

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted US Department of Transportation		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 693JK31850002CAAP				Page of 1 1 pages	
3. Recipient Organization (Name and complete address including Zip code) The Ohio State University Research Foundation 1960 Kenny Road, Accounting Dept., 4th Floor Columbus, OH 43210							
4a. DUNS Number 07-165-0709	4b. EIN 31-6401599	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) GRT00051642		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
8. Project/Grant Period From: (Month, Day, Year) 9/28/2018			To: (Month, Day, Year) 9/28/2021		9. Reporting Period End Date (Month, Day, Year) 9/30/2019		
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					\$84,683.19		
b. Cash Disbursements					\$116,775.84		
c. Cash on Hand (line a minus b)					(\$32,092.65)		
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized					\$299,037.00		
e. Federal share of expenditures					\$116,775.84		
f. Federal share of unliquidated obligations					\$165,187.69		
g. Total Federal share (sum of lines e and f)					\$281,963.53		
h. Unobligated balance of Federal funds (line d minus g)					\$17,073.47		
Recipient Share:							
i. Total recipient share required					\$29,892.00		
j. Recipient share of expenditures					\$29,628.12		
k. Remaining recipient share to be provided (line i minus j)					\$263.88		
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		
Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Preetermined	56.00%	9/28/2018	9/30/2019	69,599.65	38,975.69	38,975.69
g. Totals:					69,599.65	38,975.69	38,975.69
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: 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)							
a. Typed or Printed Name and Title of Authorized Certifying Official Lori Kehrl Manager, Fiscal Services					c. Telephone (Area code, number and extension) 614-688-8736		
					d. Email address bedeshko.4@osu.edu		
b. Signature of Authorized Certifying Official 					e. Date Report Submitted (Month, Day, Year) 10/18/2019		
14. Agency use only:							

Standard Form 425 OMB Approval Number: 0348-0061
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