

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>		OMB APPROVAL NO. 0348-0004		PAGE _____ OF _____ PAGES
		1. TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED USDA, APHIS, VS		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 09-9137-1072-GR		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST 1
6. EMPLOYER IDENTIFICATION NUMBER 56-6000732	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER 1017 0028	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) TO (month, day, year) 4/1/2009 9/30/2009		
9. RECIPIENT ORGANIZATION Name: NCDA&CS Emergency Programs Division Number and Street: 1035 Mail Service Center City, State and ZIP Code: Raleigh, NC 27699-1035		10. PAYEE (Where check is to be sent if different than Item 9) Name: Number and Street: ----- Sample ----- City, State and ZIP Code:		

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a) Personnel Costs	(b) Purchased Services	(c) Supplies & Equip	TOTAL
a. Total program outlays to date <i>(As of date)</i>	\$ 11,955.95	\$ 13.78	\$ 0.00	\$ 11,969.73
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	11,955.95	13.78	0.00	11,969.73
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	11,955.95	13.78	0.00	11,969.73
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e	11,955.95	13.78	0.00	11,969.73
h. Federal payments previously requested				0.00
i. Federal share now requested (Line g minus line h)	11,955.95	13.78	0.00	11,969.73
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			0.00
	2nd month			0.00
	3rd month			0.00

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY	
a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$ 0.00

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted USDA, APHIS	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 09-9137-1072-GR	Page 1	of pages
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3. Recipient Organization (Name and complete address including Zip code)
 North Carolina Department of Agriculture and Consumer Services - Emergency Programs Division
 1035 Mail Service Center, Raleigh, NC 27699-1035

4a. DUNS Number 809784580	4b. EIN 56-6000732	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 1017 0028	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
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8. Project/Grant Period From: (Month, Day, Year) 4/1/2009	To: (Month, Day, Year) 3/31/2010	9. Reporting Period End Date (Month, Day, Year) 9/30/2009
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10. Transactions Cumulative

(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):

a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	183040
e. Federal share of expenditures	11969.73
f. Federal share of unliquidated obligations	
g. Total Federal share (sum of lines e and f)	11969.73
h. Unobligated balance of Federal funds (line d minus g)	171070.27

Recipient Share:

i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

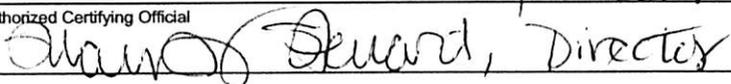
Program Income:

l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:							

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 Shannon W. Stewart, Director	c. Telephone (Area code, number and extension) 919-807-4336
b. Signature of Authorized Certifying Official 	d. Email address sharon.stewart@ncagr.gov
	e. Date Report Submitted (Month, Day, Year) 12/16/2009
14. Agency use only:	

Standard Form 425
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

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8. Project/Grant Period From: (Month, Day, Year) 4/1/2009				To: (Month, Day, Year) 3/31/2010		9. Reporting Period End Date (Month, Day, Year) 10/31/2009		
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								
b. Cash Disbursements								
c. Cash on Hand (line a minus b)								
<i>(Use lines d-o for single grant reporting)</i>								
Federal Expenditures and Unobligated Balance:								
d. Total Federal funds authorized						183040		
e. Federal share of expenditures						17625.30		
f. Federal share of unliquidated obligations								
g. Total Federal share (sum of lines e and f)						17625.30		
h. Unobligated balance of Federal funds (line d minus g)						159100.54		
Recipient Share:								
i. Total recipient share required								
j. Recipient share of expenditures								
k. Remaining recipient share to be provided (line i minus j)								
Program Income:								
l. Total Federal program income earned								
m. Program income expended in accordance with the deduction alternative								
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a. Typed or Printed Name and Title of Authorized Certifying Official						c. Telephone (Area code, number and extension) 919-807-4336		
Sharron W Stewart, Director Signature of Authorized Certifying Official Sharron W Stewart, Director						d. Email address sharron.stewart@ncagr.gov		
						e. Date Report Submitted (Month, Day, Year) 12/16/2009		
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CHECKLIST FOR COMPLETING THE FEDERAL FINANCIAL REPORT (SF 425)

Please ensure all boxes are completed properly. Some areas which may need attention to detail are listed below.

- ✓ Does block one have the correct Federal Agency recorded?
- ✓ Does block 2 have the correct agreement number assigned to the award recorded?
- ✓ Does block 3 have the correct organization and address listed?
- ✓ Does block 4a have the correct DUNS number? And is block 4b complete with the correct EIN number?
- ✓ Is block 6 checked properly? Did they mark “final” if necessary?
- ✓ Does block 8 reflect the correct dates of award?
- ✓ Does the date in block 9 fall within dates of award?
- ✓ Does block 10a reflect the actual amount of cash received from the Federal Government within the reporting period?
- ✓ Does block 10b reflect the correct amount of Federal funds disbursed within the reporting period end date?
- ✓ Is the total amount of cash on hand in block 10c correct? Is an explanation needed as to why there is excess cash?
- ✓ Does block 10d reflect the correct amount of Federal funds authorized for the award?
- ✓ Does block 10e reflect the correct amount of Federal funds expended?
- ✓ Does block 10f reflect the correct amount of unliquidated obligations?
- ✓ Does block 10g have the correct sum of lines e and f? (total award amount)
- ✓ Does block 10h have the correct unobligated balance of Federal funds recorded?
- ✓ Does block 10i reflect the required recipient share including all matching and cost sharing provided by the recipients and third-party providers to meet the level required by the Federal agency. This amount should not include cost sharing and match amounts in excess of the amount required by the Federal agency

- ✓ Does block 10j reflect the correct amount of the Cooperator's contribution to the award?
- ✓ Are the expenditures correctly documented in block 10k?
- ✓ Does block 10l reflect the total Federal program income earned?
- ✓ Does block 11 reflect indirect costs consistent with the budget to the Notice of Award?
- ✓ Are all the blocks within section 13 complete? Did the Authorized Certifying Official sign?