

# Cooperative State Research, Education, and Extension Service

Financial Reporting 101, Session #25

By

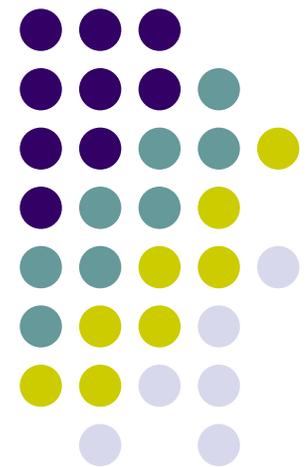
**SELENE GATES**

Budget and Accounting Technician

**WANDA D. EDWARDS**

Leader, Funds Management Section

May 2, 2006



# **FMS TEAMS**



## **Payments & Operations**

**Acting Team Leader – Pia Miller**

## **Recipient Reporting –**

**Acting Team Leader – Wanda Edwards**

## **Cash Reconciliation**

**Team Leader – Sharon Vessels**

# TECHNICIANS PER STATE



**Sophia Wilson  
Research**

**Khaliah Whittington  
Research**

**Ann Tucker  
Research**

**Selene Gates  
Extension**

**California  
Connecticut  
Delaware  
Florida  
Georgia  
Guam  
Hawaii  
Idaho  
Illinois  
Indiana  
Iowa  
Kansas  
Kentucky  
Louisiana  
Rhode Island  
South Carolina  
South Dakota  
Texas  
Virgin Islands**

**Alabama  
American Samoa  
Arkansas  
District of Columbia  
Maine  
Maryland  
Massachusetts  
Michigan  
Micronesia  
Minnesota  
Mississippi  
Missouri  
Montana  
Nebraska  
Nevada  
New Hampshire  
New Jersey  
New York  
Tennessee  
Virginia  
Washington  
West Virginia  
Wyoming**

**Alaska  
Arizona  
Colorado  
Northern Marianas  
North Carolina  
North Dakota  
New Mexico  
New York  
Ohio  
Oklahoma  
Oregon  
Pennsylvania  
Puerto Rico  
Utah  
Vermont  
Wisconsin**

**ALL STATES**

# CONTACT INFORMATION



## FUNDS MANAGEMENT SECTION (FMS)

**POLICY AND GENERAL QUESTIONS- Ellen Danus, Branch Chief, Policy, Oversight and Funds Management Branch Phone: 202-401-4325, email: [edanus@csrees.usda.gov](mailto:edanus@csrees.usda.gov)**

## RECIPIENT REPORTING TEAM (RRT)

**SF-269, PSC272 AND TECHNICAL QUESTIONS- Wanda Edwards, Acting Team Leader, RRT Phone: 202-401-4527, email: [wwwalker@csrees.usda.gov](mailto:wwwalker@csrees.usda.gov)**

**FORMULA EXTENSION QUESTIONS- Selene Gates, Budget & Accounting Technician, Phone 202-720-3512 , email: [sgates@csrees.usda.gov](mailto:sgates@csrees.usda.gov)**

**FORMULA RESEARCH and REGULAR GRANT QUESTIONS- Sophia Wilson, Budget & Accounting Technician, Phone: 202-401-5629, email: [swilson@csrees.usda.gov](mailto:swilson@csrees.usda.gov)**

**FORMULA RESEARCH and REGULAR GRANT QUESTIONS- Ann Tucker, Budget & Accounting Technician, Phone: 202-401-4315, email: [atucker@csrees.usda.gov](mailto:atucker@csrees.usda.gov)**

**FORMULA RESEARCH and REGULAR GRANT QUESTIONS- Khaliah Whittington, Budget & Accounting Technician, Phone: 202-401-6309, email: [kwhittington@csrees.usda.gov](mailto:kwhittington@csrees.usda.gov)**

# HHS-PMS CONTACT PERSON FOR DRAWS DOWNS



- Vivian Hughes – (301) 443-9181

Email Address: [vhughes@psc.gov](mailto:vhughes@psc.gov)

