Increasing the Participation of Historically Black Colleges and Universities and Minority Institutions in Department of Defense Activities

SAMUEL L. MYERS
JULIA C. ELAM
HANNA BROWN

National Association for Equal Opportunity in Higher Education (NAFEO)
400 - 12th Street, NE
Washington, DC 20002

Mrs. Tracey Pinson Dennis
Office of the Secretary of Defense
Pentagon 2A340
Washington, DC 20301-3061

Mr. Charles Luther
Scientific Officer
Office of Naval Research
800 N. Quincy Street
Arlington, VA 22217-5000

The primary intent of this project is to assist the historically black colleges and universities & other minority institutions (HBCUs/MIs) in becoming more competitive in the Department of Defense procurement arena through a variety of activities, including institutional marketing; the preparation of guides, catalogs, compendia, etc; for educating DoD and its primes about the HBCUs/MIs and for educating the HBCUs/MIs about DoD program opportunities and how DoD operates; grant and contract management; dissemination of information (DoD and DoD-related); the scanning and dissemination of grant and contract opportunities to the HBCUs/MIs as announced in the Commerce Business Daily, and the facilitation of partnerships between the HBCUs/MIs and Industry and between the HBCUs/MIs and Major Research Institutions.
DISCLAIMER NOTICE

THIS DOCUMENT IS BEST QUALITY AVAILABLE. THE COPY FURNISHED TO DTIC CONTAINED A SIGNIFICANT NUMBER OF PAGES WHICH DO NOT REPRODUCE LEGIBLY.
## FINANCIAL STATUS REPORT

**Department of the Navy**

**Recipient Organization**
National Association for Equal Opportunity in Higher Education
400 12th Street NW
Washington, D.C. 20002

### 1. Federal Agency and Organizational Element

- **Employer Identification Number**: 23-7439804
- **Recipient Account Number or Identifying Number**: N00014-87-J-1270

### 2. Federal Grant or Other Identifying Number

- **O.M.B. Approved No.**: R0180
- **Page Of**: 1

### 3. Project/Grant Period

- **From (Month, day, year)**: 9-30-87
- **To (Month, day, year)**: 9-29-89

### 4. Final Report

- **YES**

### 5. Basis

- **CASH**

### Status of Funds

<table>
<thead>
<tr>
<th>Program/Function/Activity</th>
<th>(a) Personnel Costs</th>
<th>(b) Other Direct</th>
<th>(c) Printing/Display Conferences of Inv./Newsletters</th>
<th>(d) Sub-contractors</th>
<th>(e) Indirect Costs</th>
<th>Total (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total outlays this report period</td>
<td>$410,837</td>
<td>$84,279</td>
<td>$50,107</td>
<td>$123,669</td>
<td>$529,848</td>
<td>$342,459</td>
</tr>
<tr>
<td>Less: Program income credits</td>
<td>-</td>
<td>-</td>
<td>$49,500</td>
<td>$171,300</td>
<td>$534,000</td>
<td>$537,312</td>
</tr>
<tr>
<td>Net outlays this report period</td>
<td>$612,504</td>
<td>$136,506</td>
<td>-</td>
<td>$123,669</td>
<td>$529,848</td>
<td>$342,459</td>
</tr>
<tr>
<td>Net outlays to date</td>
<td>$410,837</td>
<td>$84,279</td>
<td>$50,107</td>
<td>$123,669</td>
<td>$529,848</td>
<td>$342,459</td>
</tr>
<tr>
<td>Less: Non-Federal share of outlays</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Federal share of outlays</td>
<td>$410,837</td>
<td>$84,279</td>
<td>$50,107</td>
<td>$123,669</td>
<td>$529,848</td>
<td>$342,459</td>
</tr>
<tr>
<td>Total unliquidated obligations</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Less: Non-Federal share of unliquidated obligations shown on line h</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Federal share of unliquidated obligations</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Federal share of outlays and unliquidated obligations</td>
<td>$410,837</td>
<td>$84,279</td>
<td>$50,107</td>
<td>$123,669</td>
<td>$529,848</td>
<td>$342,459</td>
</tr>
<tr>
<td>Total cumulative amount of Federal funds authorized</td>
<td>$612,504</td>
<td>$136,506</td>
<td>$49,500</td>
<td>$171,300</td>
<td>$534,000</td>
<td>$537,312</td>
</tr>
<tr>
<td>Unobligated balance of Federal funds</td>
<td>$201,667</td>
<td>$52,227</td>
<td>(607)</td>
<td>$47,631</td>
<td>$4,152</td>
<td>$194,853</td>
</tr>
</tbody>
</table>

### 11. Direct Expense

- **Type of Rate**
  - Provisional
  - Predetermined
  - Final
  - Fixed
- **Rate**: 35.73
- **Total Amount**: $1,198,740
- **Federal Share**: 342,459

### 12. 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**: Samuel L. Myers
- **Telephone (Area Code, Number and Extension)**: (202) 543-9111

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*Remarks: Attach any explanations deemed necessary or information required by Federal granting agency in compliance with applicable legislation.*

*Rates are adjusted at audit each fiscal year 6/30.*
# FINANCIAL STATUS REPORT

## Long Form

**Department of the Navy**

**Recipient Organization:** National Association for Equal Opportunity in Higher Education

**Address:** 400 12th Street, NE

**City, State:** Washington, D.C. 20002

1. **Employer Identification Number:** 23-7439804
2. **Recipient Account Number or Identifying Number:** 23-7439804
3. **Final Report:** Yes
4. **Basis:** Cash
5. **Dates:**
   - **Funding/Grant Period (See Instructions):**
     - From: 9-30-87
     - To: 9-29-89
   - **Period Covered by this Report:**
     - From: 9-30-87
     - To: 9-29-89

## Transactions:

<table>
<thead>
<tr>
<th>II.</th>
<th>III. Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Total outlays</td>
<td>1,541,199</td>
</tr>
<tr>
<td>b. Refunds, rebates, etc.</td>
<td></td>
</tr>
<tr>
<td>c. Program income used in accordance with the deduction alternative</td>
<td></td>
</tr>
<tr>
<td>d. Net outlays (Line a, less the sum of lines b and c)</td>
<td>1,541,199</td>
</tr>
<tr>
<td>e. Recipient's share of net outlays, consisting of:</td>
<td></td>
</tr>
<tr>
<td>f. Third party (in-kind) contributions</td>
<td></td>
</tr>
<tr>
<td>g. Program income used in accordance with the matching or cost sharing alternative</td>
<td></td>
</tr>
<tr>
<td>h. All other recipient outlays not shown on lines a, f or g</td>
<td></td>
</tr>
<tr>
<td>i. Total recipient share of net outlays (Sum of lines e, f, g and h)</td>
<td></td>
</tr>
<tr>
<td>j. Federal share of net outlays (line d less line i)</td>
<td>1,541,199</td>
</tr>
<tr>
<td>k. Total unliquidated obligations</td>
<td></td>
</tr>
<tr>
<td>l. Recipient's share of unliquidated obligations</td>
<td></td>
</tr>
<tr>
<td>m. Federal share of unliquidated obligations</td>
<td></td>
</tr>
<tr>
<td>n. Total federal share (sum of lines j and m)</td>
<td>1,541,199</td>
</tr>
<tr>
<td>o. Total federal funds authorized for this funding period</td>
<td>2,041,122</td>
</tr>
<tr>
<td>p. Unobligated balance of federal funds (Line o minus line n)</td>
<td>499,923</td>
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</table>

## Program Income:

<table>
<thead>
<tr>
<th>II.</th>
<th>III. Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Type of Rate (Place &quot;X&quot; in appropriate box):</td>
<td></td>
</tr>
<tr>
<td>b. Rate</td>
<td>35.73</td>
</tr>
<tr>
<td>c. Base</td>
<td>1,198,740</td>
</tr>
<tr>
<td>d. Total Amount</td>
<td>342,459</td>
</tr>
<tr>
<td>e. Federal Share</td>
<td>342,459</td>
</tr>
<tr>
<td>f. Total program income realized (Sum of lines q, r and s)</td>
<td></td>
</tr>
</tbody>
</table>

### Indirect Expense

- **b. Rate:** 35.73
- **c. Base:** 1,198,740
- **d. Total Amount:** 342,459
- **e. Federal Share:** 342,459

### Comments

- **Remarks:** Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.
- **Rates are adjusted at audit each Fiscal Year 6/30.**

### Certification

- **Typed or Printed Name and Title:** Samuel L. Myers, President
- **Telephone (Area code, number and extension):** (202) 543-9111
- **Date Report Submitted:** 4/15/92

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**Previous Editions not Usable**

- **ISBN 7540-01-012-4395**
- **Standard Form 269 (REV 2-88)**
- **Prepared by OMB Circulars A-102 and A-110**

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269-103
**CONTRACT COMPLETION STATEMENT**

1. FROM (Contract Administration Office):
   Office of Naval Research
   Atlanta Regional Office
   101 Marietta Tower Suite 2805
   101 Marietta Street
   Atlanta, GA 30303-0008

2a. PB NUMBER
    DAAH04-93-G-0409

2b. LAST MODIFICATION NUMBER
    N/A

2c. CALLORDER NUMBER

3. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, if known):
   Defense Accounting Office
   CM#3, Room 206, Attn: Code 40
   Washington, D.C. 20371-5400

4. CONTRACTOR IDENTITY CODE AND ADDRESS:
   The Johns Hopkins University
   105 Ames Hall
   Baltimore, MD 21218

5. EXCESS FUNDS □ YES □ NO

6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.

6b. VOUCHER NUMBER

6c. DATE

7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.

7b. INVOICE NUMBER

7c. DATE FORWARDED

8. REMARKS
   $52,000.00 Total Amount Obligated to Grant
   $52,000.00 Total Amount Billed
   $0.00 Unexpended

9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFATORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT.

