

Instructions For Completing the SF -425 Form GPD Capital, Special Need, & Transition In Place Grants

Report Submissions

If recipients need more space to support their *FFRs*, or *FFR* Attachments, they should provide supplemental pages. These additional pages must indicate the following information at the top of each page: Federal grant or other identifying number (if reporting on a single award), recipient organization, Data Universal Numbering System (DUNS) number, Employer Identification Number (EIN), and period covered by the report.

Reporting Requirements

- 1) The submission of interim *FFRs* will be on a quarterly, semi-annual, or annual basis, as directed by the Federal agency. A final *FFR* shall be submitted at the completion of the award agreement. The following reporting period end dates shall be used for interim reports: 3/31, 6/30, 9/30, or 12/31. For final *FFRs*, the reporting period end date shall be the end date of the project or grant period.
- 2) Quarterly and semi-annual interim reports shall be submitted no later than 30 days after the end of each reporting period. Annual reports shall be submitted no later than 90 days after the end of each reporting period. Final reports shall be submitted no later than 90 days after the project or grant period end date.

Note: For single award reporting:

- 1) Federal agencies may require both cash management information on lines 10(a) through 10(c) and financial status information lines 10(d) through 10(o).
- 2) 10(b) and 10(e) may not be the same until the final report.

COVER INFORMATION

1	Federal Agency and Organizational Element to Which Report is Submitted	Enter the name of the Federal agency and organizational element identified in the award document or as instructed by the agency.
2	Federal Grant or Other Identifying Number Assigned by Federal Agency	For a single award, enter the grant number assigned to the award by the Federal agency.
3	Recipient Organization	Enter the name and complete address of the recipient organization including zip code.
4(a)	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
4(b)	EIN	Enter the recipient organization's Employer Identification Number (EIN).
5	Recipient Account Number or Identifying Number	Enter the account number or any other identifying number assigned by the recipient to the award. This number is for the recipient's use only and is not required by the Federal agency. For multiple awards, report

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		this information on the <i>FFR</i> Attachment.
6	Report Type	Mark appropriate box.
7	Basis of Accounting (Cash/Accrual)	Specify whether a cash or accrual basis was used for recording transactions related to the award(s) and for preparing this <i>FFR</i> . Accrual basis of accounting refers to the accounting method in which expenses are recorded when incurred. For cash basis accounting, expenses are recorded when they are paid.
8	Project/Grant Period, From: (Month, Day, Year)	Indicate the period established in the award document during which Federal sponsorship begins and ends.
	Project/Grant Period, To: (Month, Day, Year)	See the above instructions for "Project/Grant Period, From: (Month, Day, Year)."
9	Reporting Period End Date: (Month, Day, Year)	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual interim reports, use the following reporting period end dates: 3/31, 6/30, 9/30, or 12/31. For final <i>FFRs</i> , the reporting period end date shall be the end date of the project or grant period.

FEDERAL CASH:

10 (a)	Cash Receipts	Enter the total amount of GPD funds drawn down during reporting period.
10 (b)	Cash Disbursements	Enter cumulative amount of Federal fund disbursements (such as cash or checks) as of the reporting period end date. In other words, how much of the funding received in 10a has been expended for the project.
10 (c)	Cash on Hand	Auto-Calculated Field (line 10a minus 10b)

FEDERAL EXPENDITURES AND UNOBLIGATED BALANCE:

10 (d)	Total Federal Funds authorized	Enter the total amount of the grant award
10 (e)	Federal share of expenditures	Auto-Filled Field (from line 10b)
10 (f)	Federal share of unliquidated obligations	Auto-Calculated Field (from lines 10d minus line 10e)
10 (g)	Total Federal share	Auto-Calculated Field (line 10e plus 10f)
10 (h)	Unobligated balance of Federal funds	Auto-Calculated Field (line 10d minus 10g)

RECIPIENT SHARE:

10 (i)	Total recipient share required	Capital grants have a minimum of 35% match requirement or the difference between the total project cost and the request to VA, whichever is greater . Enter the required match amount. Enter N/A for Special Need or Transition In
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		Place grants.
10 (j)	Recipient share of expenditures	For Capital Grants, this is the amount of actual cash disbursements or outlays (less any rebates, refunds, or other credits) to meet the match requirement. This amount may include the value of allowable third party in-kind contributions. Enter N/A for Special Need or Transition In Place grants.
10 (k)	Remaining recipient share to be provided	Auto-Calculated Field (lines 10i minus 10j)

PROGRAM INCOME:

10 (l)	Total Federal program income earned	Enter all income received associated with the program. For Capital Grants, do not report any program income here that is being allocated as part of the match requirement on 10j. For Transition In Place and Special Need grants, this includes resident rent/fees, as well as other funds/grants associated with the GPD Project.
10 (m)	Program income expended in accordance with the deduction alternative	Enter the amount of Program Income expended which is allowable under the GPD program. As stated in 10l it is all income that your agency has expended on allowable costs associated with this project.
10 (n)	Program income expended in accordance with the addition alternative	N/A
10 (o)	Unexpended program income	Auto-Calculated Field (line 10 l minus 10m and 10n). This amount equals the amount of program income that has been earned but not expended as of the reporting period end date. NOTE: For Transition In Place projects, if this amount is greater than zero this is an indication that the per diem rate during the reporting period was too high and your agency may have overbilled under this project.

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INDIRECT EXPENSE:

Blocks 11a-11g:

The recipient should capture whether indirect expenses are charged to the GPD project by completing all required fields under block 11. Forward a copy of your agency's indirect rate agreement to the GPD Office if indirect costs were attributed to the project.

NOTE: Indirect costs are not an allowable under the Capital Grant component.

Recipients should consult with a GPD Program Official if they are uncertain regarding the applicability of charging indirect costs to the GPD Project. Additionally, as prescribed by OMB Circular A-122, a recipient who wishes to charge indirect expenses to a Federal award must prepare an indirect cost proposal and submit to their Cognizant Federal agency for approval.

11(a)	Type of Rate(s)	State whether indirect cost rate(s) is Provisional, Predetermined, Final, or Fixed.
11(b)	Rate	Enter the indirect cost rate(s) in effect during the reporting period.
11(c)	Period From; Period To	Enter the beginning and ending effective dates for the rate(s).
11(d)	Base	Enter the amount of the base against which the rate(s) was applied.
11(e)	Amount Charged	Auto-Calculated Field (Multiply 11b. x 11d.). The amount of indirect costs charged during the time period specified.
11(f)	Federal Share	Enter the Federal share of the amount in 11e.
11(g)	Totals	Enter the totals for columns 11d, 11e, and 11f.

REMARKS, CERTIFICATION, AND AGENCY USE ONLY

12	Remarks	Record the number of bed days of care provided during the reporting period in the field identified as Bed Days (i.e., 2,670 bed days of care provided).
13(a)	Typed or Printed Name and Title of Authorized Certifying Official	Enter the name and title of the authorized certifying official.
13(b)	Signature of Authorized Certifying Official	The authorized certifying official must sign here.
13(c)	Telephone (area code, number and extension)	Enter the telephone number (including area code and extension) of the individual listed in Line 13a.
13(d)	E-mail Address	Enter the e-mail address of the individual listed in Line 13a.
13(e)	Date Report Submitted (Month, Day, Year)	Enter the date the <i>FFR</i> is submitted to the Federal agency using the month, day, year format.
14	Agency Use Only	This section is reserved for Federal agency use.