

Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014
Expiration Date: 01/31/2019

1. Federal Agency and Organizational Element to Which Report is Submitted <div style="border: 1px solid black; padding: 2px; min-height: 20px;">US Fish & Wildlife Dept.</div>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px; min-height: 20px;">L14AC00237</div>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div style="border: 1px solid black; padding: 2px;">Point Reyes Bird Observatory dbaPointBlueConservationScience</div> Street1: <div style="border: 1px solid black; padding: 2px;">3820 Cypress Dr. #11</div> Street2: <div style="border: 1px solid black; padding: 2px; height: 15px;"></div> City: <div style="border: 1px solid black; padding: 2px;">Petaluma</div> County: <div style="border: 1px solid black; padding: 2px;">Sonoma</div> State: <div style="border: 1px solid black; padding: 2px;">CA: California</div> Province: <div style="border: 1px solid black; padding: 2px; height: 15px;"></div> Country: <div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div> ZIP / Postal Code: <div style="border: 1px solid black; padding: 2px;">94954-5696</div>			
4a. DUNS Number <div style="border: 1px solid black; padding: 2px;">119744100</div>	4b. EIN <div style="border: 1px solid black; padding: 2px;">941594250</div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px;">4062</div>	
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	8. Project/Grant Period From: <div style="border: 1px solid black; padding: 2px;">04/01/2014</div> To: <div style="border: 1px solid black; padding: 2px;">03/31/2019</div>	9. Reporting Period End Date <div style="border: 1px solid black; padding: 2px;">03/31/2018</div>
10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i> Federal Cash (To report multiple grants, also use FFR attachment):			Cumulative
a. Cash Receipts			682,967.00
b. Cash Disbursements			682,967.00
c. Cash on Hand (line a minus b)			0.00
<i>(Use lines d-o for single grant reporting)</i>			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			682,967.00
e. Federal share of expenditures			682,967.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			682,967.00
h. Unobligated balance of Federal Funds (line d minus g)			0.00
Recipient Share:			
i. Total recipient share required			1,098,984.00
j. Recipient share of expenditures			1,098,984.00
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			0.00
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
Auklet/Salamander/Mice/ Misc. only	35.00	09/01/2016	03/31/2018	98,870.37	34,604.63	34,604.63
g. Totals:				98,870.37	34,604.63	34,604.63

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. Name and Title of Authorized Certifying Official

Prefix: First Name: Middle Name:
Last Name: Suffix:
Title:

b. Signature of Authorized Certifying Official



c. Telephone (Area code, number and extension)

d. Email Address

e. Date Report Submitted

14. Agency use only: