

QUARTERLY REPORT

th QTR 04CH4761	EARLY HEAD START 544829-830			Reporting Period:				
	FY: Sep. 1, 2017 - Aug. 31, 2018			9/1/17 TO 8/31/18				
FINAL	APPROVED	YTD		PER CENT		YTD	YTD	
LINE ITEMS	BUDGET	EXPENDED	Obligations	SPENT	Unobligated	Credit card	Admin cost	
Personnel	\$103,800	\$103,800		100.00%	\$0		\$ -	
Fringe Benefits	\$86,146	\$86,146		100.00%	\$0		\$ -	
Travel	\$0				\$0			
Equipment								
Supplies	\$2,506	\$2,506		100.00%	\$0	\$ 2,506	\$ 2	
Contractual	\$0		\$0		\$0			
Other	\$315	\$315		100.00%	\$0	\$ 115	\$ 3	
Consultants					\$0			
TOTAL DIRECT	\$192,767	\$192,767	\$0	100.00%		\$2,621	\$5	
Indirect Costs	\$15,421	\$15,421		100.00%			\$ 15,421	
TOTAL PA 25	\$208,188	\$208,188	\$0	100.00%	\$0	\$2,621	\$15,426	
PA 26 Training					\$0			
Personnel/Frg	\$1,368	\$1,368						
Supplies/Other	\$1,379	\$1,379				529.3	\$ 12.50	
Contractual	\$0							
Travel	\$2,250	\$2,250					\$ -	
TOTAL PA26	\$4,997	\$4,997	\$0	100.00%	\$0	\$ 529	\$ 13	
TOTAL AWARD**	\$213,185	\$213,185	\$0	100%	\$0	\$3,150	\$15,439	
NON FEDERAL						Non Fed Space 5%	\$2,665	
Space		\$30,687				% Admin WKU	6.8%	
Volunteers		\$22,609				TOTAL ADMIN	\$18,104	
Other						USDA	\$13,449	
Total Non Federal	\$53,296	\$53,296	\$0	100.00%	\$0			
TOTAL OUTLAYS	\$266,481	\$266,481	\$0					
QTRLY NOTES:	Category:							
	OTHER:	line items include: postage, maintenance, insurance, advertising, dues, fees, telephone and printing						
	Expenditures:	COMPLETE						

NON-FEDERAL TRACKING FORM

EARLY HEAD START September 1, 2017- August 31, 2018
544829-830

	RATE *	1st QTR	2nd QTR	Mid Year	TOTAL	3rd QTR	4th QTR	Mid Year	TOTAL	Non Fed Due
Foster Grandparent Hours	\$4.38	1104	764	1868	\$8,181.84	1184.5	662.75	1847.3	\$8,090.96	\$53,296
Parent Hours	\$9.35	29	23.25	52.25	\$488.54	8	10.5	18.5	\$172.98	
Community Hours	\$9.35	39.5	51	90.5	\$846.18	44	7.5	51.5	\$481.53	
Interns	\$21.96	0	0	0	\$0.00	0	0	0	\$0.00	
Speech, OT, Graduate Students	\$20.71	2.5	8.75	11.25	\$232.99	17	45.75	62.75	\$1,299.55	
Policy Council	\$55.97	4	4	8	\$447.76	4	4	8	\$447.76	
Professional/Adv. Council/comm	\$62.40	8	5.25	13.25	\$826.80	3.25	14.25	17.5	\$1,092.00	\$22,609
TOTAL BUDGET = \$19,874					\$11,024.10				\$11,584.77	

OTHER:

List Items:	1st Qtr		2nd Qtr		3rd Qtr		4th Qtr		TOTAL
	Total	Total	Total	Total	Total	Total	Total		
									\$0.00
									\$0.00
									\$0.00
TOTAL OTHER									\$0.00

SPACE:

INDOOR/OUTDOOR SQ FT	1st QTR		2nd QTR		3rd QTR		4th QTR		TOTAL
	Total	Total	Total	Total	Total	Total	Total		
									\$0
SQ FT. 2762	12.1	\$8,355	\$8,355		\$8,355	\$8,355	\$5,622		\$13,977
TOTAL BUDGET = \$33,421									\$13,977

Admin 5% \$2,665

Notes:

For Interns/Grad Stud, the value of services provided are for similar services/ed level performed by Teachers as outlined in the program plans.

For Other, verify that donated goods are items that are reasonable and necessary to meet program objectives and meet agency requirements for allowable purchases.

