



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Administration on Developmental Disabilities

1. Log No. ADD-PI-84-2

2. Issuance Date: 7/19/84

3. Originating Office

Administration on Developmental  
Disabilities

4. Key Word: Financial  
Status Reports

5. SF-269's

6.

7.

PROGRAM INSTRUCTION

TO : Directors, State Planning Councils  
Directors, Protection and Advocacy  
Agencies  
Directors, State Administering Agencies

SUBJECT: Revisions and Clarification of Instructions for  
Preparation and Submission of Financial Status  
Reports for Formula Grants Under the Developmental  
Disabilities Program - BASIC SUPPORT AND PROTECTION  
AND ADVOCACY

LEGAL AND

RELATED REFERENCES:

P. L. 95-602, Developmental  
Disabilities Assistance and Bill of  
Rights Act, as amended by  
P. L. 97-35.

45 CFR Parts 1385, 1386,  
and 1387, dated March 27, 1984.

CONTENT: Reporting Requirements:

Quarterly SF-269 - Each Grantee is required to  
submit a cumulative Financial Status Report  
(SF-269) for each Federal fiscal quarter, for each  
Fiscal Year Allotment (separate submission for  
Basic Support and Protection and Advocacy) not  
later than 30 days after the end of each Federal  
fiscal quarter.

Final SF-269 - A cumulative SF-269 for each Federal  
fiscal year is required from each Grantee, for each  
program, not later than 90 days after the end of  
each Federal fiscal year (except when unliquidated  
funds remain to be reported). All expenditures for  
a Federal fiscal year must be claimed

cumulatively on an SF-269 for that year. When unliquidated funds remain to be reported, grantee will continue to report on a quarterly basis until all funds are accounted for or reported for deobligation.

Amended SF-269 - Adjustments resulting from audits applicable to prior fiscal years and expenditures that were paid in a prior fiscal year that have not been included in an SF-269 for that prior fiscal year will require an amended final SF-269 to be submitted for the prior year.

An SF-269 for a fiscal year must be submitted until all expenditures for such fiscal year have been claimed, obligations liquidated, and/or deobligated. The amount of unobligated Federal funds that are reported at the end of any fiscal year will be deobligated and returned to the Federal Treasury. The amount deobligated cannot be obligated by the State agency at a later date.

Claims for Federal reimbursement may be submitted up to "not later than two years after the end of each Federal fiscal year".

#### Reporting Guidelines

Funds for each Federal fiscal year must be obligated not later than September 30 of each Federal fiscal year.

ATTACHMENT: Attachment A - Instructions for the  
Preparation of the  
Financial Status Report  
(SF-269)

Attachment B - Sample Financial Status  
Report

Attachment C - Listing of Directors,  
Office of Fiscal  
Operations

ACTION REQUIRED: Forward the signed original Financial Status Report, SF-269, to:


Formula Grants Management Branch  
Division of Grants and Contract Management  
330 Independence Avenue, S.W., Room 1296  
Washington, D. C. 20201

In addition, please send three copies to the appropriate Regional Office of Fiscal Operations  
(Attachment C)

EFFECTIVE DATE: This instruction becomes effective with the first full quarter after issuance.

SUPERSEDED  
MATERIAL : AA-M-OFM-PI-74-4 dated October 10, 1973

INQUIRIES TO : Regional Administrator, OHDS

  
\_\_\_\_\_  
Jean K. Elder, Ph.D.  
Commissioner  
Administration on Developmental  
Disabilities

cc: HDS Regional Administrators  
ADD Regional Program Directors  
HDS Office of Fiscal Operations  
HDS Office of Management Services  
HDS Office of Regional Operations

ATTACHMENT A

ADMINISTRATION ON DEVELOPMENTAL DISABILITIES

INSTRUCTIONS FOR PREPARATION OF THE  
FINANCIAL STATUS REPORT  
(SF-269)

Item 1    Federal Agency and Organizational Element To Which  
Report is Submitted

ENTER:     Administration on Developmental  
             Disabilities, OHDS/HHS

Item 2    Federal Grant or Other Identifying Number

This information is located on the grant award document (OHDS-4) under the column "Accounting Codes". Number to be used is the Department's document number for accounting purposes, the appropriation number and the common accounting number (CAN) of the DD Program for the fiscal year of the grant award.

