

View Burden Statement

Federal Financial Report
(Follow form Instructions)

OMB Number: 4040-0014
Expiration Date: 02/28/2022

1. Federal Agency and Organizational Element to Which Report Is Submitted DOE/EERE		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) Must match Assistance Agreement (AA)	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: _____ Street1: _____ Street2: _____ City: _____ County: _____ State: _____ Province: _____ Country: USA: UNITED STATES ZIP / Postal Code: _____			
4a. DUNS Number Must match last AA	4b. EIN Must match last AA	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) Optional	
6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final Closeout: Must 'X' final	7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual Accrual most common for EERE	8. Project/Grant Period Must match period of performance (PP) listed on current AA. PP is start date through end of current, approved Budget Period.	9. Reporting Period End Date E.g., end of the reporting quarter (9/30, 12/31, 3/31, 6/30). Closeout: Must be within 3 months of PP end date
10. Transactions (Use lines a-c for single or multiple grant reporting)		Cumulative	
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts	Cumulative cash received up to end of reporting period.		0.00
b. Cash Disbursements	Cumulative amount paid out up to end of reporting period.		0.00
c. Cash on Hand (line a minus b)	Closeout: Must be \$0		0.00
(Use lines d-o for single grant reporting)			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized	Federal funds obligated to date. Should match AA.		0.00
e. Federal share of expenditures	Should match 10b.		0.00
f. Federal share of unliquidated obligations	Federal share of obligations incurred, but not yet paid. Closeout: Must be \$0		0.00
g. Total Federal share (sum of lines e and f)			0.00
h. Unobligated balance of Federal Funds (line d minus g)	Closeout: Must be \$0 unless there will be a deobligation		0.00
Recipient Share:			
i. Total recipient share required	PP cost share, not Budget Period. Must match AA		0.00
j. Recipient share of expenditures	Closeout: Must match 10i unless there will be a deobligation		0.00
k. Remaining recipient share to be provided (line i minus j)	Closeout: Should be \$0 unless there will be a deobligation		0.00
Program Income:			
l. Total Federal program income earned			0.00
m. Program income expended in accordance with the deduction alternative			0.00
n. Program income expended in accordance with the addition alternative			0.00
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
<i>Provisional, Predetermined, Final, or Fixed</i>	<i>Rate in effect during reporting period</i>	<input type="text"/>	<input type="text"/>	<i>Total amount against which rate is applied</i>	<i>Amount of indirect costs charged during reporting period</i>	<i>Federal share of amount in 11e</i>
g. Totals:				<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:						
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>						
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 <i>Must complete all fields within box 13.</i>						
Prefix:	<input type="text"/>	First Name:	<input type="text"/>	Middle Name:	<input type="text"/>	
Last Name:	<input type="text"/>	Suffix:	<input type="text"/>			
Title:	<input type="text"/>					
b. Signature of Authorized Certifying Official				c. Telephone (Area code, number and extension)		
<i>Document must be signed either physically or electronically before submission.</i>				<input type="text"/>		
d. Email Address				e. Date Report Submitted	14. Agency use only:	
<input type="text"/>				<input type="text"/>		

Where Can I Find More Information?

- ❖ [SF-425 Template and Instructions](#)

POST-AWARD REPORTING FORMS:						
Agency Owner	Form Name	Adobe Form	Form Schema	Form Items Description	Form Instructions	
Grants.gov	Disclosure of Lobbying Activities (SF-LLL)	PDF	Schema	FID	Instructions	
Grants.g	Federal Financial Report (SF-425)	PDF	Schema	FID	Instructions	