

FEDERAL FINANCIAL REPORT

Appendix DD

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1. Federal Agency and Organizational Element to Which Report is Submitted EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH & HUMAN DEVELOPMENT		2. Federal Grant or Other Identifying Number Assigned by Federal Agency 5T32HD0xxxx-05					
3. Recipient Organization (Name and complete address, including Zip code) UNIVERSITY OF ROCHESTER UNIVERSITY OF ROCHESTER 518 Hylan Bldg., Box 270140 ROCHESTER NY 146270140							
4a. DUNS Number 041294109	4b. EIN 1160743209A1	5. Recipient Account Number or Identifying Number GR52xxxx	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Project/Grant Period From: 05/01/2010 To: 04/30/2016			9. Reporting Period End Date 04/30/2016				
10. Transactions			Cumulative				
<i>(Use lines a-c for single or multiple grant reporting)</i>							
Federal Cash (To report multiple grants, also use FFR Attachment):							
a. Cash Receipts			0.00				
b. Cash Disbursements			0.00				
c. Cash on Hand (line a minus b)			0.00				
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized			1,096,949.00				
e. Federal share of expenditures			1,085,999.05				
f. Federal share of unliquidated obligations			0.00				
g. Total Federal share (sum of lines e and f)			1,085,999.05				
h. Unobligated balance of Federal funds (line d minus g)			10,949.95				
Recipient Share:							
i. Total recipient share required			0.00				
j. Recipient share of expenditures			0.00				
k. Remaining recipient share to be provided (line i minus j)			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 or line n)			0.00				
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Predetermined	8	05/01/2010	04/30/2016	1,003,872.76	80,309.82	80,309.83
	g. Totals:			1,003,872.76	80,309.82	80,309.83	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
Please direct any questions regarding this FFR to Shirley Liu at 585-276-4184 or sliu20@finance.rochester.edu.							
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 intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official					c. Telephone (Area code, number and extension)		
Theresa Messenger Manager					585-273-4185		
					d. Email address		
					tmessenger@finance.rochester.edu		
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year)		
14. Agency use only:							

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