

# MICROLOAN PROGRAM INTERMEDIARY LENDER TRAINING CONFERENCE

APRIL 16-17, 2012

Louisville, Kentucky

Presented by David De Leva  
Grants Management Officer  
U.S. Small Business Administration  
Office of Grants Management  
409 Third Street, SW – 5<sup>th</sup> Floor  
Washington, DC 20416



U.S. Small Business Administration

# AGENDA

- **INTRODUCTION**
- **FORMS REQUIRED FOR REQUESTING REIMBURSEMENT**
  - SF-270
  - SF-425
  - PERFORMANCE PROGRESS REPORT(SF-PPR) cover page/  
(TA Narrative Report " Program Office requirement")
  - DETAILED EXPENDITURES WORKSHEET (including Key  
Personnel Sheet)
  - WRITTEN BUDGET NARRATIVE
- **Q & A**

# Approved Budget

## BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$		\$	\$	\$ 0.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		0.00	0.00	\$		0.00

  

SECTION B - BUDGET CATEGORIES					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Federal	(2) Non-Federal (Cash)	(3) In-Kind	(4) Program Income	
a. Personnel	\$ 43,980.00	\$	\$	\$	\$ 43,980.00
b. Fringe Benefits	8,796.00				8,796.00
c. Travel	6,000.00	4,000.00			10,000.00
d. Equipment					0.00
e. Supplies	11,000.00	13,000.00			24,000.00
f. Contractual	19,224.00	1,000.00	5,026.00		25,250.00
g. Construction			8,224.00		8,224.00
h. Other	36,000.00				36,000.00
i. Total Direct Charges (sum of 6a-6h)	125,000.00	18,000.00	13,250.00	0.00	156,250.00
j. Indirect Charges					0.00
k. TOTALS (sum of 6i and 6j)	\$ 125,000.00	\$ 18,000.00	\$ 13,250.00	\$ 0.00	\$ 156,250.00

  

7. Program Income	\$	\$	\$	\$	\$ 0.00
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Enter Federal Amounts in Column 1 Federal

Enter Non-Federal Cash amounts in Column 2 Non-Federal Cash

Enter In-Kind Amounts in Column 3 InKind

Enter Program Income Amounts in Column 4 Program Income

Enter Cumulative Federal and Non-Federal Amounts in Column 5 Total

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Standard Form 424A (Rev. 7-97)  
Prescribed by OMB Circular A-102

Previous Edition Usable

Total Grant Amount: \$125,000.00

Total Match Required: \$31,250.00

## Federal Fiscal Quarters

1<sup>st</sup> Qtr – October 1 – December 31

2<sup>nd</sup> Qtr – January 1 – March 31

3<sup>rd</sup> Qtr – April 1 – June 30

4<sup>th</sup> Qtr – July 1 – September 30

Reports for the first three quarters of each budget period shall be due no later than 30 calendar days after the end of each quarter.

The final/4<sup>th</sup> quarter report is due no later than 90 calendar days after the end of the budget year.

# Microloan Budget Year Quarters

1<sup>st</sup> Qtr – July 1 – September 30

2<sup>nd</sup> Qtr – October 1 – December 31

3<sup>rd</sup> Qtr – January 1 – March 31

4<sup>th</sup> Qtr – April 1 – June 30

Reports for the first three quarters of each budget period shall be due no later than 30 calendar days after the end of each quarter.

The final/4<sup>th</sup> quarter report is due no later than 90 calendar days after the end of the budget year.

# SAMPLE

## Request for Reimbursement # 1

- 1) SF-270 - Request for Reimbursement/Advance
- 2) Detailed Expenditures Worksheet
- 3) Written budget narrative

### Required Quarterly Reports

- 1) SF-425 - Federal Financial Report
- 2) Performance Progress Report (PPR) cover page/ (TA Narrative Report “ Program Office requirement”)

Please visit [www.whitehouse.gov/omb/grants\\_forms/](http://www.whitehouse.gov/omb/grants_forms/) to obtain Federal forms.

This Sheet is Cumulative

SF-270

(Request for Reimbursement # 1)

SAMPLE

<b>REQUEST FOR ADVANCE OR REIMBURSEMENT</b> <small>(See Instructions on back)</small>		OMB APPROVAL NO. 0348-0004	PAGE 1 OF 1 PAGES	
1. TYPE OF PAYMENT REQUESTED <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT 2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL		3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REQUEST IS SUBMITTED U.S. Small Business Administration		
4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY SBAHQ-10-Y		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST # 1		
6. EMPLOYER IDENTIFICATION NUMBER 52-000000	7. PAYMENT ACCOUNT NUMBER OR IDENTIFYING NUMBER See Block # 7 on NOA	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) Jan 1, 2010 TO (month, day, year) Mar 31, 2010		
9. RECIPIENT ORGANIZATION Name: Microloan, Inc. Address: 123 Microloan Blvd. City: Microloan City, USA 02000		10. PAYEE (Where check is to be sent if different than Rec 9) Name: Sun Trust Bank Number and Street: Routing# 0345678 City, State and ZIP Code: Acct# 0000000000		
<b>COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED</b>				
11. FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date <small>(As of date)</small>	\$ 32,905.87	\$ Cumulative	\$	\$ 32,905.87
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	32,905.87	0.00	0.00	32,905.87
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	32,905.87	0.00	0.00	32,905.87
f. Non-Federal share of amount on line e	6,581.00	Cumulative - match Amt.		6,581.00
g. Federal share of amount on line e	26,324.87			26,324.87
h. Federal payments previously requested	0.00	Cumulative		0.00
i. Federal share now requested (Line g minus line h)	26,324.87	0.00	0.00	26,324.87
j. Advances required by month, when requested by Federal grantor agency for use in making pre-scheduled advances	1st month			0.00
	2nd month			0.00
	3rd month			0.00
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY				
a. Estimated Federal cash outlays that will be made during period covered by the advance				\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period				
c. Amount requested (Line a minus line b)				\$ 0.00

Insert Requisition Number from NOA Box 7

Enter end date to which this amount applies in row A, Program Outlays To Date

Row B. Less Cumulative Program Income should be left blank

Enter bank account number, routing number, e-mail of person who fills out this form in cell 10 PAYEE

- In the TOTAL Column and in Column A place the following information into each row:
- a) Cumulative federal and non-federal amounts (actuals) spent to date
  - b) Put 0.00
  - c) Same as a)
  - d) Put 0.00
  - e) Sum of Lines c & d
  - f) Total amount of non-federal funds spent during this grant period (includes in-kind contributions)
  - g) Total amount of federal funds you have spent during this grant period
  - h) Total amount of funds already received
  - i) Amount requested for this grant period

Please Sign and Date page 2

U.S. Small Business Administration		<b>NOTICE OF AWARD</b>			
<b>1. AUTHORIZATION</b> (Legislation/Regulation)		<b>2. Grant/Cooperative Agreement No.:</b>  <b>SBAHQ-</b>			
<b>3. RECIPIENT:</b> (Name, Organizational Unit, Address)		<b>4. PROJECT PERIOD</b> (Mo./Day/Yr.)		(Mo./Day/Yr.)	
		<i>From</i>		<i>Through</i>	
		<b>5. BUDGET PERIOD</b> (Mo./Day/Yr.)		(Mo./Day/Yr.)	
		<i>From</i>		<i>Through</i>	
<b>8. TITLE OF PROJECT/PROGRAM</b> (limit to 53 spaces)		<b>6. FEDERAL CATALOG NO.</b>		<b>7. ADMINISTRATIVE CODES</b>	
		<b>9. AWARD AMOUNT</b> Amount of SBA Financial Assistance			
<b>10. DIRECTOR OF PROJECT</b> (Program or Center Director, Coordinator or Principal Investigator)		<b>11. RECOMMENDED FUTURE SUPPORT</b> (Subject to the availability of funds and satisfactory progress of the project)			
<b>NAME</b> Last First Initial		<b>BUDGET YEAR</b>		<b>TOTAL DIRECT COST</b>	
<b>ADDRESS:</b>		<b>a.</b>		<b>b.</b>	
<b>12. Approved Budget</b> (Excludes SBA Direct Assistance)		<b>13. REMARKS</b> (Other Terms & Conditions Attached) <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> SBA Funds Only <input type="checkbox"/> Total project costs including all other financial participation.					
		Federal Share		Non-Federal Share	
a. Personal Service _____					
b. Fringe Benefits _____					
c. Consultants _____					
d. Travel _____					
e. Equipment _____					
f. Supplies _____					
g. Contractual _____					
h. Other _____					
i. <b>TOTAL DIRECT COSTS</b> _____		0.00		0.00	
j. <b>Indirect cost</b> _____					
(Rate) _____ % of S & W/TADC					
k. <b>OTHER APPL. COSTS</b> _____					
l. <b>TOTAL APPROVED BUDGET</b>		0.00		0.00	
*Must meet all matching or cost participation requirements subject to adjustment in accordance with SBA policy					
<b>14. THIS AWARD IS SUBJECT TO THE FOLLOWING COST PRINCIPLES AND OMB UNIFORM ADMINISTRATIVE REQUIREMENTS:</b>					
<input type="checkbox"/> 2 CFR Part 220 - Cost Principles for Educational Institutions					
<input type="checkbox"/> 2 CFR Part 225 - Cost Principles for State and Local Governments					
<input type="checkbox"/> 2 CFR Part 230 - Cost Principles for Non-Profit Organizations					
<input type="checkbox"/> FAR Subpart 31.2 - Principles for Determining Cost Applicable to Awards with For-Profit Organizations					
<input type="checkbox"/> 13 C.F.R. Part 143 - Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments					
<input type="checkbox"/> 2 CFR Part 215 - Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations.					
<input type="checkbox"/> OMB Circular - A - 133 - Audits of States, Local Governments, and other Non-Profit Orgs.					
<b>15. THIS AWARD IS SUBJECT TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE</b>					
<b>16. CRS - EIN</b>		<b>17. COUNTY NAME</b>		<b>18. CONGRESSIONAL DISTRICT NO.</b>	
<b>19a. CITY CODE</b>		<b>b. COUNTY CODE</b>		<b>d. PROGRAM CODE</b>	
<b>BUDGET CODE</b>		<b>DOCUMENT NO.</b>		<b>AMT. ACTION FIN. ASST.</b>	
<b>20a.</b>		<b>b.</b>		<b>c.</b>	
<b>21. AGENCY OFFICIAL</b> (Signature, Name and Title)		<b>22. DATE ISSUED</b> (Mo./Day/Yr.)			
<b>23. RECIPIENT OFFICIAL</b> (Signature, Name and Title)		<b>24. DATE</b> (Mo./Day/Yr.)			

Requisition Number located in Block 7

SF-30

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code Page 1 of Pages 2
2. Amendment/Modification No. 0001
3. Effective Date
4. Requisition/Purchase Req. No.
5. Project No. (if applicable)

6. Issued By Small Business Administration Office of Procurement and Grants Mgmt. 409 3rd St SW Suite 5000 Washington, DC 20416
Code 5330
7. Administered By (If other than Item 6) SEE BLOCK 6
Code

Requisition number located in Block 4

8. Name and Address of Contractor (No., Street, County, and Zip Code)
Vender ID:
DUNS:
CAGE:
(X) 9A. Amendment of Solicitation No.
9B. Date (See Item 11)
X 10A. Modification of Contract/Order No. SBAHQ-
10B. Date (See Item 13)

Code Facility Code
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers is extended is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (if required) \$ US 0.00

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A.
B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b)
X C. This supplemental agreement is entered into pursuant to authority of:
D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, X is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.
15A. Name and Title of Signer (Type or Print) 16A. Name and title of Contracting Officer (Type or Print) David DeLeva 202-205-7051 Agreement Officer
15B. Contractor/Offeror 15C. Date Signed 16B. United States of America 16C. Date Signed
(Signature of person authorized to sign) (Signature of Contracting Officer)

**Detailed Expenditures Worksheet**

This Sheet is Non-Cumulative

AWARD NO.: SBAHQ-

Insert Grant Number from NOA Box 2 into section called AWARD NO.

PERIOD COVERED: \_\_\_\_\_ through \_\_\_\_\_

Insert dates of the Quarter requested into the PERIOD COVERED section

CH SF-270 AND FINAL SF-269  
EXPENDITURES WORKSHEET  
(REQUIRED FOR ANY CATEGORY, ATTACH SHEET.)

TOTAL ( )  
ESTIMATED ( )

(Select one block only)

ALL COSTS MUST BE IN THE APPROVED BUDGET.

AWARD RECIPIENTS MAY NOT INCUR COSTS IN A NON-APPROVED COST CATEGORY.

**DIRECT COST**

*Important: If multiple items purchased under a category, the separate costs for each item must be provided..*

	Federal	Non-Fed	In-Kind	Prog. Inc.	Total
<p><b>Personal Services</b> - List all Key Personnel on page 3. Provide name of employees, and provide all position titles. Show the annual salary rate and the percentage of time devoted to the project specific for the period covered by this request. (Key employees charged to award must be those approved in initial budget or subsequent modifications to award.)</p>					
<p><b>Fringe Benefits</b> - List all Fringe Benefits specific to the period covered by this request. Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in Personal Services category and only for the percentage of time devoted to the project</p>					
<p><b>Travel</b> - Identify the traveler, location, purpose and computation of travel (e.g., six people to 3-day training at \$X lodging, \$X subsistence). Indicate source of Travel Policies applied (Applicant or Federal Travel Regulations). NOTE: Per diem and/or meals - <u>not</u> allowed for local travel.</p>					
<p><b>Equipment</b> - List non-expendable items purchased. Non-expendable equipment is tangible property having a useful life of more than two years and an acquisition cost of \$5,000 or more per unit. Expendable items should be included either in the "Supplies" category or the "Other" category. Rented or leased equipment costs should be listed in the "Contractual" category.</p>					
<p><b>Supplies</b> - List items by type (office supplies, postage, training materials, copying paper, and expendable equipment items costing less than \$5,000, such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.</p>					
<p><b>Contractual</b> - Provide company or person name and description of the product or service provided by the contract (to include consultants).</p>					
<p><b>Other</b> - List items (e.g., rent, reproduction, telephone, janitorial or security services, etc.) by major type and the basis of the computation. For example, provide the square footage and the cost per square foot for rent, or provide a monthly rental cost and how many months to rent.</p>					
<b>TOTAL DIRECT COSTS</b>	26,324.87	3,581	3000		32,905.87

Break out the Expenditures for each expense category for the Quarter in which Reimbursement or Advance is requested. Make sure to total across each column and each row.

Also, the Expenditures listed here should also be reflected in the Approved Budget.

Note: Any request for reimbursement or Advance requires a detailed written budget narrative.

Enter Cumulative Totals in this Direct Cost Column labeled TOTAL

**Total Outlays**

Insert Total Amount Requesting for each column in this Box labeled TOTAL DIRECT COSTS

# Reimbursement Request #1

## Written Budget Narrative - Sample

<b>Personnel Services</b> See Attached Key Personnel List	<b>\$13,020.87</b>
<b>Fringe Benefits (20%)</b>	<b>\$2,604.00</b>
<b><u>Travel</u></b> Traveled to Louisville, KY to attend SBA Microloan Program sponsored training seminar 2-nights hotel @ \$600; air fare \$1,181 Training material \$200; taxi	<b>\$2,581.00</b>
<b>Equipment</b>	<b>\$0</b>
<b><u>Supplies</u></b> Copier paper; folders for trainees Pens, pencils, printer cartridges Purchased 1 Laptop computer \$1,500	<b>\$3,347.00</b>
<b><u>Contractual</u></b> 10 Training Instructors @ \$50/hr For 10 hrs	<b>\$5,000.00</b>
<b><u>Other</u></b> Phone @ \$200/mo for 3 months Rent @ \$1,800 monthly = \$5,400 Copier Maintenance contract \$353.00	<b>\$6,353.00</b>
<b>Total Direct Cost</b>	<b>\$32,905.87</b>

Total Direct Cost  
Includes Match  
Amount



**Key Personnel  
Sheet**

**Request for Reimbursement # 1**

- 3 -

**Supplement to Detailed Actual Expenditure for Reporting Period  
Personal Services**

NAME AND POSITION TITLE		ANNUAL SALARY RATE	NUM. OF MONTHS BUDGETED	% TIME	TOTAL FEDERAL & NON-FEDERAL AMOUNT REQUIRED
		(1)	(2)	(3)	(4)
Key Personnel	1) Project Director	\$50,000.00	3-mos.	60%	\$ 7,500.60
	2) Sr. Lending Officer	\$ 44,000.00	3-mos.	27%	\$ 2,970.27
Non-Key Personnel	3) Loan Assistant	\$ 32,400.00	3-mos.	25%	\$ 2,025.00
	4) Administrative Asst.	\$ 30,000.00	3-mos.	7%	\$ 525.00
					\$13,020.87
<b>FRINGE BENEFITS ( 20 % )</b>					\$ 2,604.00
<b>CATEGORY TITLE</b>					<b>\$15,624.87</b>

Formula to calculate the Total Federal & Non-Federal Salary for Employees:  
Annual Salary divided by 12 to get the monthly salary. Multiply that by the number of months covered by the pay request and then by the percentage of time the person actually spends on the project

NOTE: You must submit an up-to-date version of the form anytime you have personnel changes

Enter Fringe Benefits Rate underneath Name and Position title cell.