ENTER:     Document Number/Appropriation Number/Common  
             Accounting Number

(It should be noted: This information  
changes from year-to-year.)

Example:    FY 1984 Basic Support  
             for Alabama would be:

65-01 40Y (Document Number) .  
7541636 (Appropriation Number).  
41994902 (Common Accounting Number)

Item 3    Recipient Organization (Name and Complete Address,  
Including ZIP Code)

ENTER:     Grantee name and complete mailing address,  
             including ZIP code.

(Should be the same as that on the grant  
award, unless grantee has moved and made  
appropriate "change of address" notification  
to Regional Office and Central Office.)

Item 4      Employer Identification Number

Employer Identification Number (EIN) is a twelve digit number, originally assigned to the agency by the Internal Revenue Service (IRS) and entered in the Department's Central Registry. This number appears on the grant award under the heading of "IRS VENDOR CODE (EIN)".

ENTER:      Employer Identification Number

Example: 1 999 999 999 A1

Item 5      Recipient Account Number or Identifying Number

Payee Identification Number (PIN) is the number assigned to the grantee by the Departmental Payment Management System (PMS).

ENTER:      Payee Identification Number

Example: 9999

Item 6      Final Report - Check Box (Yes) (No)

ENTER:      YES -- Indicates FINAL report for that fiscal year.

NO -- Indicates QUARTERLY report.

Item 7      Basis - Check Box (Cash) (Accrual)

ENTER:      CASH --

ACCRUAL--

Item 8      Project/Grant Period (From) (To)

ENTER:      FROM:      Month, day, and year of the beginning of the grant award period (the beginning of the Federal fiscal year).

TO:              Month, day, and year of the end of the grant award period (the end of the Federal fiscal year).

Item 9    Period Covered by This Report

ENTER:    The beginning month, day, and year and the ending month, day, and year for the quarter for which this report is prepared.

Item 10    Status of Funds -- Programs/Functions/Activities

VERTICAL COLUMNS:

BASIC SUPPORT AGENCIES COMPLETE (a) THROUGH (f) AS FOLLOWS

(a)    Non-Poverty:    The Federal share for expenditures for service activities provided by a project in non-poverty areas may not exceed seventy-five (75) percent. (non-Federal share -- twenty-five (25) percent) (Reference: Section 103 (a))

(b)    Poverty:    The Federal share for expenditures for service activities provided by a project in poverty areas may not exceed ninety (90) percent. (non-Federal share -- ten (10) percent) (Reference: Section 103 (a))

NOTE:    Addition of columns (a) and (b) should equal the total column (g) (i.e. the total amount of the grant).

(c)    Planning:    A State may spend not more than thirty-five (35%) percent of the total allotment for planning and administration (see Administration below). The Federal share for Planning may not exceed seventy-five (75%) percent. (non-Federal share -- twenty-five (25) percent) (Reference: Section 103 (a))

(d)    Administration --    A State may spend not more than five (5%) percent of the total allotment, or \$50,000, whichever is less, for Administration costs. The Federal share for Administration costs may not exceed fifty (50%) percent. (non-Federal share -- fifty(50%) percent) (Reference: Section 133 (d)(1))

(e)/(f) Priority -  
Services

A State may not spend less than sixty-five (65%) percent of the total allotment for priority services. Columns (e) and (f) are available for identification of priority services by priority area, either Case Management Services, Child Development Services, Alternative Community Living Arrangement Services, and Non-Vocational Social Development Services (see Section 102 (8)(B)). P. L. 95.602

Provision of at least one priority service is required by Section 133 (b)(4)(A)(ii). In the event over two priority services are provided include an attachment providing the financial information on the additional services and include this information in column g-Total.

