

Financial Status Reports

IHS Grantees are required by the Terms and Conditions of their grant awards to submit a Financial Status Report (FSR) SF-269.

This report should be sent to the Division of Grants Operations (DGO), 90 days after the end of each budget period.

The Grants Management Specialist (GMS), will review the FSR to make sure it is completed correctly and contains all required information and signatures. If corrections are needed the GMS will contact the grantee for a revised FSR. If no corrections are needed, the GMS will reconcile the FSR as required.

In most cases, either form is acceptable by IHS/DGO

However, if you have ***Program Income*** (generated by funds as a result of at least a portion of the grant funds), then the Long Form 269 is **required**.

If your program does not generate ***Program Income***, then the Short Form 269a is acceptable

FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	OMB Approval No. 0348-0039	Page of _____ pages
3. Recipient Organization (Name and complete address, including ZIP code)			
4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10. Transactions:	I Previously Reported II This Period III Cumulative		
a. Total outlays			
b. Recipient share of outlays			
c. Federal share of outlays			
d. Total unliquidated obligations			
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			
g. Total Federal share (Sum of lines c and f)			
h. Total Federal funds authorized for the funding period			
i. Unliquidated balance of Federal funds (line h minus line g)			
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Rate <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> 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.			
Type or Printed Name and Title		Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official		Date Report Submitted	

NIN 7540-01-210-4337 269-302 Standard Form 269A (Rev. 7-87) Prescribed by OMB Circulars A-102 and A-115

FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	OMB Approval No. 0348-0039	Page of _____ pages
3. Recipient Organization (Name and complete address, including ZIP code)			
4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10. Transactions:	I Previously Reported II This Period III Cumulative		
a. Total outlays			
b. Recipient share, etc.			
c. Program income used in accordance with the deduction alternative			
d. Net outlays (line a, less the sum of lines b and c)			
Recipient's share of net outlays, consisting of:			
e. Third party (including contributions)			
f. Other Federal awards authorized to be used in cash the award			
g. Program income used in accordance with the matching or cost sharing alternative			
h. All other recipient outlays not shown on lines e, f or g			
i. Total recipient share of net outlays (Sum of lines e, f, g and h)			
j. Federal share of net outlays (line d less line i)			
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share (Sum of lines j and m)			
o. Total Federal funds authorized for the funding period			
p. Unliquidated balance of Federal funds (line o minus line n)			
Program income, consisting of:			
q. Disbursed program income shown on line c and/or g above			
r. Disbursed program income using the action alternative			
a. Undisbursed program income			
i. Total program income realized (Sum of lines q, r and s)			
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Rate <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> 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.			
Type or Printed Name and Title		Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official		Date Report Submitted	

Previous Edition Liable 269-104 Standard Form 269 (Rev. 7-87) Prescribed by OMB Circulars A-102 and A-115
NIN 7540-01-612-4035 269-660 P.O. 139 (Face)

Helpful Hints

- Double check to make sure the FSR is completed correctly and contains all required information and signatures.
- Have a copy available of the Notice of Award, for this program (for reference purposes).
- Have copies of the last reported Financial Status Report (to refer to), if not a new grant. If new, this would be the 1st report.

The following examples show an FSR (269) Long Form for a two year project period with an annual reporting requirement.

1st Year – Reported as a New Award w/Unliquidated Obligations. Grantee awarded \$15,000.

2nd Year – Reported as a Continuation or Final Cumulative Closeout FSR. Grantee awarded \$40,000.

Starting with Cell # 1

1. Federal Agency and Organizational Element to Which Report is Submitted:

Enter the name of the Federal agency
requiring the FSR 269 report.

FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service		2. Federal Grant or Other Identifying Number Assigned By Federal Agency		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code)					
4. Employer Identification Number		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)	
		To: (Month, Day, Year)			
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					

2. Federal Grant or Other Identifying Number Assigned By Federal Agency *(this grant # can be found on Line 3 on your Notice of Award)*

The number after the dash indicates the current budget period this FSR is being prepared for.

FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-01		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code)					
4. Employer Identification Number		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)	
		To: (Month, Day, Year)			
10. Transactions:		I	I	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					

3. Recipient Organization

The name and complete address of your organization, including zip code.

FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-01	OMB Approval No. 0348-0039	Page of _____ pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001			
4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10. Transactions:	I Previously Reported	I This Period	III Cumulative
a. Total outlays			
b. Refunds, rebates, etc.			
c. Program income used in accordance with the deduction alternative			
d. Net outlays (Line a, less the sum of lines b and c)			

4. Employer Identification Number

Also known as the Federal Tax Identification Number, and used to identify a business entity. EIN numbers can be obtained from the IRS

FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-01	OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001			
4. Employer Identification Number 82-11223344	5. Recipient Account Number or Identifying Number	6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10. Transactions:	I Previously Reported	I This Period	III Cumulative
a. Total outlays			
b. Refunds, rebates, etc.			
c. Program income used in accordance with the deduction alternative			
d. Net outlays (Line a, less the sum of lines b and c)			

5. Recipient Account Number or Identifying Number

This is a personalized number used as an identifier and tracker for the IHS project by the grantee in their accounting system. Usually different then the grant number IHS has assigned and sometimes mistaken as the grant number for the project by the grantee.

FINANCIAL STATUS REPORT (Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-01	OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001			
4. Employer Identification Number 82-11223344	5. Recipient Account Number or Identifying Number Organizations Internal #	6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10. Transactions:	I Previously Reported	I This Period	III Cumulative
a. Total outlays			
b. Refunds, rebates, etc.			
c. Program income used in accordance with the deduction alternative			
d. Net outlays (Line a, less the sum of lines b and c)			

6. Final Report

“Yes” should be marked if **this is** the last FSR report for the budget period with no unliquidated obligations, or if **this is** the final closeout FSR.

“NO” should be marked if this is **not the final FSR** report for the budget period, or if the FSR contains unliquidated obligations, or is not the final closeout FSR.

FINANCIAL STATUS REPORT (Long Form) (Follow instructions on the back)			
1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-01	OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me MO 20001			
4. Employer Identification Number 82-11223344	5. Recipient Account Number or Identifying Number	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10. Transactions:	I Previously Reported	I This Period	III Cumulative
a. Total outlays			
b. Refunds, rebates, etc.			
c. Program income used in accordance with the deduction alternative			
d. Net outlays (Line a, less the sum of lines b and c)			

Cash Accounting: IHS Grantees who record obligations for goods and services to the **general ledger when funds are actually disbursed** are reporting on a “**CASH**” basis.

7. Basis

Accrual Accounting: IHS Grantees who **record obligations** to the ledger when they **make an order for goods or services that will become owed** under the IHS grant program are reporting on a “**ACCRUAL**” basis.

FINANCIAL STATUS REPORT
(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-01		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001					
4. Employer Identification Number 82-11223344		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)	
		To: (Month, Day, Year)			
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					

8. Funding/Grant Period

(Use Line 9 'Project Period' from your Notice of Award)

This section refers to the “**project period** “. Which covers the **entire span of time** from the beginning of your grant project, to the end, including all extension periods .

