the NHPRC at 202-357-5914 or scanned and emailed to NHPRC@nara.gov. Until we have received complete forms that assure us that your organization has an adequate accounting system and sufficient financial capability, we cannot make awards.

1. **Name of Organization and Address** should match the information provided on the original application. If there is a reason to change it, please explain in an accompanying email or fax.
2. **NHPRC Application Number**: Please use the application number indicated in the offer email (example: RH-99999)
3. **Authorized Representative's Name and Title:** This should be the same as in the original application. If it is has changed, please explain.
4. **Type of Organization:** Indicate your organization's legal status (state, territory, 401-C3 nonprofit, etc).
5. **Federal Audit Data:** If your agency received more than $500,000 in Federal grants, you have been audited by a Federal agency, because you had to submit an OMB A-133 Single Audit prepared according to federal standards to the Single Audit Clearinghouse. You might also have been audited by a federal agency because of concerns about costs, accounting system, or timekeeping. If either case applies, please indicate Yes to the question, and check the appropriate boxes. If not, please check No.
6. **If Findings Reports, Explain:** Briefly summarize findings and provide a link to the Audit Report.
7. **Financial Statement Audit Data:** In some cases, the Single Audit will also serve as your Financial Statement. If so, repeat the information from the Financial Audit Data. If not, please provide the requested information. In the section on "If Qualified Opinion, State Reason," explain any finding and provide a link to the audit or attach a copy to your submission.
8. **Accounting System:** Please answer these questions to the best of your knowledge **NOTE:** Because the most common financial management problem with NHPRC grants has been failure to keep adequate records on time and effort on a grant, you must submit sample time sheets and procedures for allocating salary and wage charges. If your system is entirely automated, just submit the instructions provided employees on federal awards.
9. **Applicant Certification:** This must be signed by the same person listed as the Authorized Representative on this form and the grant application. It cannot be electronically signed. If there is a new Authorized Representative, please explain.

June 4, 2013

Questionnaire, page 1

Expiration date: 07/31/2015

NATIONAL HISTORICAL PUBLICATIONS AND RECORDS COMMISSION – NATIONAL ARCHIVES ACCOUNTING SYSTEM AND FINANCIAL CAPABILITY QUESTIONNAIRE

If you are a recipient of a federal grant, you must have adequate financial controls. Adequate accounting systems should meet the following criteria:

(1) Accounting records should provide information needed to adequately identify the receipt of funds under each grant awarded and the expenditure of funds for each grant.
(2) Entries in accounting records should refer to subsidiary records and/or documentation which support the entry and which can be readily located.
(3) The accounting system should provide accurate and current financial reporting information.
(4) The accounting system should be integrated with an adequate system of internal controls to safeguard the funds and assets covered, check the accuracy and reliability of accounting data, promote operational efficiency, and encourage adherence to prescribed management policies.

APPLICANT ORGANIZATIONAL INFORMATION

Name of Organization and Address:	NHPRC Application No:
Authorized Representative's Name and Title:	
Phone: ext	Fax: / Email:
Year Established *(yyyy)*: / Employer Identification Number (EIN) *(example XX-XXXXXXX)*: - / DUNS Number *(example XXX-XX-XXXX)*: - -	
Type of Organization:	
Approximate Number of Employees: Full Time (Paid): Full Time (Volunteer):	Part Time (Paid): Part Time (Volunteer):

FEDERAL AUDIT DATA

Have you been audited by a Federal agency?: ◯ Yes ◯ No
If yes, please indicate the type:
☐ OMB A-133 Single Audit (required of institutions that received more that $500,000 in federal grants)
☐ Incurred Cost ☐ Accounting System ☐ Timekeeping

Date of Last Federal Audit/Review *(m/d/yyyy)*:	Audit Agency/Firm:
If Findings Reports, Explain:	

FINANCIAL STATEMENT AUDIT DATA

Date of Last Financial Statement Audit *(m/d/yyyy)*:	Fiscal Period Audited:
Audit Firm:	
Auditor's Opinion on Financial Statement Qualified: ◯ Yes	◯ No
If Qualified Opinion, State Reason:	

Questionnaire, pg. 2

- Poll on Accounting System
- Poll on Funds Management
- Other questions

OMB Control No. 3095-0072
Expiration date: 07/31/2015

If you have not had an audit completed in the last two years, please submit a copy of your most recent 990 tax form. If you do not have a 990 tax form, please explain:

ACCOUNTING SYSTEM	
Has any Government Agency rendered an official written opinion concerning the adequacy of the accounting system for the collection, identification and allocation of costs under Federal contracts/grants?: ◯ Yes ◯ No	
If yes, provide name and address of Agency performing review:	**Attach a copy of the latest review and any subsequent correspondence, clearance documents, etc.**
Which of the following best describes the accounting system: ☐ Manual ☐ Automated ☐ Combination	
Does the accounting system identify the receipt and expenditure of program funds separately for each contract/grant?	◯ Yes ◯ No ◯ Not Sure
Does the accounting system provide for the recording of expenditures for each grant/contract by the component project and budget cost categories shown in the approved budget?	◯ Yes ◯ No ◯ Not Sure
Does the accounting system provide for the recording of cost sharing for each project, and ensure that documentation is available to support recorded cost sharing?	◯ Yes ◯ No ◯ Not Sure
Are time distribution records maintained for an employee when his/her effort can be specifically identified to a particular cost objective? *(please attach sample time sheet and procedures for allocating salary and wage charges to Federal awards)*	◯ Yes ◯ No ◯ Not Sure
Does the accounting/financial system include budgetary controls to preclude incurring obligations in excess of total funds available for a grant?	◯ Yes ◯ No ◯ Not Sure
Does the accounting/financial system include budgetary controls to preclude incurring obligations in excess of total funds available for a budget cost category (e.g. Personnel, Travel, etc)?	◯ Yes ◯ No ◯ Not Sure
Is the firm generally familiar with the existing regulation and guidelines containing the cost principles and procedures for the determination and allowance of costs in connection with Federal contracts/grants?	◯ Yes ◯ No ◯ Not Sure
FUNDS MANAGEMENT	
Is a separate bank account maintained for Federal grant funds?	◯ Yes ◯ No
If a separate bank account is not maintained, can the Federal grant funds and related expenses be readily identified?	◯ Yes ◯ No

Questionnaire, page 3

FINANCIAL STATEMENTS	
Did an independent certified public accountant (CPA) ever examine the financial statements?	○ Yes ○ No
If an independent CPA review was performed, please provide this office a copy of their latest report and any management letters issued.	○ Enclosed ○ N/A
If an independent CPA was engaged to perform a review and no report was issued, please provide details and an explanation on a separate sheet.	

APPLICANT CERTIFICATION
I certify that the above information is complete and correct to the best of my knowledge.
Signature:
Name:
Title:

Paperwork Reduction Act Public Burden Statement

The information requested on this form is being collected and used to ensure that recipients of grants from the National Archive's National Historical Publication and Records Commission have the necessary financial and management controls to manage Federal funds. We estimate the public burden per response is four hours to read the instructions, gather necessary data, and complete the information collection. The Paperwork Reduction Act requires us to notify you that a Federal agency may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 3095-0072. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (I-P), Room 4400, 8601 Adelphi Road, College Park, MD 20740-6001, and to the Office of Management and Budget, Paperwork Reduction Project (3095-0072), Washington, DC 20503. DO NOT SEND COMPLETED FORMS TO THESE ADDRESSES. Mail these forms to:

NHPRC
Room 114
National Archives and Records Administration
700 Pennsylvania Avenue, NW
Washington, DC 20408-0001

These forms can also be scanned and emailed to: nhprc@nara.gov, or faxed to 202-357-5914.

Example of Tracking Personnel

Attachment A: Sample Personnel Activity Report

Organization Name: _____

Employee's Name: _____ **Week Ending:** _____

Activity	Distribution of Time
NHPRC:	
1. Grant #: _____	_____ %
2. Grant #: _____	_____ %
Other:	
3. Cost Share for Grant #: _____	_____ %
4. Cost Share for Grant #: _____	_____ %
5. Project name: _____	_____ %
6. Project name: _____	_____ %
Administrative: _____	_____ %
Fundraising: _____	_____ %
Leave:**	
Sick _____	_____ %
Vacation _____	_____ %
Other (specify): _____	_____ %
TOTAL:	**100 %**

Employee's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____

**If benefits that included leave were included in the budget (whether using grant funds or cost share), please break out these costs proportionally as well.

Example of Consultant/Services

Attachment B: Sample In-Kind Contribution Report

Report of SERVICES RENDERED, GOODS DONATED, FACILITIES PROVIDED to the awardee:

Project:				
Donor: Address:				
Donor's Signature:				
Title:		Phone:		
Date(s) services were performed, goods were donated, or facilities provided for project:				

Services Rendered:

By:		Hours:		$_____
By:		Hours:		_____
By:		Hours:		_____
By:		Hours:		_____
By:		Hours:		_____
By:		Hours:		_____
Others listed on reverse; amount from reverse:				_____
			Total Services:	$_____

Goods Donated:

Item:		$_____
Item:		_____
Item:		_____
Others listed on reverse; amount from reverse:		_____
	Total Goods:	$_____

Facilities Provided:

Place:		$_____
Place:		_____
Place:		_____
Others listed on reverse; amount from reverse:		_____
	Total Facilities:	$_____
	TOTAL VALUE:	$_____

Approved By:

Signature	
Name:	
Title:	
Date:	

NOTE: Please attach an explanation of the bases for the valuation of each item and any supporting documentation.

Much more available

- Classes
- Material on our website

?? Questions ??

Raise Hand or ask via the Chat Feature

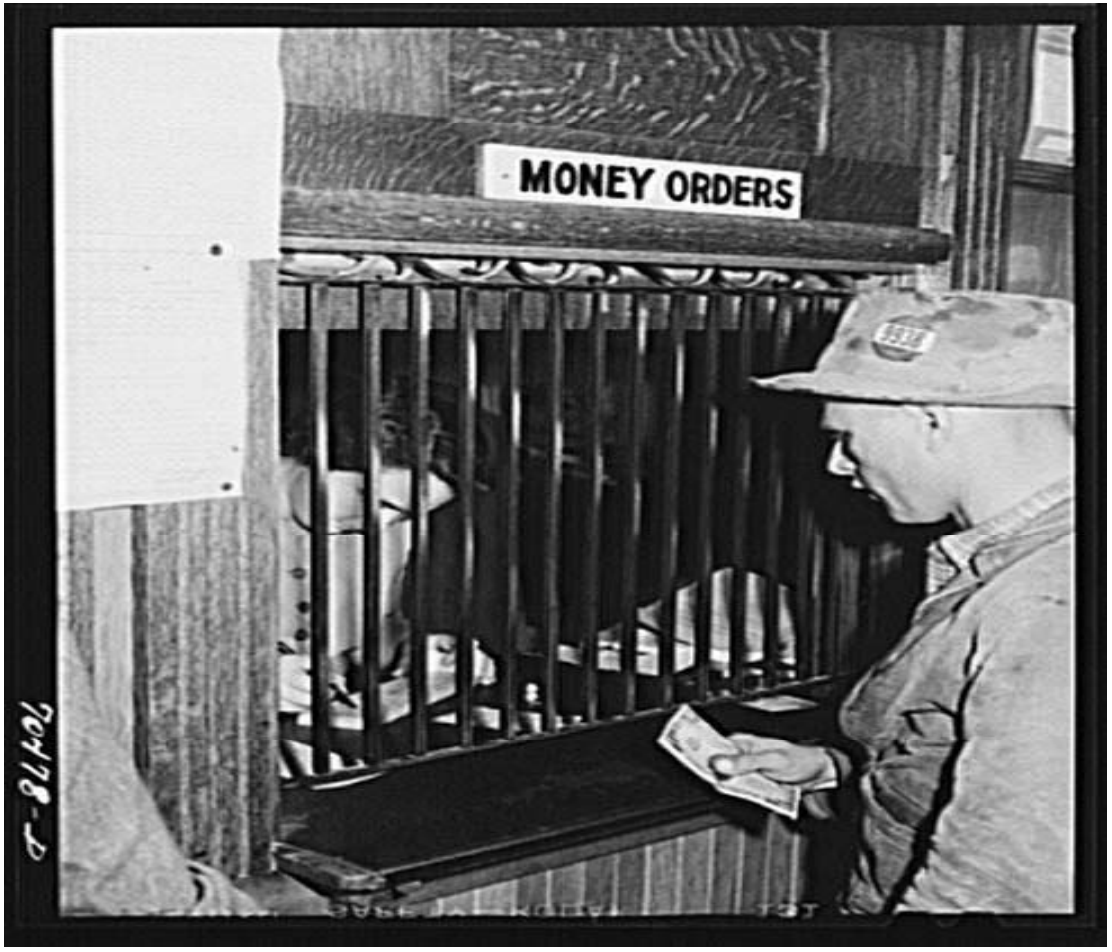
Agenda

Basics of Managing a NHPRC -- Presented by Lucy Barber

Submitting Accurate Payment Requests– Presented by Annette Paul

Completing Federal Financial Reports – Presented by Annette Paul

Submitting Accurate Payment Requests



First Steps

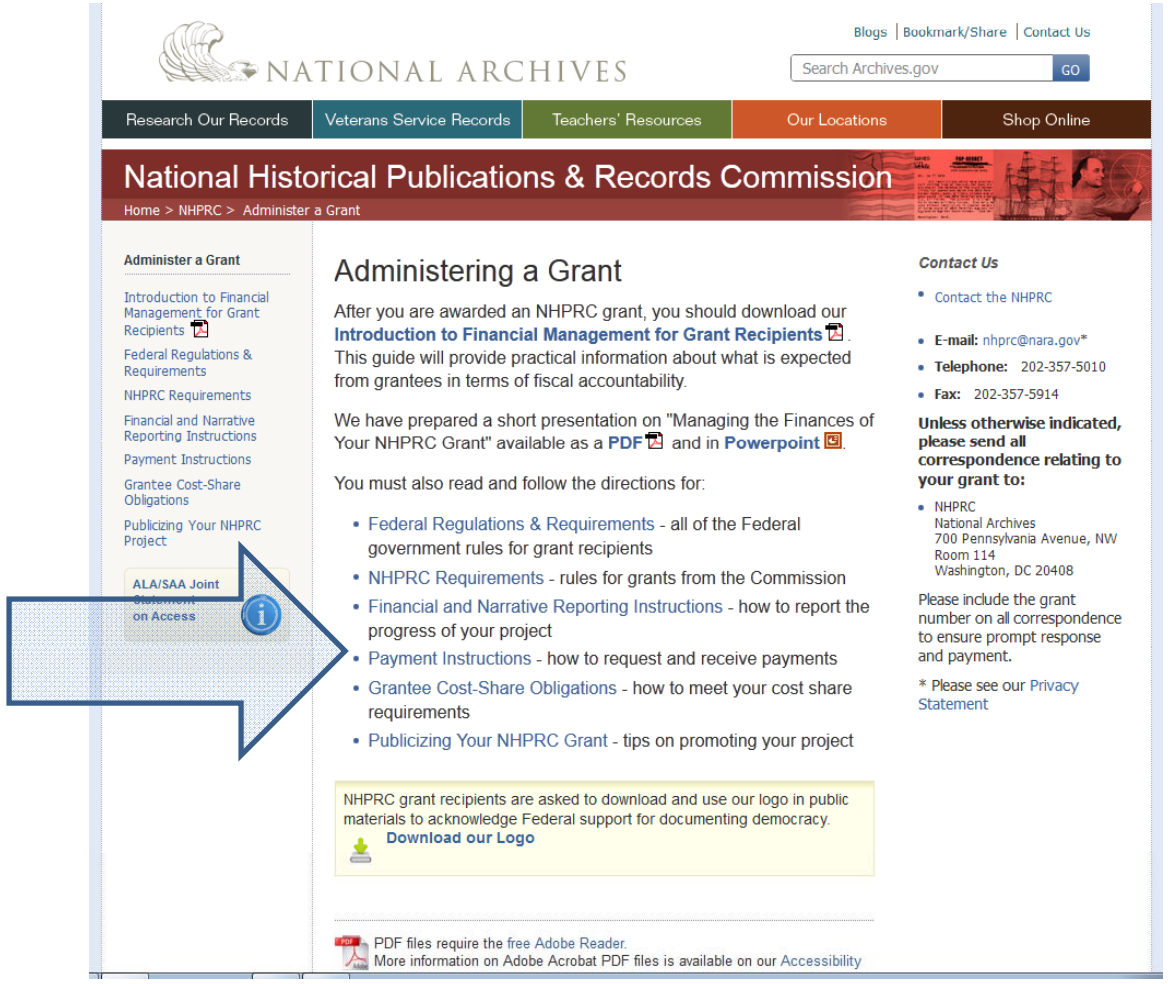
- Make sure your narrative and financial reports are up to date
- NHPRC's website:

https://archives.gov/nhprc

- "Administer a Grant" page:

http://www.archives.gov/nhprc/administer/

http://www.archives.gov/nhprc/administer



First Steps- (cont.)

- SAM: Make sure registered and update yearly,

www.sam.gov (replaced CCR)

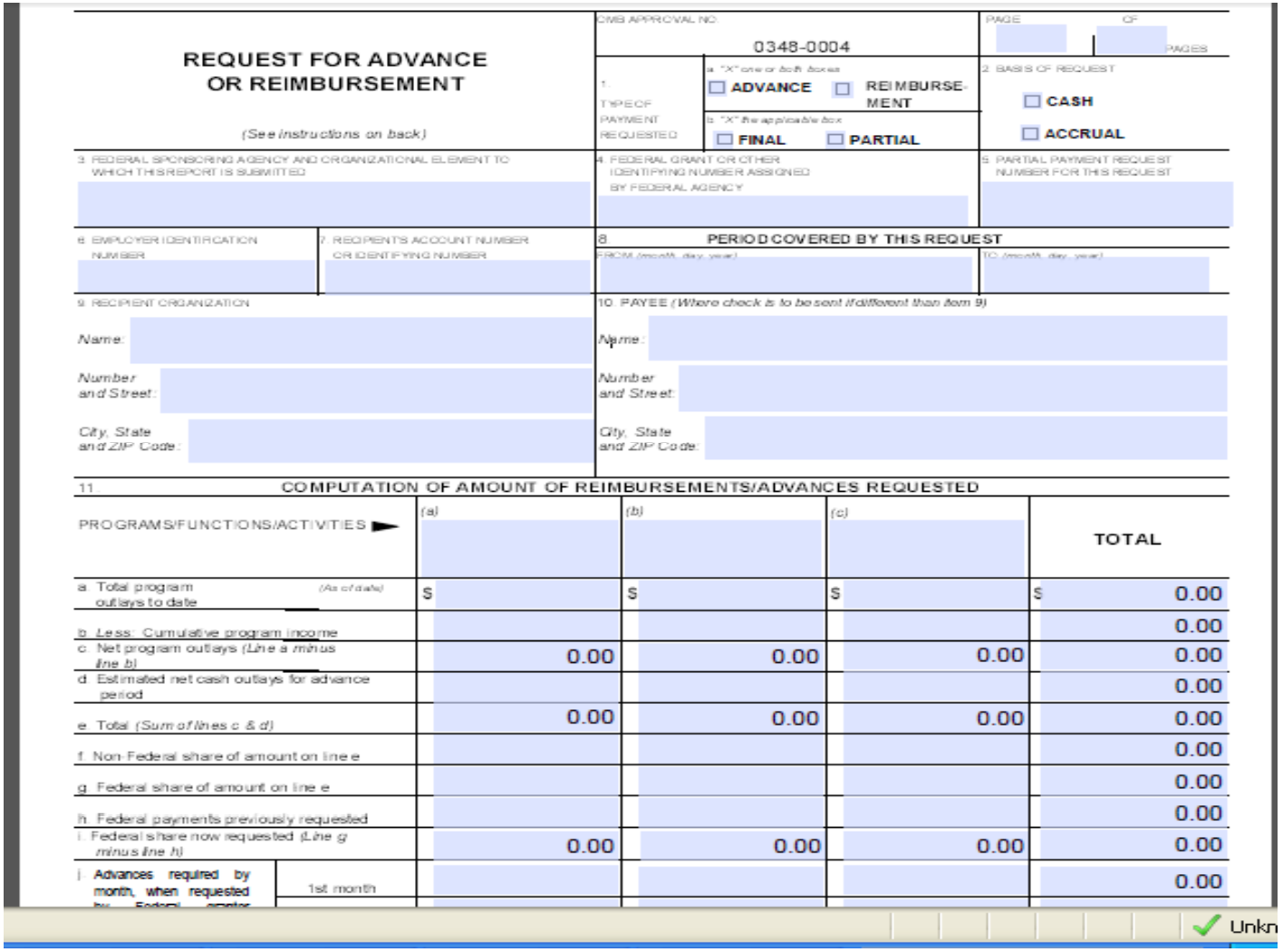
- Find payment request form SF 270

http://www.archives.gov/nhprc/administer/payment-instructions.html

or:

http://www.whitehouse.gov/sites/default/files/omb/assets/omb/grants/sf270.pdf

Two Types of Requests: Reimbursements & Advances



REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. 0348-0004

PAGE ____ OF ____ PAGES

1. TYPE OF PAYMENT REQUESTED — a. "X" one or both boxes: ☐ ADVANCE ☐ REIMBURSEMENT — b. "X" the applicable box: ☐ FINAL ☐ PARTIAL

2. BASIS OF REQUEST: ☐ CASH ☐ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION NUMBER

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

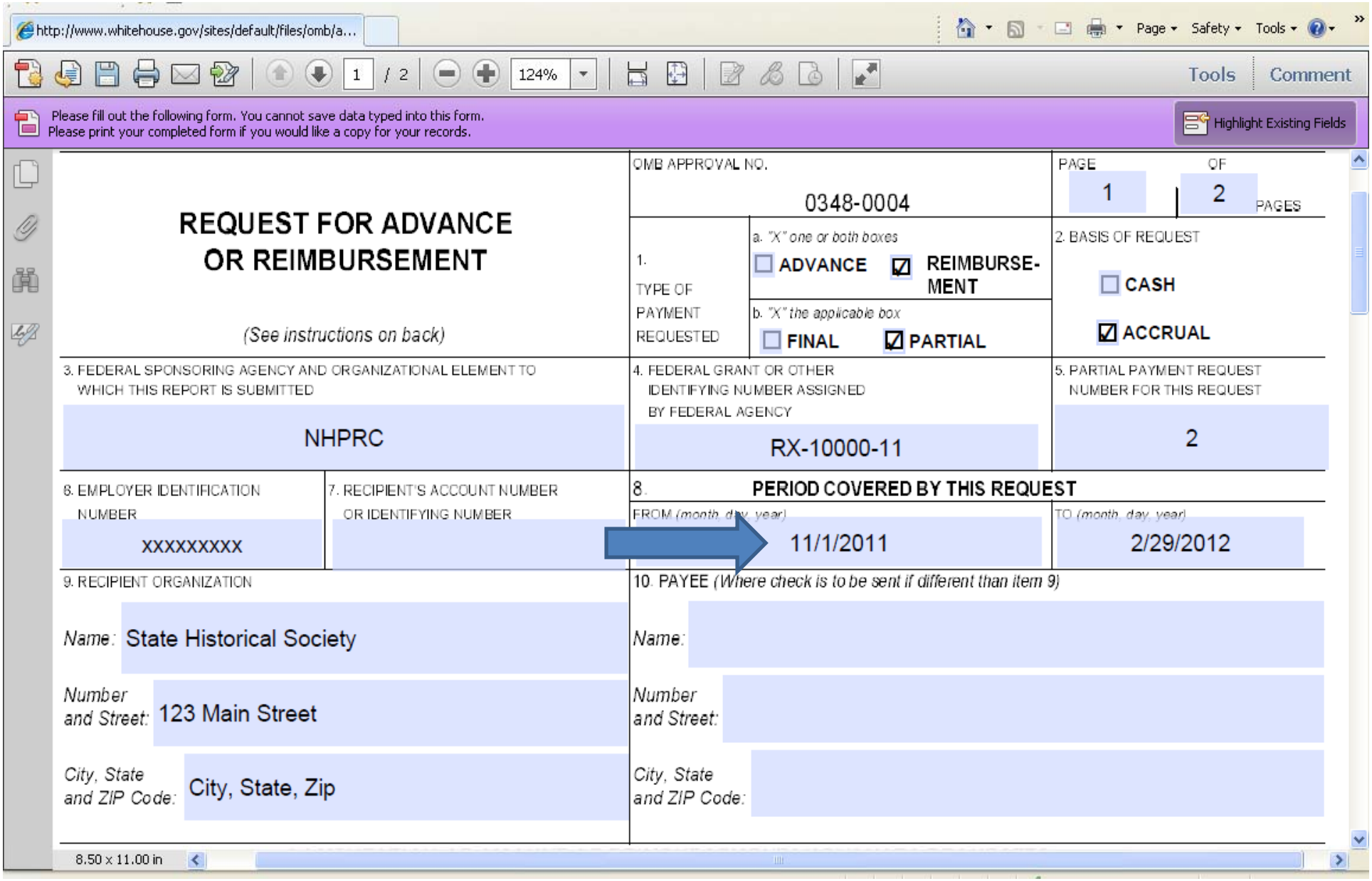
8. PERIOD COVERED BY THIS REQUEST — FROM (month, day, year) — TO (month, day, year)

