

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted  Department of Commerce/NOAA		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  <h2 style="text-align: center;">NA11NOS0120033</h2>			Page <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center;">1</div>		of <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center;">2</div>	
3. Recipient Organization (Name and complete address including Zip code) SOUTHEAST COASTAL OCEAN OBSERVING REGIONAL ASSOCIATION 1368 PHERIGO ST, MOUNT PLEASANT, SC 29464-4825 USA								
4a. DUNS Number  829041339	4b. EIN  261215705	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)  ASAP # 4530798			6. Report Type <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input 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) <div style="text-align: center;">June 1, 2011</div>				To: (Month, Day, Year) <div style="text-align: center;">May 31, 2017</div>		9. Reporting Period End Date (Month, Day, Year) <div style="text-align: center;">September 30, 2016</div>		
10. Transactions						Cumulative		
(Use lines a-c for single or multiple grant reporting)								
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>								
a. Cash Receipts						\$11,096,916.00		
b. Cash Disbursements						\$11,129,321.94		
c. Cash on Hand (line a minus b)						-\$32,405.94		
(Use lines d-o for single grant reporting)								
<b>Federal Expenditures and Unobligated Balance:</b>								
d. Total Federal funds authorized						N/A		
e. Federal share of expenditures						N/A		
f. Federal share of unliquidated obligations						N/A		
g. Total Federal share (sum of lines e and f)						N/A		
h. Unobligated balance of Federal funds (line d minus g)						N/A		
<b>Recipient Share:</b>								
i. Total recipient share required						N/A		
j. Recipient share of expenditures						N/A		
k. Remaining recipient share to be provided (line i minus j)						N/A		
<b>Program Income:</b>								
l. Total Federal program income earned						N/A		
m. Program income expended in accordance with the deduction alternative						N/A		
n. Program income expended in accordance with the addition alternative						N/A		
o. Unexpended program income (line l minus line m or line n)						N/A		
11. Indirect Expense		a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
		N/A	N/A	N/A	N/A	N/A	N/A	N/A
g. Totals:						N/A	N/A	N/A
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: See Page 2								
<b>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 218, Section 1001)</b>								
a. Typed or Printed Name and Title of Authorized Certifying Official				c. Telephone (Area code, number and extension)				
Megan Lee				843-864-6755				
b. Signature of Authorized Certifying Official				d. Email address				
Megan Lee				mlee@secoora.org				
				e. Date Report Submitted (Month, Day, Year)				
				10/25/2016				
14. Agency use only: See Page 2								

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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12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:  This section explains why SECOORA had a negative cash on hand (funds that were not yet drawn) during this reporting period. SECOORA pays out it's monthly operating costs, i.e. payroll, etc. and then conducts our ASAP draw downs in the middle of the following month for both our previous month operational costs (including payroll) and the monthly invoices for subawardees.					
14. Agency use only:  Below is an automated analysis of this SF-425 by Grants Online. Any analysis or issues with this report by the Federal Grants Management Specialist will be displayed in the workflow comments.  This report was submitted on 10/25/2016 At this time (10/25/2016), the report is under review and is not yet accepted.  Cash on hand (line 10.c) is -\$32,405.94. An explanation for this large amount of cash not drawn down to cover expenses is required from the recipient.  Reported cash receipts (Line 10.a) for this report indicate that the recipient has drawn down 92% of the Federal funding for this award in 89% of the award period.					