Due Dates for 272 submission – quarterly

1st Quarter – October through December

2<sup>nd</sup> Quarter – January through March

3<sup>rd</sup> Quarter – April through June

4<sup>th</sup> Quarter – July through September

## PREPARATION OF THE SF-269



**WEB ADDRESS FOR OBTAINING LONG FORM SF-269  
(FORMULA FUNDS) AND SHORT FORM –SF269A  
(REGULAR GRANTS)**

**<http://www.whitehouse.gov/omb/grants/sf269.pdf>**

# HOW TO PREPARE THE SF-269 FORM



**Financial Status Report**  
(Long Form)  
(Follow instructions on the back)

1. Federal Agency and Organization Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned By Federal Agency		OMB Approval No. 0348-0038	Pages of _____ page
3. Recipient Organization (Name and complete address, including ZIP Code)					
4. Employer Identification Number	5. Recipient Account Number 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 the Report From: (Month, Day, Year)	To: (Month, Day, Year)		
10. Transaction:	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					
d. Net Outlays (Line a, less the sum of lines b and c)					
<b>Recipient's share of net outlays, consisting of:</b>					
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 (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 this funding period					
p. Unobligated balance of Federal funds (Line o minus line n)					
<b>Program income, consisting of:</b>					
q. Disbursed program income shown on lines c and/or g above					
r. Disbursed program income using the addition alternative					
s. Undisbursed program income					
t. 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"/> 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 purpose 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		

**THIS FORM IS USED FOR  
FORMULA FUNDS ONLY  
PLEASE USE THE SHORT  
FORM FOR GRANTS**

**Financial Status Report**  
(Long Form)  
(Follow instructions on the back)

1. Federal Agency and Organization Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned By Federal Agency		OMB Approval No. 0348-0038		Pages of	
						pages	
3. Recipient Organization (Name and complete address, including ZIP Code)							
4. Employer Identification Number		5. Recipient Account Number 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 the Report From: (Month, Day, Year)		To: (Month, Day, Year)	
10: Transaction:		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							
d. Net Outlays (Line a, less the sum of lines b and c)							
<b>Recipient's share of net outlays, consisting of:</b>							
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 (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 this funding period							
p. Unobligated balance of Federal funds (Line o minus line n)							
<b>Program income, consisting of:</b>							
q. Disbursed program income shown on lines c and/or g above							
r. Disbursed program income using the addition alternative							
s. Undisbursed program income							
t. 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"/> 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 purpose 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			



## B. SF-269s DUE DATES

**Formula Extension Activities (1890s) – December 1<sup>st</sup>**

**Formula Research Activities (1862s, 1890s, and other Cooperating Institutions) – December 31<sup>st</sup>**

**Formula Extension Activities (1862s) – April 1<sup>st</sup>**

**Regular Grants** – Within 90 Days of the Termination Date of the grant

# FINANCIAL STATUS REPORT SF-269



- Financial Document due 90 days after the termination of the award
- Final SF-269 submission

# HOW TO PREPARE THE SF-269 FORM



1. Federal Agency and Organizational Element to Which Report is Submitted  2. CSREES/USDA	2. Federal Grant or Other Identifying Number Assigned By Federal Agency  2004-41100-12354	OMB Approval No. <b>0348-0039</b>	Pages of	pages
3. Recipient Organization (Name and complete address, including ZIP Code) Plain Talk College – 1521 Plain View Road, Turn Right, VA 23310				
4. Employer Identification Number  1245012243A1	5. Recipient Account Number or Identifying Number  75903-1      12J00P		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period ( <i>See instructions</i> ) From: (Month, Day, Year)  10/1/2003  10/1/2003	To: (Month, Day Year)  9/30/2004  9/30/2008	9. Period Covered by this Report From: (Month, Day, Year)  10/1/2003  10/1/2003	To: (Month, Day, Year)  9/30/2004  9/30/2004	
1. Transactions:	I Previously Reported	II This Period	III Cumulative	
a. Total outlays		14,014,905.00	14,014,905.00	
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)		14,014,905.00	14,014,905.00	

# HOW TO PREPARE THE SF-269 FORM



<b>Recipient's share of net outlays, consisting of:</b> 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 line e, f or g		7,427,404	7,427,404
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		7,427,404	7,427,404