NOTE: Addition of columns (c), (d), (e) and (f) should equal the total column (g).

(g) Total - Addition of columns (a) plus (b) = (g) Total  
Addition of columns (c), (d), (e) and (f) =  
(g) Total

HORIZONTAL COLUMNS:

TO BE COMPLETED BY BOTH BASIC SUPPORT AND PROTECTION AND  
ADVOCACY AGENCIES

10a. Net outlays previously reported

ENTER: The total outlays reported on line 10(e) of the last report. If there has been an adjustment to the amount shown previously, please attach explanation. Show zero if this is the initial report.

10b. Total outlays this period report

ENTER: The total gross program outlays for this report period, including disbursements of cash realized as program income.

For reports which are prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, and the amount of cash advances and payments made to contractors and subgrantees.

For reports prepared on an accrued expenditure basis, outlays are the sum of actual cash disbursements; the amount of indirect expenses incurred; and the net increase (or decrease) in the amounts owed by the grantee for goods and other property received and for services performed by employees, contractors, subgrantees, and other payees.

10c. Less: Program income credits

ENTER: The amount of all program income realized in this period which is to be used in the program, including projects, subgrants, and contracts, in accordance with the terms of the grant. For reports prepared on a cash basis, enter the amount of cash income received during the reporting period. For reports prepared on an accrual basis, enter the amount of the net increase (or decrease) in the amount of accrued income since the beginning of the report period. Enter here program refunds.

10d. Net outlays this report period

ENTER: This amount should be the difference between amounts shown on lines b and c.

All general program income used during this period in accordance with the deduction alternative (see 45 CFR Part 74.42 for further information about general program income and the alternatives for its use).

10e. Net Outlays to date

ENTER: The sum of amounts shown on lines a and d above.



10f. Less: Non-Federal share of outlays

ENTER: The amount pertaining to the non-Federal share of program outlays included in the amount on line 3. The computation of the non-Federal share should be explained in the remarks column and on attached sheets, as needed. (When line g is computed, subtract line g from line e to obtain the amount for line f). Costs paid during the period by general program income under the matching alternative (see 45 CFR Part 74.42) must be included here.

10g. Total Federal share of outlays

ENTER: The Federal share of program outlays. The amount should be the difference between lines e and f. The Federal share of refunds and all audit adjustments are to be adequately explained and identified in Item 12 and on a separate schedule if additional space is necessary.

10h. Total unliquidated obligations

ENTER: Total amount of unliquidated obligations for this program, including unliquidated obligations to subgrantees and contractors. Unliquidated obligations are:

Cash basis -- Obligations incurred but not paid;

Accrued expenditure basis -- obligations incurred, for which an outlay has not been recorded.

Do not include any amounts that have been included on lines a through g. On the final report, line h should have a zero balance.

When the report is prepared on a cash basis, enter the total amount of unpaid obligations for this program including unpaid obligations to subgrantees and contractors. If the report is prepared on an accrued expenditure basis, enter the amount of undelivered orders and other outstanding obligations. Do not include any amounts that have been included on lines a through g. On the final report, line h should have a zero balance.

10i. Less: Non-Federal share of unliquidated obligations shown on line h

ENTER: The non-Federal share of unpaid obligations shown on line h.

10j. Federal share of unliquidated obligations

ENTER: The Federal share of unpaid obligations shown on line h. The amount shown on this line should be the difference between the amounts on line h and i.

10k. Total Federal share of outlays and unliquidated obligations

ENTER: The sum of the amounts shown on lines g and j. If the report is final, the report should not contain any unpaid obligations.

10l. Total cumulative amount of Federal funds authorized

ENTER: The total cumulative amount of Federal funds authorized from the latest Notice of Grant Award for that fiscal year.

10m. Unobligated balance of Federal Funds

ENTER: The unobligated balance of Federal funds. This amount should be the difference between lines k and l. The amount of unobligated Federal funds that are reported at the end of any fiscal year will be deobligated through an adjustment grant award. The amount deobligated cannot be obligated by the State Agency at a later date.

