(Follow form Instructions)

OMB Number: 4040-0014 Expiration Date: 02/28/2025

1. Federal Agency and Organizational Element to Which Report is Submitted 2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) US DEPT OF COMMERCE 36-09-C13090 3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: MERCY COLLEGE Street1: 555 BROADWAY Street2: City: DOBBS FERRY County: WESTCHESTER State: Province: NY: New York Country: ZIP / Postal Code: 10522-1134 USA: UNITED STATES 4a. UEI 4b. EIN 5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) N123YUVWUJK1 131967321 9. Reporting Period End Date 8. Project/Grant Period 6. Report Type 7. Basis of Accounting Quarterly Quarterly Cash From: 12/31/2022 Semi-Annual 08/01/2022 07/31/2024 Annual Final 10. Transactions Cumulative (Use lines a-c for single or multiple grant reporting) 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 (Use lines d-o for single grant reporting) Federal Expenditures and Unobligated Balance: d. Total Federal funds authorized 2,620,940.00 e. Federal share of expenditures 0.00 f. Federal share of unliquidated obligations 198,400.00 g. Total Federal share (sum of lines e and f) 198,400.00 h. Unobligated balance of Federal Funds (line d minus g) 2,422,540.00 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: I. 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 I minus line m and line n) 0.00

11. Indirect Expense						
a. Type b. R	ate c. Period From	Period To	d. Base	_	. Amount Charged	f. Federal Share
					7	
		g. Totals:				
12. Remarks: Attach any explanations de	emed necessary or info	rmation required	by Federal sponsori	ng agency in	compliance with go	overning legislation:
	Add	d Attachment	Delete Attachment	View Attac	hment	
<ol> <li>Certification: By signing this reporexpenditures, disbursements and cast am aware that any false, fictitious, or fadministrative penalties for fraud, fals and 3801-3812).</li> </ol>	h receipts are for the p raudulent information,	urposes and obj or the omission	ectives set forth in of any material fa	the terms a	ind conditions of t ect me to criminal	the Federal award. I
a. Name and Title of Authorized Certifyi	ng Official					
Prefix: First Nar	ne: BRETT		Midd	dle Name: M		
Last Name: CARROLL			s	uffix:		
Title: VICE PRESIDENT for FIN	ANCE and CFO					
b. Signature of Authorized Certifying Office	cial		c. Telephone (/	Area code, nu	umber and extension	nn)
FINE			914 674-721	3		
d. Email Address			e. Date Report	Submitted	14. Agency use	only:
bcarroll@mercy.edu			01/30/2023			

**APPROVED** 

By Yongming Qiu at 1:11 pm, Jan 31, 2023

ALC/Region: 13060001/02 Short Name:

Short Name: NTIA

Recipient ID: 3619330 Recipient Name: MERCY COLLEGE

Award No: 36-09-C13090

Settlement Date From: 7/21/2022 Through: 12/31/2022

Settlement Date	Transaction Type	Document Type	Document No	Authorization	Draws	Account Balance
07/21/2022	AUTHORIZATION	GRANT	474413	\$2,620,940.00		\$2,620,940.00
Totals:				\$2,620,940.00		

Report Generated on 1/31/23 at 8:34:03 AM GMT-05:00

(Follow form Instructions)