# HOW TO PREPARE THE SF-269 FORM



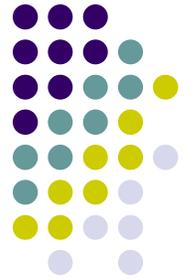
j. Federal share of net outlays (lines d less line i)		6,587,501.10	6,587,501.10
k. Total unliquidated obligations			
l. Recipients share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share (sum of lines j and m).			6,587,501.10
o. Total Federal Funds authorized for this funding period  <b>Your Award amount should be reported here</b>			7,427,404.00
p. Unobligated balance of Federal funds (Line o minus line n)			839,902.90

# HOW TO PREPARE THE SF-269 FORM



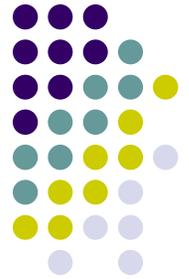
1. Federal Agency and Organizational Element to Which Report is Submitted 2. CSREES/USDA		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2004-41100-12354		OMB Approval No. <b>0348-0039</b>	Pages of _____ _____ pages
3. Recipient Organization (Name and complete address, including ZIP Code) Plain Stalk College, 1521 Plain View Rd., Turn Right, VA 23310					
4. Employer Identification Number 1245012243A1		5. Recipient Account Number or Identifying Number 575903-1 12J00P		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period ( <i>See instructions</i> ) From: (Month, Day, Year)  10/1/2003		To: (Month, Day Year)  9/30/2004	9. Period Covered by this Report From: (Month, Day, Year)  10/1/2003		To: (Month, Day, Year)  9/30/2004
1. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		14,014,905.00	839,902.90	14,854,808.00	
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)		14,014,905.00	839,902.90	14,854,808.00	

# HOW TO PREPARE THE SF-269 FORM



<b>Recipient's share of net outlays, consisting of:</b> 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 line e, f or g	7,472,404.00		7,472,404.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)	7,472,404.00	0.00	7,472,404.00

# HOW TO PREPARE THE SF-269 FORM



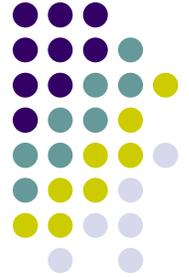
j. Federal share of net outlays (lines d less line i)	0.00	839,902.90	7,427,404.00
k. Total unliquidated obligations			
l. Recipients share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share (sum of lines j and m).			7,427,404.00
o. Total Federal Funds authorized for this funding period  <b>Your Award amount should be reported here</b>			7,427,404.00
p. Unobligated balance of Federal funds (Line o minus line n)			0.00

# HOW TO PREPARE THE SF-269 FORM



1. Federal Agency and Organizational Element to Which Report is Submitted 2. CSREES/USDA	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2001-33100-08999	OMB Approval No. <b>0348-0039</b>	Pages of	pages
16 3. Recipient Organization (Name and complete address, including ZIP Code) DUKE ELLINGTON UNIVERSITY – 100 MAIN STREET, WDC 20033				
4. Employer Identification Number 10-3235767	5. Recipient Account Number or Identifying Number 7-12354-12354	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Funding/Grant Period ( <i>See instructions</i> ) From: (Month, Day, Year) 10/1/2004	To: (Month, Day Year) 9/30/2005	9. Period Covered by this Report From: (Month, Day, Year) 10/1/2004	To: (Month, Day, Year) 9/30/2005	
1. Transactions:	I Previously Reported	II This Period	III Cumulative	
a. Total outlays		3,009,174.00	3,009,174.00	
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)		3,009,174.00	3,009,174.00	

# HOW TO PREPARE THE SF-269 FORM



<b>Recipient's share of net outlays, consisting of:</b> 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 line e, f or g		1,025,488.00	1,025,488.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		1,025,488.00	1,025,488.00

# HOW TO PREPARE THE SF-269 FORM



j. Federal share of net outlays (lines d less line i)		1,983,686.00	1,983,686.00
k. Total unliquidated obligations			156,557.00
l. Recipients share of unliquidated obligations			
m. Federal share of unliquidated obligations			156,557.00
n. Total Federal share (sum of lines j and m).			2,140,243.00
o. Total Federal Funds authorized for this funding period  <b>Your Award amount should be reported here</b>			2,278,863.00
p. Unobligated balance of Federal funds (Line o minus line n)			138,620.00

