

PD FAN 893

CONTRACT

PART ONE: COMPLETE EACH BLOCK FOR BOTH NEW ASSISTANCE/ACQUISITION AND MODIFICATION ACTIONS

3. Contract/Agreement Number: <u>HSH-1324-G-SS-⁴8032-00</u>		5. Organization Symbol: <u>27 AUG 1984</u>	
4. Contractor/Recipient Name: <u>Medical Benevolence Foundation</u>		5. Organization Symbol: <u>1984</u>	
6. Project Title: <u>Kwanju Christian Hospital</u>		8. Organization Symbol: <u>FVA/ASHA</u>	
7. Project Officer's Name: <u>Lee Knutson</u>		8. Organization Symbol: <u>FVA/ASHA</u>	
9. Requisitioning Document ID No: <u>Asha 320</u>		19. Budget Plan Code: <u>N/A</u>	
10. TYPE OF ACTION: A. New Acquisition/Assistance <input checked="" type="checkbox"/> A B. Continuation of activities set forth in a contractual document C. Revision of work scope/purpose of award		20. Country or Region of Performance: <u>Korea</u>	
11. Amount of this PIO/T: U.S. \$ <u>N/A</u>		21. a. This Action Increases TEC by \$ _____ b. Total Est. Cost of Contractual Document \$ <u>250,000</u>	
12. Amount Obligated/Subobligated/Deobligated by this Action: U.S. \$ <u>250,000</u>		22. Amount of Non-Federal Funds Pledged to the Project: U.S. \$ <u>N/A</u>	
13. Cumulative Obligation: U.S. \$ <u>N/A</u>		23. Effective Date of this Action: <u>6/21/84</u>	
14. This Action Funded Through: <u>6/30/85</u>		24. Estimated Completion/Expiration Date: <u>6/30/85</u>	
15. Date Contractual Documents Signed by AID Official: <u>6/21/84</u>		25. Contractor DUNS Number: _____	
16. Incrementally Funded Contract: /		26. Consultant Type Award: /	
17. Host Country/Counterpart Inst.: (Univ. Contracts) /		27. Number of Person Months: (PASA/RSSA only) /	
18. Campus Coordinator: (Univ. Contracts) /		28. Number of Persons: (PASA/RSSA only) /	
29. Negotiator's Typed Name: /		30. Negotiator's Signature: /	
31. Date Signed: / /		31. Date Signed: / /	
32. Contract/Grant Officer's Organization Symbol: <u>FVA/ASHA</u>		33. Contract/Grant Officer's Signature: <u>Lee Knutson</u>	
34. Date Signed: <u>8/22/84</u>		34. Date Signed: <u>8/22/84</u>	