9b. TYPED NAME OF RESPONSIBLE OFFICIAL
   Mr. Douglas Heaton
   AGO

9c. SIGNATURE
   Douglas E. Heaton

9d. DATE
   6 JUN. 96

FOR PURCHASING OFFICE USE ONLY

10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFATORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:

   □ DATE SHOWN IN ITEM 9d ABOVE
   □ DATE SHOWN IN ITEM 10c BELOW (Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.))

10b. REMARKS

10c. TYPED NAME OF RESPONSIBLE OFFICIAL

10d. SIGNATURE

10e. DATE

DD FORM 1594 1 FEB 70
REPLACES EDITION OF 1 JUN 68 WHICH IS OBSOLETE
FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)

U.S. Army Research Office
DAAH04-93-G-0409

Recipient Organization (Name and complete address, including ZIP code)
Johns Hopkins University
Homewood Research Administration
105 Ames Hall/3400 North Charles Street
Baltimore, Maryland 21218-2686

1. Federal Agency and Organizational Element to Which Report is Submitted

2. Federal Grant or Other Identifying Number Assigned by Federal Agency

OMB Approval No. 0348-0039

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

Recipient Identification Number
1-520595110

Recipient Account Number or Identifying Number
G434-E83-2043

4. Recipient Identification Number

5. Recipient Account Number or Identifying Number

6. Final Report

Yes ☐ No ☐

7. Basis

Cash ☐ Accrual ☐

8. Funding Grant Period (See instructions) From: (Month, Day, Year)
08/20/1993

To: (Month, Day, Year)
08/19/1994

9. Period Covered by this Report

From: (Month, Day, Year)
08/20/1993

To: (Month, Day, Year)
08/19/1994

10. Transactions

<table>
<thead>
<tr>
<th>Description</th>
<th>I</th>
<th>II</th>
<th>III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Outlays</td>
<td>0.0</td>
<td>52,000.00</td>
<td>52,000.00</td>
</tr>
<tr>
<td>Recipient Share of Outlays</td>
<td>0.0</td>
<td>52,000.00</td>
<td>52,000.00</td>
</tr>
<tr>
<td>Federal Share of Outlays</td>
<td>0.0</td>
<td>52,000.00</td>
<td>52,000.00</td>
</tr>
<tr>
<td>Unliquidated Obligations</td>
<td>0.0</td>
<td>52,000.00</td>
<td>52,000.00</td>
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<tr>
<td>Recipient Share of Unliquidated Obligations</td>
<td>0.0</td>
<td>52,000.00</td>
<td>52,000.00</td>
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<tr>
<td>Federal Share of Unliquidated Obligations</td>
<td>0.0</td>
<td>52,000.00</td>
<td>52,000.00</td>
</tr>
<tr>
<td>Total Federal Share (Sum of lines c and f)</td>
<td>0.0</td>
<td>52,000.00</td>
<td>52,000.00</td>
</tr>
<tr>
<td>Unobligated Balance of Federal Funds (Line h minus line g)</td>
<td>0.0</td>
<td>52,000.00</td>
<td>52,000.00</td>
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</table>

11. Indirect Costs

<table>
<thead>
<tr>
<th>Description</th>
<th>Type of Rate</th>
<th>Prevalent Rate</th>
<th>Base Rate</th>
<th>Total Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Rate</td>
<td>.665</td>
<td>31,231.24</td>
<td>20,768.76</td>
<td>20,768.76</td>
</tr>
</tbody>
</table>

12. Comments

Any explanations deemed necessary or information required by the Federal sponsoring agency in compliance with governing legislation

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 document.

Signed or Printed Name and Title
R. Alan Friend, Director Cost Analysis

Telephone (Area code, number and extension)
410-516-6120

Date Report Submitted
04/04/1996

NSN 1413-01-218-4387
268221

Prescribed by OMB Circulars A-102 and A-110
CLOSEOUT MEMORANDUM

Subject Grant/Contract No.: DAAH04-93-G-0409

Grantee/Contractor: The Johns Hopkins University

1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of $52,000.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The grant is under $500,000.00. The Johns Hopkins University is a HHS cognizant institution. The basis for certifying cost is the cost analysis as explained in paragraph 4 below.

2. The subject grant began on 20 August 1993 and was completed on 19 August 1994. The total estimated cost of the grant was $52,000.00.

3. The awardee has met all obligations under the referenced agreement including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed and the following observations and findings resulted:

   a. The HHS accepted A-110 audit covering the period of performance reported that the Grantee has a financial system in place that protects the interest of the Federal Government.

   b. Specific finding, with regard to the individual cost elements, are as follows:

      (1) Direct Labor - Amounts charged were in agreement with those initially proposed.

      (2) Overhead - Grantee charged the correct HHS negotiated on-campus rate.

      (3) FringeBenefits - Grantee charged the correct HHS negotiated rates.

      (4) Materials/Supplies - Grantee charged what was budgeted.

      (5) Travel - No travel was charged.

      (6) Equipment - Equipment was charged at budget.

      (7) Other Direct Costs - Were reasonable and accepted.
In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

[Signature]
Ed Padullon
ads Sr. Contract Specialist
1. **FROM** (Contract Administration Office)
   Office of Naval Research
   Atlanta Regional Office
   101 Marietta Street, Suite 2805
   Atlanta, GA 30323-0008
   (POC: DOUGLAS E. HEATON /404-730-9257)

2. **PII NUMBER**
   N00014-95-1-0158
   **LAST MODIFICATION NUMBER**
   **CALL/ORDER NUMBER**

3. **TO:** (Name and Address of Purchasing Office and Office Symbols of the PCO, if known)
   - DFAS Charleston - OPLC
     Vendor Pay and Travel Division
     Code (FP)
     P.O. Box 118054
     Charleston, SC 29423-8054

4. **CONTRACTING IDENTIFY CODE AND ADDRESS**
   UNIVERSITY OF DELAWARE

5. **EXCESS FUNDS**
   - **YES**
   - **NO**
   $0.00

6a. **IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b, AND 6c.**
6b. **VOUCHER NUMBER**
6c. **DATE**

7a. **IF FINAL APPROVED INVOICE FORWARDED TO D. O. OR ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b AND 7c.**
7b. **INVOICE NUMBER**
7c. **DATE FORWARD**

8. **REMARKS**
   1. Performance on N00014-95-1-0158 for University of Delaware is complete. Forwarded for processing are pertinent closing documents to support full payment of $7,629.00.

   2. **7,629.00** Funds obligated by the Grant
      **7,629.00** Allowable costs (includes $7,629.00 paid to date)
      **$ 0.00** Excess funds to be deobligated

   Copy to: 21/822 (w/copy of closeout documents)

9a. **ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT.**

9b. **TYPED NAME OF RESPONSIBLE OFFICIAL**
   DOUGLAS E. HEATON
   Administrative Contracting Officer

9c. **SIGNATURE**
   [Signature]
9d. **DATE**
   11 JUN 96

9e. **DATE SHOWN IN ITEM 9d. ABOVE.**

10a. **ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:**

   - [ ] DATE SHOWN IN ITEM 10a. BELOW.

   (Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.))

10b. **REMARKS**
   nvb

10c. **TYPED NAME OF RESPONSIBLE OFFICIAL**
10d. **SIGNATURE**
10e. **DATE**
CLOSEOUT MEMORANDUM

Grant: N00014-95-1-0158

Grantee: UNIVERSITY OF DELAWARE

1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of $7,629.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The certification of costs is based on a price analysis performed by the Administrative Grants Officer (AGO) as explained in paragraph 4 of this document. Any unpaid balances due to the awardee may be paid at this time.

2. The subject agreement began on 01 OCT 1994 and was completed on 30 SEP 1995. The total estimated cost of the agreement was $7,629.00.

3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed, and I hereby certify, as AGO, that the total costs are reasonable, allowable and allocable. This price analysis shall serve in lieu of an contract audit closing statement.

5. Based on the statement contained in this memo and the supporting documentation, this agreement may be administratively closed.

[Signature]
DOUGLAS HEATON
Administrative Grants Officer
CONTRACT ADMINISTRATION COMPLETION RECORD

2. From:
Department of the Navy
Office of Naval Research - Atlanta
101 Marietta Tower
Suite 2805
Atlanta, GA 30323-0008

3. CONTRACT NUMBER
N00014-95-1-0158

4. TO: (Organizational element performing function checked below)
FILE

5. NAME OF CONTRACTOR
UNIVERSITY OF DELAWARE

The contract identified above has been physically completed (i.e., all required deliveries or shipments have been made and/or services performed or terminated).

Request column 6c or 6d and 6e and 6f be completed with regard to the function checked in column 6a and this form returned by the suspense date indicated in item 1. If only an anticipated date of completion of required actions can be given by the suspense date, a subsequent advice of final action is required.

If contract being closed is classified, send signed copy of this form marked "INFORMATION COPY" to cognizant Industrial Security Office.

STATUS OF ACTION(S)

<table>
<thead>
<tr>
<th>&quot;X&quot; a</th>
<th>FUNCTION b</th>
<th>&quot;X&quot; IF REQUIRED ACTION(S) COMPLETED</th>
<th>ANTICIPATED DATE FOR COMPLETION OF ACTION(S)</th>
<th>SIGNATURE e</th>
<th>DATE f</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>PROPERTY ADMINISTRATION</td>
<td>X</td>
<td></td>
<td>Douglas E. Norton 6 Jun 96</td>
<td></td>
</tr>
</tbody>
</table>

PLANT CLEARANCE
CONTRACT TERMINATION
OTHER (Specify)

7. REMARKS

TITLE TO PROPERTY WITH THIS GRANT VEST WITH THE GRANTEE.

