

CHECKLIST FOR REVIEWING THE SF-270

Ensure all blocks are properly completed and properly reflect the funding period and amounts, including the implied or stated cost share stated in the Notice of Award. Some particular areas where we find errors include:

Ensure Block 1.a and 1.b are checked and properly reflect the circumstance.

Does Block 4 properly reflect the correct agreement number?

Does Block 5 reflect the appropriate sequential control number for the funding period? (starts with #1 for each year).

Are Blocks 6 and 7, and 9 showing the appropriate recipient information.

Does Block 8 reflect dates within the effective period of the award document.

Does Block 10 reflect an assigned payees name and address when the payment goes to another organization under the terms of the agreement?

Does Block 11.a reflect an amount consistent with the current funding period of the agreement and not include any carryover amounts from a previous funding period. Extensions of time granted for a prior year's funding period will be reflected on a separate SF-270 for the year to which it applies.

Check to make certain the remaining lines in Block 11 reflect amounts consistent with the Notice of Award and budget (including the cost-share as payments should be requested in amounts that show cost share as reflected in these documents).

Does Block 11 reflect a separate breakout by column for each separate work plan and APHIS appropriation to which the agreement is charged?

Is the math correct?

Did the cooperator's authorized official sign and complete Block 13 as requested.

Did the APHIS ADODR insert the proper certification statement (advance versus reimbursement) in the space indicated for agency use, sign and date?

Advance: I certify that to the best of my knowledge this advance is necessary to meet planned activities under this agreement. I have examined and certify that this request is correct for payment.

Reimbursement: I certify that program accomplishments to date meet planned activities. I have examined and certify that this request is correct for payment.

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>		OMB APPROVAL NO. 0348-0004		PAGE 1 OF 1 PAGES
		1. TYPE OF PAYMENT REQUESTED	a. * one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b. * the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED USDA, APHIS		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 10-9100-XXXX-CA		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST 3
6. EMPLOYER IDENTIFICATION NUMBER 41-XXXXX	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER 12XXX	8. PERIOD COVERED BY THIS REQUEST		
		FROM (month, day, year) 03/01/2010	TO (month, day, year) 03/31/2010	
9. RECIPIENT ORGANIZATION <i>Name:</i> University of Minnesota <i>Number and Street:</i> 123 Minnesota Street <i>City, State and ZIP Code:</i> Minneapolis, MN XXXXX		10. PAYEE (Where check is to be sent if different than item 9) <i>Name:</i> Regents of the University of Minnesota <i>Number and Street:</i> P.O. Box 123 <i>City, State and ZIP Code:</i> Minneapolis, MN XXXXX		

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a)	(b)	(c)	TOTAL
a. Total program outlays to date <i>(As of date)</i>	\$ 20,850.24	\$	\$	\$ 20,850.24
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	20,850.24	0.00	0.00	20,850.24
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	20,850.24	0.00	0.00	20,850.24
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e	20,850.24			20,850.24
h. Federal payments previously requested	16,307.92			16,307.92
i. Federal share now requested (Line g minus line h)	4,542.32	0.00	0.00	4,542.32
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

13. CERTIFICATION		
I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED April 7, 2010
	TYPED OR PRINTED NAME AND TITLE Jane Doe, Person responsible for signing University of Minnesota	TELEPHONE (AREA CODE, NUMBER, EXTENSION) 123-456-7899

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes 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 (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

<u>Item</u>	<u>Entry</u>	<u>Item</u>	<u>Entry</u>
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.		activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.
4	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.	11a	Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.	11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.	11d	Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.	13	Complete the certification before submitting this request.
<p>Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.</p>			
11	The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or		

Sample showing cost share

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>		OMB APPROVAL NO. 0348-0004		PAGE 1	OF 1
		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		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 10-8100-XXXX-CA		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST 1	
6. EMPLOYER IDENTIFICATION NUMBER 42-XXXX	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER 19XXX	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) TO (month, day, year) 10/01/2009 02/28/2010			
9. RECIPIENT ORGANIZATION Name: Florida Dept. of Agriculture & Consumer Services Number and Street: 456 Florida Street City, State and ZIP Code: Tallahassee, FL XXXXX		10. PAYEE (Where check is to be sent if different than item 9) Name: Same as block 9 Number and Street: City, State and ZIP Code:			

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a)	(b)	(c)	TOTAL
	Any specific program			
a. Total program outlays to date <i>(As of date)</i>	\$ 28,436,226.00	\$	\$	\$ 28,436,226.00
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	28,436,226.00	0.00	0.00	28,436,226.00
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	28,436,226.00	0.00	0.00	28,436,226.00
f. Non-Federal share of amount on line e	13,736,226.00			13,736,226.00
g. Federal share of amount on line e	14,700,000.00			14,700,000.00
h. Federal payments previously requested	8,000,000.00			8,000,000.00
i. Federal share now requested (Line g minus line h)	6,700,000.00	0.00	0.00	6,700,000.00
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

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AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED April 9, 2010
	TYPED OR PRINTED NAME AND TITLE John Doe, Responsible Fiscal Person Florida Department of Agriculture & Consumer Services	TELEPHONE (AREA CODE, NUMBER, EXTENSION) 000-123-4567

This space for agency use

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