

FINANCIAL STATUS REPORT

(see instruction on back)

1. FEDERAL AGENCY TO WHICH REPORT IS SUBMITTED:

USAID/DCHA/ASHA

2. FEDERAL GRANT OR OTHER ID NUMBER

HSH-G-00- / (ASHA -)

OMB form 0412-0543 AID-1558-1 (exp: 09/30/2004)

3. RECIPIENT ORGANIZATION

(name and complete address including ZIP code)

4. EMPLOYER ID NUMBER

6. PROJECT/GRANT PERIOD

from to

8. FINAL REPORT

(Check one)

YES NO

5. RECIPIENT ACCOUNT or ID No.

7. PERIOD COVERED

from to

9. CASH BASIS

10. STATUS OF FEDERAL FUNDS

PROGRAMS / FUNCTIONS / ACTIVITIES	(A) professional A&E services	(B) construction services	(C) renovation	(D) durable commodities	(E) vehicles and rolling stock	(F) program support	TOTALS
a. Net outlays previously reported							
b. Total outlays this reporting period							
c. Program income credits (pro-rated from form 269.S)							
d. Net outlays this period (10.b - 10.c)							
e. Net outlays to date (10.a +10.d)							
f. Non-federal share of outlays							
g. Total federal share of outlays (10.e - 10.f)							
h. Total unliquidated obligations							
i. Non-federal share of unliquidated obligations (cost sharing)							
j. Total federal share of unliquidated obligations (cash-on-hand)							
k. Total federal share of outlays and unliquidated obligations (10.g +10.j = disbursements)							
l. Total cumulative amount of federal funds authorized (approved budget)							
m. Unobligated balance of federal funds (pipeline)							

Administrative Approval (USAID/ASHA)

I have reviewed this voucher. Based on its documentation and my personal knowledge of the project, the voucher is administratively approved by this office and subject to the financial review of the paying officer.

.....
(signed) (date)

11. CERTIFICATION

I certify, to the best of my knowledge and belief, that this report is correct and that all outlays and unliquidated obligations are for the purpose set forth in the award documents.

(signature of authorized certifying official for the Grantee)

QPR No. ___

(date submitted) (telephone)

(typed or printed name and title)

EXCEPTION TO STANDARD FORM SF-269