9. RECIPIENT ORGANIZATION — Name: — Number and Street: — City, State and ZIP Code:

10. PAYEE (Where check is to be sent if different than item 9) — Name: — Number and Street: — City, State and ZIP Code:

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	$	$	$	$ 0.00
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	0.00	0.00	0.00	0.00
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	0.00	0.00	0.00	0.00
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e				0.00
h. Federal payments previously requested				0.00
i. Federal share now requested (Line g minus line h)	0.00	0.00	0.00	0.00
j. Advances required by month, when requested by Federal grantor — 1st month				0.00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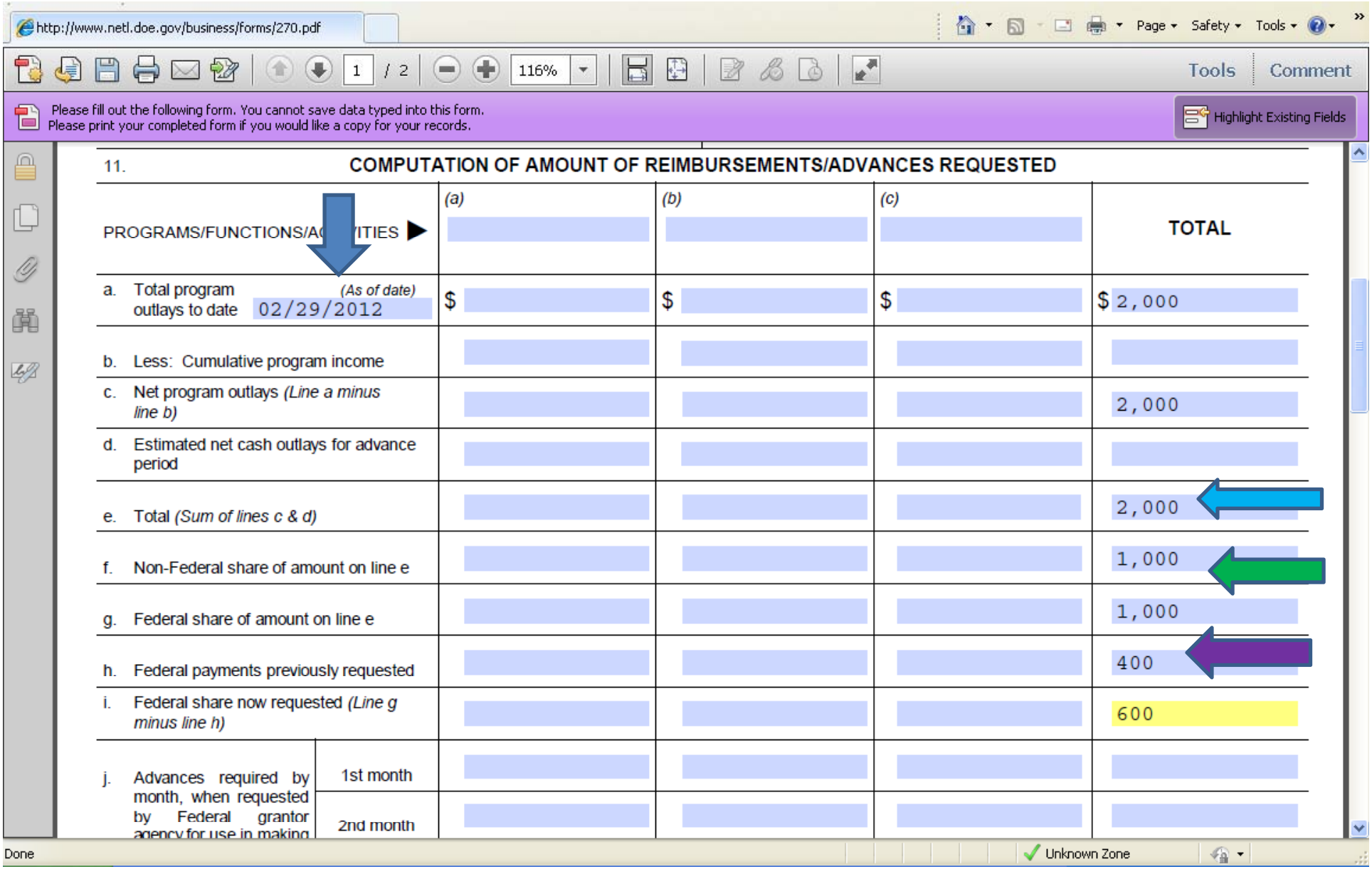
Comment
Please fill out the following form. You cannot save data typed into this form.
Please print your completed form if you would like a copy for your records.
Highlight Existing Fields
REQUEST FOR ADVANCE OR REIMBURSEMENT
(See instructions on back)
OMB APPROVAL NO.
0348-0004
PAGE
1
OF
2
PAGES
1. TYPE OF PAYMENT REQUESTED
a. "X" one or both boxes
ADVANCE
REIMBURSE-MENT
b. "X" the applicable box
FINAL
PARTIAL
2. BASIS OF REQUEST
CASH
ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED
NHPRC
4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY
RX-10000-11
5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
2
6. EMPLOYER IDENTIFICATION NUMBER
XXXXXXXXX
7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER
8. PERIOD COVERED BY THIS REQUEST
FROM (month, day, year)
11/1/2011
TO (month, day, year)
2/29/2012
9. RECIPIENT ORGANIZATION
Name: State Historical Society
Number and Street: 123 Main Street
City, State and ZIP Code: City, State, Zip
10. PAYEE (Where check is to be sent if different than item 9)
Name:
Number and Street:
City, State and ZIP Code:
8.50 x 11.00 in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Comment
Please fill out the following form. You cannot save data typed into this form.
Please print your completed form if you would like a copy for your records.
Highlight Existing Fields
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED
PROGRAMS/FUNCTIONS/ACTIVITIES
(a)
(b)
(c)
TOTAL
a. Total program outlays to date (As of date) 02/29/2012
$ 2,000
b. Less: Cumulative program income
c. Net program outlays (Line a minus line b) 2,000
d. Estimated net cash outlays for advance period
e. Total (Sum of lines c & d) 2,000
f. Non-Federal share of amount on line e 1,000
g. Federal share of amount on line e 1,000
h. Federal payments previously requested 400
i. Federal share now requested (Line g minus line h) 600
j. Advances required by month, when requested by Federal grantor agency for use in making
1st month
2nd month
Done
Unknown Zone

Reimbursements

- Request period and prior request amounts
- Include total program outlays to date, numbers should increase
- Cost share
- Numbers should be cumulative

Advances

- Can be for no more than 2 months worth of expenses
- List period request dates in Box 8 of SF270
- Written explanation must be included
- Cost share
- “Estimated net cash outlays for advance period” (11d) should typically = (11i)”Federal amount now requested”

The Last Step-Submit!

- Fax to 202-357-5914, or scan and email as PDF to nhprc@nara.gov
- Duplicates are not needed
- Questions?
  - Call 202-357-5010 or email nhprc@nara.gov

Agenda

Basics of Managing a NHPRC Grant -- Presented by Lucy Barber

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Completing Federal Financial Reports – Presented by Annette Paul

NHPRC Web Links for SF -425 Instructions

- FFR SF- 425 – Instructions
  - http://www.archives.gov/nhprc/administer/reporting.html
- FFR SF-425 – Fillable PDF
  - http://na.fs.fed.us/fap/sf425-fillable.pdf

SF – 425 Form (Example)

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 ☐ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	7. Basis of Accounting ☐ Cash ☐ 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)	
						d. Email address	
b. Signature of Authorized Certifying Official						e. Date Report Submitted (Month, Day, Year)	
						14. Agency use only:	

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

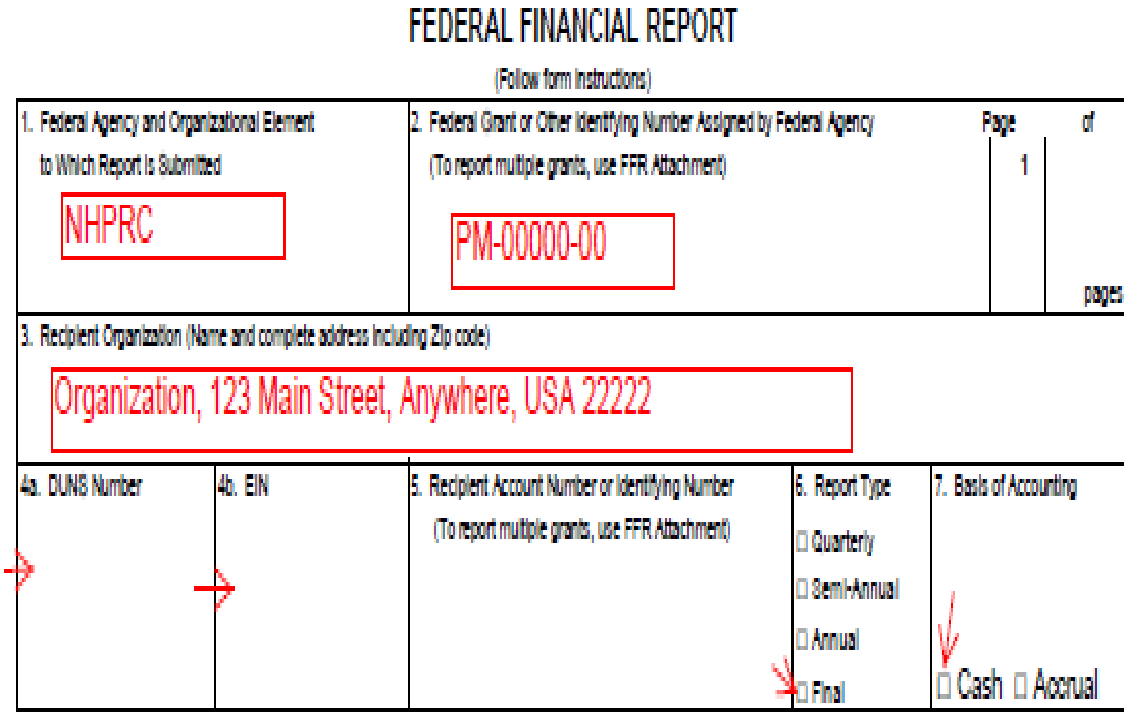
Paperwork Burden Statement

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 (0348-0060), Washington, DC 20503.