PART TWO: COMPLETE EACH BLOCK FOR NEW ASSISTANCE/ACQUISITION ACTIONS ONLY

<p>35. SELECTION PROCEDURES:</p> <ul style="list-style-type: none"> A. Formally Advertised B. Negotiated Price Competition, General Procedure C. A&E D. Ed. Inst. and/or Int'l. Research E. Collaborative Assistance F. Predominant Capability G. Unsolicited Proposal <p style="text-align: center; font-size: 1.2em;">STAT Section FFB 19 1985 <i>BCJ</i> ENTERED</p>	<ul style="list-style-type: none"> H. Procurement to be Performed by the Contractor in Person <input checked="" type="checkbox"/> N/A I. Sole Source J. Impairment of Foreign Policy Objectives K. 8(a) Selection ● Grant/Cooperative Agreement L. Competitive M. Noncompetitive N. Small Business Set Aside O. Overseas Procuring Activities
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<p>36. CONTRACT TYPE:</p> <ul style="list-style-type: none"> A. Fixed Price (Specify: FFP, FPRD, FPEPA, FP!) B. Cost Reimbursement (Specify: CR, CPFF, CS, CPAF, CPIF) C. IQC & Requirements Contracts D. Other 	<p>45. LABOR SURPLUS AREA PREFERENCE:</p> <ul style="list-style-type: none"> ● Labor Surplus Area <ul style="list-style-type: none"> A. No Preference B. Tie Bid Preference C. Total Set Aside D. Not a Labor Surplus Area Preference Award
<p>37. ADVANCE:</p> <ul style="list-style-type: none"> A. No Advance B. Advance Non-FRLC C. Advance FRLC 	<p>46. Number of Bidders Offering Items or Services of Foreign Content: <i>N/A</i></p>
<p>38. SUBJECT TO STATUTORY REQUIREMENT:</p> <ul style="list-style-type: none"> A. Walsh-Healey Act, Manufacturer* B. Walsh-Healey Act, Regular Dealer* C. Service Contract Act (U.S. ONLY – Guards, Maintenance, Laborers) D. Davis-Bacon Act (Construction) E. Not subject to Walsh-Healey; Service Contract or Davis-Bacon Act (Most AID Contracts) <p>* Equipment, Supplies, Materials, and Commodities</p>	<p>47. TYPE OF BUSINESS:</p> <ul style="list-style-type: none"> A. Source: Non-U.S. and Used Outside U.S. & Possessions B. Source: Non-U.S. and Possessions (Foreign Purchases Used Inside U.S.) (If U.S. Source, complete C through Q) C. Firm – Profit Making & PSC's <ul style="list-style-type: none"> ● Non-Profit Organizations <ul style="list-style-type: none"> D. Private Educational Organizations E. Hospitals F. Research Institutions, Foundations, and Laboratories G. Other ● Private Voluntary Organizations <ul style="list-style-type: none"> H. U.S. Registered <ul style="list-style-type: none"> i. U.S. Non-Registered J. Foreign ● State/Local Government <ul style="list-style-type: none"> K. Educational Institutions L. Hospitals M. Research Organizations N. Other O. International Agricultural Research Organizations P. Public International Organizations Q. U.S. Cooperatives
<p>39. Country of Manufacture (Specify) <i>N/A</i></p>	<p>48. Women Owned Business? <i>No</i></p>
<p>40. CURRENCY INDICATOR:</p> <ul style="list-style-type: none"> A. U.S. Dollar B. Local Currency C. Combination D. Unfunded 	<p>49. TYPE AWARD:</p> <ul style="list-style-type: none"> ● Small Business <ul style="list-style-type: none"> A. Not Set Aside B. Partial Set Aside C. Total Set Aside D. Personal Service Contract E. Individual Non-Personal Service Contract F. U.S. Government G. University H. Other Non-Profit Organizations I. Large Businesses
<p>41. SUBCONTRACTS: Is There a Provision for a Subcontract? (Contracts only) <i>N/A</i></p>	<p>50. Paying Office: Payment will be made by <i>AID/Washington</i></p>
<p>42. TYPE SERVICE:</p> <ul style="list-style-type: none"> A. Training of Participants B. Technical Assistance to Host Country (Program, Project related except A&E Services) C. A&E Services D. Construction E. Research F. Technical Services to AID (other than training; usually operating expense) G. Training Service for AID H. Equipment, Materials, Supplies, Commodities I. Translation Service 	<p style="text-align: right;">3</p>
<p>43. CONTRACT/AGREEMENT SOURCE:</p> <ul style="list-style-type: none"> A. U.S. Contractor/Grantee B. Non-U.S. Contractor/Grantee C. Combination of A & B 	
<p>44. TYPE OF AMERICAN OWNERSHIP:</p> <ul style="list-style-type: none"> ● Minority <ul style="list-style-type: none"> A. Asian/Pacific Islander B. Black American C. American Aleuts or Eskimos D. American Indian E. Hispanic F. Other (Specify) _____ G. Non-Minority 	

GRANT
BY THE
UNITED STATES OF AMERICAN
TO
THE MEDICAL BENEVOLENCE FOUNDATION
FOR
THE KWANGJU CHRISTIAN HOSPITAL, KOREA

Pursuant to the authority contained in Section 214 of the Foreign Assistance Act of 1961, as amended, the Government of the United States of America, acting through the Agency for International Development (hereinafter referred to as "A.I.D."), hereby makes a grant of Two Hundred Fifty Thousand Dollars (\$250,000) to the Medical Benevolence Foundation (hereinafter referred to as "Grantee") to be used solely for the benefit of the Kwangju Christian Hospital located in Kwangju, Korea, in accordance with and subject to the terms and conditions set forth in the Appendices attached and made part of this grant, as follows: Appendix A (Special Provisions), and Appendix B (General Provisions (3) Procurement of Commodities, (5b) Disbursement Procedures for Periodic Advances, and (6) Administrative and Other Provisions).

This grant is to cover authorized expenditures incurred from the date of execution of this grant and ending June 30, 1985.

