

FINANCIAL STATUS REPORT I

(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 Yes No		7. Basis Cash 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. Refunds, rebates, etc.						
c. Program income used in accordance with the deduction alternative				XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
d. Net outlays (Line a, less the sum of lines b and c)						
Recipients share of net outlays consisting of:						
e. SBDC Network In-kind Match						
f. SBDC Network Waived Indirect Costs						
g. Program Income used in accordance with the matching or cost sharing alternative				XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
h. All SBDC Network Cash Match						
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. Recipients 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)						
q. Program Income : See Attached SBA Form 2113				XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
11. Indirect Expense	a. See attached SBDC network schedule of all indirect costs (Rates, bases, total indirect cost, federal share)			XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX
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 awards document						
Typed or Printed Name and Title				Telephone (Area Code, number and extension)		
Signature of Authorized Certifying Official				Date Report Submitted		