11. INDIRECT EXPENSE

11b. Enter the rate in effect during the reporting period.

11c. Enter amount of the base to which the rate was applied.

11d. Enter the amount of indirect cost charged during the report period.

- 11e. Enter amount of the Federal share charged during the report period.

If more than one rate was applied during the project period, include a separate schedule showing bases against which the indirect cost rates were applied, the respective indirect rates the month, day, and year the indirect rates were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

12.        REMARKS        Report any supplemental data in this section and continue on an attached sheet if necessary. All attachments should contain identifying data shown in items (3) and (10).

If any program income alternative (see 45 CFR Part 74.42) other than the deduction alternative is used or if deferral to a later period is authorized, report the amount of general program income earned during the reporting period here. For all program income alternatives list the source of the income or describe how the income was earned.

13.        CERTIFICATION        Each SF-269 submitted must contain signature of authorizing official with printed name and title, date of report submitted, along with the telephone number of the authorizing official.

After completion of the SF-269, Financial Status Report, with appropriate signatures on the forms:

Forward the signed original to:

Formula Grants Management Branch  
Division of Grants and Contract Management  
330 Independence Avenue, S.W., Room 1296  
Washington, D. C. 20201

and three copies to the appropriate Regional Office of Fiscal Operations.

Attached for your information is a listing of the Directors, Office of Fiscal Operations, and the ADD Regional Program Directors. The Regional Office will review the SF-269 submitted, and forward forms to Central Office for final processing.

ATTACHMENT R-1

## FINANCIAL STATUS REPORT

(Follow instructions on the back)

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED  
Department of Health and Human Services  
Office of Human Development Services  
Administration of Developmental Disabilities2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER  
65-01 40Y: 7541636  
41994902OMB Approved  
No. 80-RU180

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3. RECIPIENT ORGANIZATION (Name and complete address, including ZIP code)

Alabama Department of Mental Health  
135 South Union Street  
Montgomery, AL 36130

4. EMPLOYER IDENTIFICATION NUMBER

1 636 000 619 A5

5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER

6. FINAL REPORT

☐ YES ☒ NO

7. BASIS

☐ CASH ☐ ACCRUAL

8. PROJECT/GRANT PERIOD (See instructions)

FROM (Month, day, year)

10-01-83

TO (Month, day, year)

09-30-84

9. PERIOD COVERED BY THIS REPORT

FROM (Month, day, year)

10-01-83

TO (Month, day, year)

12-31-83

## 10. BASIC SUPPORT PROGRAM

## STATUS OF FUNDS

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a) NON-POVERTY	(b) POVERTY	(c) PLANNING	(d) ADMINISTRATION	(e) SERVICE PRIORITY AREA	(f) SERVICE PRIORITY AREA	TOTAL (g)
a. Net outlays previously reported	\$	\$	\$	\$	\$	\$	\$
b. Total outlays this report period							
c. Less: Program income credits							
d. Net outlays this report period (Line b minus line c)							
e. Net outlays to date (Line a plus line d)							
f. Less: Non Federal share of outlays							
g. Total Federal share of outlays (Line e minus line f)							
h. Total unliquidated obligations							
i. Less: Non Federal share of unliquidated obligations shown on line h							
j. Federal share of unliquidated obligations							
k. Total Federal share of outlays and unliquidated obligations							
l. Total cumulative amount of Federal funds authorized							
m. Unobligated balance of Federal funds							

11. INDIRECT EXPENSE

a. TYPE OF RATE (Place "X" in appropriate box) ☐ PROVISIONAL ☐ PREDETERMINED ☐ FINAL ☐ FIXED

b. RATE c. BASE d. TOTAL AMOUNT e. FEDERAL SHARE

12. REMARKS: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation

13. CERTIFICATION  
I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

TYPED OR PRINTED NAME AND TITLE

DATE REPORT SUBMITTED

01-30-84

TELEPHONE (Area code, number and extension)