1. Federal Agency and C	Organizational Element to W	hich Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  36-09-C13090					
Recipient Organization     Recipient Organization N	(Name and complete addr	ess including Zip code)						
Street1: 555 BROADWA	ΑΥ							
Street2:								
City: DOBBS FERRY	Y	County:	ESTCHESTER					
State: NY: New Yor	ck			Province:				
Country: USA: UNITED	STATES		ZIP	/ Postal Code: 105	22-1134			
4a. UEI N123YUVWUJK1	<b>4b. EIN</b> 131967321			t Number or Identify rants, use FFR Atta				
6. Report Type  Quarterly Semi-Annual Annual Final	7. Basis of Accounting  Cash  Accrual	8. Project/Grant Period From: To:  08/01/2022 07	/31/2024	9. Reporting Peri				
10. Transactions					Cumulative			
(Use lines a-c for single	or multiple grant reporting)							
Federal Cash (To repor	rt multiple grants, also us	e FFR attachment):						
a. Cash Receipts					0.00			
b. Cash Disbursements					0.00			
c. Cash on Hand (line a					0.00			
(Use lines d-o for single	grant reporting)							
	and Unobligated Balance:							
d. Total Federal funds au	uthorized				2,620,940.00			
e. Federal share of expe	nditures				0.00			
f. Federal share of unliqu	uidated obligations				0.00			
g. Total Federal share (s	um of lines e and f)				0.00			
h. Unobligated balance of	of Federal Funds (line d min	us g)			2,620,940.00			
Recipient Share:								
i. Total recipient share re	equired				0.00			
j. Recipient share of expe	enditures				0.00			
k. Remaining recipient sh	hare to be provided (line i m	inus j)			0.00			
Program Income:								
I. Total Federal program	income earned				0.00			
m. Program Income expe	0.00							
n. Program Income expended in accordance with the addition alternative 0.00								
o. Unexpended program	0.00							

11. Indirect Expense								
a. Type b. Rate	c. Period From	Period To	d. Ba	se	e. Amount Charged	f. Federal Share		
	1		1			1		
	] []							
		g. Totals:						
12. Remarks: Attach any explanations deeme	ed necessary or info	rmation required	by Federal sp	oonsoring agency	in compliance with	governing legislation:		
Add Attachment Delete Attachment View Attachment								
13. Certification: By signing this report, I of expenditures, disbursements and cash ream aware that any false, fictitious, or fraud administrative penalties for fraud, false stand 3801-3812).	ceipts are for the p dulent information, atements, false cla	urposes and ob or the omission	jectives set f n of any mate	orth in the terms erial fact, may su	and conditions o	f the Federal award. I al. civil or		
a. Name and Title of Authorized Certifying C	)fficial							
Prefix: First Name:	NARDA			Middle Name:				
Last Name: ROMERO				Suffix:				
Title: ASSISTANT TREASURER/CONTR	OLLER							
b. Signature of Authorized Certifying Official		***	c. Telep	hone (Area code,	number and extens	sion)		
Narda Oc. Romeso				914 674-7841				
d. Email Address			e. Date l	Report Submitted	14. Agency us	se only:		
nromero@mercy.edu			12/05/	2022				

## **REVIEWED**

By Zelandonaii Thompson at 12:42 pm, Apr 27, 2023

ALC/Region: 13060001/02

Short Name: NTIA

Recipient ID:

3619330

Recipient Name: MERCY COLLEGE

Award No:

36-09-C13090

Settlement Date From:

7/21/2022

Through:

9/30/2022

Settlement Date	Transaction Type	Document Type	Document No	Authorization	Draws	Account Balance
07/21/2022	AUTHORIZATION	GRANT	474413	\$2,620,940.00		\$2,620,940.00
Totals:				\$2,620,940.00		

Report Generated on 4/27/23 at 12:41:00 PM GMT-04:00

(Follow form Instructions)

			,					
1. Federal Agency and O	organizational Element to Wi	nich Report is Submitted			ifying Number Assigned by Federal its, use FFR Attachment)			
			36-09-C13	3090				
Recipient Organization	(Name and complete addre	ess including Zip code)						
Recipient Organization N	ame: MERCY COLLEGE							
Street1: 555 BROADWA	AY							
Street2:								
City: DOBBS FERRY County: WESTCHESTER								
State: NY: New Yor	rk			Province:				
Country: USA: UNITED	STATES		ZIP	/ Postal Code: 105	22-1134			
4a. UEI  4b. EIN  5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)								
6. Report Type	7. Basis of Accounting	8. Project/Grant Period		9. Reporting Peri	od End Date			
Quarterly Semi-Annual	Cash Accrual	From: To:		03/31/20	223			
Annual	Accrual	08/01/2022 0	7/31/2024					
Final								
10. Transactions	\ <del></del>				Cumulative			
(Use lines a-c for single	or multiple grant reporting)							
Federal Cash (To repor	rt 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			
(Use lines d-o for single	grant reporting)							
	and Unobligated Balance:							
d. Total Federal funds au					2,620,940.00			
e. Federal share of expe					229,918.00			
f. Federal share of unliqu					0.00			
g. Total Federal share (s					229,918.00			
	of Federal Funds (line d minu	ıs g)			2,391,022.00			
Recipient Share:								
i. Total recipient share re					0.00			
j. Recipient share of expe					0.00			
	nare to be provided (line i mi	nus j)			0.00			
Program Income:	· · · · · · · · · · · · · · · · · · ·				Ţ Ţ			
I. Total Federal program					0.00			
	ended in accordance with the				0.00			
n. Program Income expended in accordance with the addition alternative 0.00								
<ul> <li>Unexpended program</li> </ul>	income (line I minus line m	and line n)			0.00			