# HOW TO PREPARE THE SF-269 FORM



1. Federal Agency and Organizational Element to Which Report is Submitted 2. CSREES/USDA		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2001-33100-08999		OMB Approval No. <b>0348-0039</b>	Pages of _____ pages
19 3. Recipient Organization (Name and complete address, including ZIP Code) DUKE ELLINGTON UNIVERSITY – 100 MAIN STREET, WDC 20033					
4. Employer Identification Number 10-3235767		5. Recipient Account Number or Identifying Number 7-12354-12354		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Funding/Grant Period ( <i>See instructions</i> ) From: (Month, Day, Year) 10/1/2004		To: (Month, Day Year) 9/30/2005	9. Period Covered by this Report From: (Month, Day, Year) 10/1/2004		To: (Month, Day, Year) 9/30/2005
1. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		3,009,174.00	295,177.00	3,304,351.00	
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)		3,009,174.00	295,177.00	3,304,351.00	

# HOW TO PREPARE THE SF-269 FORM



<b>Recipient's share of net outlays, consisting of:</b> 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 line e, f or g		1,025,488.00	1,025,488.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		1,025,488.00	1,025,488.00

# HOW TO PREPARE THE SF-269 FORM



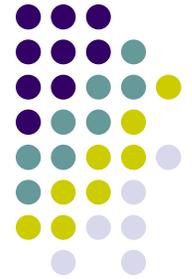
j. Federal share of net outlays (lines d less line i)		2,278,863.00	2,278,863.00
k. Total unliquidated obligations			
l. Recipients share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share (sum of lines j and m).			2,278,863.00
o. Total Federal Funds authorized for this funding period <b>Your Award amount should be reported here</b>			2,278,863.00
p. Unobligated balance of Federal funds (Line o minus line n)			00.00

# HOW TO PREPARE THE SF-269 FORM



1. Federal Agency and Organizational Element to Which Report is Submitted 2. CSREES/USDA	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2005-38423-01111	OMB Approval No. <b>0348-0039</b>	Pages of	pages
3. Recipient Organization (Name and complete address, including ZIP Code) Rising Sun College, 1944 Lankford Blvd., Kipttopeke, VA 23317				
4. Employer Identification Number 21-2310455	5. Recipient Account Number or Identifying Number 4500-2	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 ( <i>See instructions</i> ) From: (Month, Day, Year)  10/1/2004	To: (Month, Day Year)  9/30/2005	9. Period Covered by this Report From: (Month, Day, Year)  10/1/2004	To: (Month, Day, Year)  9/30/2005	
1. Transactions:	I Previously Reported	II This Period	III Cumulative	
a. Total outlays		46,974.00	46,974.00	
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)		46,974.00	46,974.00	

# HOW TO PREPARE THE SF-269 FORM



<b>Recipient's share of net outlays, consisting of:</b> 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 line e, f or g			0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)			0.00

# HOW TO PREPARE THE SF-269 FORM



j. Federal share of net outlays (lines d less line i)	0.00	46,974.00	46,974.00
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).			46,974.00
o. Total Federal Funds authorized for this funding period <b>Your Award amount should be reported here</b>			46,974.00
p. Unobligated balance of Federal funds (Line o minus line n)			0.00

# CERTIFICATION OF OFFSET FORM & ENTITLEMENT



OMB Approved  
0524-0039 (04/03)

UNITED STATES DEPARTMENT OF AGRICULTURE  
COOPERATIVE STATE RESEARCH, EDUCATION, AND EXTENSION SERVICE  
FY 2007 ESTIMATED  
CERTIFICATION OF OFFSET AND ENTITLEMENT  
(Section 1449 Matching Funds Requirement for Research and Extension Activities at Eligible Institutions)

1890 Land-Grant Institutions:

- Section 1444 of the National Agricultural Research, Extension, and Teaching Policy Act of 1977 (NARETPA) funds for extension activities
- Section 1445 of NARETPA funds for research activities

1862 Land-Grant Institutions in Insular Areas:

- Hatch Act funds for research activities (Regular allocation)
- Hatch Act funds for research activities (Multistate Research Funds)
- Section 3(b) and (c) of the Smith Lever Act funds for extension activities

To establish eligibility for allotment of funds for the fiscal year ending September 30, 2007 certification is hereby made that the

\_\_\_\_\_ [Name of Institution]

Guarantees the sum of \$ \_\_\_\_\_ or \$ \_\_\_\_\_  
(Requirement) (Amount Available)

that the funds guaranteed are derived from non-Federal sources listed below and are available and budgeted for expenditure for agricultural research, extension, and education activities in accordance with the provision of the Act cited above.