Agency for International Development
By *Joseph A. Santos*
Director, Office of American
Schools and Hospitals Abroad
Date JUN 21 1984

This grant is accepted under the terms and conditions and for the purposes set forth in the attached Appendices.

Medical Benevolence Foundation
Route 1, Box 310
Woodville, Texas 75979

By *Keith Mc Cafferty*
Title Director

SHS-1324-G-SS-3032-00
Grant No. AID/asha 320
Project No. 938-1324-3845006
Allotment No. 494-38-099-00-84-41
Appropriation No. 72-1141013

APPENDIX A
SPECIAL PROVISIONS

ARTICLE I - PURPOSE OF THE GRANT

1. Under Section 214 of the Foreign Assistance Act of 1961, as amended, assistance is authorized to hospital centers for medical education and research outside the United States, founded or sponsored by United States citizens.

2. Grantee, a non-profit corporation, was chartered in 1963 in the State of Tennessee and was established as the medical organization of the Presbyterian Church, U.S., whose General Assembly Mission Board sanctions and approves all grantee projects.

3. The Kwangju Hospital began as a small clinic established by Americans in 1905 as the first U.S. medical presence in the area. Today, it is a 300-bed community hospital, treating over 167,000 people annually. Its primary objectives are to serve the poor, provide medical training and improve public health.

4. The Grantee and hospital are constructing a new wing to house a medical library and an intensive care unit. For Fiscal Year 1984, Grantee has requested assistance to procure equipment for the new wing. A.I.D. has determined that \$250,000 should be provided for this purpose.

ARTICLE II - AUTHORIZED EXPENDITURES

Except as otherwise approved by A.I.D. in writing, the \$250,000 provided by this grant shall be used only for the following:

Procurement of medical and audio-visual equipment, books, and related commodities for the new intensive care unit and library. Costs of commodity related services such as shipping, insurance and installation may be charged to the grant.

ARTICLE III - OTHER SPECIAL PROVISIONS

Prohibition on Foreign Taxes - Funds provided by this grant shall not be used to pay any value added tax, import tax or duties on commodities imported to Korea for this project.

PROCUREMENT OF COMMODITIES

Paragraphs A through H apply to procurement of commodities and commodity related services by the Grantee and any Grantee procurement agent. When AID is financing a fixed or unit price contract of the Grantee for construction services, paragraphs A and B, but not paragraphs C through H, will apply.

A. Place of Procurement

Commodities authorized for procurement shall be procured only in the United States, or in the country in which Grantee's institution is located (except as Appendix A. Special Provisions, limits procurement to the United States only).

1. Procurement in the United States

Commodities procured in the United States shall have been produced in the United States. A commodity shall not be eligible as being produced in the United States if

- (a) more than 50 percent of the total cost of its components were imported into the United States, and
- (b) it contains components from any communist country, excluding Yugoslavia.

2. Procurement in the Country in which Grantee's Institution is Located

- (a) shall not have entered the market on order from, or otherwise to satisfy a specific need of, the Grantee, except commodities produced in the United States, and
- (b) shall not have been produced in, nor -- to the best of Grantee's knowledge or the knowledge of any agent or contractor of the Grantee -- contain components from, any communist country, excluding Yugoslavia.

B. U.S. Carriers

Shipment of commodities from the United States shall be on U.S. flag carriers except as otherwise approved by AID.

DISBURSEMENT PROCEDURES

Periodic or Prescheduled Advances

Prescheduled advances are intended for grant financed activities when costs cannot be met by grant recipients on a reimbursement for expenses basis, e.g., construction and major equipment procurement projects.

A. Procedures for Requesting Disbursement

1. Upon request from the Grantee, AID will make prescheduled advances to meet Grantee's cash disbursement needs for maximum periods of three months. However, Grantee's requests must reflect each month's requirements and funds will be disbursed to the Grantee on a monthly basis only.

2. To obtain such advances, the Grantee shall submit to AID Standard Form 270, "Request for Advance or Reimbursement" (a sample copy of SF 270 is attached). An original and three copies of a properly completed SF 270 shall be submitted to the Office of Financial Management (FM/PAD), Agency for International Development, Washington, D.C., 20523. To ensure timely response, the request should be received by AID not later than the 10th working day of the month prior to the month for which an advance disbursement is requested.