11. Indirect Expense								
а. Туре	b. Rate	c. Period From	Period To	d. Ba	se	e. Amount Charged	f. Federal Share	
	] 						11	
l l				<u>L</u>				
			g. Totals:					
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:								
Add Attachment Delete Attachment View Attachment								
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 objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).								
a. Name and Title of Authorized C	Certifying Off	ficial						
Prefix: Fir	rst Name: B	RETT			Middle Name:	М.		
Last Name: CARROLL					Suffix:	1.		
Title: VICE PRESIDENT fo	r FINANCE	and CFO						
b. Signature of Authorized Certifyin	g Official			c. Teleph	hone (Area code,	number and exten	sion)	
BMCLE	BM266							
d. Email Address				e. Date F	Report Submitted	14. Agency u	se only:	
bcarroll@mercy.edu				04/26/	2023			

## **REVIEWED**

By Zelandonaii Thompson at 1:49 pm, Jun 30, 2023

ALC/Region: 13060001/02 Short Name:

Recipient ID:

3619330

NTIA MERCY COLLEGE Recipient Name:

Award No:

36-09-C13090

Settlement Date From:

7/21/2022

Through:

3/31/2023

Settlement Date	Transaction Type	Document Type	Document No	Authorization	Draws	Account Balance
07/21/2022	AUTHORIZATION	GRANT	474413	\$2,620,940.00		\$2,620,940.00
Totals:				\$2,620,940.00		

Report Generated on 6/30/23 at 1:47:19 PM GMT-04:00

(Follow form Instructions)

	al Agency and C	Organizational Element to W	hich Report is Submitted		report multiple gran	fying Number Assigned by Federal its, use FFR Attachment)
		n (Name and complete addre	ess including Zip code)			
Recipient	Organization N	Name: MERCY COLLEGE				
Street1:	555 BROADW	AY				
Street2:						
City:	DOBBS FERR	Y	County:	ESTCHESTER		
State:	NY: New Yo	rk			Province:	
Country:	USA: UNITE	D STATES		ZIP	/ Postal Code: 105.	22-1134
4a. UEI		4b. EIN			t Number or Identify	
N123YUV	WUJK1	131967321	(То	report multiple g	rants, use FFR Atta	schment)
						15.15.1
6. Report		7. Basis of Accounting	8. Project/Grant Period		9. Reporting Peri-	od End Date
	Annual	Cash Accrual	From: To:	1/21/2024	06/30/20	23
Annua		7.001441	08/01/2022 07	7/31/2024		
Final						
10. Transa	actions					Cumulative
(Use line	s a-c for single	or multiple grant reporting)				
Federal	Cash (To repo	rt multiple grants, also use	e FFR attachment):			
a. Cash i	Receipts					0.00
b. Cash I	Disbursements					0.00
c. Cash o	on Hand (line a	minus b)				0.00
(Use line	s d-o for single	grant reporting)				
Federal	Expenditures a	and Unobligated Balance:				
d. Total F	ederal funds a	uthorized				2,620,940.00
e. Federa	al share of expe	enditures				574,952.97
f. Federa	I share of unliqu	uidated obligations				0.00
g. Total F	ederal share (s	sum of lines e and f)				574,952.97
h. Unobli	gated balance of	of Federal Funds (line d min	us g)			2,045,987.03
Recipien	t Share:					
i. Total re	cipient share re	equired				0.00
j. Recipie	nt share of exp	enditures				0.00
k. Remair	ning recipient sl	hare to be provided (line i m	inus j)			0.00
Program	Income:					
I. Total Fe	ederal program	income earned				0.00
m. Program Income expended in accordance with the deduction alternative						0.00
n. Progra	m Income expe	0.00				
o. Unexpe	ended program	0.00				