8. TYPED NAME OF RESPONSIBLE OFFICIAL

9. SIGNATURE

10. DATE
From: Chief of Naval Research
To: Contracting Officer, ONRRO/Atlanta
Subj: CONTRACT N00014-95-1-0158 WITH UNIVERSITY OF DELAWARE
Encl: (1) DD Form 882 dtd 23 Apr 96

1. The Contractor's Final Report of Inventions and Subcontracts is acceptable and is returned herewith as enclosure (1).

WILLIAM F. McCARTHY
Associate Counsel/Senior
ONR Patent Attorney
From: Thurman, Barbara
To: Karp, Michael
Subject: FINAL TECHNICAL REPORT
Date: Monday, April 29, 1996 2:24PM

I have received a final technical report on N00014-95-1-0158 entitled "Bifurcation and Stability Analysis for Acoustic Ray Propagation in an Underwater Sound Channel" in the case of ROPO/Simmen. You may close out this grant.
# FINANCIAL STATUS REPORT (Short Form)

1. Federal Agency & Organizational Element to Which Report is Submitted
   - Office of Naval Research

2. Federal Grant or Other Identifying Number Assigned by Federal Agency
   - N00014-95-1-0158

3. Recipient Organization (Name and complete address, including ZIP code):
   - University of Delaware
   - Office of Sponsored Programs
   - Newark, DE 19716

4. Employer Identification Number
   - 51-6000297

5. Recipient Account/ID Number
   - 3-3-21-3501-55

6. Final Report
   - [X] Yes [ ] No

7. Basis
   - [X] Cash [ ] Accrual

8. Funding/Grant Period
   - From: 10/01/94
   - To: 09/30/95

9. Period Covered by this Report
   - From: 10/01/94
   - To: 09/30/95

## 10. Transactions:

<table>
<thead>
<tr>
<th>II</th>
<th>III</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Total outlays</td>
<td>$0.00</td>
</tr>
<tr>
<td>b. Recipient share of outlays</td>
<td>$0.00</td>
</tr>
<tr>
<td>c. Federal share of outlays</td>
<td>$0.00</td>
</tr>
<tr>
<td>d. Total unliquidated obligations</td>
<td></td>
</tr>
<tr>
<td>e. Recipient share of unliquidated outlays</td>
<td></td>
</tr>
<tr>
<td>f. Federal share of unliquidated outlays</td>
<td></td>
</tr>
<tr>
<td>g. Total Federal share (Sum of lines c and f)</td>
<td></td>
</tr>
<tr>
<td>h. Total Federal funds authorized for this funding period</td>
<td></td>
</tr>
<tr>
<td>i. Unobligated balance of Federal funds (line h minus line g)</td>
<td></td>
</tr>
</tbody>
</table>

## 11. Indirect Expense

- [] Provisional [X] Predetermined [] Final [ ] Fixed

<table>
<thead>
<tr>
<th>c. Base</th>
<th>d. Total Amount</th>
<th>e. Federal Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>51.9%</td>
<td>$226.46</td>
<td>$117.54</td>
</tr>
</tbody>
</table>

## 12. Remarks

- Final Expenditure Breakdown:
  - Equipment: $7,285.00
  - Supplies & Expenses: $226.46
  - Indirect Cost: $117.54

Any questions concerning this report, please contact Susan M. Tkachick (302) 831-2136

## 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.

Typed or Printed Name and Title
Costel D. Denson, Vice Provost for Research

Signature of Authorized Certifying Official

Date Report Submitted
4/25/96
**CONTRACT COMPLETION STATEMENT**

1. **FROM** (Contract Administration Office)
   Office of Naval Research  
   Atlanta Regional Office  
   101 Marietta Street, Suite 2805  
   Atlanta, GA 30323-0008  
   (POC: B.COPLAND /404-730-9258)  

2a. **PII NUMBER**  
    N00014-91-J-1817

2b. **LAST MODIFICATION NUMBER**  
    P00004

2c. **CALL/ORDER NUMBER**

3. **TO:** (Name and Address of Purchasing Office and Office Symbols of the PCO, if known)
   - DFAS Charleston - OPLC
   - Vendor Pay and Travel Division
   - Code (FP)
   - P.O. Box 118054
   - Charleston, SC 29423-8054

4. **CONTRACTING IDENTIFY**  
   CODE AND ADDRESS
   DELAWARE STATE COLLEGE

5. **EXCESS FUNDS**  
   [ ] YES  
   [X] NO

6a. **IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b, AND 6c.**
6b. **VOUCHER NUMBER**
6c. **DATE**

7a. **IF FINAL APPROVED INVOICE FORWARD TO D.O.**  
   **OR ANOTHER ACTIVITY AND STATUS OF PAYMENT**  
   **IS UNKNOWN, COMPLETE ITEMS 7b AND 7c.**
7b. **INVOICE NUMBER**
7c. **DATE FORWARD**

8. **REMARKS**
   1. Performance on N00014-91-J-1817 for Delaware State College is complete.  
      Forwarded for processing are pertinent closing documents to support full payment of $291,800.00.

2. 291,800.00  
   Funds obligated by the Grant
   291,800.00  
   Allowable costs (includes $291,800.00 paid to date)
   $ 0.00  
   Excess funds to be deobligated

Copy to: Code 21 and Code 822 (w/copy of closeout documents)

---

9a. **ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT.**
9b. **TYPED NAME OF RESPONSIBLE OFFICIAL**
   DOUGLAS E. HEATON
   Administrative Grants Officer
9c. **SIGNATURE**
   [Signature]
   9d. **DATE**
   [Date]

---

10a. **ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:**
   [ ] DATE SHOWN IN ITEM 9d. ABOVE.
   [ ] DATE SHOWN IN ITEM 10a. BELOW. (Check this box only if final completion of any significant purchasing office action extends more than three months beyond class-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.))

10b. **REMARKS**

---

10c. **TYPED NAME OF RESPONSIBLE OFFICIAL**
10d. **SIGNATURE**
10e. **DATE**

---

DD FORM 1594
1 FEB 70

REPLACES EDITION OF 1 JUN 68 WHICH IS OBSOLETE
CLOSEOUT MEMORANDUM

Contract No.: N00014-91-J-1817

Contractor: DELAWARE STATE COLLEGE

1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of $291,800.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The certification of costs is based on a price analysis performed by the Administrative Contracting Officer (ACO) as explained in paragraph 4 of this document. Any unpaid balances due to the awardee may be paid at this time.

2. The subject agreement began on 01 June 1995 and was completed on 31 August 1995. The total estimated cost of the agreement was $291,800.00.

3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed, and I hereby certify, as ACO, that the total costs are reasonable, allowable and allocable. This price analysis shall serve in lieu of an contract audit closing statement.

5. Based on the statement contained in this memo and the supporting documentation, this agreement may be administratively closed.

[Signature]
DOUGLAS E. HEATON
Administrative Grants Officer
REQUEST FOR ADVANCE OR REIMBURSEMENT

Office of Naval Research

510305893

Delaware State University
1200 N. Dupont Highway
Dover, DE 19901

Payee
Same as #9

Programs/Functions/Activities

<table>
<thead>
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<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>TOTAL</th>
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<td>$291,800.00</td>
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<tr>
<td>291,800.00</td>
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Alternate computation for advances only

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<tr>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Certification

Thomas P. Vitale, Associate V.P.
for Business and Finance
1(302) 739 - 5131
FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted
   Office of Naval Research

2. Federal Grant or Other Identifying Number Assigned by Federal Agency
   N 00014 - 91 - J - 1817

3. Recipient Organization (Name and complete address, including Zip code)
   Delaware State University
   1200 N. Dupont Highway
   Dover, DE 19901

4. Employer Identification Number
   510305893

5. Recipient Account Number or Identifying Number
   2891

6. Final Report
   Yes ☐ No ☑

7. Basis
   ☐ Cash ☐ Accrual

8. Funding Grant Period (See Instructions)
   From: (Month, Day, Year) 6/1/91
   To: (Month, Day, Year) 8/31/95

9. Period Covered by the Report
   From: (Month, Day, Year) 6/1/91
   To: (Month, Day, Year) 8/31/95

10. Transactions:

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<th></th>
<th>I</th>
<th>II</th>
<th>III</th>
<th></th>
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<tbody>
<tr>
<td>a. Total outlays</td>
<td>0.00</td>
<td>291,800.00</td>
<td>291,800.00</td>
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<tr>
<td>b. Recipient share of outlays</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
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<tr>
<td>c. Federal share of outlays</td>
<td>0.00</td>
<td>291,800.00</td>
<td>291,800.00</td>
<td></td>
</tr>
<tr>
<td>d. Total unliquidated obligations</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>e. Recipient share of unliquidated obligations</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>f. Federal share of unliquidated obligations</td>
<td>0.00</td>
<td>291,800.00</td>
<td>291,800.00</td>
<td></td>
</tr>
<tr>
<td>g. Total Federal share (Sum of lines c and f)</td>
<td>291,800.00</td>
<td>291,800.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Total Federal funds authorized for this funding period</td>
<td>291,800.00</td>
<td>291,800.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Unobligated balance of Federal funds (Line h minus line g)</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
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11. Indirect Expense

<table>
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<tr>
<th>a. Type of Rate (Place 'X' in appropriate box)</th>
<th>Provisional</th>
<th>Predetermined</th>
<th>Final</th>
<th>Fixed</th>
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<td>b. Rate</td>
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<td>20,152.16</td>
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<tr>
<td>c. Base</td>
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</tr>
<tr>
<td>d. Total Amount</td>
<td>20,152.16</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>e. Federal Share</td>
<td>20,152.16</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

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.

Type or Printed Name and Title

Thomas P. Vitale, Associate V.P. for Business and Finance

Signature of Authorized Certifying Official

Telephone (Area code, number and extension)

(302) 739 - 5131

Data Report Submitted
11/28/95

Standard Form 269A (REV. 4-94)

1. The negative final patent report for the Grant Number N00014-91-J-1817 with Delaware State University has been accepted and approved.

2. The Contractor has fulfilled all the patent requirements of the Grant.

Carol
Bryant, Natalie

From: Bryant, Natalie
To: Bright, Harold
Subject: Final Technical Certification
Date: Tuesday, May 07, 1996 10:32AM
Priority: High

Delaware State University submitted for two Final Technical reports: N00014-93-1-1372 and N00014-91-J-1817. Your approval or disapproval is requested.