FINANCIAL STATUS REPORT (Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-01	OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001			
4. Employer Identification Number 82-11223344	5. Recipient Account Number or Identifying Number	6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 06/01/2006		9. Period Covered by this Report From: (Month, Day, Year) 05/31/2008	
10. Transactions:		I Previously Reported	II This Period
a. Total outlays			III Cumulative
b. Refunds, rebates, etc.			
c. Program income used in accordance with the deduction alternative			
d. Net outlays (Line a, less the sum of lines b and c)			

9. Period Covered by this Report

The **period covered by this report** is known as the **budget period**. Which is the timeframe in which you are authorized to expend a **certain amount** of your awarded grant funds and report the expenditures on the FSR. Usually a budget period is for one year.

FINANCIAL STATUS REPORT
(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-01	OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001			
4. Employer Identification Number 82-11223344	5. Recipient Account Number or Identifying Number	6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 06/01/2006	To: (Month, Day, Year) 05/31/2008	9. Period Covered by this Report From: (Month, Day, Year) 6/1/2006	To: (Month, Day, Year) 5/31/2007
10. Transactions:	I Previously Reported	I This Period	III Cumulative
a. Total outlays			
b. Refunds, rebates, etc.			
c. Program income used in accordance with the deduction alternative			
d. Net outlays (Line a, less the sum of lines b and c)			

10. Previously Reported

If this is the first FSR, there should be nothing reported in the “Previously Reported” section.

FINANCIAL STATUS REPORT (Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-01		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001					
4. Employer Identification Number 82-11223344		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 06/01/2006		To: (Month, Day, Year) 05/31/2008		9. Period Covered by this Report From: (Month, Day, Year) 6/1/2006	
		To: (Month, Day, Year) 5/31/2007			
10. Transactions:		I Previously Reported		II This Period	
a. Total outlays				III Cumulative	
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					

11. This Period - Column II (*Sec. 10, Line a*)

The “**THIS PERIOD**” column should only have expenses reported for the budget period covered in section 9.

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-01		OMB Approval No. 0348-0036	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001					
4. Employer Identification Number 82-11223344		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 06/01/2006		To: (Month, Day, Year) 05/31/2008		9. Period Covered by this Report From: (Month, Day, Year) 6/1/2006	
		To: (Month, Day, Year) 5/31/2007			
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays			10,000.00		
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (<i>Line a, less the sum of lines b and c</i>)					

12. Cumulative Section - Column III (Sec. 10, Line a)12.

The “Cumulative Section” is a **collective account** of all expenditures for the entire project period.

FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-01		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001					
4. Employer Identification Number 82-11223344		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 06/01/2006		To: (Month, Day, Year) 05/31/2008		9. Period Covered by this Report From: (Month, Day, Year) 6/1/2006	
				To: (Month, Day, Year) 5/31/2007	
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays			10,000.00	10,000.00	
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					

13. Rebates and Refunds Column III (Sec. 10, Line b)

Total of refunds and rebates should be reported by the grantee in the “Cumulative Section”.

* IHS grantees very rarely if ever have rebates.

FINANCIAL STATUS REPORT
(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-01		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001					
4. Employer Identification Number 82-11223344		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 06/01/2006		To: (Month, Day, Year) 05/31/2008		9. Period Covered by this Report From: (Month, Day, Year) 6/1/2006	
		To: (Month, Day, Year) 5/31/2007			
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays			10,000.00	10,000.00	
b. Refunds, rebates, etc.			0.00	0.00	
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					

Program Income: Gross income earned by a recipient that is directly generated by the grant supported project, program or activity or earned as a result of the award.

***Program Income can be used in the following ways;**

<u>Alternatives</u>	<u>Use of program income</u>
<u>Additive:</u>	Added to funds committed to the project or program and used to further eligible project or program objectives.
<u>Deductive:</u>	Deducted from total allowable costs of the project or program to determine the net allowable costs on which the Federal share of costs will be based.
<u>Combination :</u>	Uses all program income up to (and including) \$25,000 as specified under the additive alternative and any amount of program income exceeding \$25,000 under the deductive alternative.
<u>Matching:</u>	Used to satisfy all or part of the non-Federal share of a project or program.

•IHS uses the “additive” alternative.

14. Program Income - Column II (Sec. 10, Line c)

Grantee is required to report ‘*Program Income*’ here for “**Deductive Method only**” and report Program Income for the “Additive Method” on lines 10r and 10s.

Note: IHS uses the “Additive Method” for Program Income

FINANCIAL STATUS REPORT (Long Form) (Follow instructions on the back)			
1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-01	
		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001			
4. Employer Identification Number 82-11223344		5. Recipient Account Number or Identifying Number	6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 06/01/2006		To: (Month, Day, Year) 05/31/2008	9. Period Covered by this Report From: (Month, Day, Year) 6/1/2006
		To: (Month, Day, Year) 5/31/2007	
10. Transactions:		I Previously Reported	I This Period
		III Cumulative	
a. Total outlays			10,000.00
b. Refunds, rebates, etc.			0.00
c. Program income used in accordance with the deduction alternative			0.00
d. Net outlays (Line a, less the sum of lines b and c)			

15. Net Outlays

Column II (Sec. 10, Line d)

FINANCIAL STATUS REPORT (Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-01		OMB Approval No. 0348-0079	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001					
4. Employer Identification Number 82-11223344		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 06/01/2006		To: (Month, Day, Year) 05/31/2008		9. Period Covered by this Report From: (Month, Day, Year) 6/1/2006	
				To: (Month, Day, Year) 5/31/2007	
10. Transactions:		I	I	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays			10,000.00	10,000.00	
b. Refunds, rebates, etc.			0.00	0.00	
c. Program income used in accordance with the deduction alternative			0.00	0.00	
d. Net outlays (Line a, less the sum of lines b and c)			10,000.00		

16. Cumulative Net Outlays - Column III (Sec. 10, Line d)

Subtract **Line B & C** from **Line A** in
Column III to arrive at the

FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-01		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001					
4. Employer Identification Number 82-11223344		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 06/01/2006		To: (Month, Day, Year) 05/31/2008		9. Period Covered by this Report From: (Month, Day, Year) 6/1/2006	
				To: (Month, Day, Year) 5/31/2007	
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays			10,000.00	10,000.00	
b. Refunds, rebates, etc.			0.00	0.00	
c. Program income used in accordance with the deduction alternative			0.00	0.00	
d. Net outlays (Line a, less the sum of lines b and c)			10,000.00	10,000.00	

Did the organization contribute
to the project ?

- The next section allows the organization to account for any financial, donated, assistance, or outside contributions to the grant project.

17. Recipient Share of Outlays

Section 10, **Line E** through **I**

This is usually -0-. Only rarely do IHS grantees have items in these categories.

d. Net outlays (<i>Line a, less the sum of lines b and c</i>)		10,000.00	10,000.00
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award			0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00
h. All other recipient outlays not shown on lines e, f or g			0.00
i. Total recipient share of net outlays (<i>Sum of lines e, f, g and h</i>)			0.00
j. Federal share of net outlays (<i>line d less line i</i>)			
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share (<i>sum of lines j and m</i>)			
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds (<i>Line o minus line n</i>)			

18. Federal Share of Net Outlays - Column II & III (Sec. 10, Line j)

Subtract **Line I** from **Line D** in Column II and III to arrive at the federal share of '*Net Outlays*'

d. Net outlays (Line a, less the sum of lines b and c)		10,000.00	10,000.00
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award			0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00
h. All other recipient outlays not shown on lines e, f or g			0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)			0.00
j. Federal share of net outlays (line d less line i)		10,000.00	10,000.00
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share (sum of lines j and m)			
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds (Line o minus line n)			

Unliquidated Obligations

How to record and report unliquidated obligations.