# INSTRUCTIONS

Please type or print legibly. Items 1, 2, 3, 6, 7, 9, 10d, 10e, 10g, 10i, 10l, 11a, and 12 are self-explanatory, specific instructions for other items are as follows:

Item	Entry	Item	Entry
4	Enter the employer identification number assigned by the U.S. Internal Revenue Service or FICE (institution) code, if required by the Federal sponsoring agency.	10c	Enter the amount of all program income realized in this period that is required by the terms and conditions of the Federal award to be deducted from total project costs. For reports prepared on a cash basis, enter the amount of cash income received during the reporting period. For reports prepared on an accrual basis, enter the amount of income earned since the beginning of the reporting period. When the terms or conditions allow program income to be added to the total award, explain in remarks, the source, amount and disposition of the income.
5	This space is reserved for an account number or other identifying numbers that may be assigned by the recipient.	10f	Enter amount pertaining to the non-Federal share of program outlays included in the amount on line e.
8	Enter the month, day, and year of the beginning and ending of this project period. For formula grants that are not awarded on a project basis, show the grant period.	10h	Enter total amount of unliquidated obligations for this project or program, including unliquidated obligations to subgrantees and contractors. Unliquidated obligations are:  Cash basis—obligations incurred but not paid;  Accrued expenditure basis—obligations incurred but for which an outlay has not been recorded.  Do not include any amounts that have been included on lines a through g. On the final report, line h should have a zero balance.
10	The purpose of vertical columns (a) through (f) is to provide financial data for each program, function, and activity in the budget as approved by the Federal sponsoring agency. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the totals of all programs, functions or activities should be shown in column (g) of the first page. For agreements pertaining to several Catalog of Federal Domestic Assistance programs that do not require a further functional or activity classification breakdown, enter under columns (a) through (f) the title of the program. For grants or other assistance agreements containing multiple programs where one or more programs require a further breakdown by function or activity, use a separate form for each program showing the applicable functions or activities in the separate columns. For grants or other assistance agreements containing several functions or activities which are funded from several programs, prepare a separate form for each activity of function when requested by the Federal sponsoring agency.	10j	Enter the Federal share of unliquidated obligations shown on line h. The amount shown on this line should be the difference between the amounts on lines h and i.
10a	Enter the net outlay. This amount should be the same as the amount reported in Line 10e of the last report. If there has been an adjustment to the amount shown previously, please attach explanation. Show zero if this is the initial report.	10k	Enter the sum of the amounts shown on lines g and j. If the report is final the report should not contain any unliquidated obligations.
10b	Enter the total gross program outlays (less rebates, refunds, and other discounts) for this report period, including disbursements of cash realized as program income. For reports that are prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to contractors and subgrantees. For reports prepared on an accrued expenditure basis, outlays are the sum of actual cash disbursements, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contractors, subgrantees, and other payees.	10m	Enter the unobligated balance of Federal funds. This amount should be the difference between lines k and l.
		11b	Enter rate in effect during the reporting period.
		11c	Enter amount of the base to which the rate was applied.
		11d	Enter total amount of indirect cost charged during the report period.
		11e	Enter amount of the Federal share charged during the report period.
			If more than one rate was applied during the project period, include a separate schedule showing bases against which the indirect cost rates were applied, the respective indirect rates the month, day, and year the indirect rates were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

## FINANCIAL STATUS REPORT

(Follow instructions on the back)

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED

Department of Health and Human Services  
Office of Human Development Services  
Administration on Developmental Disabilities

2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER

65-01: 7541636  
41994901OMB Approved  
No. 80-RO180

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1. RECIPIENT ORGANIZATION (Name and complete address, including ZIP code)

Alabama DD Advocacy Program  
9111 4th Avenue  
Tuscaloosa, Alabama 35401

3. EMPLOYER IDENTIFICATION NUMBER

1 636 001 138 A1

5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER

6. FINAL REPORT

☐ YES ☒ NO

7. BASIS

☐ CASH ☐ ACCRUAL

8. PROJECT/GRANT PERIOD (See instructions)

FROM (Month, day, year)