Thanking you in advance!

Natalie V. Bryant
Procurement Technician
ONR-243

Verbal approval 6 June 96.
The contract identified above has been physically completed (i.e., all required deliveries or shipments have been made and/or services performed or terminated).

Request column 6c or 6d and 6e and 6f be completed with regard to the function checked in column 6a and this form returned to the suspense date indicated in item 1. If only an anticipated date of completion of required actions can be given by the suspense date, a subsequent advice of final action is requested.

If contract being closed is classified, send signed copy of this form marked "INFORMATION COPY" to cognizant Industrial Security Office.

<table>
<thead>
<tr>
<th>&quot;X&quot;</th>
<th>FUNCTION</th>
<th>&quot;X&quot; IF REQUIRED ACTION(S) COMPLETED</th>
<th>ANTICIPATED DATE FOR COMPLETION OF ACTION(S)</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
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<tbody>
<tr>
<td>X</td>
<td>PROPERTY ADMINISTRATION</td>
<td>X</td>
<td></td>
<td>Mildred D. Kemp</td>
<td>14 June 19</td>
</tr>
<tr>
<td></td>
<td>PLANT CLEANANCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CONTRACT TERMINATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>OTHER (Specify)</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

TITLE TO PROPERTY ACQUIRED WITH GRANT FUNDS VESTS WITH THE GRANTEE.
CONTRACT COMPLETION STATEMENT

1. FROM (Contract Administration Office)
Office of Naval Research
Atlanta Regional Office
101 Marietta Street, Suite 2805
Atlanta, GA 30323-0008
(POC: DOUGLAS E. HEATON /404-730-9257)

2a. PII NUMBER
N00014-89-K-2031

2b. LAST MODIFICATION NUMBER
P00024

2c. CALL/ORDER NUMBER

3. TO: (Name and Address of Purchasing Office and Office Symbols of the PCO, if known)

   [ ]
   [ ]
   [ ]
   DFAS Charleston - OPLC
   Vendor Pay and Travel Division
   Code (FP)
   P.O. Box 118054
   Charleston, SC 29423-8054

4. CONTRACTING IDENTIFY CODE AND ADDRESS
UNIVERSITY RESEARCH FOUNDATION

5. EXCESS FUNDS [ ] YES [X] NO
   $0.00

6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b, AND 6c.
6b. VOUCHER NUMBER
6c. DATE

7a. IF FINAL APPROVED INVOICE forwarded TO D. O. OR ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b AND 7c.
7b. INVOICE NUMBER
7c. DATE FORWARD

8. REMARKS
1. Performance on N00014-89-K-2031 for University Research Foundation is complete. Forwarded for processing are pertinent closing documents to support full payment of 3,353,260.00.

2. 3,353,260.00 Funds obligated by the Grant
   3,353,260.00 Allowable costs (includes $3,353,260.00 paid to date)
   $0.00 Excess funds to be deobligated

Copy to: 21/822 (w/copy of closeout documents)

9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT.

9b. TYPED NAME OF RESPONSIBLE OFFICIAL
   DOUGLAS E. HEATON
   Administrative Contracting Officer

9c. SIGNATURE

9d. DATE

FOR PURCHASING OFFICE USE ONLY

10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:

   [ ] DATE SHOWN IN ITEM 9d. ABOVE

   [ ] DATE SHOWN IN ITEM 10a. BELOW. (Check this box only if final completion of any significant purchasing office action extends more than three months beyond class-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.)

10b. REMARKS


10c. TYPED NAME OF RESPONSIBLE OFFICIAL

10d. SIGNATURE

10e. DATE
CLOSEOUT MEMORANDUM

Contract No.: N00014-89-K-2031

Contractor: UNIVERSITY RESEARCH FOUNDATION

1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of $3,353,260.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The certification of costs is based on a price analysis performed by the Administrative Contracting Officer (ACO) as explained in paragraph 4 of this document. Any unpaid balances due to the awardee may be paid at this time.

2. The subject agreement began on 25 August 1989 and was completed on 24 August 1992. The total estimated cost of the agreement was $3,353,260.00.

3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed, and I hereby certify, as ACO, that the total costs are reasonable, allowable and allocable. This price analysis shall serve in lieu of an contract audit closing statement.

5. Based on the statement contained in this memo and the supporting documentation, this agreement may be administratively closed.

[Signature]
DOUGLAS E. HEATON
Administrative Contracting Officer
From: Office of Naval Research, Atlanta Regional Office, Atlanta, Georgia
To: Naval Research Laboratory, Attn: Code 3220/Raymond A. Patten, 4555 Overlook Ave., S.W., Washington, DC 20375-5000

SUBJ: CONTRACT N00014-89-K-2031 WITH UNIVERSITY RESEARCH FOUNDATION

1. This office is in the process of closing the subject contract. We have been advised that the final technical report has been submitted.

2. So that closeout may continue, please provide this office with certification of technical completion of the contract.

3. Any questions should be directed to Mr. Douglas E. Heaton, ACO, at telephone no. (404)730-9257.

Michelle Copeland
MICHELLE COPELAND
Procurement Technician

DO NOT DETACH

FIRST ENDORSEMENT ON ONRRR/Atlanta ltr dtd

I certify that all technical requirements under this contract have been completed.

Scientific Officer
DR RAYMOND A. PATTEEN, COTR N00014-89-K-2031

8/23/94
Date 23 AUGUST 1994
The contract identified above has been physically completed (i.e., all required deliveries or shipments have been made and/or services performed or terminated).

Request column 6c or 6d and 6e and 6f be completed with regard to the function checked in column 6a and this form returned by the suspend date indicated in item 1. If only an anticipated date of completion of required actions can be given by the suspend date, a subsequent advice of final action is requested.

If contract being closed is classified, send signed copy of this form marked "INFORMATION COPY" to cognizant Industrial Security Office.

The purpose of this modification is to transfer the accountability of GFE under N00014-89-K-2031 to Contract N00014-94-C-2206 (Ref. to P00024)

Final DD 1662 was Negative.
FROM: CONTRACTING OFFICER, NAVAL RESEARCH LABORATORY, WASHINGTON, DC 20375-5326

TO: ONRRR-ATLANTA
    101 MARIETTA TOWER
    101 MARIETTA ST., SUITE 2805
    ATLANTA GA 30323

SUBJ: CONTRACTOR'S FINAL REPORT OF INVENTIONS AND SUBCONTRACTS UNDER CONTRACT NO0014-89-K-2031 WITH UNIVERSITY RESEARCH FOUNDATION

REF: (A) 243-ATL:DEH:mc UNRF/NO0014-89-K-2031

1. IN REPLY TO REFERENCE (A), CONTRACTORS FINAL REPORT OF INVENTIONS AND SUBCONTRACTS WAS RECEIVED 29JAN96 AND ACCEPTED 18MAR96

WILBERENA CONAWAY
CONTRACTING OFFICER
Pursuant to the terms of Contract dated August 25, 1989 and in consideration of the sum of three million three hundred and fifty three thousand two hundred and sixty dollars ($3,353,260) which has been or is to be paid under the said Contract to The University Research Foundation (hereinafter called the Contractor) or its assignees, if any, the Contractor, upon payment of the said sum by The United States Government, does remiss, release, and discharge The United States Government, its officers, agents and employees, of and from all liabilities, obligations, claims and demands whatsoever under or arising from the said Contract, except:

1. Specified claims in stated amounts or in estimated amounts where the amounts are not susceptible of exact statement by the Contractor, as follows:

2. Claims, together with reasonable expenses incidental thereto, based on the liabilities of the Contractor to third parties arising out of the performance of the said Contract, which are not known to the Contractor on the date of the execution of this release and of which the Contractor gives notice in writing to The United States Government, within the period specified in the said Contract.

3. Claims for reimbursement of costs (other than expenses of the Contractor by reason of its indemnification of The United States Government, against patent liability), including reasonable expenses incidental thereto, incurred by the Contractor under the provisions of the said contract relating to patents.

The Contractor agrees in connection with patent matters and with claims which are not released as set forth above, that it will comply with all of the provisions of the said Contract, including without limitation those provisions relating to notification to The United States Government, and relating to the defense or prosecution of litigation.

This release has been executed this 17 day of June, 1994.

By Dr. Norris J. Krone, Jr.

Title President, University Research Foundation
SUBCONTRACTOR’S ASSIGNMENT OF REFUNDS, REBATES, CREDITS AND OTHER AMOUNTS

Pursuant to the terms of Contract dated August 25, 1989 and in consideration of the reimbursement of costs and payment of fees, as provided in the said Contract any assignment thereunder, University Research Foundation (hereinafter called the Contractor) does hereby:

1. Assign, transfer, set over and release to The United States Government all rights, title and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising out of the performance of said Contract, together with all the rights of action accrued or which may hereafter accrue thereunder, (except those for refunds, rebates, or credits for taxes paid to a State or any political subdivision thereof).

2. Agree to take whatever action may be necessary to effect prompt collection of all refunds, rebates, credits and other amounts (including any interest thereon) due or which may become due and to promptly forward to The United States Government any proceeds so collected. The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by The United States Government, as stated in the said Contract and may be applied to reduce any amounts otherwise payable to The United States Government, under the terms hereof.

3. Agree to cooperate fully with The United States Government, as to any claim or suit in connection with refunds, rebates, credits or other amounts due (including any interest thereon); to execute any protest, pleading, application, power of attorney or other paper in connection therewith; and to permit The United States Government to represent it at any hearing, trial or other proceedings, arising out of such claim or suit.

4. In the event the Contractor obtains or receives any refund, rebate or credit for taxes paid to a State or any political subdivision thereof, in connection with the performance of the Contract, and for which the Contractor is paid or reimbursed by The United States Government, the Contractor agrees to pay over to The United States Government, an amount equal to such refund or credit (including interest paid or credited to the Contractor incident to such refund or credit to the extent such interest was earned after the Contractor was paid or reimbursed by The United States Government for such taxes). In the event the Contractor receives any benefit in lieu of or in addition to such refund, rebate or credit, the Contractor agrees to pay over to The United States Government, an amount equal to such benefit.