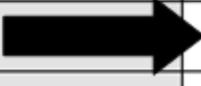
- Once you have calculated the Federal Share of Net Outlays, on Line J of the FSR, you are ready to begin reporting your

UNLIQUIDATED OBLIGATIONS.

d. Net outlays (<i>Line a, less the sum of lines b and c</i>)			
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			
f. Other Federal awards authorized to be used to match this award			
g. Program income used in accordance with the matching or cost sharing alternative			
h. All other recipient outlays not shown on lines e, f or g			
i. Total recipient share of net outlays (<i>Sum of lines e, f, g and h</i>)			
j. Federal share of net outlays (<i>line d less line i</i>)	LINE "J"		ACTUAL
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share (<i>sum of lines j and m</i>)			
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds (<i>Line o minus line n</i>)			

The total amount of UNLIQUIDATED OBLIGATIONS should be reported in column III, Line K under

- Total Unliquidated Obligations and under,
- Line M, Federal Share Of Unliquidated Obligations.

d. Net outlays (<i>Line a, less the sum of lines b and c</i>)			
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			
f. Other Federal awards authorized to be used to match this award			
g. Program income used in accordance with the matching or cost sharing alternative			
h. All other recipient outlays not shown on lines e, f or g			
i. Total recipient share of net outlays (<i>Sum of lines e, f, g and h</i>)			
j. Federal share of net outlays (<i>line d less line i</i>)			
k. Total unliquidated obligations	LINE "K"		
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations	LINE "M"		
n. Total Federal share (<i>sum of lines j and m</i>)			
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds (<i>Line o minus line n</i>)			

Special Note

- **Total unliquidated obligations** being reported on **Line K**
- Should be **the same as what is being reported** on **Line M**

Federal Share of Unliquidated Obligations

19. Unliquidated Obligations - Column III (Sec. 10, Line M)

EXAMPLE: The amount of “**FEDERAL**” funds **charged** to the IHS grant program for “unliquidated obligations” should be reported

d. Net outlays (Line a, less the sum of lines b and c)	0.00	10,000.00	10,000.00
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award			0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00
h. All other recipient outlays not shown on lines e, f or g			0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)			0.00
j. Federal share of net outlays (line d less line i) Actual Expenditures		10,000.00	10,000.00
k. Total unliquidated obligations			2,000.00
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations Enter federal share only here			2,000.00
n. Total Federal share (sum of lines j and m)			
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds (Line o minus line n)			

Calculating the
“Total Federal Share” of expenditures for the budget
period.

☀️NOTE: Total Federal Share

**Although the
“Unliquidated Obligations”
have not been paid,
they are still considered
expenses and required
to be counted
as expenditures against the budget
period in which they were incurred.**

therefore

The **Total Federal Share**, of expenditures Line N should include:

- **Federal Share of Net Outlays - Line J**

actual expenditures and,

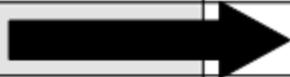
- **Federal Share of Unliquidated Obligations - Line M**

unliquidated obligations

The Federal Share of Net Outlays, (Line J), plus the Federal Share of unliquidated obligations (Line M) should be added together.....

d. Net outlays (<i>Line a, less the sum of lines b and c</i>)			
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			
f. Other Federal awards authorized to be used to match this award			
g. Program income used in accordance with the matching or cost sharing alternative			
h. All other recipient outlays not shown on lines e, f or g			
i. Total recipient share of net outlays (<i>Sum of lines e, f, g and h</i>)			
j. Federal share of net outlays (<i>line d less line i</i>) LINE "J"			
			
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
			
n. Total Federal share (<i>sum of lines j and m</i>)			
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds (<i>Line o minus line n</i>)			

And recorded as The Total Federal Share of expenditures on Line N.

d. Net outlays (<i>Line a, less the sum of lines b and c</i>)			
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			
f. Other Federal awards authorized to be used to match this award			
g. Program income used in accordance with the matching or cost sharing alternative			
h. All other recipient outlays not shown on lines e, f or g			
i. Total recipient share of net outlays (<i>Sum of lines e, f, g and h</i>)			
j. Federal share of net outlays (<i>line d less line i</i>)			
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share (<i>sum of lines j and m</i>) LINE "N"			
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds (<i>Line o minus line n</i>)			

The amount of unliquidated obligations and actual expenditures reported under the Total Federal Share, Line N , should be subtracted from the Total Federal Funds Authorized , Line O.

d. Net outlays <i>(Line a, less the sum of lines b and c)</i>			
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			
f. Other Federal awards authorized to be used to match this award			
g. Program income used in accordance with the matching or cost sharing alternative			
h. All other recipient outlays not shown on lines e, f or g			
i. Total recipient share of net outlays <i>(Sum of lines e, f, g and h)</i>			
j. Federal share of net outlays <i>(line d less line i)</i>			
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share <i>(sum of lines j and m)</i> - LINE "N" from			
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds <i>(Line o minus line n)</i>			

To obtain the total “Unobligated Balance” on Line P.

d. Net outlays (<i>Line a, less the sum of lines b and c</i>)			
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			
f. Other Federal awards authorized to be used to match this award			
g. Program income used in accordance with the matching or cost sharing alternative			
h. All other recipient outlays not shown on lines e, f or g			
i. Total recipient share of net outlays (<i>Sum of lines e, f, g and h</i>)			
j. Federal share of net outlays (<i>line d less line i</i>)			
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share (<i>sum of lines j and m</i>)			
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds (<i>Line o minus line n</i>)			

LINE “P”



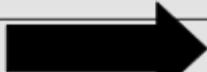
The Federal Share of Net Outlays from Line J and the Federal Share of unliquidated obligations Line M should be added to obtain the “Total Federal Share” of expenditures on Line N.