Ta, Agenty des only.	11. Indirect Expense								
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:  Add Attachment  Delete Attachment  View Attachment  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 objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).  a. Name and Title of Authorized Certifying Official  Prefix:  First Name:  ERETT  Middle Name:  M.  Suffix:  Title:  VICE PRESIDENT FOR FINANCE AND CFO  b. Signature of Authorized Certifying Official  C. Telephone (Area code, number and extension)  914 674-7213  G. Telephone (Area code, number and extension)  914 674-7213	а. Туре	b. Rate	c. Period From	Period To	d. Base	_		f. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:  Add Attachment  Delete Attachment  View Attachment  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 objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).  a. Name and Title of Authorized Certifying Official  Prefix:  First Name:  ERETT  Middle Name:  M.  Suffix:  Title:  VICE PRESIDENT FOR FINANCE AND CFO  b. Signature of Authorized Certifying Official  C. Telephone (Area code, number and extension)  914 674-7213  G. Telephone (Area code, number and extension)  914 674-7213					] [				
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:  Add Attachment  Delete Attachment  View Attachment  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 objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).  a. Name and Title of Authorized Certifying Official  Prefix:  First Name:  ERETT  Middle Name:  M.  Suffix:  Title:  VICE PRESIDENT FOR FINANCE AND CFO  b. Signature of Authorized Certifying Official  C. Telephone (Area code, number and extension)  914 674-7213  G. Telephone (Area code, number and extension)  914 674-7213					1				
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:  Add Attachment  Delete Attachment  View Attachment  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 objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).  a. Name and Title of Authorized Certifying Official  Prefix:  First Name:  ERETT  Middle Name:  M.  Suffix:  Title:  VICE PRESIDENT FOR FINANCE AND CFO  b. Signature of Authorized Certifying Official  C. Telephone (Area code, number and extension)  914 674-7213  G. Telephone (Area code, number and extension)  914 674-7213				L	] [			الـــــال	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:  Add Attachment  Delete Attachment  View Attachment  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 objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).  a. Name and Title of Authorized Certifying Official  Prefix:  First Name:  ERETT  Middle Name:  M.  Suffix:  Title:  VICE PRESIDENT FOR FINANCE AND CFO  b. Signature of Authorized Certifying Official  C. Telephone (Area code, number and extension)  914 674-7213  G. Telephone (Area code, number and extension)  914 674-7213								1 [	
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 objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).  a. Name and Title of Authorized Certifying Official  Prefix:  First Name:  BRETT  Middle Name:  M.  Last Name:  CARROLL  Title:  VICE PRESIDENT FOR FINANCE AND CFO  b. Signature of Authorized Certifying Official  C. Telephone (Area code, number and extension)  914 674-7213  d. Email Address  e. Date Report Submitted  14. Agency use only:				g. Totals:					