This release has been executed this ___ day of June, 19____.

By Dr. Norris J. Krone, Jr.

Title President, University Research Foundation
**PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL**

**U.S. DEPARTMENT OR ESTABLISHMENT AND LOCATION:** Office of Naval Research

**Resident Representative:** 1931 Crystal Mall - Bldg 3

**Washington DC - 20770**

**DATE VOUCHER PREPARED:** July 11, 1994

**CONTRACT NUMBER AND DATE:** N00014-89-K-2031 8/25/89

**REQUISITION NUMBER AND DATE:** 85-9070-89 8/25/89

**PAYEES NAME AND ADDRESS:**

University Research Foundation
6411 Ivy Lane, Suite 110
Greenbelt, MD - 20770

**SHIPPED FROM TO**

**NUMBER AND DATE OF ORDER:**

<table>
<thead>
<tr>
<th>DATE OF DELIVERY OR SERVICE</th>
<th>ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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<td></td>
<td></td>
<td>$0.00</td>
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<tr>
<td>TO</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>8/24/92</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

"I certify that all expenditures reported (or payment requested) are for appropriate purposes and in accordance with the provisions of the application and award documents."

Dr. Norris J. Krone, Jr. 7/11/94

(Payee must NOT use the space below)

**TOTAL:** $0.00

**PAYMENT:**

- [ ] Provisional
- [ ] Complete
- [ ] Partial
- [ ] Final
- [ ] Progress
- [ ] Advance

**APPROVED FOR**

= $  

**EXCHANGE RATE**

- $1.00

**DIFFERENCES**

Amount verified: correct for

**SIGNATURE**

DOUGLAS E. HEATON
Administrator Contracting Officer

**ACCOUNTING CLASSIFICATION**

**CHECK NUMBER ON ACCOUNT OF U.S. TREASURY**

**CHECK NUMBER ON (Name of bank)**

**PAID BY**

- [ ] Cash

**DATE**

$  

**PAYEE 1**

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of accounting for Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish the requested information will hinder disbursement of the payment obligation.
### PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

**CONTINUATION SHEET**

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<th>Navy Research Laboratory</th>
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<table>
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<th>ARTICLES OR SERVICES</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT

VOUCHER NO. 42

SCHEDULE NO. 2

SHEET NO. 1
**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL**

**U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION**
Commanding Officer
U.S. Navy Regional Finance Center
CM3 Room 206 Attn: Code 40
Washington DC  20371-5400

<table>
<thead>
<tr>
<th>VOUCHER NO.</th>
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<tr>
<td>DATE VOUCHER PREPARED</td>
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<td>2/20/92</td>
<td>12/31/91</td>
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<tr>
<td>CONTRACT NUMBER AND DATE</td>
<td>N00014-88K-0631</td>
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<tr>
<td>REQUISITION NUMBER AND DATE</td>
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**PAYEES NAME AND ADDRESS**
CASE WESTERN RESERVE UNIVERSITY
CONTROLLER'S-GRANTS ACCOUNTING
UCRC ONE THIRD FLOOR
10900 EUCLID AVENUE
CLEVELAND OH  44106-7006

Organic Ferro Lab
H. Ishida
221-3500-6795

<table>
<thead>
<tr>
<th>SHIPPED FROM</th>
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</thead>
<tbody>
<tr>
<td>Organic Ferro Lab</td>
<td>H. Ishida</td>
</tr>
</tbody>
</table>

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<thead>
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<th>NUMBER AND DATE OF ORDER</th>
<th>DATE OF DELIVERY OR SERVICE</th>
<th>ARTICLES OR SERVICES</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
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<tbody>
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<td>12/1/91</td>
<td>For details see continuation sheet to</td>
<td>Total Amount claimed transferred from page 1035-A.</td>
<td>CURRENT</td>
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<td>12/31/91</td>
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</table>

(Payee must NOT use the space below)

**TOTAL** $129.86

**PAYMENT:**
- Provisional
- Complete
- Partial
- Final
- Progress
- Advance

**APPROVED FOR**
- $ |

**EXCHANGE RATE**
- $1.00 |

**Differences**
- |

**Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.**

11/15/99

(Authorized Certifying Official)

**ACCOUNTING CLASSIFICATION**

**CHECK NUMBER**

ON ACCOUNT OF U.S. TREASURY

CHECK NUMBER

ON (Name of bank)

**PAID BY**

CASH:

DATE:

PAYEE:

$
**Voucher for Purchases and Services Other Than Personal**

**U.S. Department, Bureau, or Establishment and Location**
Commanding Officer
U.S. Navy Regional Finance Center
CM3 Room 206 Attn: Code 40
Washington DC 20371-5400

**Date Voucher Prepared**
7/1/88

**Contract Number and Date**
2/20/92 to 12/31/91

**Requisition Number and Date**
N00014-88K-0631

---

**Payee**
CASE WESTERN RESERVE UNIVERSITY
CONTROLLER'S-GRANTS ACCOUNTING
UCRC ONE THIRD FLOOR
10900 EUCLID AVENUE
CLEVELAND OH 44106-7006

**Organic Ferro Lab H. Ishida**

**Shipped From**
**To**

<table>
<thead>
<tr>
<th>NUMBER AND DATE OF ORDER</th>
<th>DATE OF DELIVERY OR SERVICE</th>
<th>ARTICLES OR SERVICES</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
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<tbody>
<tr>
<td>12/1/91</td>
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<td>For details see continuation sheet. to Total Amount claimed transferred from page 1035-A. Cost Reimbursable</td>
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**Current** $129.86

**Payment:**
- [ ] Provisional
- [ ] Complete
- [ ] Partial
- [x] Final
- [ ] Progress
- [ ] Advance

**Approved For**

**Exchange Rate**

**Differences**

**Total** $129.86

**Check Number**

**On Account of U.S. Treasury**

**Check Number**

**On **(Name of bank)**

---

**Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.**

**(Authorized Certifying Official) 11/5/99**

**Administrative Contracting Officer**

---

**Privacy Act Statement**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the agency obligation.

---

**NSN 7540-00-900-221**

Previous edition usable
### Public Voucher for Purchases and Services Other Than Personal

**U.S. Department, Bureau, or Establishment and Location**
- Commanding Officer: U.S. Navy Regional Finance Center
- Office: CN 3 Room 206 Attn: Code 40
- Address: Washington DC 20371-5400

**Date Voucher Prepared**: 7/1/88

**Schedule No.**

**Contract Number and Date**: 2/20/92 12/31/91

**Paid By**: N00014-88K-0631

**Requisition Number and Date**

### Payee's Information
- **Name**: Organic Ferro Lab
- **Address**: H. Ishida
- **Account Number**: 221-3500-6795

### Articles or Services

<table>
<thead>
<tr>
<th>Number and Date of Order</th>
<th>Date of Delivery or Service</th>
<th>ARTICLES OR SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/1/91</td>
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<td>For details see continuation sheet. Total Amount claimed transferred from page 1035-A. Cost Reimbursable</td>
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</table>

**Current** $129.86

### Payment

- **Approve For**: 
- **Exchange Rate**: $1.00
- **Differences**: 

### Signed

*Administrative Contracting Officer*

**Accounting Classification**

**Check Number**: 

**Cash Paid By**: 

**Date Paid**: 

**Check Number**: 

**Cash Paid By**: 

**Date**: 

---

1. When stated in foreign currency, insert name of currency.
2. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer shall sign in the space provided, over his official title.
3. When a voucher is remitted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

---

**Privacy Act Statement**

The information requested on this form is required under the provisions of 31 U.S.C. 621 and 82C for the purpose of disbursing Federal money. The information is used to identify the particular voucher and the amounts to be paid. Failure to furnish this information will hinder disbursement.
**PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL**

**CONTINUATION SHEET**

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<thead>
<tr>
<th>NUMBER AND DATE OF ORDER</th>
<th>DATE OF DELIVERY OR SERVICE</th>
<th>ARTICLES OR SERVICES</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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<tr>
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<td>Equipment</td>
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<tr>
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<td>Fellowship</td>
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<td>Overhead</td>
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<td>(954.11)</td>
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<td>300,000.00</td>
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</tbody>
</table>

"I certify that all expenditures reported for payments requested are for appropriate purposes and are in accordance with the agreements set forth in the application and award documents."

Anthony F. Braidic, Assistant Controller
216/368-4280
**Public Voucher for Purchases and Services Other Than Personal**

**Continuation Sheet**

**U.S. Department, Bureau, or Establishment**

**221-3500-6795**

<table>
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<th>Date of Delivery or Service</th>
<th>Articles or Services (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount</th>
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<tbody>
<tr>
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<td>CONTRACT NO: N00014-88K-0631</td>
<td>CONTRACT AMOUNT $300,000.00</td>
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<td>Fringe</td>
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<td>18,332.58</td>
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<td>Fellowship</td>
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<tr>
<td>Overhead</td>
<td>1,065.87</td>
<td>74,639.00</td>
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<tr>
<td>Cost Shared Overhead</td>
<td>(954.11)</td>
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<td><strong>Total</strong></td>
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<td><strong>300,000.00</strong></td>
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</tbody>
</table>

"I certify that all expenditures reported for payments requested are for appropriate purposes and are in accordance with the agreements set forth in the application and award documents."

Anthony F. Braidic, Assistant Controller
216/368-4280
## PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

### CONTINUATION SHEET

**U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT**

221-3500-6795

<table>
<thead>
<tr>
<th>NUMBER AND DATE OF ORDER</th>
<th>DATE OF DELIVERY OR SERVICE</th>
<th>ARTICLES OR SERVICES</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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<tr>
<td>CASE WESTERN RESERVE UNIVERSITY</td>
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<td>10900 EUCLID AVENUE</td>
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<td>CLEVELAND OH 44106-7006</td>
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<td>Travel</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>129.86</td>
<td>300,000.00</td>
<td></td>
</tr>
</tbody>
</table>

"I certify that all expenditures reported for payments requested are for appropriate purposes and are in accordance with the agreements set forth in the application and award documents."

