

Instructions for ARP Recipients

Submitting the Quarterly Federal Financial Report (FFR) Federal Cash Transaction Report (FCTR) for

Reporting Period Sept 1, 2021 - September 30, 2021

As a new ANA recipient, you will need to submit a report of any monies that were drawn down from the Payment Management System (PMS) between September 1 - September 30, 2021. **If you did not draw any funds down during this period, then you are still required to submit a report with a zero dollar amount.** If you did draw down funds between Sept. 1- 30, you will report the amount of the funds that were withdrawn.

In order to complete the quarterly FFR Federal Cash Transaction Report (FCTR) you will need to complete the set up of your PMS Account. Instructions for setting up your PMS account are part of your Notice of Award or NGA, which can be found in your Grantsolutions account.

The FFR Federal Cash Transaction Report must be filed within **30 days** of the end of each of the following quarter period 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) – This is the quarter you will be reporting on as a new recipient, even if \$0 or no draw down was made between September 1 and 30.

This means the current report is due on October 30th

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

Step-by-Step Instructions

You will first need to log in to the Payment Management System (PMS) with a User ID and password and go to the home page (house icon on the top right of the screen)

You should then see the **Federal Cash Transaction Search** screen:

The screenshot shows the 'Federal Cash Transaction Report Search' screen. The header includes the Department of Health and Human Services logo, 'PSC Program Support Center Payment Management System', and user information: 'User: HOIKEJ155555 | Logout', 'MON 10/25/2021', 'Production | 1.15.2017.11.U1', and a 'Help' link. A left sidebar contains navigation links: 'Inquiry', 'Payment', 'Disbursement', 'View PSC272 Reports', 'FFR Cash Transaction Report' (highlighted with a right arrow), 'FFR Interest Income', 'Federal Financial Report', 'FFR File Transfer', 'FFR Grantee User Guide', 'User Account Maintenance', and 'Dashboard'. 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: '*Payee Account Number:' with a text box containing 'F555P5'; 'Reporting Period(s):' with radio buttons for 'Current' and 'All' (selected); 'Delinquent Report(s) Only:' with radio buttons for 'Yes' and 'No' (selected); and a 'Select Report Status:' section with radio buttons for '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). Below this is the 'Extended Search Criteria' section with 'Report Quarter End Date:' and a dropdown menu showing '09/30/2021'. A note at the bottom states: 'Note: Please use leading and/or trailing * for partial search on field Payee Account.' At the bottom are three buttons: 'Continue', 'Clear', and 'Cancel'.

Next:

1. Select the PMS menu heading entitled "Disbursement" (in the left side menu)"
2. A drop down menu will appear. Select the sub-heading entitled: "FFR Cash Transaction Report"
3. On the main screen, enter your PMS Account Number in the box labeled "Payee Account Number"
4. Select the Reporting Period "All"
5. For Report Quarter End Date, choose 9/30/2021 from the pull down list
6. Select the Continue button at the bottom of the page

You should now be on the **Federal Cash Transaction Report All Report Screen**:

The screenshot shows the 'Federal Cash Transaction Report All Report Screen' within the 'PSC Payment Management System'. The header includes the Department of Health and Human Services logo, the user ID 'HOIKEJ155555', the date 'MON 10/25/2021', and the production version '1.15.2017.11.U1'. A sidebar on the left contains navigation links such as 'Inquiry', 'Payment', 'Disbursement', 'View PSC272 Reports', 'FFR Cash Transaction Report' (which is highlighted with a right-pointing arrow), 'FFR Interest Income', 'Federal Financial Report', 'FFR File Transfer', 'FFR Grantee User Guide', 'User Account Maintenance', and 'Dashboard'. The main content area is titled 'Federal Cash Transaction Report All Report Screen' and includes a 'Screen Help' icon. Below the title, it displays 'All Report Listing' with details: 'Payee Account Contains: F555P5', 'Status: ALL REPORT STATUSES', and 'Report Quarter End Date: 09/30/2021'. A table with columns 'Action', 'Payee', 'End Date', 'Due Date', 'Submit Date', and 'Status' is shown. The first row contains a checkmark, the text 'I want to...', the payee '555P5', and dates '30-SEP-2021' and '30-OCT-2021'. A dropdown menu is open under the 'Action' column, showing options: 'Prepare/Certify' (highlighted), 'Unsubscribe', and 'See Workflow'. A 'New Search' button is located below the table. At the bottom, a 'Report Status' legend defines the status codes: 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), and X (Report Not Filed in Past Periods).

Department of Health and Human Services
PSC Program Support Center
Payment Management System

User: HOIKEJ155555 | [Logout](#)
MON 10/25/2021
Production | 1.15.2017.11.U1
[Help](#) ?