Completing the Federal Financial Report – SF 425 Form

Fields Sometimes Missing

- Box 6. Report Type



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
NHPRC	PM-00000-00	

3. Recipient Organization (Name and complete address including Zip code)

Organization, 123 Main Street, Anywhere, USA 22222

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	7. Basis of Accounting
			☐ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☐ Accrual

Completing the Federal Financial Report – SF 425 Form

Box 8. Project/Grant Period

From (Month, Day, Year)

To: (Month, Day, Year)

Box 9. Reporting Period End Date (Month, Day, Year)

Completing the Federal Financial Report – SF 425 Form

Continue

Box. 10 – Transactions

Federal Cash:

- Indicate the amount of NHPRC funds received as of the date in no. 9
- Show expenses paid to date with NHPRC funds
- Indicate if any cash is left over (10a. minus 10b.) This may be a negative number if you have spent more than you have received.

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	1,000.00
b. Cash Disbursements	1,000.00
c. Cash on Hand (line a minus b)	0.00

Completing the Federal Financial Report – SF 425 Form

Continue

Federal Expenditures and Unobligated Balance:

- Enter the full amount of the grant
- Indicate the NHPRC share of all allowable project costs that have been incurred and/or paid as of the date in no. 9 above. NOTE: All expenditures must be allowable and appropriate. Expense documentation (e.g., timesheets, payroll records, contracts, receipts, invoices, cancelled checks, etc.) must be maintained and available for submission upon request.
- If you have expenses which have been obligated (contracts, etc.) and will be paid with NHPRC funds, enter that amount here, otherwise enter $0.
- Enter the total of 10e. and 10f.
- Enter the remaining NHPRC funds not yet spent or obligated (lines 10d. minus 10g.)

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	1,000.00
e. Federal share of expenditures	750.00
f. Federal share of unliquidated obligations	
g. Total Federal share (sum of lines e and f)	750.00
h. Unobligated balance of Federal funds (line d minus g)	250.00

Completing the Federal Financial Report – SF 425 Form

Continue

Recipient Share:

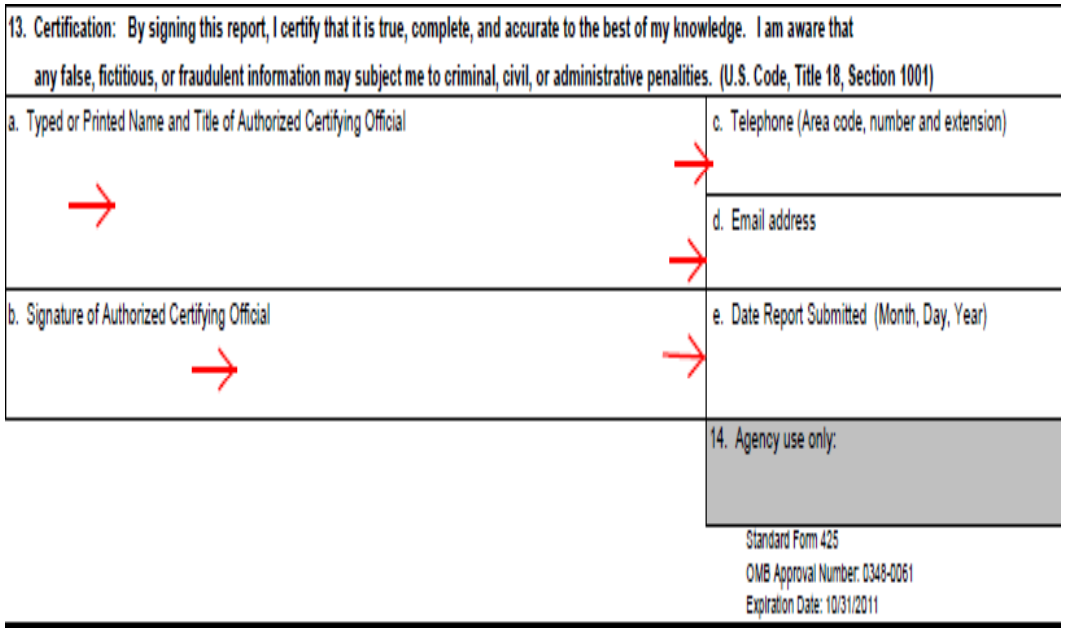
- Enter your share of allowable and allocable project costs (cost sharing as shown on the Grant Award Summary). This may include the value of allowable and allocable third party in-kind contributions and indirect costs if in the approved budget or as amended.
- Show how much of your share has been spent as of the date in no. 9
- Enter how much of your share is still to be provided/spent on the grant (lines 10i. minus 10j).

Recipient Share:	
i. Total recipient share required	1,000.00
j. Recipient share of expenditures	1,200.00
k. Remaining recipient share to be provided (line i minus j)	(200.00)
Program Income:	

Completing the Federal Financial Report – SF 425 Form

Box. 13 Certification

- A. Typed or Printed Name and Title of Authorized Certifying Official
- B. Signature of Authorized Certifying Official
- C. Telephone (Area code, number and extension)
- D. Email Address
- E. Date Report Submitted (Month, Day, Year)


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 penalities. (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
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

THANK YOU!!
Resources for NHPRC Grantees

- The Slides from this Presentation
- Information on our website at: http://www.archives.gov/nhprc/administer/
  - "An Introduction To Financial Management For Grant Recipients " (March 2012)
  - Requesting Payments
  - Completing Reports
- NHPRC Staff: http://www.archives.gov/nhprc/contact.html