Anthony F. Braudii, Assistant Controller
216/368-4280
Office of Naval Research  
Regional Office  
536 South Clark St., Room 208  
Chicago, IL 60605-1588

Department of Naval Research  
Office of the Chief of Naval Research  
800 North Quincy Street  
Arlington, VA 22217-5660

N00014-88-K-0631

P00001

Case Western Reserve University  
10900 Euclid Ave  
Cleveland, OH 44106

EXCESS FUNDS □ YES ☑ NO

$300,000.00 Total amount obligated to contract  
300,000.00 Total amount billed  
0.00 Unexpended

$300,000.00 Total amount obligated to contract  
300,000.00 Total amount billed  
0.00 Unexpended

Todd Frye  
ACO

FOR PURCHASING OFFICE USE ONLY.

 Shirly Wilson  
10b. REMARKS

DD FORM 1594 1 FEB 70 REPLACES EDITION OF 1 JUN 68 WHICH IS OBSOLETE
**CONTRACT COMPLETION STATEMENT**

<table>
<thead>
<tr>
<th>1a. PR NUMBER</th>
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<td>2a. LAST MODIFICATION NUMBER</td>
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<tr>
<td>2b. CALL/ORDER NUMBER</td>
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2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, if known)

Defense Finance Accounting Service
Charleston Operating Location
Attn: FPVG
P.O. Box 71489
North Charleston, SC 2914-1489

4. CONTRACTOR IDENTITY CODE AND ADDRESS

University of Maryland at College Park
Office of Contract and Grant Acct. Rm.1410
College Park, MD 20742

5. EXCESS FUNDS [ ] YES [ ] NO

   $ 119.38

6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.

   6b. VOUCHER NUMBER

   6c. DATE

7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.

   7b. INVOICE NUMBER

   7c. DATE FORWARDED

8. REMARKS

   $ 846,250.00 Total amount obligated to Contract
   $ 846,130.62 Total amount billed
   $ 119.38 Unexpended

   Final voucher No. 28899-12 in the amount of $0.00 was forwarded for processing on November 18, 1991. Excess funds in the amount of $119.38 is in the file. The Office of Naval Research should take action to deobligate these funds.

9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORIZY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT.

   9b. TYPED NAME OF RESPONSIBLE OFFICIAL
   Douglas Heaton
   9c. SIGNATURE
   9d. DATE 8 MAY 96

   FOR PURCHASING OFFICE USE ONLY

10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORIZY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:

   □ DATE SHOWN IN ITEM 9d ABOVE
   □ DATE SHOWN IN ITEM 10e BELOW (Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.))

10b. REMARKS

   

10c. TYPED NAME OF RESPONSIBLE OFFICIAL

10d. SIGNATURE

10e. DATE

DD FORM 1594 1 FEB 70 REPLACES EDITION OF 1 JUN 68 WHICH IS OBSOLETE
CLOSEOUT MEMORANDUM

Subject Grant/Contract No.: N00014-87-K-0811

Grantee/Contractor: University of Maryland at College Park

1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of $846,130.62 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. University of Maryland is a HHS cognizant institution. The contract is over $500,000.00. The basis for certifying is the costs is the fact that the contract expired before January 1, 1991 and review as explained in paragraph 4 below. Excess funds in the amount of $119.38 remain on this amount. The Office of Naval Research should take action to deobligate these funds. The final voucher no. 28899-12, dated 11/18/91 is in the file.

2. The subject contract began on 01 October 1987 and was completed on 30 September 1990. The total estimated cost of the contract was $978,999.00.

3. The contractor has met all obligations under the referenced contract, including the following. The Final Technical and Patent Report was accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed and the following observations and findings resulted:

a. The HHS accepted A-110 audit covering the period of performance reported that the Contractor has a financial system in place that protects the interest of the Federal Government.

b. Specific finding, with regard to the individual cost elements, are as follows:

1) Direct Labor & Fringe Benefits - Amounts charged were in agreement with those initially proposed.

2) Overhead - Contractor charged the correct HHS negotiated on-campus rate.

3) Materials/Supplies - Contractor charged what was budgeted.

4) Travel - Travel was at budget and all domestic.

5) Equipment - Equipment was charged at budget.

6) Other Direct Costs - Were reasonable and accepted.
(6) Other Direct Costs - Were reasonable and accepted.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

[Signature]
Ed Faddion
ads Senior Contract Specialist
CONTRACTOR'S ASSIGNMENT OF REFUNDS, REBATES AND CREDITS

Pursuant to the terms of Contract No. N00014 87K 0811 and in consideration of the reimbursement of costs and payment of fee, as provided in the said contract and any assignment thereunder, the University of Maryland, (hereinafter called the Contractor) does hereby:

1. Assign, transfer, set over and release to the UNITED STATES OF AMERICA (hereinafter called the Government), all right, title and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising out of the performance of the said contract, together with all the rights of action accrued or which may hereafter accrue thereunder.

2. Agree to take whatever action may be necessary to effect prompt collection of all refunds, rebates, credits, or other amounts (including any interest thereon) due or which may become due, and to promptly forward to the (Treasurer of the United States), checks (made payable to the Treasurer of the United States) for any proceeds so collected. The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by the Contracting Officer as stated in the said contract and may be applied to reduce any amounts otherwise payable to the Government under the terms hereof.

3. Agree to cooperate fully with the Government as to any claim or suit in connection with refunds, rebates, credits, or other amounts due (including any interest thereon), to execute any protest, pleading, application, power of attorney or other papers in connection therewith; and to permit the Government to represent it at any hearing, trial or other proceeding arising out of such claims or suit.

IN WITNESS WHEREOF, this assignment has been executed this 18th day of November, 1991.

WITNESS

[Signature]

WITNESS

[Signature]

By: Eric Carter, Manager

UNIVERSITY OF MARYLAND
(Contractor)
CONTRACTOR'S RELEASE

Pursuant to the terms of Contract No. N00014 87K 0811 and in consideration of the sum of ($846,130.62) Eight Hundred Forty Six Thousand One Hundred Thirty Dollars and Sixty Two Cents, which has been or is to be paid under the said contract to the University of Maryland, College Park, Maryland (hereinafter called the Contractor) or to its assignees, if any, the Contractor upon payment of the said sum by the UNITED STATES OF AMERICA (hereinafter called the Government), does remise, release and discharge the Government, its officers, agents and employees of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract, except:

1. Specified claims in stated amounts or in estimated amounts where the amounts are not susceptible of exact statement by the Contractor as follows:

2. Claims, together with reasonable expenses incidental thereto based upon the liabilities of the Contractor to third parties arising out of the performance of the said contract, which are not known to the Contractor on the date of the execution of this release and of which the Contractor gives notice in writing to the Contracting Officer within the period specified in the said contract.

3. Claims for reimbursement of costs (other than expenses of the Contractor by reason of its indemnification of the Government against patent liability), including reasonable expenses incidental thereto incurred by the Contractor under the provisions of the said contract relating to patents.

The Contractor agrees, in connection with patent matters and with claims which are not released as set forth above, that it will comply with all of the provisions of the said contract, including without limitation those provisions relating to notification to the Contracting Officer and relating to the defense or prosecution of litigation.

IN WITNESS WHEREOF, this release has been executed this 48th day of November, 1991.

UNIVERSITY OF MARYLAND

WITNESS

By: Eric Carter, Manager


**PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL**

**U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION**
Commanding Officer  
U.S. Navy Regional Finance Ctr  
CM #3, Rm. 206, Attn: Code 40  
Washington, DC 20371-5400

**DATE VOUCHER PREPAID**
November 10, 1991

**PAYEE'S NAME AND ADDRESS**
University of Maryland College Park  
Office of Contract/Grant Accounting  
Room 1410 Service Building  
College Park, MD 20742

**PAYEE'S ACCOUNT NUMBER**
28999-12 Final

**NUMBER AND DATE OF ORDER**
<table>
<thead>
<tr>
<th>22 September 1990</th>
<th>Cost Reimbursable</th>
</tr>
</thead>
<tbody>
<tr>
<td>thru 30 September 1990</td>
<td></td>
</tr>
</tbody>
</table>

"I certify to the best of my knowledge and belief that all expenditures reported (or payment requested) are for appropriate purposes and in accordance with the provisions of the application and award documents."

**Signature**
Eric Carter, Manager

**PAYMENT**

<table>
<thead>
<tr>
<th>COMPLETE</th>
<th>PARTIAL</th>
<th>FINAL</th>
<th>PROGRESS</th>
<th>ADVANCE</th>
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</thead>
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<tr>
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**APPROVED FOR**

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<tr>
<th>#8</th>
<th>EXCHANGE RATE</th>
<th>DIFFERENCES</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PAYEE**

<table>
<thead>
<tr>
<th>PAYEE</th>
<th>CASH</th>
<th>DATE</th>
<th>CHECK NUMBER ON TREASURER OF THE UNITED STATES</th>
<th>CHECK NUMBER ON (NAME OF BANK)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ACCOUNTING CLASSIFICATION**

1 When stated in foreign currency, insert name of currency
2 If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.
3 When a voucher is requisitioned in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.
<table>
<thead>
<tr>
<th>NUMBER AND DATE</th>
<th>ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORDER OR SERVICE</td>
<td>University of Maryland College Park 28899-12 Final Office of Contract/Grant Accounting Room 1410 Service Building College Park, MD 20742 Contract No.: N00014 87K 0811 Contract Period: 10/1/87-9/30/90</td>
<td>3</td>
<td></td>
<td>$846,250.00</td>
</tr>
</tbody>
</table>