Federal Cash Transaction Report All Report Screen [Screen Help](#)

[Return To Menu](#)

All Report Listing
Payee Account Contains: F555P5
Status: ALL REPORT STATUSES
Report Quarter End Date: 09/30/2021

Action	Payee	End Date	Due Date	Submit Date	Status
✓ I want to... Prepare/Certify Unsubscribe See Workflow	555P5	30-SEP-2021	30-OCT-2021		N

[New Search](#)

Report Status:
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

Under the Action column, from the drop down “I want to”...menu select “Prepare/Certify”

Now you should be on the **Federal Cash Transaction Report** screen:

Department of Health and Human Services
Program Support Center
Payment Management System

User: HOIKEJ155555 | [Logout](#)
 MON 10/25/2021
 Production | 1.15.2017.11.U1
[Help](#)

[Inquiry](#)
[Payment](#)
[Disbursement](#)
[View PSC272 Reports](#)
[FFR Cash Transaction Report](#) >
[FFR Interest Income](#)
[Federal Financial Report](#)
[FFR File Transfer](#)
[FFR Grantee User Guide](#)
[User Account Maintenance](#)
[Dashboard](#)

Federal Cash Transaction Report

[Screen Help](#)

[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		
3. Recipient Organization (Name and complete address including Zip code)						
KANAKA FORM TESTING COALITION						
45-555 HOIKELOA DR						
LOIHI, HI 95555						
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number	6a. Report Frequency	6b. Report Type	7. Basis of Accounting	
012345678	1555555555		Quarterly	Interim Report	Cash	
8. Project/Grant Period(month,day,year)			9. Reporting Period End Date(month,day,year)			
From: _____ To: _____			09/30/2021			
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				0.00		
b. Cash Disbursements				0.00		
c. Cash on Hand (line a minus b)				0.00		
(Use lines d-o for single grant reporting)						
Federal Expenditures and Unobligated Balance:						
d. Total Federal funds authorized						
e. Federal share of expenditures						
f. Federal share of unliquidated obligations						
g. Total Federal share (sum of lines e and f)						
h. Unobligated balance of Federal funds (line d minus g)						
Recipient Share:						
i. Total recipient share required						
j. Recipient share of expenditures						
k. Remaining recipient share to be provided (line i minus j)						
Program Income:						
l. Total Federal program income earned						

- PMS will automatically populate Agency, Grantee Information, DUNS, 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" from the buttons at the top of the page.

This will take you to the **Federal Financial Report Attachment** screen:

Department of Health and Human Services
Program Support Center
Payment Management System

User: HOIKEJ155555 | [Logout](#)
 MON 10/25/2021
 Production | 1.15.2017.11.U1
[Help](#)

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[Payment](#)
[Disbursement](#)
[View PSC272 Reports](#)
[FFR Cash Transaction Report](#)
[FFR Interest Income](#)
[Federal Financial Report](#)
[FFR File Transfer](#)
[FFR Grantee User Guide](#)
[User Account Maintenance](#)
[Dashboard](#)

Federal Financial Report Attachment

[Screen Help](#)

[Return To Menu](#)

Under Construction ...

1. Federal Agency and Organization Element to Which Report is Submitted (Box 1 on Page 1)

2. Recipient Organization (Box 3 on Page 1)
 KANAKA FORM TESTING COALITION
 45-555 HOIKELOADR
 LOIHI, HI, 95555

3a. DUNS Number
 012345678
 3b. EIN
 1555555555

4. Reporting Period End Date (month/day/year)
 09/30/2021
 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.

Set One	Grant Num	↓ Rec Acct Num ↓	Authorized	Prior Cum. Disb. Amt	Cum Federal Cash Disb
☒	90NH555555	F555P5	300,000.00	0.00	0.00
TOTAL (Should correspond to the amount on Line 10b on Page 1)					0.00

User Code F555
 Payee Account F555P5
 DPM Rep Name Penini Gacheche
 Phone Number 301-492-5044

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 4040-0014. Public reporting burden for this collection of information is estimated to average thirty (30) minutes 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 (0348-0051), Washington, DC 20503.

Under Construction ...

- In box 5, look for your ANA grant number and select the button to the left of your ANA grant number (Some may have more than one grant in this system).
- Type in your PMS account number into the “Rec Acct Num” column
- **Make sure \$0.00 is entered under the “Cum Fed Cash Disb” column (0.00 should also show up as the total)**
- Go to the bottom of the screen and click “Save” and then “Continue”

This will take you back to the **Federal Cash Transaction Report** screen:



Department of Health and Human Services
Program Support Center
Payment Management System

User: HOIKEJ155555 | [Logout](#)
MON 10/25/2021
Production | 1.15.2017.11.U1
[Help](#)

[Inquiry](#)
[Payment](#)
[Disbursement](#)
[View PSC272 Reports](#)
[FFR Cash Transaction Report](#) >
[FFR Interest Income](#)
[Federal Financial Report](#)
[FFR File Transfer](#)
[FFR Grantee User Guide](#)
[User Account Maintenance](#)
[Dashboard](#)

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

3. Recipient Organization (Name and complete address including Zip code)

KANAKA FORM TESTING COALITION
45-555 HOIKELOA DR
LOIHI, HI 95555

4a. DUNS Number

4b. EIN

5. Recipient Account Number or Identifying Number

6a. Report Frequency

6b. Report Type

7. Basis of Accounting

012345678

1555555555

Quarterly

Interim Report

Cash

8. Project/Grant Period(month,day,year)

9. Reporting Period End Date(month,day,year)

From:

To:

09/30/2021

10. Transactions

(Use lines a-c for single or multiple grant reporting)

Cumulative

Federal Cash (To report multiple grants, also use Report Disbursements):

a. Cash Receipts

0.00

b. Cash Disbursements

0.00

c. Cash on Hand (line a minus b)

0.00

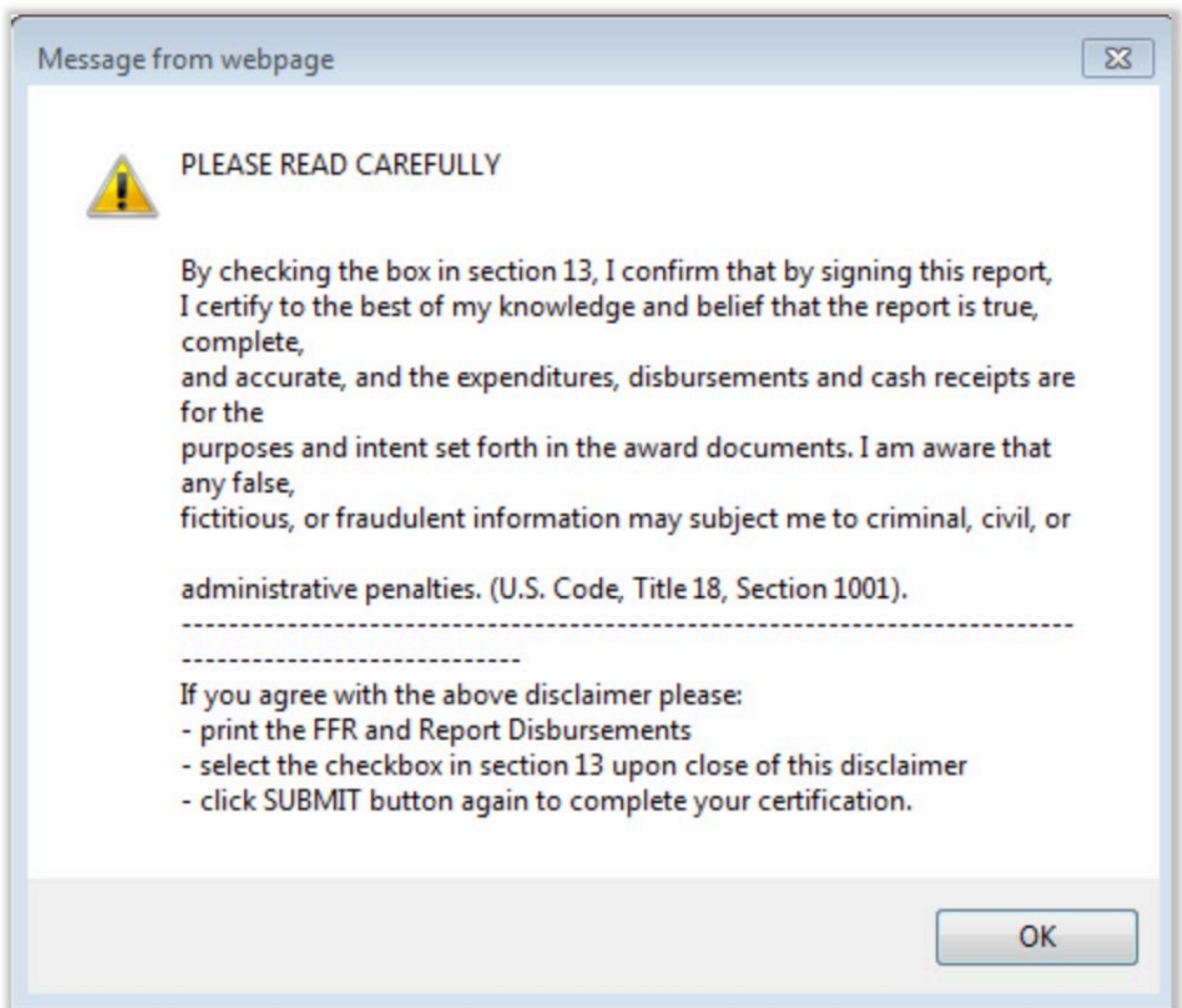
- Box 10a,b and c should all show as \$0.00
- Go to the bottom (or top) of the page and click “Certify”

