**Federal Expenditures and Unobligated Balance:**

<table>
<thead>
<tr>
<th>a.</th>
<th>b.</th>
<th>c.</th>
<th>d.</th>
<th>e.</th>
<th>f.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Receipts</td>
<td>1,623,901.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Disbursements</td>
<td>2,311,887.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash on Hand (line a minus b)</td>
<td>(687,986.00)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Recipient Share:**

<table>
<thead>
<tr>
<th>i.</th>
<th>j.</th>
<th>k.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total recipient share required</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>Recipient share of expenditures</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>Remaining recipient share to be provided (line i minus j)</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

**Program Income:**

<table>
<thead>
<tr>
<th>l.</th>
<th>m.</th>
<th>n.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Federal program income earned</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>Program income expended in accordance with the deduction alternative</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>Program income expended in accordance with the addition alternative</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>Unexpended program income (line i minus line m or line n)</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

**11. Indirect Expense**

<table>
<thead>
<tr>
<th>a.</th>
<th>b.</th>
<th>c.</th>
<th>d.</th>
<th>e.</th>
<th>f.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Predetermined</td>
<td>0.0 %</td>
<td>05/01/2020</td>
<td>08/31/2020</td>
<td>2,311,887.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>0.0 %</td>
<td></td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Totals</td>
<td>2,311,887.00</td>
<td></td>
<td></td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**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 to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. 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)
**FEDERAL FINANCIAL REPORT**

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted: US Department of Education

2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment):
   - R057502002

3. Recipient Organization (Name and complete address including Zip code):
   - UNIVERSITY OF TENNESSEE 121 ADMINISTRATION BUILDING MARTIN, TN 38238

4a DUNS Number: 625464235

4b EIN: 62-6001636

5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment):
   - R057502002

6. Report Type: Quarterly

7. Basis of Accounting: Cash

8. Project/Grant Period (Month, Day, Year):
   - From: 05/01/2020
   - To: 04/30/2022

9. Reporting Period End Date (Month, Day, Year):
   - 08/31/2020

10. Transactions

   **Federal Cash (To report multiple grants, also use FFR Attachment):**
   - a. Cash Receipts: 2,221,492.87
   - b. Cash Disbursements: 2,300,147.31
   - c. Cash on Hand (line a minus b): (78,654.44)

   **Federal Expenditures and Unobligated Balance:**
   - d. Total Federal funds authorized: 2,555,155.00
   - e. Federal share of expenditures: 2,300,147.31
   - f. Federal share of unliquidated obligations: 0.00
   - g. Total Federal share (sum of lines e and f): 2,300,147.31
   - h. Unobligated balance of Federal funds (line d minus g): 255,007.69

   **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: 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**
   --- | --- | --- | --- | --- | --- | ---
   Predetermined | 0.0 % | 05/01/2020 | 08/31/2020 | 2,300,147.31 | 0.00 | 0.00 | 0.00
   0.0 % | 0.00 | 0.00 |
   | g. Totals: | 2,300,147.31 | 0.00 | 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 to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. 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: Dixon, Casey L Sponsored Projects Accountant
   b. Signature of Authorized Certifying Official: Casey Dixon
   c. Telephone (Area code, number, and extension): (731)881-7802
   d. Email Address: CDIXON20@TENNESSEE.EDU
   e. Date Report Submitted (Month, Day, Year): 09/01/2020

14. Agency use only:

   Standard Form 425 - Revised 6/28/2010
   OMB Approval Number: 0348-0061
   Expiration Date: 10/31/2011

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**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...
FEDERAL FINANCIAL REPORT
(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted
US Department of Education

2. Federal Grant or Other identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)

3. Recipient Organization (Name and complete address including Zip code)
UNIVERSITY OF TENNESSEE 121 ADMINISTRATION BUILDING MARTIN, TN 38238

4a DUNS Number 625464235
4b EIN 62-6001636
5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) R057502003

6. Report Type Quarterly
7. Basis of Accounting X Cash

8. Project/Grant Period (Month, Day, Year) From: 05/01/2020 To 04/30/2022
9. Reporting Period End Date (Month, Day, Year) 08/31/2020

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 0.00
b. Cash Disbursements 168,286.40

c. Cash on Hand (line a minus b) (168,286.40)

(Use lines d-o for single grant reporting)
Federal Expenditures and Unobligated Balance:
d. Total Federal funds authorized 249,557.00
e. Federal share of expenditures 168,286.40
f. Federal share of unliquidated obligations 0.00
g. Total Federal share (sum of lines e and f) 168,286.40
h. Unobligated balance of Federal funds (line d minus g) 81,270.60

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 0.00
n. Program income expended in accordance with the addition alternative 0.00

11. Indirect Expense
a. Type Predetermined
b. Rate 0.0 %
c. Period From 05/01/2020
d. Period To 08/31/2020
e. Base 168,286.40
f. Amount Charged 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 to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. 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
Dixon, Casey L Sponsored Projects Accountant

c. Telephone (Area code, number, and extension)
(731)881-7802
d. Email Address
CDIXON20@TENNESSEE.EDU

b. Signature of Authorized Certifying Official
Casey Dixon
e. Date Report Submitted (Month, Day, Year) 09/01/2020

14. Agency use only:

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