* Rates updated 12/1/17

BAL DUE \$0

Becky Johnson Submitted Date 10/1/2018

FEDERAL FINANCIAL REPORT

CM

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)			Page	of
DEPARTMENT OF HEALTH AND HUMAN SERVICES		04CH4761-001			1	
3. Recipient Organization (Name and complete address including Zip code)						
WKU Research Foundation 1906 College Heights Blvd. Bowling Green, KY 42101						
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type	7. Basis of Accounting	
02-998-0583	6161358086	544829-544830		<input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Project/Grant Period From: (Month, Day, Year)			To: (Month, Day, Year)		9. Reporting Period End Date (Month, Day, Year)	
9/1/2017			8/31/2018		8/31/2018	
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	\$195,395.07
b. Cash Disbursements	\$213,185.00
c. Cash on Hand (line a minus b)	(\$17,789.93)
<i>(Use lines d-o for single grant reporting)</i>	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	\$213,185.00
e. Federal share of expenditures	\$213,185.00
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$213,185.00
h. Unobligated balance of Federal funds (line d minus g)	\$0.00
Recipient Share:	
i. Total recipient share required	\$53,296.00
j. Recipient share of expenditures	\$53,296.00
k. Remaining recipient share to be provided (line i minus j)	\$0.00
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
	Predetermined	8.00%	9/1/2017	8/31/2018	\$ 192,767.00	\$ 15,421.00	\$ 15,421.00
g. Totals:					\$ 192,767.00	\$ 15,421.00	\$ 15,421.00

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

ADMIN COSTS: \$18,104
USDA COSTS: \$13,449

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)

a. Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number and extension)
Paula Mattison Assistant Director, Grants & Contracts Accounting	270-745-5338
	d. Email address
	paula.mattison@wku.edu
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year)
<i>Paula Mattison</i>	10-10-18


14. Agency use only:

Standard Form 425
OMB Approval Number: 0348-0081
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 0348-0081. 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 (0348-0081), Washington, DC 20503.

TANGIBLE PERSONAL PROPERTY REPORT
SF- 428

OMB Number: 4040-0018
Expiration Date: 6/30/2020

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS ACF OHS		
2. Federal Grant or Other Identifying Number Assigned by Federal Agency 04CH4761-001	3a. DUNS 0298805830000	3b. EIN 611358086
4. Recipient Organization (Name and complete address including zip code) Recipient Organization Name: Western Kentucky University Research Foundation, Inc. Street1: 1906 College Heights Blvd. Street2: City: Bowling Green County: Warren State: KY: Kentucky Province: Country: USA: UNITED STATES ZIP / Postal Code: 42101-000		
5. Recipient Account or Identifying Number	6. Attachment (Check applicable) <input checked="" type="checkbox"/> Annual Report (SF-428-A) <input type="checkbox"/> Final (Award Closeout) Report (SF-428-B) <input type="checkbox"/> Disposition Report/Request (SF-428-C)	7. Supplemental Sheet <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Comments Add Attachment Delete Attachment View Attachment		
9a. Typed or Printed Name and Title of Authorized Certifying Official Prefix: First Name: Paula Middle Name: Last Name: Mattison Suffix: Title: Assist. Director Grants&Contracts Accounting		
9b. Signature of Authorized Certifying Official 		
9c. Telephone (area code, number, extension) 270-745-5338		
9d. E-Mail Address gca@wku.edu		
9e. Date report submitted (MM/DD/YYYY) 10-10-18	10. Agency use only	

TANGIBLE PERSONAL PROPERTY REPORT
Annual Report SF-428-A

OMB Number: 4040-0018
 Expiration Date: 6/30/2020

Federal Grant or Other Identifying Number Assigned by Federal Agency (Block 2 on SF-428). Leave blank for Consolidated Annual Reports (Block 1 below)

04CH4761-001

1. Report Type (Choose One)

- (a) Individual (Reporting Federally-owned property for one award)
 (b) Consolidated (Reporting Federally-owned property for all awards with a Federal Agency Organizational Element)

2. Report As Of:

30 SEP 2018
 or

3. Federally-owned Property

	Description (a)	Identification (b)	Acquisition Date (c)	Acquisition Cost (d)
1	No unused supplies or equipment purchased for this grant			
2				
3				
4				
5				
6				
7				
8				
9				
10				

4. Comments

Add Attachment

Delete Attachment

View Attachment

CM

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DEPARTMENT OF HEALTH AND HUMAN SERVICES	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 04CH4761-001	Page 1	of pages
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3. Recipient Organization (Name and complete address including Zip code)	WKU Research Foundation 1906 College Heights Blvd. Bowling Green, KY 42101
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4a. DUNS Number 02-998-0583	4b. EIN 6161358086	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 544829-544830	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" 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) 9/1/2017	To: (Month, Day, Year) 8/31/2018	9. Reporting Period End Date (Month, Day, Year) 8/31/2018
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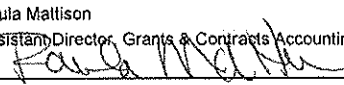
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a. Typed or Printed Name and Title of Authorized Certifying Official Paula Mattison Assistant Director, Grants & Contracts Accounting	c. Telephone (Area code, number and extension) 270-745-5338
b. Signature of Authorized Certifying Official 	d. Email address paula.mattison@wku.edu
	e. Date Report Submitted (Month, Day, Year) 12-10-15

14. Agency use only:

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

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