This screen will pop up:

 Department of Health and Human Services Program Support Center Payment Management System		User: HOIKEJ155555 Logout MON 10/25/2021 Production 1.15.2017.11.U1 Help ?																																																																																																																																														
Inquiry Payment Disbursement View PSC272 Reports FFR Cash Transaction Report FFR Interest Income Federal Financial Report FFR File Transfer FFR Grantee User Guide User Account Maintenance Dashboard	<table border="1"> <tr> <td colspan="7">Recipient share:</td> </tr> <tr> <td colspan="7">i. Total recipient share required</td> </tr> <tr> <td colspan="7">j. Recipient share of expenditures</td> </tr> <tr> <td colspan="7">k. Remaining recipient share to be provided (line i minus j)</td> </tr> <tr> <td colspan="7">Program Income:</td> </tr> <tr> <td colspan="7">l. Total Federal program income earned</td> </tr> <tr> <td colspan="7">m. Program income expended in accordance with the deduction alternative</td> </tr> <tr> <td colspan="7">n. Program income expended in accordance with the addition alternative</td> </tr> <tr> <td colspan="7">o. Unexpended program income (line l minus line m or line n)</td> </tr> <tr> <td colspan="7">11. Indirect Expense</td> </tr> <tr> <td>a. Type</td> <td>b. Rate</td> <td>c. Period From</td> <td>Period To</td> <td>d. Base</td> <td>e. Amount Charged</td> <td>f. Federal Share</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6">g. Totals:</td> <td></td> </tr> </table> 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: <table border="1"> <tr> <td>Prepared by :</td> <td>Hoike, Joe</td> <td>Phone No. :</td> <td>808-555-5555</td> </tr> <tr> <td>Email Address:</td> <td colspan="3">joeh@kanakaformtesters.org</td> </tr> </table> 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). <table border="1"> <tr> <td colspan="2">a. Typed or Printed Name and Title of Authorized Certifying Official</td> <td colspan="2">c. Telephone (Area code, number and extension)</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">b. Signature of Authorized Certifying Official</td> <td colspan="2">d. Email Address</td> </tr> <tr> <td colspan="2">Joe K. Hoike</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2">e. Date Report Submitted</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="4">14. Agency use only</td> </tr> </table> <table border="1"> <tr> <td>User Code</td> <td>F555</td> </tr> <tr> <td>Payee Account</td> <td>F555P5</td> </tr> <tr> <td>DPM Rep Name</td> <td>Penni Gacheche</td> </tr> <tr> <td>Phone Number</td> <td>301-492-5044</td> </tr> </table> 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 4040-0014. 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 (4040-0014).		Recipient share:							i. Total recipient share required							j. Recipient share of expenditures							k. Remaining recipient share to be provided (line i minus j)							Program Income:							l. Total Federal program income earned							m. Program income expended in accordance with the deduction alternative							n. Program income expended in accordance with the addition alternative							o. Unexpended program income (line l minus line m or line n)							11. Indirect Expense							a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share															g. Totals:							Prepared by :	Hoike, Joe	Phone No. :	808-555-5555	Email Address:	joeh@kanakaformtesters.org			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		Joe K. Hoike						e. Date Report Submitted						14. Agency use only				User Code	F555	Payee Account	F555P5	DPM Rep Name	Penni Gacheche	Phone Number	301-492-5044
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Phone Number	301-492-5044																																																																																																																																															

- In box 12, fill in the bottom half if not already pre-filled (i.e., Prepared by, Phone No., Email Address)
- 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.

This screen will pop up. Read the message in the window and click “OK” at the bottom of the page if you agree.



A check box will appear under 13b:

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
☒ By checking this box, I certify that this report is true, complete and accurate to the best of my knowledge.	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	Submit	Report Disbursements	Cancel
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- Check the box outlined in red
- Go to the bottom of the page and click the “Save” button, then click the “Submit” button

A message saying “Certify Transaction Complete” should appear:

FFR FCTR Certify Transaction Complete

Federal Financial Report Attachment

Certify Transaction Complete

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

You may select another process from the menu.
OR

OR
[Repeat Same Transaction Type](#)

Congratulations! This means you have successfully submitted your quarterly financial report. Now log out of the system and you are done.