

FEDERAL FINANCIAL REPORT

FINAL

1. Federal Agency and Organizational Element to Which Report is Submitted NATIONAL INSTITUTE ON DRUG ABUSE		2. Federal Grant or Other Identifying Number Assigned by Federal Agency 5R01DA025267-09					
3. Recipient Organization (Name and complete address, including Zip code) UNIVERSITY OF TEXAS HLTH SCI CTR SAN ANTONIO 7703 FLOYD CURL DR SAN ANTONIO TX 782293901							
4a. DUNS Number 800772162	4b. EIN 1741586031A3	5. Recipient Account Number or Identifying Number <div style="border: 1px solid black; padding: 2px;">Account#</div>		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		
8. Project/Grant Period From: 07/01/2008 To: 08/16/2017				9. Reporting Period End Date 08/16/2017			
10. Transactions (Use lines a-c for single or multiple grant reporting)				Cumulative			
Federal Cash (To report multiple grants, also use FFR Attachment):							
a. Cash Receipts				0.00			
b. Cash Disbursements				0.00			
c. Cash on Hand (line a minus b)				0.00			
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized				1,295,110.27			
e. Federal share of expenditures				1,217,477.07			
f. Federal share of unliquidated obligations				0.00			
g. Total Federal share (sum of lines e and f)				1,217,477.07			
h. Unobligated balance of Federal funds (line d minus g)				77,633.20			
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	49.5	07/15/2014	08/31/2015	759,130.02	375,769.36	375,769.36
	Predetermined	52.5	09/01/2015	08/16/2017	42,110.70	22,108.12	22,108.12
g. Totals:					801,240.72	397,877.48	397,877.48
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: Accepted by: Tanasia Mason 08/16/2018. ITEM 10H INCLUDES \$77,633.20 UNOBLIGATED BALANCE OF WHICH \$8,142.35 IS FOR THE SUPPLEMENT PORTION, WHICH WE REQUEST TO RELINQUISH TO THE UNIVERSITY OF FLORIDA IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS GRANT. NIH ISSUED A REVISED NOTICE OF AWARD ON 06/14/18 TO REFLECT THE GRANT RELINQUISHMENT.							
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 Chris Green Senior Director					c. Telephone (Area code, number and extension) 2105672340		
b. Signature of Authorized Certifying Official					d. Email address grants@uthscsa.edu		
e. Date Report Submitted (Month, Day, Year) 06/27/2018					14. Agency use only:		

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