Total Amounts of Salary and Fringe Benefits Should be total Federal and Non-Federal Amounts

# **SAMPLE**

## **Request for Reimbursement # 2**

- 1) SF-270 - Request for Reimbursement/Advance**
- 2) Detailed Expenditures Worksheet**
- 3) Written budget narrative**

### **Required Quarterly Reports**

- 1) SF-425 - Federal Financial Report**
- 2) Performance Progress Report (PPR) cover page/ (TA Narrative Report “ Program Office requirement”)**

Please visit [www.whitehouse.gov/omb/grants\\_forms/](http://www.whitehouse.gov/omb/grants_forms/) to obtain Federal forms.

This Sheet is Cumulative

**Cumulative**

Insert Requisition Number from NOA Box 7

Enter end date to which this amount applies in row A, Program Outlays To Date

Row B. Less Cumulative Program Income should be left blank

Enter bank account number, routing number, e-mail of person who fills out this form

In the TOTAL Column and in Column A place the following information into each row:

- a) Cumulative federal and non-federal amounts (actuals) spent to date
- b) Put 0.00
- c) Same as a)
- d) Put 0.00
- e) Sum of Lines c & d
- f) Total amount of non-federal funds spent during this grant period (includes in-kind contributions)
- g) Total amount of federal funds you have spent during this grant period
- h) Total amount of funds already received
- i) Amount requested for this grant period

<b>REQUEST FOR ADVANCE OR REIMBURSEMENT</b> (See instructions on back)		DMB APPROVAL NO. <b>0348-0004</b>	PAGE <b>1</b> OF <b>2</b> PAGES	
1. TYPE OF PAYMENT REQUESTED 4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY		4. *X* one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT 5. *X* the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED <b>U.S. Small Business Administration</b>		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST <b># 2</b>		
6. AGENCY IDENTIFICATION NUMBER <b>52-000000</b>	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER <b>See Block # 7 on NOA</b>	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) <b>April 1, 2010</b> TO (month, day, year) <b>June 30, 2010</b>		
9. RECIPIENT ORGANIZATION Name: <b>Microloan, Inc.</b> <b>Microloan Blvd.</b> <b>Microloan City, USA 02000</b>		10. PAYEE (Where check is to be sent if different than item 9) Name: <b>Sun Trust Bank</b> Number and Street: <b>Routing # 0345678</b> City, State and ZIP Code: <b>Acct # 0000000000</b>		
COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	\$ <b>64,155.87</b>	\$	\$	\$ <b>64,155.87</b>
b. Less: Cumulative program income net program outlays (Line a minus line b)	<b>64,155.87</b>	<b>0.00</b>	<b>0.00</b>	<b>64,155.87</b>
c. Estimated net cash outlays for advance period				<b>0.00</b>
d. Total (Sum of lines c & d)	<b>64,155.87</b>	<b>0.00</b>	<b>0.00</b>	<b>64,155.87</b>
e. Non-Federal share of amount on line d	<b>12,831.00</b>			<b>12,831.00</b>
f. Federal share of amount on line e	<b>51,324.87</b>			<b>51,324.87</b>
g. Federal payments previously requested	<b>26,324.87</b>			<b>26,324.87</b>
h. Federal share now requested (Line g minus line f)	<b>25,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>25,000.00</b>
i. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			<b>0.00</b>
	2nd month			<b>0.00</b>
	3rd month			<b>0.00</b>
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY				
a. Estimated Federal cash outlays that will be made during period covered by the advance			\$	
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period				
c. Amount requested (Line a minus line b)			\$ <b>0.00</b>	

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 7-97)  
 Prescribed by DMB Circulars A-102 and A-110

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and to Which Report is Made <b>U.S. Small Business Administration</b>		2. Federal Grant or Other Identifying Number Assigned by Agency (To report multiple grants, use FFR Attachment) <b>SBAHQ-</b>		Page <b>1</b> of <b>1</b> pages
3. Recipient Organization Name <b>Microloan, Inc.</b>		4. Address (including Zip code) <b>Loan City, USA 02000</b>		
4a. DUNS Number <b>10-XXXXXX</b>	4b. EIN <b>XXXXXXXXXX</b>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Project/Grant Period From: (Month, Day, Year) <b>July 1, 2012</b>		To: (Month, Day, Year) <b>June 30, 2013</b>		9. Reporting Period End Date (Month, Day, Year) <b>December 31, 2012</b>

