

Federal Cash Transaction Report

The Federal Cash Transaction Report (FCTR) is only completed by non-HHS grant recipients.

The FFR Federal Cash Transaction Report must be filed within 30 days at the end of each of the following quarter end dates:

- December 31 (1st Quarter of fiscal year)
- March 31 (2nd Quarter of fiscal year)
- June 30 (3rd Quarter of fiscal year)
- September 30 (4th Quarter of fiscal year)

Adjustments to cumulative disbursements may be saved (to be completed at a later time **BEFORE** the deadline date) or certified.

If the FCTR is not filed before or on the due date, funds will be frozen until the report as been submitted.

FFR Cash Transaction Report

The screenshot shows a web application interface for searching Federal Cash Transaction Reports. On the left is a navigation menu with options: Inquiry, Payment, Disbursement, View PSC272 Reports, FFR Cash Transaction Report (selected), FFR Interest Income, FFR Financial Status Report, FFR File Transfer, and My User Info. The main content area is titled "Federal Cash Transaction Report Search" and includes a "Screen Help" icon and a "Return To Menu" link. The search criteria section is titled "Enter Your Search Criteria (Full or Partial)" and contains the following fields: "Payee Account Number" (Z8888P1), "Reporting Period(s)" (radio buttons for Current and All, with All selected), and "Delinquent Report(s) Only" (radio buttons for Yes and No, with No selected). Below this is a "Select Report Status" section with radio buttons for various statuses: N - Report Available/To Be Completed, C - Report Prepared/Not Certified, B - Report Certified/Posting In Progress, P - Report Completed/Posted, A - Report in Adjustment Process, X - Report Not Filed in Past Periods, and ALL Report Statuses (selected). An "Extended Search Criteria" section includes a "Report Quarter End Date" dropdown menu. At the bottom, there is a note: "Note: Please use leading and/or trailing * for partial search on field Payee Account." and three buttons: Continue, Clear, and Cancel.

After logging in to the Payment Management System with a PMS User ID and password:

1. Select the PMS menu heading entitled: "Disbursement"
2. Select the sub-heading entitled: "FFR Cash Transaction Report"
3. Enter your PMS Account Number
4. Select the Reporting Period "All"
5. Select the Continue button

FFR FCTR All Report Screen

Federal Cash Transaction Report All Report Screen

All Report Listing
Payee Account Contains:Z8888P1
Status:ALL REPORT STATUSES

Action	Payee	End Date	Due Date	Submit Date	Status
I want to... Prepare/Certify Subscribe See Workflow	Z8888P1	30-SEP-2016	30-OCT-2016		N

New Search

Report Status:

A -- Report in Adjustment Process
B -- Report Certified/Posting In Progress
C -- Report Prepared/Not Certified
N -- Report Available/To Be Completed
P -- Report Completed/Posted
X -- Report Not Filed in Past Periods

Under the Action column, from the drop down I want to...menu select your desired action:

- Prepare/Certify
- Preparer
- Certifier

NOTE: System will display desired selection information. You can only complete the current quarters report. If status is "X", the report is no longer available for submission.

FFR FCTR Main Page

Federal Cash Transaction Report						
<input type="button" value="Save"/> <input type="button" value="Certify"/> <input type="button" value="Report Disbursements"/> <input type="button" value="Cancel"/>						
FEDERAL FINANCIAL REPORT			(Prescribed by OMB A-102 and A-110)			
1. Federal Agency and Organizational Element to Which Report is Submitted			2. Federal Grant or Other Identifying Number			
G99-ADMINISTRATION FOR CHILDREN - HQ						
3. Recipient Organization (Name and complete address including Zip code)						
TESTORG01						
Test address street 01						
GERMANTOWN, MD, 20876						
4a. UEI	4b. EIN	5. Recipient Account Number or Identifying Number	6a. Report Frequency	6b. Report Type	7. Basis of Accounting	
XXXXXXXXXXXX	177779999A3		Quarterly	Interim Report	Cash	
8. Project/Grant Period(month,day,year)			9. Reporting Period End Date(month,day,year)			
From: _____ To: _____			09/30/2016			
10. Transactions					Cumulative	
(Use lines a-c for single or multiple grant reporting)						
Federal Cash (To report multiple grants, also use Report Disbursements):						
a. Cash Receipts				8,050,000.00		
b. Cash Disbursements				0.00		
c. Cash on Hand (line a minus b)				0.00		

- PMS will automatically populate Agency, Grantee Information, UEI and EIN as stated in the database.
- Box 6, Box 7, & Box 9 are defaulted automatically by the system.
- To report disbursements on the grant, select "Report Disbursements" button at the top of the page.
- The Report Disbursement page must be completed first.