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 objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).  a. Name and Title of Authorized Certifying Official  Prefix:  First Name:  BRETT  Middle Name:  VICE PRESIDENT FOR FINANCE AND CFO  b. Signature of Authorized Certifying Official  C. Telephone (Area code, number and extension)  914 674-7213  d. Email Address  e. Date Report Submitted  14. Agency use only:	12. Remarks: Attach any explana	ations deemed	necessary or info	ormation require	d by Federal sponsor	ing agency in	compliance with	governing legislation:	
expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).  a. Name and Title of Authorized Certifying Official  Prefix:  First Name:  BRETT  Middle Name:  CARROLL  Title:  VICE PRESIDENT FOR FINANCE AND CFO  b. Signature of Authorized Certifying Official  C. Telephone (Area code, number and extension)  914 674-7213  d. Email Address  e. Date Report Submitted  14. Agency use only:			Ad	ld Attachment	Delete Attachment	View Attac	hment		
expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).  a. Name and Title of Authorized Certifying Official  Prefix:  First Name:  BRETT  Middle Name:  CARROLL  Title:  VICE PRESIDENT FOR FINANCE AND CFO  b. Signature of Authorized Certifying Official  C. Telephone (Area code, number and extension)  914 674-7213  d. Email Address  e. Date Report Submitted  14. Agency use only:	<u> </u>			-					
Prefix: First Name: BRETT Middle Name: M.  Last Name: CARROLL Suffix:  Title: VICE PRESIDENT FOR FINANCE AND CFO  b. Signature of Authorized Certifying Official C. Telephone (Area code, number and extension)  914 674-7213  d. Email Address e. Date Report Submitted 14. Agency use only:	am aware that any false, fictitic administrative penalties for fra and 3801-3812).	ous, or fraudu aud, false stat	ulent information ements, false cla	, or the omission	on of any material fa	ct, may subj	ect me to crimi	nal, civil or	
Last Name: CARROLL  Title: VICE PRESIDENT FOR FINANCE AND CFO  b. Signature of Authorized Certifying Official  C. Telephone (Area code, number and extension)  914 674-7213  d. Email Address  e. Date Report Submitted  14. Agency use only:	a. Name and Title of Authorized	d Certifying Off	ficial						
Title: VICE PRESIDENT FOR FINANCE AND CFO  b. Signature of Authorized Certifying Official  c. Telephone (Area code, number and extension)  914 674-7213  d. Email Address  e. Date Report Submitted  14. Agency use only:	Prefix:	First Name: B	RETT		Middle Name: M.				
b. Signature of Authorized Certifying Official  c. Telephone (Area code, number and extension)  914 674-7213  d. Email Address  e. Date Report Submitted  14. Agency use only:	Last Name: CARROLL				S	Suffix:			
d. Email Address  e. Date Report Submitted  14. Agency use only:	Title: VICE PRESIDENT I	FOR FINANCE	AND CFO						
d. Email Address  e. Date Report Submitted  14. Agency use only:	b. Signature of Authorized Certify	ying Official			c. Telephone (	Area code, ni	umber and exten	sion)	
Ta, Agenty des only.	BMQLE	-			914 674-72	13			
bcarroll@ mercy.edu 07/26/2023	d. Email Address				e. Date Report	Submitted	14. Agency u	ise only:	
	bcarroll@ mercy.edu				07/26/2023				