10-01-83

TO (Month, day, year)

09-30-84

9. PERIOD COVERED BY THIS REPORT

FROM (Month, day, year)

10-01-83

TO (Month, day, year)

12-31-83

## 10. PROTECTION &amp; ADVOCACY PROGRAM

## STATUS OF FUNDS

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a) P & A	(b)	(c)	(d)	(e)	(f)	TOTAL (g)
a. Net outlays previously reported	\$	\$	\$	\$	\$	\$	\$
b. Total outlays this report period							
c. Less: Program income credits							
d. Net outlays this report period (Line b minus line c)							
e. Net outlays to date (Line a plus line d)							
f. Less: Non Federal share of outlays							
g. Total Federal share of outlays (Line e minus line f)							
h. Total unliquidated obligations							
i. Less: Non Federal share of unliquidated obligations shown on line h							
j. Federal share of unliquidated obligations							
k. Total Federal share of outlays and unliquidated obligations							
l. Total cumulative amount of Federal funds authorized							
m. Unobligated balance of Federal funds							

11. INTEREST  
PERSON

a. TYPE OF NATE

(Place "X" in appropriate box) ☐ PROVISIONAL ☐ PREDETERMINED ☐ FINAL ☐ FIXED

b. NATE

c. BASE

d. TOTAL AMOUNT

e. FEDERAL SHARE

## 12. CERTIFICATION

I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

TYPED OR PRINTED NAME AND TITLE

DATE REPORT  
SUBMITTED  
01-30-84TELEPHONE (Area code,  
number and extension)

13. REMARKS: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with legislation.

# INSTRUCTIONS

Please type or print legibly. Items 1, 2, 3, 6, 7, 9, 10d, 10e, 10g, 10i, 10l, 11a, and 12 are self-explanatory, specific instructions for other items are as follows:

Item	Entry	Item	Entry
4	Enter the employer identification number assigned by the U.S. Internal Revenue Service or FICE (institution) code, if required by the Federal sponsoring agency.	10c	Enter the amount of all program income realized in this period that is required by the terms and conditions of the Federal award to be deducted from total project costs. For reports prepared on a cash basis, enter the amount of cash income received during the reporting period. For reports prepared on an accrual basis, enter the amount of income earned since the beginning of the reporting period. When the terms or conditions allow program income to be added to the total award, explain in remarks, the source, amount and disposition of the income.
5	This space is reserved for an account number or other identifying numbers that may be assigned by the recipient.	10f	Enter amount pertaining to the non-Federal share of program outlays included in the amount on line e.
8	Enter the month, day, and year of the beginning and ending of this project period. For formula grants that are not awarded on a project basis, show the grant period.	10h	Enter total amount of unliquidated obligations for this project or program, including unliquidated obligations to subgrantees and contractors. Unliquidated obligations are:  Cash basis—obligations incurred but not paid;  Accrued expenditure basis—obligations incurred but for which an outlay has not been recorded.  Do not include any amounts that have been included on lines a through g. On the final report, line h should have a zero balance.
10	The purpose of vertical columns (a) through (f) is to provide financial data for each program, function, and activity in the budget as approved by the Federal sponsoring agency. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the totals of all programs, functions or activities should be shown in column (g) of the first page. For agreements pertaining to several Catalog of Federal Domestic Assistance programs that do not require a further functional or activity classification breakdown, enter under columns (a) through (f) the title of the program. For grants or other assistance agreements containing multiple programs where one or more programs require a further breakdown by function or activity, use a separate form for each program showing the applicable functions or activities in the separate columns. For grants or other assistance agreements containing several functions or activities which are funded from several programs, prepare a separate form for each activity or function when requested by the Federal sponsoring agency.	10j	Enter the Federal share of unliquidated obligations shown on line h. The amount shown on this line should be the difference between the amounts on lines h and i.
10a	Enter the net outlay. This amount should be the same as the amount reported in Line 10e of the last report. If there has been an adjustment to the amount shown previously, please attach explanation. Show zero if this is the initial report.	10k	Enter the sum of the amounts shown on lines g and j. If the report is final the report should not contain any unliquidated obligations.
10b	Enter the total gross program outlays (less rebates, refunds, and other discounts) for this report period, including disbursements of cash realized as program income. For reports that are prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to contractors and subgrantees. For reports prepared on an accrued expenditure basis, outlays are the sum of actual cash disbursements, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contractors, subgrantees, and other payees.	10m	Enter the unobligated balance of Federal funds. This amount should be the difference between lines k and i.
		11b	Enter rate in effect during the reporting period.
		11c	Enter amount of the base to which the rate was applied.
		11d	Enter total amount of indirect cost charged during the report period.
		11e	Enter amount of the Federal share charged during the report period.  If more than one rate was applied during the project period, include a separate schedule showing bases against which the indirect cost rates were applied, the respective indirect rates the month, day, and year the indirect rates were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.