FFR FCTR Report Attachment

Federal Financial Report Attachment

[Return To](#)

1. Federal Agency and Organization Element to Which Report is Submitted (Box 1 on Page 1) G99-ADMINISTRATION FOR CHILDREN - HQ	2. Recipient Organization (Box 3 on Page 1) TESTORG01 Test address street 01 GERMANTOWN, MD, 20876
3a. UEI XXXXXXXXXXXXX	4. Reporting Period End Date (month/day/year) 09/30/2016
3b. EIN 177779999A3	Page 2 of 2

5. List information below for each grant covered by this report. Use additional pages if more space required. Inactive grants are denoted with an asterisk "*" and highlighted in Blue.

Sel One	Grant Num	Rec Acct Num	Authorized	Prior Cum. Disb. Amt	Cum Federal Cash Disb
<input type="radio"/>	16TST1RSOC		50,000.00	0.00	0.00
<input type="radio"/>	16TST1TCSE		8,000,000.00	0.00	0.00
TOTAL (Should correspond to the amount on Line 10b on Page 1)					0.00

- In Box 5, report "CUMULATIVE" cash disbursements for each grant listed.
- Net Quarter Disbursements will automatically calculate at the bottom in the box titled "TOTAL"

NOTE: The Rec Acct Num column is optional. This is for your use only! However, PMS will retain this information and it will populate on each quarters report. Remember this is a cash disbursement report. You must report actual cash disbursements regardless if you have not requested funds.

FFR FCTR Report Attachment - Inactive Grants

1. Federal Agency and Organization Element to Which Report is Submitted (Box 1 on Page 1) G99-ADMINISTRATION FOR CHILDREN - HQ	2. Recipient Organization (Box 3 on Page 1) INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET, 12TH FL NEW YORK, NY, 101681289
3a. UEI XXXXXXXXXXXXX	4. Reporting Period End Date (month/day/year) 12/31/2018
3b. EIN	Page 2 of 2

Grant Number----Auth. Amount----Disb. Amount
 Report Inactive Grants: ▼

"Report Inactive Grants:" option allows grantee to report on the inactive grants. This is a drop-down option from which the grantee can select their inactive grant for which they need to report disbursements.

FFR FCTR Report Attachment - Inactive Grants Options

Continue Report Single Grant Save Remove Inactive Cancel

1. Federal Agency and Organization Element to Which Report is Submitted (Box 1 on Page 1) G99-ADMINISTRATION FOR CHILDREN - HQ		2. Recipient Organization (Box 3 on Page 1) INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET, 12TH FL NEW YORK, NY, 101681289	
3a. UEI XXXXXXXXXXXX	4. Reporting Period End Date (month/day/year) 12/31/2018		Page 2 of 2
3b. EIN			

Report Inactive Grants

Grant Number	Auth. Amount	Disb. Amount
GRANTONE	265,000.00	249,272.00
GRANTTWO	700,000.00	700,000.00

"Report Inactive Grants:" options showing grants available to select.

FFR FCTR Report Attachment - Inactive Grants Selected

Score

Federal Financial Report Attachment

[Return To](#)

Continue Report Single Grant Save Remove Inactive Cancel

1. Federal Agency and Organization Element to Which Report is Submitted (Box 1 on Page 1) G99-ADMINISTRATION FOR CHILDREN - HQ		2. Recipient Organization (Box 3 on Page 1) TESTORG01 Test address street 01 GERMANTOWN, MD, 20876	
3a. UEI XXXXXXXXXXXX	4. Reporting Period End Date (month/day/year) 09/30/2016		Page 2 of 2
3b. EIN 177779999A3			

Report Inactive Grants

Grant Num	Rec Acct Num	Authorized	Prior Cum. Disb. Amt	Cum Federal Cash Disb
* GRANTONE		265,000.00	249,272.00	0.00
16TST1RSOC		50,000.00	0.00	0.00
16TST1TCSE		8,000,000.00	0.00	0.00
TOTAL (Should correspond to the amount on Line 10b on Page 1)				0.00

5. List information below for each grant covered by this report. Use additional pages if more space required. Inactive grants are denoted with an asterisk "*" and highlighted in Blue.

