

Federal Financial Report (FFR) & Program Income Form (updated)

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ORGANIZATION INFORMATION

Legal Applicant Name *

Program Name *

Grant Year covered by this FFR *

Indicate for which submission this FFR is being completed.

Report for Period Ending.

Note: Per OneStar Grant Terms & Conditions, FFRs shall be submitted for the following periods:

Mid-Year FFRs must cover the start of grant through March 31.

*Final FFRs must cover the start of grant through the end of the budget period. **

Indicate your Grant Type *

- Cost Reimbursement
 Fixed Amount

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USE OF FEDERAL FUNDS AS MATCH | EXPENDED TO DATE

All AmeriCorps grantees must report their use of other Federal Funds as match on AmeriCorps grants. This requirement is outlined in the Terms and Conditions under "Matching Requirements".

Please indicate whether your organization uses any Federal funds as match on this AmeriCorps grant.

- Yes, my organization DOES use Federal funds as match.
 No, my organization DOES NOT use Federal funds as match.

Enter the cumulative amount for **each** Federal source your program uses as match for the AmeriCorps program that this report is for. You must include all of the following information.

- Subaward Number (this can be found on your Grant Award)
- Federal Department Name (do not use abbreviation. For example: Department of Education)
- Federal Agency Name
- CFDA Number (this can be found on your Grant Award)
- Cumulative amount of Federal funds expended towards the AmeriCorps program. (enter in whole numbers)

The amount listed for each Federal source should cover the period from your budget period start date through this FFR's reporting period end date.

If not applicable, enter "N/A" in the fields below.

Subaward Number	Federal Department Name	Federal Agency Name	CFDA Number	Amount of Federal Funds Expended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[If you have an additional source of Federal funds used as match, please click here.](#)

FEDERAL SHARE OF PROGRAM INCOME

Federal Share of Program Income is excess program income earned as a result of the AmeriCorps grant that may be used to either reduce the Federal (CNCS) share of the grant or to add additional activities beyond which is in the approved grant application. Federal Share of Program Income is reported separately from program income used as match on the grant.

Expenditures of program income fall into two categories.

1. Program income expended in accordance with the **Deduction Alternative** (this is program income that was added to reduce the federal (CNCS) share of the total project costs); and
2. Program income expended in accordance with **Addition Alternative** (this is program income that was added to funds committed to the total project costs and expended to further eligible project or program activities.)

Examples of Program Income may include the following:

- Fees received by your organization or placement sites in exchange for the placement of AmeriCorps members at a particular site
- Fees received by your organization or placement sites in exchange for work performed by AmeriCorps members or staff on the CNCS or Grantee Share of the grant
- Fees received by your organization or placement sites from the community for participation in your program's services
- Proceeds earned by your organization or placement sites from the sale of goods produced by AmeriCorps members or staff on the CNCS or Grantee Share of the grant.
- Proceeds earned by your organization or placement sites from the sale of resources, such as software, created using CNCS or Grantee Share resources.

Note: Do not report any Program Income here that is being used towards match/grantee share. Only report program income that is in excess of your match/grantee share or that is not otherwise being reported.

Please indicate whether your organization has any Federal Program Income to report during this period. *

- Yes, my organization DOES have Federal Program Income to report (not including program income used as match).
- No, my organization DOES NOT have Federal Program Income to report.

A. Total Federal Program Income earned (does not include any used/or planned to be used toward match/grantee share). *

B. Program Income expended in accordance with the deduction alternative. *

C. Program Income expended in accordance with the addition alternative. *

D. Unexpended Federal share of program income (line A minus line B or C). *

Add any explanations deemed necessary.

DEOBLIGATION

On an annual basis, OneStar requests that grantees report the amount of unexpended funds that they expect to have remaining at the end of the current budget period. This process is referred to as "deobligation".

AmeriCorps grantees are funded through two pools of funds, Formula and Competitive. With Formula dollars, OneStar has the flexibility, and is expected to use this flexibility, to deobligate and reallocate unexpended funds in order to fully utilize the Formula dollars granted to Texas. In efforts to fully expend our allocation, we use the unexpended dollars you report to fund new operating programs, planning grants, and program expansions. For Competitively funded programs, the amount of your deobligated funds are reported directly to the Corporation For National and Community Service for their use.

Keep in mind that the amount of funds awarded to your organization can only be used in the grant budget period for which they were awarded. You cannot carry-over funds to the following budget period.

By deobligating CNCS share, you are still held to the match percentage as listed in your Grant Award.

Include the following amounts to be deobligated from your current grant.

Please indicate whether your organization has funds to deobligate. *

- Yes, my organization DOES have funds to deobligate.
 No, my organization DOES NOT have funds to deobligate.

By indicating that you have funds to deobligate, OneStar will create a Grant Amendment that reduces the CNCS share of your grant award. Once the amendment has been signed by OneStar and your organization, you will not be able to expend funds in excess of the amount of the reduced CNCS share.

A. Total CNCS Sections I, II, and Corporation 3%. *

Include the total from Section I, II and the Grantee portion of Section III. (Do NOT include the Commission 2%)

B. Total Section III Commission Fixed 2% to be deobligated. *

Include 2% of the total CNCS share (listed below) that is being deobligated.

C. Total Amount of CNCS Share to be deobligated. *

A. plus B. should be what is entered in C.

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CERTIFICATION

By completing this form on behalf of the Sub-Grantee, I certify that I have been duly authorized by the Sub-Grantee to complete and certify this report.

By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. 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)

Name of the Authorized Certifying Official completing this form *

Title *

Email Address *

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