## **REVIEWED**

By Zelandonaii Thompson at 9:26 am, Jul 27, 2023

ALC/Region: 13060001/02 Sho

Short Name: NTIA

Recipient Name:

Recipient ID:

3619330

MERCY COLLEGE

Award No:

36-09-C13090

Settlement Date From:

7/21/2022

Through: 7/27/2023

Settlement Date	Transaction Type	Document Type	Document No	Authorization	Draws	Account Balance
07/21/2022	AUTHORIZATION	GRANT	474413	\$2,620,940.00		\$2,620,940.00
07/07/2023	PAYMENT	VINV	1897385		-\$558,432.05	\$2,062,507.95
Totals:				\$2,620,940.00	-\$558,432.05	

Report Generated on 7/27/23 at 7:46:59 AM GMT-04:00

(Follow form Instructions)

	1. Federal Agency and Organizational Element to Which Report is Submitted  US DEPT OF COMMERCE  2. Federal Grant or Other Ide Agency (To report multiple g						ng Number Assigned by Federal use FFR Attachment)	
		(Name and complete addreson (Name: MERCY UNIVERSITY		de)				
City:	DOBBS FERRY	<i>(</i>	Coun	ty: WES	TCHESTER			
State:	NY: NEW YORK					Province:		
Country:	USA: UNITED	STATES			ZIP	/ Postal Code:	10522	-1134
<b>4a. UEI</b>	VUJK1	<b>4b. EIN</b> 131967321				nt Number or Ide grants, use FFR		
6. Report 1  Quarte Semi-A  Annua  Final	erly Annual	7. Basis of Accounting  Cash  Accrual	8. Project/Grant   From: 08/01/2022	To:	31/2024	9. Reporting	Period	<del></del> -1
10. Transa	ctions							Cumulative
(Use lines	s a-c for single	or multiple grant reporting)						
Federal (	Cash (To repo	rt multiple grants, also use	FFR attachment)	1				
a. Cash F	Receipts							558,432.05
b. Cash D	Disbursements							558,432.05
	n Hand (line a							0.00
(Use lines	s d-o for single	grant reporting)					_	
		and Unobligated Balance:						
d. Total F	ederal funds a	uthorized					_	2,620,940.00
e. Federa	I share of expe	enditures						801,632.17
f. Federal	share of unliqu	uidated obligations						0.00
g. Total F	ederal share (s	sum of lines e and f)						801,632.17
h. Unoblig	gated balance o	of Federal Funds (line d min	us g)					1,819,307.83
Recipien	t Share:							
i. Total re	cipient share re	equired						0.00
j. Recipie	nt share of exp	enditures						0.00
k. Remair	ning recipient sl	hare to be provided (line i m	inus j)					0.00
Program	Income:							
I. Total Fe	I. Total Federal program income earned 0.00							0.00
m. Program Income expended in accordance with the deduction alternative							0.00	
n. Prograi	n. Program Income expended in accordance with the addition alternative							0.00
o, Unexpended program income (line I minus line m and line n)								0.00

а. Туре	b. Rate c. Period		Period To	d. Base		. Amount Charged	f, Federal Share
			g. Totals:				
2. Remarks: Attach any explanat	tions deemed	necessary or info	ormation required	by Federal sponso	oring agency in	compliance with	governing legislation:
		Ac	d Attachment	Delete Attachmen	t View Attac	chment	
nd 3801-3812).		omonico, raioo on	aims or otnerwis	e. (U.S. Code Title	e 18, Section	1001 and Title 3	nal, civil or 1, Sections 3729-3730
	Certifying Off		alms or otherwis	e. (U.S. Code Title	e 18, Section	1001 and Title 3	
a. Name and Title of Authorized	Certifying Off	icial	aims or otherwis		e 18, Section		
a. Name and Title of Authorized	, ,	icial	aims or otherwis				
a. Name and Title of Authorized  Prefix: F	First Name: B	icial RETT	aims or otherwis		iddle Name: [		
a. Name and Title of Authorized  Prefix: F  Last Name: CARROLL  Title: VICE PRESIDENT FO	First Name: B	icial RETT	aims or otherwis		iddle Name: [t		1, Sections 3729-3730
a. Name and Title of Authorized  Prefix: F  Last Name: CARROLL  Title: VICE PRESIDENT FO	First Name: B	icial RETT	aims or otherwis		iddle Name: [a Suffix: [	1	1, Sections 3729-3730
a. Name and Title of Authorized  Prefix: F  Last Name: CARROLL	First Name: B	icial RETT	aims or otherwis	c. Telephone	iddle Name: Suffix: (Area code, n	1	1, Sections 3729-3730

# **REVIEWED**

By Zelandonaii Thompson at 12:36 pm, Oct 27, 2023

ALC/Region: 13060001/02 Sh

Short Name: NTIA

Recipient ID:

3619330

MERCY COLLEGE

Award No:

36-09-C13090

Settlement Date From:

7/21/2022

Through:

Recipient Name:

9/30/2023

Settlement Date	Transaction Type	Document Type	Document No	Authorization	Draws	Account Balance
07/21/2022	AUTHORIZATION	GRANT	474413	\$2,620,940.00		\$2,620,940.00
07/07/2023	PAYMENT	VINV	1897385		-\$558,432.05	\$2,062,507.95
Totals:				\$2,620,940.00	-\$558,432.05	

Report Generated on 10/26/23 at 10:27:53 AM GMT-04:00

(Follow form Instructions)