Insert Grant number from NOA into Box 2 Federal Grant or Other Identifying Number Assigned by Federal Agency

Insert requisition number from NOA Box 7

Row a. Cash Receipts: Amount of federal funds received

Row b. Cash Disbursements: Amount of federal funds spent

Row c. Cash on Hand: Total Amount of federal funds requesting this quarter

10. Transactions		Cumulative
<i>(Use lines a-c for single or multiple grant reporting)</i>		
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>		
a. Cash Receipts	Amount of Federal Funds Rec'd	\$26,324.87
b. Cash Disbursements	Amount of Federal Funds Spent	\$51,324.87
c. Cash on Hand (line a minus b)	Total amt. of Funds requesting this quarter	(\$25,000.00)
<i>(Use lines d-o for single grant reporting)</i>		
<b>Federal Expenditures and Unobligated Balance:</b>		
d. Total Federal funds authorized	Amount of Award	\$125,000.00
e. Federal share of expenditures	Cumulative Outlays to-date	\$51,324.87
f. Federal share of unliquidated obligations		\$0.00
g. Total Federal share (sum of lines e and f)	Total cumulative Federal share	\$51,324.87
h. Unobligated balance of Federal funds (line d minus g)	Balance remaining in grant	\$73,675.13
<b>Recipient Share:</b>		
i. Total recipient share required	Total Amount of Match Required	\$31,250.00
j. Recipient share of expenditures	Match amount to-date	\$12,831.00
k. Remaining recipient share to be provided (line i minus j)	Remaining Match Required	\$18,419.00
<b>Program Income:</b>		
l. Total Federal program income earned	Amt. of Prog. Income earned fr this award	
m. Program income expended in accordance with the deduction alternative	Not Applicable	
n. Program income expended in accordance with the addition alternative	Cumulative amt. of Program Income spent	
o. Unexpended program income (line l minus line m or line n)	Bal. of Prog. Inc. earned from this award	

Row d) Total Federal Funds Authorized: Amount of Award

Row e) Federal Share of expenditures: Cumulative Federal Outlays to date

Row f) Federal Share of unliquidated obligations: Put 0.00

Row g) Total Federal share: Total Cumulative Federal Share

Row h) Unobligated balance of Federal Funds: Balance remaining on grant

Row i) Total recipient share required: Total amount of match required

Row j) Recipient share of expenditures: Match amount to date.

Row k) Remaining recipient share to be provided: Remaining match required.

Row l) Total Federal program income earned: Amount of Program Income earned from award

Row m) Program income expended in accordance with the deduction alternative: Not Applicable

Row n) Program income expended in accordance with the additional alternative: Cumulative amount of Program Income spent

Row o) Unexpended program income (line l minus line m or line n): Balance of Program Income earned from award

SF-PPR

PERFORMANCE PROGRESS REPORT  
SF-PPR

Cell 2. Federal Grant of Other Identifying Number Assigned by Federal Agency - Insert Grant Number from Notice of Award Box 2

Cell 5. Recipient Identifying Number or Account Number - Insert Requisition Number from NOA Box 7

Cell 6. Project Grant Period - Enter Start/End Dates of Budget/Project Period

Cell 7. Reporting Period End Date - Enter Reporting Period End Date

1. Recipient Name		2. Federal Grant or Other Identifying Number Assigned by Federal Agency		Page	of Pages
				3a. DUNS Number	
				3b. EIN	
4. Recipient Organization (Name and complete address including zip code)				5. Recipient Identifying Number or Account Number	
6. Project/Grant Period		7. Reporting Period End Date		8. Final Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date: (Month, Day, Year)	End Date: (Month, Day, Year)	(Month, Day, Year)		9. Report Frequency <input type="checkbox"/> annual/ <input type="checkbox"/> semi-annual/ <input type="checkbox"/> quarterly <input type="checkbox"/> other (If other, describe: _____)	
10. Performance Narrative (attach performance narrative as instructed by the awarding Federal Agency)					
SEE ATTACHED PERFORMANCE REPORT					
11. Other Attachments (attach other documents as needed or as instructed by the awarding Federal Agency)					
12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.					
12a. Typed or Printed Name and Title of Authorized Certifying Official			12c. Telephone (area code, number and extension)		
			12d. Email Address		
12b. Signature of Authorized Certifying Official			12e. Date Report Submitted (Month, Day, Year)		
			13. Agency use only		