**ANALYSIS OF CLAIMED CURRENT AND CUMULATIVE COSTS**

<table>
<thead>
<tr>
<th>Major Cost Elements</th>
<th>Amount for Current Billed</th>
<th>Cumulative Amount From Inception</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Salaries and Wages</td>
<td>$ (3) 210 66</td>
<td>$421,376.67</td>
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<tr>
<td>2. Fringe Benefits</td>
<td>( 293 26)</td>
<td>92,743.79</td>
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<tr>
<td>3. Materials, Supplies and Services</td>
<td>3 803 43</td>
<td>97,257.69</td>
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<tr>
<td>4. Travel</td>
<td>-0-</td>
<td>10,611.96</td>
</tr>
<tr>
<td>5. Sub Total (Subject To Overhead)</td>
<td>299 51</td>
<td>621,990.11</td>
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<tr>
<td>6. Equipment</td>
<td>-0-</td>
<td>31,559.92</td>
</tr>
<tr>
<td>7. Other</td>
<td>-0-</td>
<td>0.00</td>
</tr>
<tr>
<td>8. TOTAL DIRECT COSTS</td>
<td>299 51</td>
<td>653,550.03</td>
</tr>
<tr>
<td>9. Overhead @ %</td>
<td>413 00</td>
<td>192,580.59</td>
</tr>
<tr>
<td>@ %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjustment*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous Overhead</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. TOTAL COST</td>
<td>$712 51</td>
<td>$846,130.62</td>
</tr>
</tbody>
</table>

*Amount should have charged 25% MTDC overhead rate (off campus) and 46% MTDC overhead rate (on campus) effective 10/1/88.*
Contract Completion Statement

1.a. From (Contract Administration Office)
Office of Naval Research
Regional Office
101 Marietta Tower, Suite 2805
101 Marietta Street
Atlanta, GA 30303

1.b. PI Number
N00014-86-K-0286

2.a. TO (Name and Address of Purchasing Office and Office symbol of the PCO, if known)
Defense Finance Accounting Service
Charleston Operating Location
Attn: FPVG
P.O. Box 71489
North Charleston, SC 2914-1489

2.b. Last Modification Number
A00003

2.c. Call/Order Number

3. Contractor Identity Code and Address
University of Maryland at College Park
Office of Contract and Grant Acct. Rm. 1410
College Park, MD 20742

4. Excess Funds □ Yes □ No
$14.57

5.a. If Final Payment Has Been Made, Complete Items 6.b and 6.c.

5.b. Voucher Number

5.c. Date

7.a. If Final Approved Invoice Forwarded to D.O.
Of Another Activity and Status of Payment Is
Unknown, Complete Items 7.b. and 7.c.

7.b. Invoice Number

7.c. Date Forwarded

8. Remarks
$374,627.00 Total amount obligated to Contract
$374,612.43 Total amount billed
$14.57 Unexpended

Excess funds in the amount of $14.57 remain on this contract. The Department of Navy needs to take action to
deobligate these funds. Final voucher no. 28944-40 in the amount of $0.00, dated 4 August 1993 is in the file.

9.a. All Administration Office Actions Required Have Been Fully and Satisfactorily Accomplished. This Includes
Final Settlement in the Case of a Price Revision Contract.

9.b. Typed Name of Responsible Official
Douglas Heaton
ACO

9.c. Signature

9.d. Date

10.a. All Purchasing Office Actions Required Have Been Fully and Satisfactorily Accomplished. Contract File of
This Office Is Hereby Closed As Of:
☐ Date Shown in Item 9d Above
☐ Date Shown in Item 10e Below (Check this box only if final completion of any significant purchasing office action
extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the
completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon
receipt, the contract administration office shall extend its contract file close-out date accordingly.)

10.b. Remarks

10.c. Typed Name of Responsible Official

10.d. Signature

10.e. Date

DD FORM 1594 1 FEB 70 REPLACES EDITION OF 1 JUN 68 WHICH IS OBSOLETE
CLOSEOUT MEMORANDUM

Subject Grant/Contract No.: N00014-87-K-0286

Grantee/Contractor: University of Maryland at College Park

1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of $374,612.43 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. University of Maryland is a HHS cognizant institution. The contract is under $500,000.00. The basis for certifying cost is the cost analysis as explained in paragraph 4 below. Excess funds in the amount of $14.57 remain on this amount. The Office of Naval Research should take action to deobligate these funds. The final voucher no. 28944-40, dated 08/4/93 is in the file.

2. The subject contract began on 15 March 1986 and was completed on 01 February 1990. The total estimated cost of the contract was $374,627.00.

3. The contractor has met all obligations under the referenced contract, including the following. The Final Technical and Patent Report was accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed and the following observations and findings resulted:

   a. The HHS accepted A-110 audit covering the period of performance reported that the Contractor has a financial system in place that protects the interest of the Federal Government.

   b. Specific finding, with regard to the individual cost elements, are as follows:

      (1) Direct Labor & Fringe Benefits - Amounts charged were in agreement with those initially proposed.

      (2) Overhead - Contractor charged the correct HHS negotiated on-campus rate.

      (3) Materials/Supplies - Contractor charged what was budgeted.

      (4) Travel - Travel was at budget and all domestic.

      (5) Equipment - No equipment was charged.

      (6) Other Direct Costs - Were reasonable and accepted.
In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

[Signature]
Ed Padullon
ads Senior Contract Specialist
**PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL**

**DATE VOUCHER PREPAID:** August 4, 1993

**VOUCHER NO.:** 28944-40 Final

**SCHEDULE NO.:**

**U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION:**

Commanding Officer

U.S. Navy Regional Finance Center

CM #3, Rm. 206, Attn.: Code 40

Washington, DC 20371

**PAYEE’S NAME AND ADDRESS:**

University of Maryland College Park

Office of Contract/Grant Accounting

Room 1410 Service Building

College Park, MD 20742

**PAYEE’S ACCOUNT NUMBER:**

28944-40 Revised Final

**DATE INVOICE RECEIVED:**

**DISCOUNT TERMS:**

**PAYMENT:**

- Approved for $=
- Exchange rate $1.00
- Differences

**DATE OF DELIVERY OR SERVICE:**

31 January 1990 thru 1 February 1990

**ARTICLES OR SERVICES:**

Cost Reimbursable

"I certify to the best of my knowledge and belief that all expenditures reported (or payment requested) are for appropriate purposes and in accordance with the provisions of the application and award documents."

For Eric Carter, Manager

**DATE:**

**TOTAL AMOUNT:** -0-

(Payee must NOT use the space below)

**PAYMENT:**

- Complete
- Partial
- Final
- Progress
- Advance

- Title

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

DOUGLAS E. HEATON

Administrative Contracting Officer

**ACCOUNTING CLASSIFICATION:**

**CHECK NUMBER:**

**ON TREASURER OF THE UNITED STATES:**

**CHECK NUMBER:**

**ON (Name of Bank):**

**PAID BY:**

- Cash
- Date

**PAYEE:**

1. When stated in foreign currency, insert name of currency.
2. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.
3. When a voucher is received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
U.S. Navy Regional Finance Center, Washington, DC 20371

<table>
<thead>
<tr>
<th>NUMBER AND DATE OF ORDER</th>
<th>DATE OF DELIVERY OR SERVICE</th>
<th>ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
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<td>University of Maryland College Park 28944-40 Revised Final Office of Contract/Grant Accounting Room 3121 South Administration Building College Park, MD 20742 Contract No.: N00014 86K 0286 Contract Period: 3/15/86-2/1/90</td>
<td>FED ID #1 526002036</td>
<td>Estimated Cost $</td>
<td>$374,627.00</td>
</tr>
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ANALYSIS OF CLAIMED CURRENT AND CUMULATIVE COSTS

<table>
<thead>
<tr>
<th>Major Cost Elements</th>
<th>Amount for Current Period</th>
<th>Cumulative Amount From Inception</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Salaries and Wages</td>
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<td>$198,970.70</td>
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<tr>
<td>2. Fringe Benefits</td>
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<td>37,320.85</td>
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<tr>
<td>3. Materials, Supplies and Services</td>
<td>-0-</td>
<td>23,769.13</td>
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<tr>
<td>4. Travel</td>
<td>-0-</td>
<td>5,633.98</td>
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<tr>
<td>5. Sub Total (Subject To Overhead)</td>
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<td>265,694.66</td>
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<tr>
<td>6. Equipment</td>
<td>-0-</td>
<td>703.07</td>
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<td>7. Other</td>
<td>-0-</td>
<td>-0-</td>
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<td>8. TOTAL DIRECT COSTS</td>
<td>-0-</td>
<td>266,397.73</td>
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<tr>
<td>9. Overhead</td>
<td>@ 46% 5,621.54</td>
<td>-0-</td>
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<tr>
<td></td>
<td>@ 40.5% 100,924.95</td>
<td>-0-</td>
</tr>
<tr>
<td></td>
<td>Adjustment*</td>
<td>Previous Overhead 1,668.21</td>
</tr>
<tr>
<td>10. TOTAL COST</td>
<td>$ -0-</td>
<td>$374,612.43</td>
</tr>
</tbody>
</table>
CONTRACTOR'S RELEASE

Pursuant to the terms of Contract No. N00014 86K 0286 and in consideration of the sum of ($374,612.43) Three Hundred Seventy Four Thousand Six Hundred Twelve Dollars and Forty Three Cents, which has been or is to be paid under the said contract to the University of Maryland, College Park, Maryland (hereinafter called the Contractor) or to its assignees, if any, the Contractor upon payment of the said sum by the UNITED STATES OF AMERICA (hereinafter called the Government), does remise, release and discharge the Government, its officers, agents and employees of and from all liabilities, obligations, claims, agents and employees of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract, except:

1. Specified claims in stated amounts or in estimated amounts where the amounts are not susceptible of exact statement by the Contractor as follows:

2. Claims, together with reasonable expenses incidental thereto based upon the liabilities of the Contractor to third parties arising out of the performance of the said contract, which are not known to the Contractor on the date of the execution of this release and of which the Contractor gives notice in writing to the Contracting Officer within the period specified in the said contract.