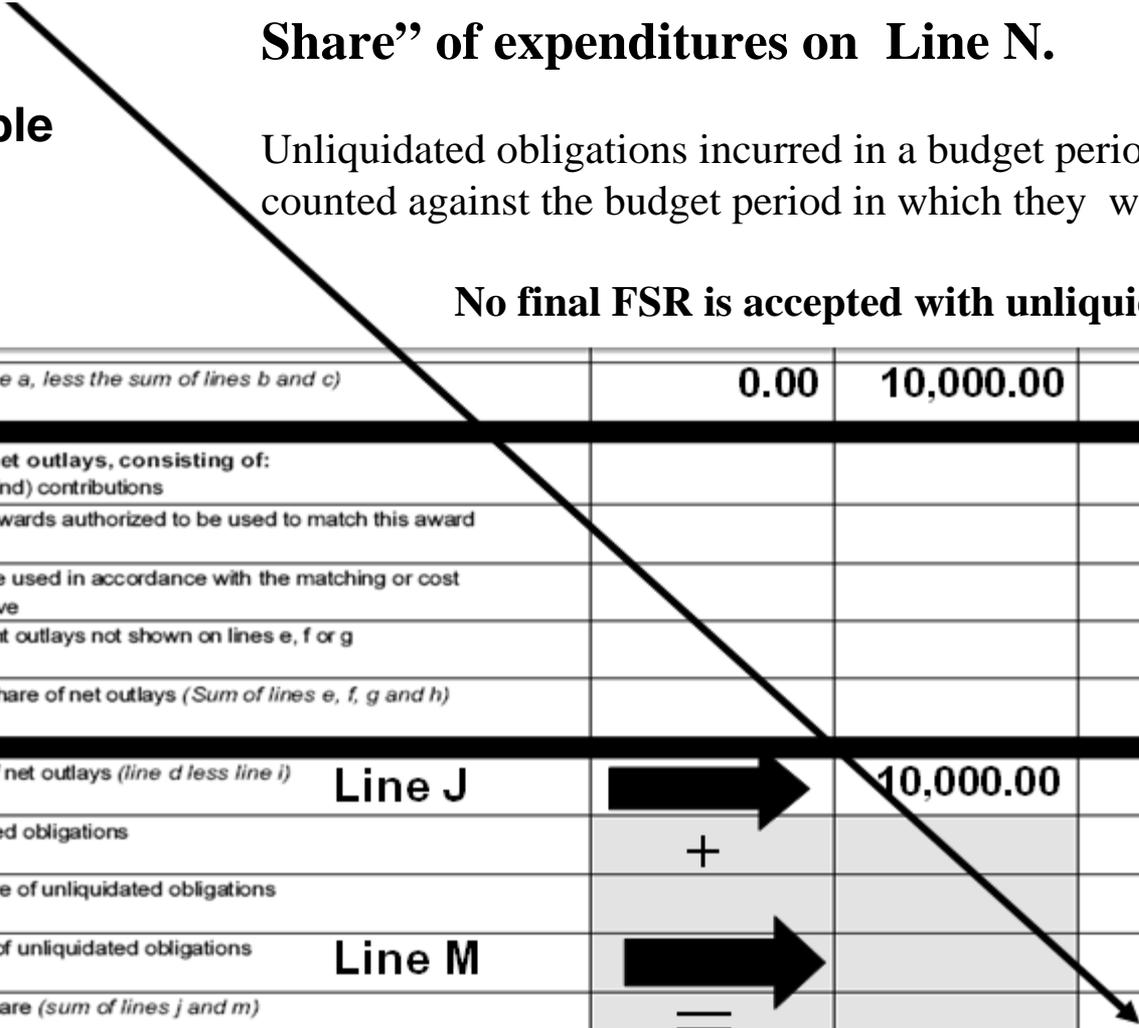
20. Total Federal Share

Example

Unliquidated obligations incurred in a budget period must be charged or counted against the budget period in which they were incurred.

No final FSR is accepted with unliquidated obligations.

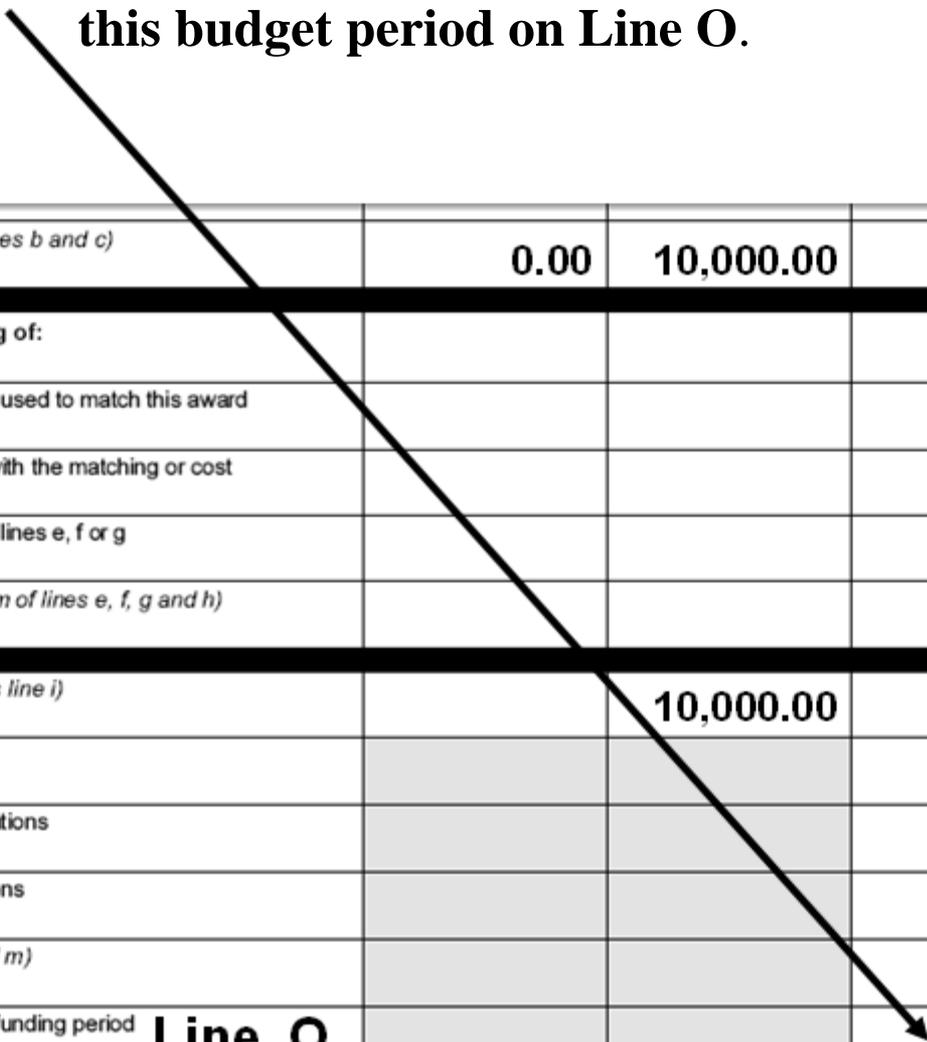
d. Net outlays (Line a, less the sum of lines b and c)		0.00	10,000.00	10,000.00
Recipient's share of net outlays, consisting of:				
e. Third party (in-kind) contributions				0.00
f. Other Federal awards authorized to be used to match this award				0.00
g. Program income used in accordance with the matching or cost sharing alternative				0.00
h. All other recipient outlays not shown on lines e, f or g				0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)				0.00
j. Federal share of net outlays (line d less line i)	Line J		10,000.00	10,000.00
k. Total unliquidated obligations		+		2,000.00
l. Recipient's share of unliquidated obligations				
m. Federal share of unliquidated obligations	Line M			2,000.00
n. Total Federal share (sum of lines j and m)		=		12,000.00
o. Total Federal funds authorized for this funding period				
p. Unobligated balance of Federal funds (Line o minus line n)				



21. Total Federal Funds Authorized

Column III (Sec. 10, Line o)

List the “Total Federal Funds Authorized” for this budget period on Line O.