When grantee has selected the inactive grant from the drop-down then it will appear in the grid in blue color.

FFR FCTR Main Page

Federal Financial Report Attachment

Save Certify Report Disbursements Cancel						
FEDERAL FINANCIAL REPORT				(Prescribed by OMB A-102 and A-110)		
1. Federal Agency and Organizational Element to Which Report is Submitted				2. Federal Grant or Other Identifying Number		
G99-ADMINISTRATION FOR CHILDREN - HQ						
3. Recipient Organization (Name and complete address including Zip code)						
TESTORG01						
Test address street 01						
GERMANTOWN, MD, 20876						
4a. UEI	4b. EIN	5. Recipient Account Number or Identifying Number	6a. Report Frequency	6b. Report Type	7. Basis of Accounting	
XXXXXXXXXX	1777779999A3		Quarterly	Interim Report	Cash	
8. Project/Grant Period(month,day,year)			9. Reporting Period End Date(month,day,year)			
From:		To:	09/30/2016			
10. Transactions				Cumulative		
(Use lines a-c for single or multiple grant reporting)						
Federal Cash (To report multiple grants, also use Report Disbursements):						
a. Cash Receipts				8,050,000.00		
b. Cash Disbursements				0.00		
c. Cash on Hand (line a minus b)				8,050,000.00		

- Line 10a: Cash Receipts = the Ending Cash on Hand from the prior quarter's report + funds received and/or returned during the quarter.
- You must calculate 10c "Cash On Hand" Line 10a minus Line 10b.
- If 10c is a positive amount, you must provide an explanation on line 12.

FFR FCTR Certification

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:			
Funds drawn at the end of the month for payroll			
Prepared by :	User01,Testgrantee	Phone No. :	456-123-379
Email Address:	testusr01@email.com		

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	c. Telephone (Area code, number and extension)
_____	_____
b. Signature of Authorized Certifying Official	d. Email Address
_____	_____
PMS Preparer Signature <input checked="" type="checkbox"/>	e. Date Report Submitted
_____	_____
	14. Agency use only

User Code	
Payee Account	Z8888P1
DPM Rep Name	
Phone Number	

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 Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503


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

Save	Certify	Report Disbursements	Cancel
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- Scroll to the bottom of the page to enter remarks, if applicable in box 12.
- Enter Certifying Officer's name in Box 13b.
- Scroll to the top or bottom of the page and select "Certify" to attest to the accuracy and completeness of the report.

Certification Message Box

Message from webpage ✖

 PLEASE READ CAREFULLY

By checking the box in section 13, I confirm that 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).

If you agree with the above disclaimer please:

- print the FFR and Report Disbursements
- select the checkbox in section 13 upon close of this disclaimer
- click SUBMIT button again to complete your certification.

Read Windows message and select "OK".

FFR FCTR Certification Submission

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	c. Telephone (Area code, number and extension)
User01, Testgrantee accountant	456-123-379
b. Signature of Authorized Certifying Official	d. Email Address
PMS Preparer Signature	testusr01@email.com
	e. Date Report Submitted
<input checked="" type="checkbox"/> By checking this box, I certify that this report is true, complete and accurate to the best of my knowledge.	14. Agency use only

User Code	
Payee Account	Z8888P1
DPM Rep Name	
Phone Number	

Paperwork Burden Statement
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Standard Form	426 - Revised 6/28/2010
OMB Approval Number	0348-0061
Expiration Date	10/31/2011

Save	Submit	Report Disbursements	Cancel
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- Under box 13b, Select the option for certification.
- Select "Submit".
- Once report is submitted, the message "Certify Transaction Complete" will appear.
- Updates to the report, can be made 24 hours after submission.

FFR FCTR Certify Transaction Complete

Certify Transaction Complete

The report will be available for recertification the next business day.

You may select another process from the menu.

OR

[Return to List](#)

OR

[Repeat Same Transaction Type](#)

Your report has now been submitted. You can select "Return to List" to see the updates status of your report. If you missed a past report, you must complete the current quarters report in order to be compliant.