



BJA FY 12 Byrne Criminal Justice Innovation Program: Planning and Implementation 2012-AJ-BX-0015



Financial Status Reports

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Report Number: 1

FEDERAL FINANCIAL REPORT (Follow form Instructions)			
1. Federal Agency and Organizational Element to Which Report is Submitted	U.S. Department of Justice		
2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR attachment)	2012-AJ-BX-0015		
3. Recipient Organization (Name and complete address including Zip code)	City of Austin P.O. Box 1088 Austin, TX 78767 -1088		
4a. DUNS Number	066432683		
4b. EIN	74-6000090		
5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR attachment)	306920 FFy13		
6. Final Report	No		
7. Basis of Accounting	Accrual		
8. Project/Grant Period From: (Month, Day, Year)	10/01/2012		
To: (Month, Day, Year)	09/30/2015		
9. Reporting Period End Date (Month, Day, Year)	12/31/2012		
10. Transactions			
	Previously Reported	This Period	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			\$1000000.00
e. Federal share of expenditures	\$0.00	\$0.00	\$0.00
f. Federal share of unliquidated obligations			\$0.00
g. Total Federal share (sum of lines e and f)			\$0.00
h. Unobligated balance of Federal funds (line d minus g)			\$1000000.00
Recipient Share:			
i. Total recipient share required			\$0.00
j. Recipient share of expenditures	\$0.00	\$0.00	\$0.00
k. Remaining recipient share to be provided (line i minus j)			\$0.00
Program Income:			
l. Total Federal program income earned			\$0.00
m. Program income expended in accordance with the deduction alternative			
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

11. Indirect Expense						
a. Type of Rate	b. Rate	c. Period		d. Base	e. Amount Charged	f. Federal Share
		From	To			
	%			\$	\$	\$
	%			\$	\$	\$
g. Totals					\$0.00	\$0.00

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 218, Section 1001)

Prefix	Mr.
Prefix (Other)	
First Name	Ryan
Middle Initial	E
Last Name	Stipan
Suffix	
Suffix (Other)	
Title	Financial Consultant
Telephone (Area code, number and extension)	(512) 974-6689
E-mail Address	ryan.stipan@austintexas.gov
Date Report Last Submitted	01/17/2013
14. Agency use only	
OJP Vendor Number	746000090

Attachments:
None

Actions:

Audit Trail:

Description:	Role:	User:	Timestamp:	Note:
Submitted	Financial Point of Contact External Role	Stipan, Ryan	01/17/2013 4:02 PM	View Note
Draft	Financial Point of Contact External Role	Stipan, Ryan	01/17/2013 4:02 PM	View Note



BJA FY 12 Byrne Criminal Justice Innovation Program: Planning and Implementation 2012-AJ BX-0015



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*Required
Report Number: 2

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FEDERAL FINANCIAL REPORT (Follow form instructions)	
1. Federal Agency and Organizational Element to Which Report is Submitted	U.S. Department of Justice
2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR attachment)	2012-AJ-BX-0015
3. Recipient Organization (Name and complete address including Zip code)	City of Austin P.O. Box 1088 Austin, TX 78767 -1088
4a. DUNS Number	066432683
4b. EIN	74-6000090
5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR attachment)	306920 FFY13
* 6. Final Report	<input type="radio"/> Yes <input checked="" type="radio"/> No
* 7. Basis of Accounting	<input type="radio"/> Cash <input checked="" type="radio"/> Accrual
8. Project/Grant Period From: (Month, Day, Year)	10/01/2012
To: (Month, Day, Year)	09/30/2015
9. Reporting Period End Date (Month, Day, Year)	03/31/2013

10. Transactions			
	Previously Reported	This Period	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			\$1000000.00
* e. Federal share of expenditures	\$0.00	\$ 8067.21	\$8067.21
* f. Federal share of unliquidated obligations			\$ 0.00
g. Total Federal share (sum of lines e and f)			\$8067.21
h. Unobligated balance of Federal funds (line d minus g)			\$991932.79
Recipient Share:			
* i. Total recipient share required			\$ 0.00
j. Recipient share of expenditures	\$0.00	\$ 0.00	\$0.00
k. Remaining recipient share to be provided (line i minus j)			\$0.00
Program Income:			
l. Total Federal program income earned			\$ 0.00
m. Program income expended in accordance with the deduction alternative			
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

* 11. Indirect Expense						
a. Type of Rate	b. Rate	c. Period		d. Base	e. Amount Charged	f. Federal Share
		From	To			
Not Applicable	%			\$	\$0.00	\$
Not Applicable	%			\$	\$0.00	\$
g. Totals					\$0.00	\$0.00

* 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 218, Section 1001)

* Prefix	Mr.
Prefix (Other)	
* First Name	Ryan
Middle Initial	E
* Last Name	Stipan
Suffix	Select Suffix
Suffix (Other)	
* Title	Financial Consultant
* Telephone (Area code, number and extension)	(512) 974 - 6689 Ext.
* E-mail Address	ryan.stipan@taustintexas.gov
Date Report Last Submitted	04/23/2013
14. Agency use only	
OJP Vendor Number	746000090