d. Net outlays (Line a, less the sum of lines b and c)	0.00	10,000.00	10,000.00
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award			0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00
h. All other recipient outlays not shown on lines e, f or g			0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)			0.00
j. Federal share of net outlays (line d less line i)		10,000.00	10,000.00
k. Total unliquidated obligations			2,000.00
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			2,000.00
n. Total Federal share (sum of lines j and m)			12,000.00
o. Total Federal funds authorized for this funding period Line O			15,000.00
p. Unobligated balance of Federal funds (Line o minus line n)			

22. Unobligated Balance - Column III (Sec. 10, Line P)

Subtract **Line N** from **Line O** to find the **unobligated balance on Line P**

$(15,000.00 - 12,000.00 = 3,000.00)$

d. Net outlays (Line a, less the sum of lines b and c)		0.00	10,000.00	10,000.00
Recipient's share of net outlays, consisting of:				
e. Third party (in-kind) contributions				0.00
f. Other Federal awards authorized to be used to match this award				0.00
g. Program income used in accordance with the matching or cost sharing alternative				0.00
h. All other recipient outlays not shown on lines e, f or g				0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)				0.00
j. Federal share of net outlays (line d less line i)			10,000.00	10,000.00
k. Total unliquidated obligations				2,000.00
l. Recipient's share of unliquidated obligations				
m. Federal share of unliquidated obligations				2,000.00
n. Total Federal share (sum of lines j and m)	- Line N			12,000.00
o. Total Federal funds authorized for this funding period	Line O			15,000.00
p. Unobligated balance of Federal funds (Line o minus line n)			Unobligated balance	3,000.00

If the grantee has more than 25% of the total awarded amount (for the budget period) unobligated;

An explanation must be submitted for the official grant file and they must have prior approval to expended the unobligated funds as carryover.

Depending on the validity of the explanation, a decision of whether to offset or carryover the unobligated balance can be made.

This decision is usually a joint programmatic and grants management decision.

- If the grantee has **less than 25%** of the total awarded amount (for the budget period) unobligated;
 - **NO prior approval** or explanation is needed; they may expend the unobligated balance as carryover funds as they wish and document the remarks section of the FSR.
- (25% of \$15,000 would be \$3,750.00 therefore no explanation would be required from the grantee).

23. Program Income - Column III (Sec. 10, Line q, r, s, t)

Detail any Program Income used in accordance with the "Additive Method" (used by IHS).

Program income, consisting of:					0.00
q. Disbursed program income shown on lines c and/or g above					
r. Disbursed program income using the addition alternative					0.00
s. Undisbursed program income					0.00
t. Total program income realized (Sum of lines q, r and s)					0.00
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box)				
	<input checked="" type="checkbox"/> Provisional <input checked="" type="checkbox"/> Predetermined <input checked="" type="checkbox"/> Final <input checked="" type="checkbox"/> 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.					
Typed or Printed Name and Title				Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official				Date Report Submitted	

24. Indirect Costs:

IDC are costs incurred for common or joint objectives that cannot be identified specifically with a particular project or program.

1. Indirect Expense	a. Type of Rate (Place "X" in appropriate box)			
	<input type="checkbox"/> Provisional	<input type="checkbox"/> Predetermined	<input type="checkbox"/> Final	<input checked="" type="checkbox"/> 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.				
Typed or Printed Name and Title			Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official			Date Report Submitted	

Provisional Rate: Is a **temporary rate** established for a given period of time to permit funding, claiming, and reporting of indirect costs.

Predetermined Rate: Is a **permanent rate** established for a specific future period based on a review of actual costs from a preceding period.

Final Rate: Is a **permanent rate established after an organization's actual costs** for a current year are known.

Fixed Rate: Has the same characteristics as a predetermined rate; however, **the difference between the costs used to establish the fixed rate and the actual costs incurred** during the fiscal year covered by the fixed rate is classified as a carry-forward.

➤ If the actual costs incurred are higher than the reimbursement provided using the fixed rate, the grantee will incur an **under recovery**. If the actual costs incurred are lower than the reimbursement provided using the fixed rate, the grantee incurs an **over recovery**.

➤ The carry-forward is used as an adjustment to the current rate to allow the grantee to either recover under recovery or pay back an over recovery in a subsequent year. Fixed rates are often used to establish fringe benefit rates.

Indirect Cost Calculations with an Approved Rate Agreement

- Total authorized award amount = \$15,000
- Base equals total modified direct costs excluding capital expenditures, buildings, individual items of equipment, alterations, renovations, salary and wages, and that portion of each sub-award in excess of \$25,000.
(For our example – Grantee had individual items of equipments of \$3000)
- DCA approved Negotiated Indirect Cost Rate Agreement is 10% of total modified direct cost.

Total expenditures	\$15,000
Minus Exclusions	<u>-\$3,000</u>
Base	\$12,000
IDC Rate 10% x Base	10% x 12,000 = 1200
Total Allowable Indirect Cost	\$1,200

b. Note the approved IDC rate.

c. Note the base (what is applicable) of the IDC being charged to this grant.

d. The total IDC being charged to this grant.

e. The federal share of IDC being charged to this grant.

25. Indirect Costs
Section 11 (b, c, d, e)

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box)			
	<input checked="" type="checkbox"/> Provisional	<input type="checkbox"/> Predetermined	<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Fixed
	b. Rate 10%	c. Base 12,000.00	d. Total Amount 1,200.00	e. Federal Share 1,200.00
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.				
Typed or Printed Name and Title			Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official			Date Report Submitted	

26. Remarks - Section 12- Any special comments to the FSR should be noted here.

Sample remark : *Notice of intent to request a carryover of the unobligated balance if over 25% of the total award for the budget period.*

Special Note: *Under 25%, no approval needed.*

Must document intent to use carryover funds, include amount, and year funds will be used in.

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box)			
	<input checked="" type="checkbox"/> Provisional	<input checked="" type="checkbox"/> Predetermined	<input checked="" type="checkbox"/> Final	<input checked="" type="checkbox"/> Fixed
	b. Rate	c. Base	d. Total Amount	e. Federal Share
12. <i>Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.</i> Our organization will used \$3,000 of carryover funds for the 02 year of our project.				
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.				
Typed or Printed Name and Title			Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official			Date Report Submitted	

27. Certification - Section 13

Certification Section:

Required to be completely filled out with all information and required signatures.

11 Indirect Expense	a. Type of Rate (Place "X" in appropriate box)			
	<input type="checkbox"/> Provisional	<input type="checkbox"/> Predetermined	<input type="checkbox"/> Final	<input type="checkbox"/> Fixed
	b. Rate	c. Base	d. Total Amount	e. Federal Share
12 <i>Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.</i>				
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.				
Typed or Printed Name and Title			Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official			Date Report Submitted	



Questions, anyone?

NEXT:

We will review the Continuation or Final Cumulative FSR for this project.

Which will :

- show cumulative expenditures reported for budget periods 1 and 2,**
- serve as the closeout FSR for the project, and**
- clear all unliquidated obligations.**

2nd Year – Grantee awarded \$40,000

2. Federal Grant or Other Identifying Number Assigned By Federal Agency

This is the 2nd year of the grant project period.