SOURCES	AMOUNTS
	\$
	\$
	\$
	\$
Total	\$

It is further certified that the above reported non-Federal funds are in addition to those used in matching other Federal funds; that if any portion of the money thus guaranteed is not received from sources shown above, the institution or institutional unit will either make up this deficiency from other non-Federal sources which may become available or report at the end of the fiscal year 2007 an equivalent unobligated balance of Federal Funds derived from appropriations under the Act above mentioned, which will be deducted from the subsequent year allotment.

\_\_\_\_\_  
Chief Financial Officer

\_\_\_\_\_  
Administrator/Dean/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# CERTIFICATION OF OFFSET & ENTITLEMENT – CON'T

UNITED STATES DEPARTMENT OF AGRICULTURE  
COOPERATIVE STATE RESEARCH, EDUCATION, AND EXTENSION SERVICE

FY2007 ESTIMATED  
CERTIFICATION OF OFFSET AND ENTITLEMENT

For Regular Funds Authorized under Section 3(b) & (c) of the Smith-Lever Act

[Place] \_\_\_\_\_ [Date] \_\_\_\_\_

To establish eligibility for allotment of funds for the fiscal year ending September 30, 2007, under the terms of the Smith-Lever Act, certification is hereby made that the

[Institution] \_\_\_\_\_ guarantees the sum of \_\_\_\_\_ or \_\_\_\_\_;  
(Requirement) (Amount Available)

that the sums guaranteed are derived from non-Federal sources listed below and are available and budgeted for expenditure for cooperative extension work in accordance with the provisions of the Smith-Lever Act of May 8, 1914, and amendments, thereto.

SOURCES AND AMOUNTS

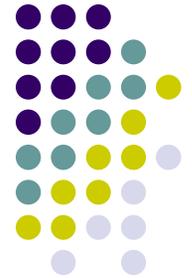
State Appropriation.....	\$ _____
County Appropriation.....	\$ _____
Non-tax funds:	
Identify:.....	\$ _____
.....	\$ _____
Total Guaranteed Funds.....	\$ _____

It is further certified that the above reported non-Federal funds are in addition to those used in matching other Federal funds; that if any portion of the money thus guaranteed is not received from sources shown above, the State Cooperative Extension Service will either make up this deficiency from other non-Federal sources which may become available or report at the end of the fiscal year 2007 an equivalent unobligated balance of Federal funds derived from appropriations under the Act above mentioned, which will be deducted from the subsequent year allotment.

It is further certified that there has been satisfactory progress during fiscal year 2006 on the cooperative extension programs authorized under sections 3(b) and (c) of the Smith-Lever Act; that, to the best of my knowledge, the expenditures of Federal funds for the support of these programs were in accordance with the laws and regulations governing their use; and that non-Federal matching (offset) funds have been obligated in accordance with the requirement.

\_\_\_\_\_  
Director

# POINT OF CONTACT INFORMATION



COOPERATIVE STATE RESEARCH, EDUCATION, AND EXTENSION SERVICE  
LETTER OF AUTHORIZATION FORMULA PROGRAMS  
PRIMARY CONTACT PERSON FORM

INSTITUTION: \_\_\_\_\_

FORMULA PROGRAM: SMITH-LEVER ACT

EXTENSION DIRECTOR/ADMINISTRATOR :

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

BUSINESS MANAGER:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

ACCOUNTANT:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

PERSON RESPONSIBLE FOR DRAWDOWNS:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

# CANCELED YEAR FUNDS



- Close out of Fiscal Year 2001 funds
- Contact technician to resolve issues with left over funds
- After the end of the fiscal year closes cancelled year funds cannot be restored