Attachments:
None

[Add Attachment](#)

Actions:

[Submit](#) [Cancel](#)

Audit Trail:				
Description:	Role:	User:	Timestamp:	Note:
Submitted	Financial Point of Contact External Role	Stipan, Ryan	04/23/2013 9:52 AM	View Note

FEDERAL FINANCIAL REPORT
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice			2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2012-AJ-BX-0015			Page 1 of 1	
3. Recipient Organization (Name and complete address including Zip code) City of Austin P.O. Box 1088 Austin, TX 78767-1088							
4a. DUNS Number 066432683	4b. EIN 74-6000090	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 306920 FFY13		6. Report Type <input checked="" type="checkbox"/> Quarterly <input 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) 10/01/2012			To: (Month, Day, Year) 09/30/2015		9. Reporting Period End Date 06/30/2013		
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				\$ 1,000,000.00			
e. Federal share of expenditures				\$ 28,151.86			
f. Federal share of unliquidated obligations				\$ 0.00			
g. Total Federal share (sum of lines e and f)				\$ 28,151.86			
h. Unobligated balance of Federal funds (line d minus g)				\$ 971,848.14			
Recipient Share:							
i. Total recipient share required				\$ 0.00			
j. Recipient share of expenditures				\$ 0.00			
k. Remaining recipient share to be provided (line i minus j)				\$ 0.00			
Program Income:							
l. Total Federal program income earned				\$ 0.00			
m. Program income expended in accordance with the deduction alternative							
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			
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
				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 Aphra Delgado, Financial Manager				c. Telephone (Area code, number and extension) (512) 974-5077			
				d. Email address aphra.delgado@austintexas.gov			
b. Signature of Authorized Certifying Official				e. Date Report Submitted (Month, Day, Year) 07/25/2013			
				14. Agency use only: OJP Vendor Number: 746000090			
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							

FEDERAL FINANCIAL REPORT
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2012-AJ-BX-0015		Page 1	of 1		
3. Recipient Organization (Name and complete address including Zip code) City of Austin P.O. Box 1088 Austin, TX 78767-1088							
4a. DUNS Number 066432683	4b. EIN 74-6000090	5. Recipient Account Number or Identifying Number (To report multiple grants use FFR Attachment) 306920 FFY13		6. Report Type <input checked="" type="checkbox"/> Quarterly <input 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) 10/01/2012			To (Month, Day, Year) 09/30/2013				
9. Reporting Period End Date 09/30/2013							
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				\$ 1,000,000.00			
e. Federal share of expenditures				\$ 48,603.92			
f. Federal share of unliquidated obligations				\$ 0.00			
g. Total Federal share (sum of lines e and f)				\$ 48,603.92			
h. Unobligated balance of Federal funds (line d minus g)				\$ 951,396.08			
Recipient Share:							
i. Total recipient share required				\$ 0.00			
j. Recipient share of expenditures				\$ 0.00			
k. Remaining recipient share to be provided (line i minus j)				\$ 0.00			
Program Income:							
l. Total Federal program income earned				\$ 0.00			
m. Program income expended in accordance with the deduction alternative							
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			
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
				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 Ryan Stipan, Financial Consultant				c. Telephone (Area code, number and extension) (512) 974-6689			
				d. Email address ryan.stipan@austintexas.gov			
b. Signature of Authorized Certifying Official				e. Date Report Submitted (Month, Day, Year) 10/17/2013			
				14. Agency use only OJP Vendor Number: 746000090			
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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3. Recipient Organization (Name and complete address including Zip code) City of Austin P.O. Box 1088 Austin, TX 78767-1088							
4a. DUNS Number 066432683	4b. EIN 74-6000090	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 306920 FFY13		6. Report Type <input checked="" type="checkbox"/> Quarterly <input 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) 10/01/2012			To: (Month, Day, Year) 09/30/2015		9. Reporting Period End Date 12/31/2013		
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				\$ 1,000,000.00			
e. Federal share of expenditures				\$ 117,055.58			
f. Federal share of unliquidated obligations				\$ 14,252.26			
g. Total Federal share (sum of lines e and f)				\$ 131,307.84			
h. Unobligated balance of Federal funds (line d minus g)				\$ 868,692.16			
Recipient Share:							
i. Total recipient share required				\$ 0.00			
j. Recipient share of expenditures				\$ 0.00			
k. Remaining recipient share to be provided (line i minus j)				\$ 0.00			
Program Income:							
l. Total Federal program income earned				\$ 0.00			
m. Program income expended in accordance with the deduction alternative							
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			
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
				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 Alice Suter, Assistant Director				c. Telephone (Area code, number and extension) (512) 974-5069			
				d. Email address alice.suter@austintexas.gov			
b. Signature of Authorized Certifying Official				e. Date Report Submitted (Month, Day, Year) 01/29/2014			
				14. Agency use only: OJP Vendor Number: 746000090			
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011							
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