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-02		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code)					
4. Employer Identification Number		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)	
		To: (Month, Day, Year)			
10. Transactions:		I	I	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					

3. Recipient Account or Identifying Number

FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-02	OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001			
4. Employer Identification Number 82-11223344	5. Recipient Account Number or Identifying Number	6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10. Transactions:	I Previously Reported	I This Period	III Cumulative
a. Total outlays			
b. Refunds, rebates, etc.			
c. Program income used in accordance with the deduction alternative			
d. Net outlays (Line a, less the sum of lines b and c)			

4. Final FSR Report – Closeout FSR

Grantee should have selected **yes** because this is the final FSR for the two year grant award and,

because this is the **Final Closeout FSR** for the two year project period.

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-02	OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001			
4. Employer Identification Number 82-11223344	5. Recipient Account Number or Identifying Number	6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
10. Transactions:	I Previously Reported	I This Period	III Cumulative
a. Total outlays			
b. Refunds, rebates, etc.			
c. Program income used in accordance with the deduction alternative			
d. Net outlays (Line a, less the sum of lines b and c)			

5. Basis

FINANCIAL STATUS REPORT (Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-02		OMB Approval No. 0348-0039	Page of _____ pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001					
4. Employer Identification Number 82-11223344		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		To: (Month, Day, Year)		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
9. Period Covered by this Report From: (Month, Day, Year)		To: (Month, Day, Year)			
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					

6. Funding/Grant Period

The Funding /Grant Period remains the same.

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-02	OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001			
4. Employer Identification Number 82-11223344	5. Recipient Account Number or Identifying Number	6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 06/01/2006	To: (Month, Day, Year) 05/31/2008	9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year)	
10. Transactions:	I Previously Reported	I This Period	III Cumulative
a. Total outlays			
b. Refunds, rebates, etc.			
c. Program income used in accordance with the deduction alternative			
d. Net outlays (Line a, less the sum of lines b and c)			

7. Period Covered by this Report

The report covered by this period changes to the next award year.

FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-02		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001					
4. Employer Identification Number 82-11223344		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 06/01/2006		To: (Month, Day, Year) 05/31/2008		9. Period Covered by this Report From: (Month, Day, Year) 6/1/2007	
				To: (Month, Day, Year) 5/31/2008	
10. Transactions:			I	I	III
			Previously Reported	This Period	Cumulative
a. Total outlays					
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					

8. Previously Reported - Section 10, Column I, Line A

As a “Cumulative Report, since this is the 02 year FSR, you should report **all 01 year expenditures** on this FSR under “**Previously Reported**”

FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-02		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001					
4. Employer Identification Number 82-11223344		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 06/01/2006 To: (Month, Day, Year) 05/31/2008		9. Period Covered by this Report From: (Month, Day, Year) 6/1/2007 To: (Month, Day, Year) 5/31/2008	
10. Transactions:		I	I	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays		12,000.00			
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					

Add Previous Year here

9. Current Expenditures - Column II (Sec. 10, Line A)

Grantee is required to report **current year expenditures** for the **02 year under “ This Period”**. Which should reflect the budget period in section 9.

FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-02		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001					
4. Employer Identification Number 82-11223344		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 06/01/2006		To: (Month, Day, Year) 05/31/2008		9. Period Covered by this Report From: (Month, Day, Year) 6/1/2007	
		To: (Month, Day, Year) 5/31/2008			
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays		12,000.00	40,000.00		
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					

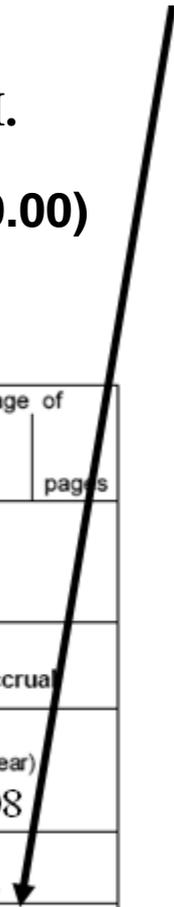
10. Cumulative Column III (Sec. 10, Line A)

Add Line A, Column I and Column II to verify the balance recorded in Column III.

(12,000.00 + 40,000.00 = 52,000.00)

FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-02		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001					
4. Employer Identification Number 82-11223344		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 06/01/2006		To: (Month, Day, Year) 05/31/2008		9. Period Covered by this Report From: (Month, Day, Year) 6/1/2007	
				To: (Month, Day, Year) 5/31/2008	
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays		12,000.00	40,000.00	52,000.00	
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					



11. Net Outlays for Year 1 - Column I (Sec. 10, Line D)

Subtract Line B & C from Line A for any Previously Reported amount to arrive at your 'Net Outlays'

$$(12,000 - 0.00 = 12,000)$$

FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-02	OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001			
4. Employer Identification Number 82-11223344	5. Recipient Account Number or Identifying Number	6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 06/01/2006	To: (Month, Day, Year) 05/31/2008	9. Period Covered by this Report From: (Month, Day, Year) 6/1/2007	To: (Month, Day, Year) 5/31/2008
10. Transactions:	I Previously Reported	I This Period	III Cumulative
a. Total outlays	12,000.00	40,000.00	52,000.00
b. Refunds, rebates, etc.	0.00	0.00	0.00
c. Program income used in accordance with the deduction alternative	0.00	0.00	0.00
d. Net outlays (Line a, less the sum of lines b and c)	12,000.00		

12. Net Outlays for the current reporting period - Column II (Sec. 10, Line D)

**Subtract Line B & C from Line A in Column II
to arrive at the current period 'Net Outlays'**

(40,000 – 0.00 = 40,000)

FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-02		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001					
4. Employer Identification Number 82-11223344		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 06/01/2006		To: (Month, Day, Year) 05/31/2008		9. Period Covered by this Report From: (Month, Day, Year) 6/1/2007	
		To: (Month, Day, Year) 5/31/2008			
10. Transactions:		I	I	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays		12,000.00	40,000.00	52,000.00	
b. Refunds, rebates, etc.		0.00	0.00	0.00	
c. Program income used in accordance with the deduction alternative		0.00	0.00	0.00	
d. Net outlays (Line a, less the sum of lines b and c)		12,000.00	40,000.00		

13. Cumulative Net Outlays - Column III (Sec. 10, Line D)

Subtract Line B & C from Line A in Column III to arrive at the Cumulative 'Net Outlays'

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Indian Health Service		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 5 H1D9400 777-02		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) One Who Rises to the Occasion Tribe PO Box 001, Show Me, MO 20001					
4. Employer Identification Number 82-11223344		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 06/01/2006		To: (Month, Day, Year) 05/31/2008		9. Period Covered by this Report From: (Month, Day, Year) 6/1/2007	
		To: (Month, Day, Year) 5/31/2008			
10. Transactions:			I	I	III
			Previously Reported	This Period	Cumulative
a. Total outlays			12,000.00	40,000.00	52,000.00
b. Refunds, rebates, etc.			0.00	0.00	0.00
c. Program income used in accordance with the deduction alternative			0.00	0.00	0.00
d. Net outlays (Line a, less the sum of lines b and c)			12,000.00	40,000.00	52,000.00

Reminder

- The next section allows your organization to account for any financial, donated, assistance they, or outside sources may have contributed to their grant project.