DIRECTOR, OFFICE OF FISCAL OPERATIONS  
REGIONS I THRU X

REGION I

Mr. St. Clair Phillips  
Director, OFO/HDS  
Room 2000 - JFK Federal Bldg.  
Boston, MA 02203  
(8) 223-1104  
Commercial (617) 223-1104

REGION II

Mr. Nicholas Cordasco  
Director, OFO/HDS  
Federal Bldg.  
26 Federal Plaza  
New York, NY 10278  
(8) 264-4117  
Commercial (212) 264-4117

REGION III - ADD EASTERN 1/

Mr. William Chesser  
Director, OFO/HDS  
3535 Market Street  
Box 13716  
Philadelphia, PA 19101  
(8) 596-0283  
Commercial (215) 596-0283

CT, ME, MA, NH, RI, VT, NY  
NJ, PR, VI, DE, MD, PA, VA  
WVA, D.C.

REGION IV

Mr. William H. Behm  
Acting Director, OFO/HDS  
101 Marietta Tower  
Atlanta, GA 30323  
(8) 242-2034  
Commercial (404) 221-2034

REGION V

Mr. Russell Armstrong  
Director, OFO/HDS  
300 South Wacker Drive  
13th Floor  
Chicago, IL 60606  
(8) 886-3378  
Commercial (312) 886-3378

REGION VI- ADD SOUTHERN 1/

Mr. Marvin Layne  
Director, OFO/HDS  
1200 Main Tower Building  
Dallas, TX 75202  
(8) 729-4540  
Commercial (214) 767-4540

AL, FL, GA, KENTUCKY, MS, NC  
SC, TN, AR, LA, NM, OK, TX

REGION VII - ADD MIDWESTERN 1/

Mr. William Howard  
Director, OFO/HDS  
601 East 12th Street  
Kansas City, MO 64106  
(8) 758-3981  
Commercial (816) 374-3981

IL, IN, MI, MN, OH, WI, IA  
KS, MO, NB, CO, MT, ND, SD  
UT, WY

REGION VIII

Mr. Masaru Yoshimura  
Director, OFO/HDS  
1961 Stout Street  
Room 940  
Denver, CO 80294  
(8) 564-2011  
Commercial (303) 844-2011

REGION IX - ADD WESTERN 1/

Mr. Al Huerta  
Director, OFO/HDS  
50 United Nations Plaza  
San Francisco, CA 94102  
(8) 556-5480  
Commercial (415) 556-5480

AZ, CA, HI, NV, GUAM  
AMERICAN SAMOA 2),  
Commonwealth of the N. Mariana  
Islands, Trust Territory of the  
Pacific Islands 2), AK, ID  
OR, WA

REGION X

Mr. Gary Griffith  
Director, OFO/HDS  
2901 Third Avenue  
Seattle, WA 98121  
(8) 399-8093  
Commercial (206) 442-8093

- 1) For Developmental Disabilities Program ONLY, OFO contact should be through Regions III, VI, VII, IX
- 2) Currently not participating in DD Program