1. Federal Agency and O US DEPT OF COMMERCE	rganizational Element to Wh	nich Report is Submitted		report multiple gran	fying Number Assigned by Federal ts, use FFR Attachment)	
Recipient Organization No. Street1: 555 BROADWA Street2: City: DOBBS FERRY State: NY: New Yor Country: USA: UNITED  4a. UEI	**************************************	County:  5. Re	ecipient Accoun	Province:  / Postal Code: 105  t Number or Identify rants, use FFR Atta	ring Number achment)	
6. Report Type  Quarterly Semi-Annual Annual Final	7. Basis of Accounting  Cash  Accrual	8. Project/Grant Period From: To:  [ 08/01/2022 ] [ 07	/31/2024	12/31/20		
10. Transactions					Cumulative	
	or multiple grant reporting)					
a. Cash Receipts	t multiple grants, also use	e FFR attachment):			902,453.00	
b. Cash Disbursements						
c. Cash on Hand (line a	minus h)				902, 453.00	
(Use lines d-o for single					[ 0.00	
	and Unobligated Balance:					
d. Total Federal funds au					2,620,940.00	
e. Federal share of exper	nditures				1,006,176.37	
f. Federal share of unliqu					0.00	
g. Total Federal share (s					1,006,176.37	
	of Federal Funds (line d min	us g)			1,614,763.63	
Recipient Share:						
i. Total recipient share re	quired				0.00	
j. Recipient share of expe					0.00	
k. Remaining recipient sh	nare to be provided (line i m	inus j)			0.00	
Program Income:					-	
I. Total Federal program	income earned				0.00	
m. Program Income expe	ended in accordance with th	e deduction alternative			0.00	
n. Program Income expe	nded in accordance with the	addition alternative			0.00	
o. Unexpended program	income (line I minus line m	and line n)			0.00	

11. Indirect Expense							
а. Туре	b. Rate	c. Period From	Period To	d. Base		Amount harged	f. Federal Share
Predetermined	64%	8/1/22	12/31/23	\$159,628.39	\$102	2,162.16	\$102,162.16
					7.		7
			g. Totals:	\$159,628.39	\$10	2,162.16	\$102,162.16
12. Remarks: Attach any explanati	ons deemed		ormation required	by Federal sponsoring	g agency in o	,	governing legislation:
13. Certification: By signing this expenditures, disbursements an am aware that any false, fictitiou administrative penalties for fraudand 3801-3812).	d cash rece s, or fraudu d, false stat	ipts are for the lent information ements, false cl	purposes and ol	ojectives set forth in t on of any material fact	the terms ar t, may subje	nd conditions o	f the Federal award. I al, civil or
a. Name and Title of Authorized C	Certifying Off	icial					
Prefix: Fi	rst Name: B	rett		Middl	e Name:		
Last Name: Carroll	100			Su	ffix:		
Title: VP Finance, CFO							
b. Signature of Authorized Certifyin	c. Telephone (A	c. Telephone (Area code, number and extension)					
BM	0	1					
d. Email Address				e. Date Report S	Submitted	14. Agency u	se only:
bcarroll@mercy.edu				01/30/2024			

## **REVIEWED**

By Zelandonaii Thompson at 8:41 am, Mar 04, 2024

ALC/Region: 13060001/02 Short Name: NTIA

Recipient ID: 3619330 Recipient Name: MERCY UNIVERSITY

Award No: 36-09-C13090

Settlement Date From: 7/21/2022 Through: 12/31/2023

Settlement Date	Transaction Type	Document Type	Document No	Authorization	Draws	Account Balance
07/21/2022	AUTHORIZATION	GRANT	474413	\$2,620,940.00		\$2,620,940.00
07/07/2023	PAYMENT	VINV	1897385		-\$558,432.05	\$2,062,507.95
11/17/2023	PAYMENT	VINV	1936109		-\$46,548.15	\$2,015,959.80
11/28/2023	PAYMENT	VINV	1937378		-\$297,472.96	\$1,718,486.84
Totals:				\$2,620,940.00	-\$902,453.16	

Report Generated on 2/2/24 at 9:41:53 AM GMT-05:00