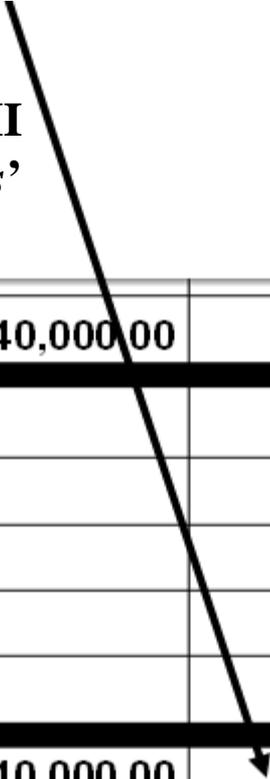
14. Recipient Share - Section 10, Line E through I

This is usually -0-. Only rarely do IHS. grantees have items in these categories

d. Net outlays (Line a, less the sum of lines b and c)	12,000.00	40,000.00	52,000.00
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award			0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00
h. All other recipient outlays not shown on lines e, f or g			0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)			0.00
j. Federal share of net outlays (line d less line i)			
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share (sum of lines j and m)			
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds (Line o minus line n)			

15. Net Outlays Column III (Sec. 10, Line J)

Subtract Line I from Line D in Column I, II, and III to arrive at the federal share of 'Net Outlays'



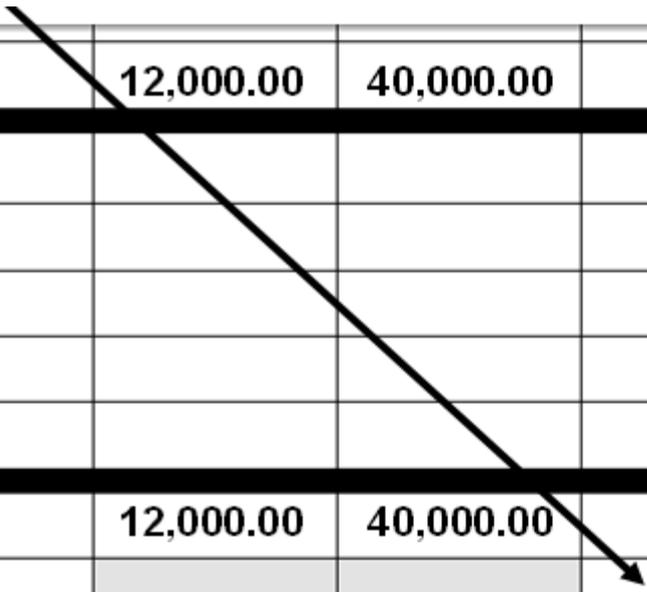
d. Net outlays (Line a, less the sum of lines b and c)	12,000.00	40,000.00	52,000.00
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award			0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00
h. All other recipient outlays not shown on lines e, f or g			0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)			0.00
j. Federal share of net outlays (line d less line i)	12,000.00	40,000.00	52,000.00
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share (sum of lines j and m)			
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds (Line o minus line n)			

16. Total Unliquidated Obligations
Column III
(Sec. 10, Line K)

Total Unliquidated Obligations for the 02 year should be listed here.

NOTE: If this is the final FSR for **Closeout**, there should not be any **Unliquidated Obligations** being reported.

d. Net outlays (<i>Line a, less the sum of lines b and c</i>)	12,000.00	40,000.00	52,000.00
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award			0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00
h. All other recipient outlays not shown on lines e, f or g			0.00
i. Total recipient share of net outlays (<i>Sum of lines e, f, g and h</i>)			0.00
j. Federal share of net outlays (<i>line d less line i</i>)	12,000.00	40,000.00	52,000.00
k. Total unliquidated obligations			0.00
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share (<i>sum of lines j and m</i>)			
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds (<i>Line o minus line n</i>)			

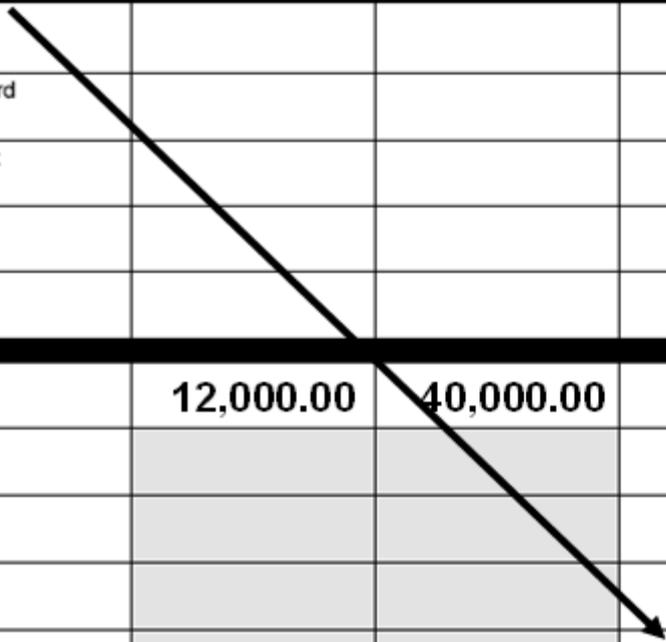


17. Federal Share Unliquidated Obligations - Column III (Sec. 10, Line M)

Federal Share of 02 year unliquidated obligations should be listed on Line M. (If any) or

(If this is the closeout FSR then all unliquidated obligations should be liquidated).

d. Net outlays (Line a, less the sum of lines b and c)	12,000.00	40,000.00	52,000.00
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award			0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00
h. All other recipient outlays not shown on lines e, f or g			0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)			0.00
j. Federal share of net outlays (line d less line i)	12,000.00	40,000.00	52,000.00
k. Total unliquidated obligations			0.00
l. Recipient's share of unliquidated obligations			0.00
m. Federal share of unliquidated obligations			0.00
n. Total Federal share (sum of lines j and m)			
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds (Line o minus line n)			