3. Any reduction or increase in any month's requirements for which an advance of funds is requested shall be promptly called to AID's attention by submission of a revised SF 270 clearly marked "REVISION."

4. In the event that funds disbursed to Grantee for any month exceed Grantee's requirements, funds in excess of requirements for that month shall be promptly refunded to AID.

REQUEST FOR ADVANCE OR REIMBURSEMENT

Approved by Office of Management and Budget, No. 80-R-18C PAGE OF PAGES

(See instructions on back)

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

1. TYPE OF PAYMENT REQUESTED
 a. "X" one, or both boxes
 ADVANCE REIMBURSEMENT
 b. "X" the applicable box
 FINAL PARTIAL
 2. BASIS OF REQUEST
 CASH
 ACCRUAL

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY
 5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION NUMBER

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year) TO (month, day, year)

9. RECIPIENT ORGANIZATION

Name :

Number and Street :

City, State and ZIP Code :

10. PAYEE (Where check is to be sent is different than item 9)

Name :

Number and Street :

City, State and ZIP Code :

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	\$	\$	\$	\$
b. Less: Cumulative program income				
c. Net program outlays (Line a minus line b)				
d. Estimated net cash outlays for advance period				
e. Total (Sum of lines c & d)				
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e				
h. Federal payments previously requested				
i. Federal share now requested (Line g minus line h)				
j. Advances required by month, when requested by Federal grantor agency for use in making pre-scheduled advances	1st month			
	2nd month			
	3rd month			

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)	\$

13. CERTIFICATION

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED
TYPED OR PRINTED NAME AND TITLE	
TELEPHONE	Area Code
	Number
	Extension

This space for agency use

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11c, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

<i>Item</i>	<i>Entry</i>	<i>Item</i>	<i>Entry</i>
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.		use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.
4	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.	11a	Enter in "as of date", the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.	11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.	11d	Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.	13	Complete the certification before submitting this request.
<p>Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.</p>			
11	The purpose of the vertical columns (a), (b), and (c), is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. If additional columns are needed,		

ADMINISTRATIVE AND OTHER PROVISIONS

A. Reports to Office of American Schools and Hospitals Abroad

As a condition of accepting this grant, Grantee agrees to keep the Office of American Schools and Hospitals Abroad (ASHA) informed of its activities toward accomplishing the purposes of this grant as well as its successes and problems as an American founded or sponsored institution overseas. To this end, Grantee agrees, pursuant to the provisions set forth below, to submit to ASHA

- quarterly reports of grant expenditures,
- quarterly progress reports on capital improvements, and
- an annual institutions report.

Grantee should bear in mind that failure to submit the reports enumerated above could lead to suspension of disbursement of funds by AID.

1. Quarterly Report of Grant Expenditures*

Grantee shall submit to ASHA a quarterly report of grant expenditures as illustrated in the attached format (see Attachment A). Two copies of this report shall be submitted within 15 days following the end of each quarter of the calendar year, until the (1) expiration date of the grant, (2) total expenditure of grant funds, (3) completion of the purpose of the grant, or (4) termination of the grant, whichever is earliest. This report is separate from and additional to expenditure reports submitted with disbursement vouchers prepared pursuant to the Disbursement Provisions of this grant.

Standard Form 269 acceptable for submission of Quarterly Report which is due even if no grant disbursements were made during the quarter.

FINANCIAL STATUS REPORT

(Follow instructions on the back)

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED		2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER		UMB Approved No 80-RO180	PAGE	OF
3. RECIPIENT ORGANIZATION (Name and complete address, including ZIP code)		4. EMPLOYER IDENTIFICATION NUMBER	5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER	6. FINAL REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		7. BASIS <input type="checkbox"/> CASH <input type="checkbox"/> ACCR
8. PROJECT/GRANT PERIOD (See instructions)			9. PERIOD COVERED BY THIS REPORT			
FROM (Month, day, year)		TO (Month, day, year)		FROM (Month, day, year)		TO (Month, day, year)

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	STATUS OF FUNDS						
	(a)	(b)	(c)	(d)	(e)	(f)	TOTAL (g)
a. Net outlays previously reported	\$	\$	\$	\$	\$	\$	\$
b. Total outlays this report period							
c. Less: Program income credits							
d. Net outlays this report period (Line b minus line c)							
e. Net outlays to date (Line a plus line d)							
f. Less: Non-Federal share of outlays							
g. Total Federal share of outlays (Line e minus line f)							
h. Total unliquidated obligations							
i. Less: Non-Federal share of unliquidated obligations shown on line h							
j. Federal share of unliquidated obligations							
k. Total Federal share of outlays and unliquidated obligations							
l. Total cumulative amount of Federal funds authorized							
m. Unobligated balance of Federal funds							

