1. Federal Agency and Organizational Element to which Report is Submitted
   U.S. Dept. of Justice
   Office of Justice Programs

2. Federal Grant or Other Identifying Number Assigned
   by Federal Agency
   OMB Approval No.
   0348-0039

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. 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 this funding period
   i. Unobligated balance of Federal funds (Line h minus line g)

11. Indirect Expense
    a. Type of Rate (Place "X" in appropriate box)
       ☐ Provisional
       ☐ Predetermined
       ☐ Final
       ☐ 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.

A. Block/Formula passthrough $
B. Federal Funds Subgranted $

PROGRAM INCOME:
C. Forfeit $
D. Other $
E. Expended $
F. Unexpended $

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
Financial Status Report
SF269A-Instructions

This quarterly financial status report is due 45 days after the end of the calendar quarter. Please remember this is a report of the status of your expenditures and is not a request for reimbursement of those expenses. To request reimbursement you must either make an electronic request on LOCES or PAPRS. If you plan to fax your completed report, please exclude any fax cover sheets. Should you experience a delay in accessing our fax line, please mail the completed report to: Office of Justice Programs, Attn: Control Desk Room 5303, 810 Seventh St., NW, Washington, DC 20531. Please type or print legibly and do not change any preprinted information. If you have already filed a report for the current calendar reporting quarter, please do not complete and return this report. If you have not forwarded your completed report to us, please use this SF 269A form to file your request.

<table>
<thead>
<tr>
<th>Item</th>
<th>Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,2,3</td>
<td>Self-explanatory</td>
</tr>
</tbody>
</table>

or

<table>
<thead>
<tr>
<th>Item</th>
<th>Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Enter the 9 digit vendor number recorded on your grant award document.</td>
</tr>
<tr>
<td>5</td>
<td>Identifying number assigned by your organization. If none, leave blank.</td>
</tr>
<tr>
<td>6</td>
<td>If you have finished expending funds related to this award regardless of whether they have been or will be reimbursed by the Federal Government check &quot;yes&quot;. Otherwise check &quot;no&quot;.</td>
</tr>
<tr>
<td>7</td>
<td>Indicate whether your accounting system uses the cash or accrual basis of accounting for recording transactions related to this award.</td>
</tr>
<tr>
<td>8</td>
<td>Enter the begin and end dates of the award period.</td>
</tr>
<tr>
<td>9</td>
<td>Enter the begin and end dates for the current reporting calendar quarter.</td>
</tr>
<tr>
<td>10</td>
<td>Lines A, B and C refer to your cash outlays for this award (i.e., monies you have spent). Column I is the cumulative total of expenditures for the prior reported calendar quarter. If you wish to correct previously reported quarterly totals, enter the corrected amounts in this column. Column II is for the current reporting calendar quarter outlays. Column III is for the result when adding across the amounts reported in Columns I and II. Please ensure that the total of lines B and C equal the amount reported on line A for each of the columns.</td>
</tr>
<tr>
<td>11</td>
<td>Lines D, E and F should only be completed if you indicated in Item 7 that you are on the accrual basis of accounting. Lines D, E and F refer to the amount of unpaid obligations or accounts payable you have incurred. Items such as payroll (which has been earned but not yet paid) is an example of an accrued expense.</td>
</tr>
<tr>
<td>12</td>
<td>Line D is the total to date of your unpaid obligations. Line E is your share of these unpaid obligations and Line F is the Federal share of unpaid obligations. Please ensure that the total of line E and F is equal to the amount on line D.</td>
</tr>
</tbody>
</table>

Lines D, E and F should only be completed if you indicated in Item 7 that you are on the accrual basis of accounting. Lines D, E and F refer to the amount of unpaid obligations or accounts payable you have incurred. Items such as payroll (which has been earned but not yet paid) is an example of an accrued expense.

Line D is the total to date of your unpaid obligations. Line E is your share of these unpaid obligations and Line F is the Federal share of unpaid obligations. Please ensure that the total of line E and F is equal to the amount on line D.

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<td>10</td>
<td>Line G is the total Federal share of your cash outlays and unpaid obligations regardless of whether you have received requested reimbursement. It will be the total of Column 3, Lines C and F.</td>
</tr>
<tr>
<td>11</td>
<td>Line H is the total amount of your award. Change this amount only if you have received a supplemental award which is not reflected in the preprinted total.</td>
</tr>
<tr>
<td>12</td>
<td>Line I is the amount of your total award which has not been either expended through a cash outlay, or encumbered by an unpaid obligation. It is the difference between Column 3, Lines H minus G.</td>
</tr>
</tbody>
</table>

Please refer to your award documents to complete this section. Line 11A is self-explanatory. Line 11B is the indirect cost rate in effect during this current reporting period. Line 11C is the amount of the base against which the cost rate is applied. Line 11D is the total amount of indirect costs charged during this current reporting period. Line 11E is the Federal Government share of the amount reported on line 11D. Note: If more than one rate was in effect during this report period, attach a schedule showing all applicable rates and amounts for line 11B through E.

Only applies to OJP grants. Line A is the cumulative amount of federal funds your organization has subgranted to local units of government. Include subgrants to units of State government when a waiver has been granted by the local unit. Line B is the cumulative amount of federal funds subgranted including amounts subgranted to State agencies and amounts reported on Line 12A. Line C is the cumulative federal portion of forfeited assets to be used in this grant whether the assets were forfeited as a result of this grant or another grant. Line D is the federal portion of program income earned from other than forfeited assets. This is income from sources such as registration fees, tuitions, and royalties. Line E is the cumulative amount of program income from all sources, including forfeited assets, which have been expended by your organization. Line F is the balance of unexpended program income (Line C + D - E).

13 Self-explanatory

Revised October 1998