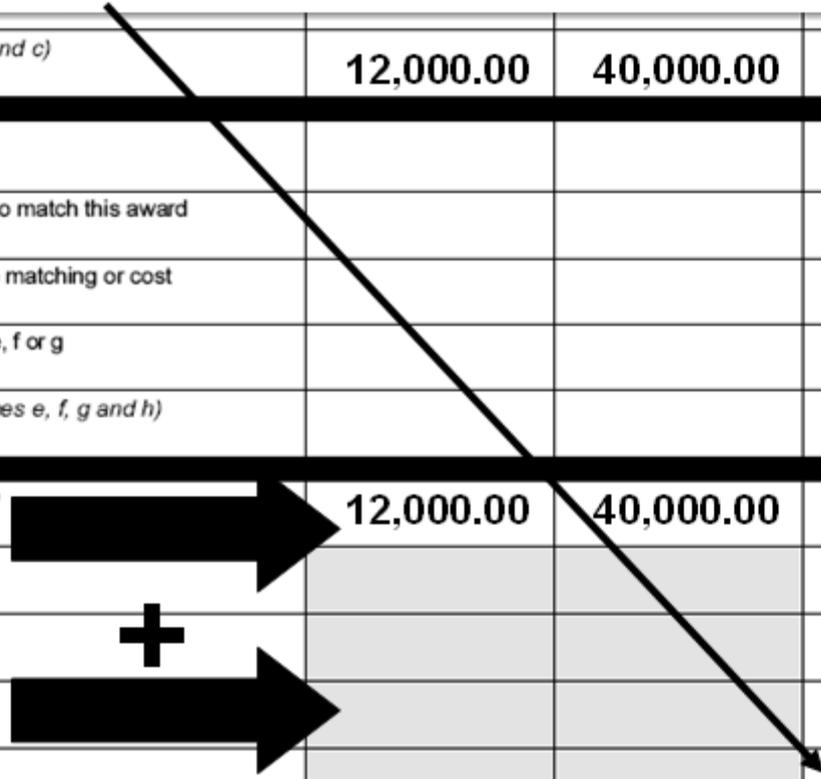


18. Cumulative Total Federal Share - Column III (Sec. 10, Line N)

There should not be any unliquidated obligations at this point if this is the last FSR for the project period or final closeout fsr.

Enter the Federal Share of Net Outlays from Line J – on Line N for the Total Cumulative Federal Share of expenditures.

d. Net outlays (Line a, less the sum of lines b and c)	12,000.00	40,000.00	52,000.00
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award			0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00
h. All other recipient outlays not shown on lines e, f or g			0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)			0.00
j. Federal share of net outlays (line d less line i)	12,000.00	40,000.00	52,000.00
k. Total unliquidated obligations			0.00
l. Recipient's share of unliquidated obligations			0.00
m. Federal share of unliquidated obligations			0.00
n. Total Federal share (sum of lines j and m)			52,000.00
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds (Line o minus line n)			

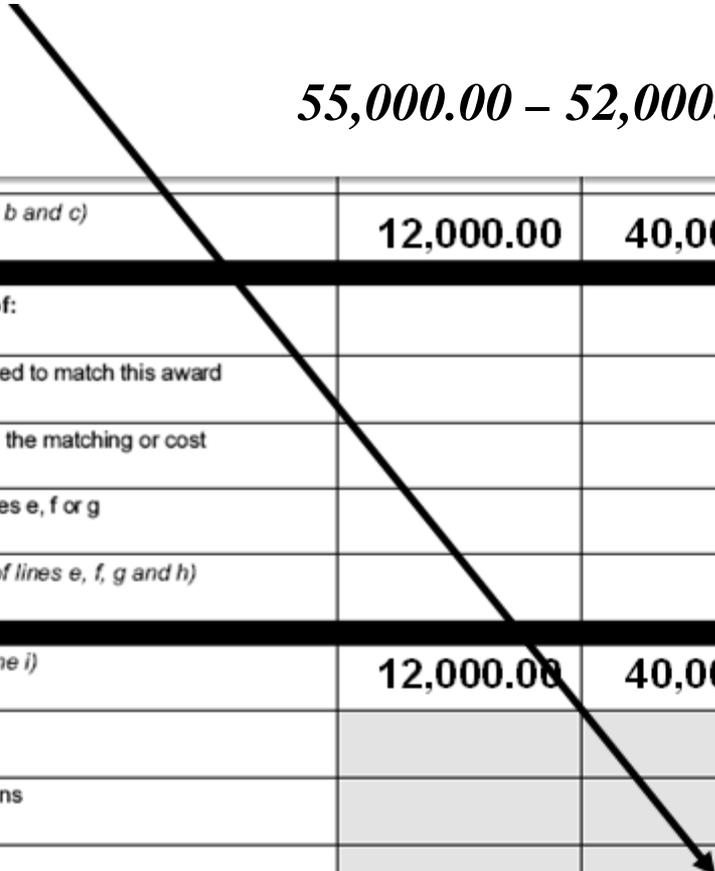


20. Unobligated Balance Column III (Sec. 10, Line P)

Subtract Line N from Line O to find the 'Unobligated Balance'.

$$55,000.00 - 52,000.00 = 3,000.00$$

d. Net outlays (Line a, less the sum of lines b and c)	12,000.00	40,000.00	52,000.00
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award			0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00
h. All other recipient outlays not shown on lines e, f or g			0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)			0.00
j. Federal share of net outlays (line d less line i)	12,000.00	40,000.00	52,000.00
k. Total unliquidated obligations			0.00
l. Recipient's share of unliquidated obligations			0.00
m. Federal share of unliquidated obligations			0.00
n. Total Federal share (sum of lines j and m)			52,000.00
o. Total Federal funds authorized for this funding period			55,000.00
p. Unobligated balance of Federal funds (Line o minus line n)			3,000.00



21. Program Income - Column III (Sec. 10, Line q, r, s, t)

*Detail any Program Income used in accordance with the
“Additive Method” (used by IHS).*

Program income, consisting of:				
q. Disbursed program income shown on lines c and/or g above				0.00
r. Disbursed program income using the addition alternative				0.00
s. Undisbursed program income				0.00
t. Total program income realized (Sum of lines q, r and s)				0.00
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box)			
	<input checked="" type="checkbox"/> Provisional <input checked="" type="checkbox"/> Predetermined <input checked="" type="checkbox"/> Final <input checked="" type="checkbox"/> 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.				
Typed or Printed Name and Title			Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official			Date Report Submitted	

22. Indirect Costs Section 11 (b, c, d, e)

- b. Note the approved IDC rate.
- c. Note the base (what is applicable) of the IDC being charged to this grant.
- d. The total IDC being charged to this grant.
- e. The federal share of IDC being charged to this grant.

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box)			
	<input type="checkbox"/> Provisional	<input type="checkbox"/> Predetermined	<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Fixed
	b. Rate 10%	c. Base 40,000.00	d. Total Amount 4,000.00	e. Federal Share 4,000.00
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.				
Typed or Printed Name and Title			Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official			Date Report Submitted	

23. Remarks - Section 12

Any special comments to the FSR should be noted here by the grantee.

Sample remark : *Notice of intent to request a carryover of the unobligated balance if over 25% of the total award for the budget period.*

Special Note: *Under 25% no approval needed.*

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box)			
	<input type="checkbox"/> Provisional	<input type="checkbox"/> Predetermined	<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Fixed
	b. Rate	c. Base	d. Total Amount	e. Federal Share
12. <i>Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.</i>				
Closeout Financial Status Report				
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.				
Typed or Printed Name and Title			Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official			Date Report Submitted	

24. Certification - Section 13

Certification Section:

Required to be completely filled out with all information and required signatures.

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box)			
	<input type="checkbox"/> Provisional	<input type="checkbox"/> Predetermined	<input type="checkbox"/> Final	<input type="checkbox"/> 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.				
Typed or Printed Name and Title			Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official			Date Report Submitted	

Grant Policy Staff

The Grants Policy Staff would like to take this opportunity to thank you for being apart of this Grants Policy sponsored training. Grants Policy is dedicated to empowering our IHS grant community with the required knowledge and training needed for continued compliance of IHS policies, Indian laws, and HHS legislative and regulatory requirements.

For questions regarding this presentation, please contact:

Ms. Tammy G. Bagley

Senior Grants Policy Analyst

(301) 443-7172