11. INDIRECT EXPENSE	a. TYPE OF RATE (Place "X" in appropriate box) <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> PREDETERMINED <input type="checkbox"/> FINAL <input type="checkbox"/> FIXED				13. CERTIFICATION I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REPORT SUBMITTED
	b. RATE	c. BASE	d. TOTAL AMOUNT	e. FEDERAL SHARE			
12. REMARKS: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					TYPED OR PRINTED NAME AND TITLE	TELEPHONE (Area code number and extension)	

12

INSTRUCTIONS

Please type or print legibly. Items 1, 2, 3, 6, 7, 9, 10d, 10a, 10g, 10i, 10l, 11a, and 12 are self-explanatory, specific instructions for other items are as follows:

<i>Item</i>	<i>Entry</i>	<i>Item</i>	<i>Entry</i>
4	Enter the employer identification number assigned by the U.S. Internal Revenue Service or FICE (institution) code, if required by the Federal sponsoring agency.	10c	Enter the amount of all program income realized in this period that is required by the terms and conditions of the Federal award to be deducted from total project costs. For reports prepared on a cash basis, enter the amount of cash income received during the reporting period. For reports prepared on an accrual basis, enter the amount of income earned since the beginning of the reporting period. When the terms or conditions allow program income to be added to the total award, explain in remarks, the source, amount and disposition of the income.
5	This space is reserved for an account number or other identifying numbers that may be assigned by the recipient.	10f	Enter amount pertaining to the non Federal share of program outlays included in the amount on line e.
8	Enter the month, day, and year of the beginning and ending of this project period. For formula grants that are not awarded on a project basis, show the grant period.	10h	Enter total amount of unliquidated obligations for this project or program, including unliquidated obligations to subgrantees and contractors. Unliquidated obligations are: Cash basis—obligations incurred but not paid, Accrued expenditure basis—obligations incurred but for which an outlay has not been recorded. Do not include any amounts that have been included on lines a through g. On the final report, line h should have a zero balance.
10	The purpose of vertical columns (a) through (f) is to provide financial data for each program, function, and activity in the budget as approved by the Federal sponsoring agency. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right, however, the totals of all programs, functions or activities should be shown in column (g) of the first page. For agreements pertaining to several Catalog of Federal Domestic Assistance programs that do not require a further functional or activity classification breakdown, enter under columns (a) through (f) the title of the program. For grants or other assistance agreements containing multiple programs where one or more programs require a further breakdown by function or activity, use a separate form for each program showing the applicable functions or activities in the separate columns. For grants or other assistance agreements containing several functions or activities which are funded from several programs, prepare a separate form for each activity or function when requested by the Federal sponsoring agency.	10j	Enter the Federal share of unliquidated obligations shown on line h. The amount shown on this line should be the difference between the amounts on lines h and i.
10a	Enter the net outlay. This amount should be the same as the amount reported in Line 10a of the last report. If there has been an adjustment to the amount shown previously, please attach explanation. Show zero if this is the initial report.	10k	Enter the sum of the amounts shown on lines g and j. If the report is final the report should not contain any unliquidated obligations.
10b	Enter the total gross program outlays (less rebates, refunds, and other discounts) for this report period, including disbursements of cash realized as program income. For reports that are prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expense charged, the value of in kind contributions applied, and the amount of cash advances and payments made to contractors and subgrantees. For reports prepared on an accrued expenditure basis, outlays are the sum of actual cash disbursements, the amount of indirect expense incurred, the value of in kind contributions applied, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contractors, subgrantees, and other payees.	10m	Enter the unobligated balance of Federal funds. This amount should be the difference between lines k and i.
		11b	Enter rate in effect during the reporting period.
		11c	Enter amount of the base to which the rate was applied.
		11d	Enter total amount of indirect cost charged during the report period.
		11e	Enter amount of the Federal share charged during the report period. If more than one rate was applied during the project period, include a separate schedule showing bases against which the indirect cost rates were applied, the respective indirect rates the month, day, and year the indirect rates were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.