3. Claims for reimbursement of costs (other than expenses of the Contractor by reason of its indemnification of the Government against patent liability), including reasonable expenses incidental thereto incurred by the Contractor under the provisions of the said contract relating to patents.

The contractor agrees, in connection with patent matters and with claims which are not released as set forth above, that it will comply with all of the provisions of the said contract, including without limitation those provisions relating to notification to the Contracting Officer and relating to the defense or prosecution of litigation.

IN WITNESS WHEREOF, this release has been executed this 4th day of August, 1993.

[Signature]
UNIVERSITY OF MARYLAND
(Contractor)

[Signature]
Eric Carter

WITNESS
[Signature]
WITNESS
[Signature]
CONTRACTOR’S ASSIGNMENT OF REFUNDS, REBATES AND CREDITS

Pursuant to the terms of Contract No. N00014 86K 0286 and in consideration of the reimbursement of costs and payment of fee, as provided in the said contract and any assignment thereunder, the University of Maryland, (hereinafter called the Contractor) does hereby:

1. Assign, transfer, set over and release to the UNITED STATES OF AMERICA (hereinafter called the Government), all right, title and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising out of the performance of the said contract, together with all the rights of action accrued or which may hereafter accrue thereunder.

2. Agree to take whatever action may be necessary to effect prompt collection of all refunds, rebates, credits, or other amounts (including any interest thereon) due or which may become due, and to promptly forward to the (Treasurer of the United States), checks (made payable to the Treasurer of the United States) for any proceeds so collected. The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by the Contracting Officer as stated in the said contract and may be applied to reduce any amounts otherwise payable to the Government under the terms hereof.

3. Agree to cooperate fully with the Government as to any claim or suit in connection with refunds, rebates, credits, or other amounts due (including any interest thereon), to execute any protest, pleading, application, power of attorney or other papers in connection therewith; and to permit the Government to represent it at any hearing, trial or other proceeding arising out of such claims or suits.

IN WITNESS WHEREOF, this assignment has been executed this 4th day of August, 1993.

UNIVERSITY OF MARYLAND
(Contractor)

WITNESS ________________________________ By: ________________________________

Eric Carter

WITNESS ________________________________
Office of Naval Research  
Regional Office  
495 Summer Street, Rm 103  
Boston, MA 02210-2109  

Department of Naval Research  
Office of the Chief of Naval Research  
800 North Quincy Street  
Arlington, VA 22127-5660  

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**Contract Completion Statement**

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>FROM (Contract Administration Office)</td>
</tr>
<tr>
<td>2.</td>
<td>TO (Name and Address of Purchasing Office and Office symbol of the PCO, if known)</td>
</tr>
<tr>
<td>3a.</td>
<td>PI NUMBER</td>
</tr>
<tr>
<td>3b.</td>
<td>LAST MODIFICATION NUMBER</td>
</tr>
<tr>
<td>3c.</td>
<td>CALL/ORDER NUMBER</td>
</tr>
<tr>
<td>4.</td>
<td>CONTRACTOR IDENTITY CODE AND ADDRESS</td>
</tr>
<tr>
<td>5.</td>
<td>EXCESS FUNDS YES NO</td>
</tr>
<tr>
<td>6a.</td>
<td>IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.</td>
</tr>
<tr>
<td>6b.</td>
<td>VOUCHER NUMBER</td>
</tr>
<tr>
<td>6c.</td>
<td>DATE</td>
</tr>
<tr>
<td>7a.</td>
<td>IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.</td>
</tr>
<tr>
<td>7b.</td>
<td>INVOICE NUMBER</td>
</tr>
<tr>
<td>7c.</td>
<td>DATE forwarded</td>
</tr>
<tr>
<td>8.</td>
<td>REMARKS</td>
</tr>
<tr>
<td>9a.</td>
<td>ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT.</td>
</tr>
<tr>
<td>9b.</td>
<td>TYPED NAME OF RESPONSIBLE OFFICIAL</td>
</tr>
<tr>
<td>9c.</td>
<td>SIGNATURE</td>
</tr>
<tr>
<td>9d.</td>
<td>DATE</td>
</tr>
</tbody>
</table>

**Remarks**

$82,500.00 Total amount obligated to grant  
82,500.00 Total amount billed  
$0.00 Unexpended  

Final voucher No. 24 in the amount of $0.00, dated 17 May 1996 is in the file.

**For Purchasing Office Use Only**

10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:  
   - DATE SHOWN IN ITEM 9a ABOVE  
   - DATE SHOWN IN ITEM 10e BELOW  

10b. REMARKS

10c. TYPED NAME OF RESPONSIBLE OFFICIAL  
    MS. ANNA MAE WESTON  
10d. SIGNATURE  
10e. DATE  

DD FORM 1594 1 FEB 70 REPLACES EDITION OF 1 JUN 68 WHICH IS OBSOLETE
DATE: June 25, 1996

CLOSEOUT MEMORANDUM

Subject Grant/Contract No.: N00014-89-J-1034

Grantee/Contractor: Woods Hole Oceanographic Institution

1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of $82,500.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. Woods Hole Oceanographic Institution is a DOD cognizant institution. The grant is under $500,000.00. The basis for certifying cost is the cost analysis as explained in paragraph 4 below. Final voucher No.24 in the amount of $0.00, dated 13 May 1996 is in the file.

2. The subject grant began on 1 October 1988 and was completed on 31 December 1994. The total estimated cost of the grant was $82,500.00.

3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Report were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed and the following observations and findings resulted:

a. The ONR accepted A-110 audit covering the period of performance reported that the Grantee has a financial system in place that protects the interest of the Federal Government.

b. Specific finding, with regard to the individual cost elements, are as follows:

(1) Direct Labor - Amounts charged were in agreement with those initially proposed.

(2) Overhead - Grantee charged the correct ONR negotiated on-campus rate.

(3) Fringe Benefits - Grantee charged the correct negotiated rates.

(4) Materials/Supplies - Grantee charged what was budgeted.

(5) Travel - Travel was at budget and all domestic.

(6) Equipment - No equipment was charged.

(7) Other Direct Costs - Were reasonable and accepted.

(8) General & Administration - Grantee charged the correct ONR negotiated rate.
In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

Mary Moore
*ads* Junior Contract Specialist

Tim Lowe
*ads* Project Manager
**FINANCIAL STATUS REPORT**  
(Short Form)

<table>
<thead>
<tr>
<th>1. Federal Agency and Organizational Element to Which Report is submitted</th>
<th>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</th>
<th>3. Approval No.</th>
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</thead>
<tbody>
<tr>
<td>OFFICE OF NAVAL RESEARCH</td>
<td>N00014-89-J-1034</td>
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<table>
<thead>
<tr>
<th>4. Recipient Organization (Name and complete address, including Zip Code)</th>
<th>5. Recipient Account Number or Identifying Number</th>
<th>6. Final Report</th>
<th>7. Basis</th>
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<tbody>
<tr>
<td>WOODS HOLE OCEANOGRAPHIC INSTITUTION</td>
<td>131034SP</td>
<td>[X] Yes</td>
<td>[X] Account</td>
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<table>
<thead>
<tr>
<th>8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) To: (Month, Day, Year)</th>
<th>9. Period Covered by This Report From: (Month, Day, Year) To: (Month, Day, Year)</th>
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<tbody>
<tr>
<td>10/01/88</td>
<td>12/31/84</td>
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<table>
<thead>
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<tbody>
<tr>
<td>a. Total Outlays</td>
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<td></td>
</tr>
<tr>
<td>0.00</td>
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<td></td>
</tr>
<tr>
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<td></td>
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<tr>
<td>82,500.00</td>
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<td></td>
</tr>
<tr>
<td>b. Recipient share of outlays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.00</td>
<td></td>
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<td>c. Federal share of outlays</td>
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<td>82,500.00</td>
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<td>d. Total unliquidated obligations</td>
<td></td>
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<tr>
<td>0.00</td>
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<td></td>
</tr>
<tr>
<td>e. Recipient share of unliquidated obligations</td>
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<td></td>
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<tr>
<td>0.00</td>
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<tr>
<td>f. Federal share of unliquidated obligations</td>
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<tr>
<td>0.00</td>
<td></td>
<td></td>
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<tr>
<td>g. Total Federal share (Sum of lines c and f)</td>
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<tr>
<td>82,500.00</td>
<td></td>
<td></td>
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<tr>
<td>h. Total Federal funds authorized for this funding period</td>
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<tr>
<td>82,500.00</td>
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<tr>
<td>i. Unobligated balance of Federal funds (Line h minus g)</td>
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<tr>
<td>0.00</td>
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11. Indirect Expense:  
- a. Type of Rate  
- [X] Fixed
- [ ] Provisional  
- [ ] Predetermined

<table>
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<tr>
<th></th>
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<tr>
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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.

<table>
<thead>
<tr>
<th>Type of Printed Name and Title</th>
<th>Telephone (Area code, number and extension)</th>
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<tbody>
<tr>
<td>R. David Ruddan Assistant Controller</td>
<td>(508) 269-2363</td>
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Signature of Authorized Certifying Official:  

8-1-95
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<th>Fiscal Year</th>
<th>Component</th>
<th>Rate</th>
<th>Base</th>
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<td>14,990.50</td>
<td>5,472.00</td>
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<td><strong>TOTAL</strong></td>
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REQUEST FOR ADVANCE  
OR REIMBURSEMENT

Approved by Office of Management and Budget, No. 80-R0183

1. TYPE OF  
   a. "X" one, or both boxes
   b. "X" the applicable box

   PAYMENT  
   [ ] ADVANCE  [ ] REIMBURSE
   [ ] CASH

2. BASIS OF REQUEST  
   [ ] ACCRUAL

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

   DEPARTMENT OF THE NAVY

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED
   BY FEDERAL AGENCY

   N000-14-89-J-1034

5. PARTIAL PAYMENT REQUEST NUMBER OF THIS REQUEST

   24 FINAL

6. EMPLOYER I.D. NUMBER
   04-2105850

7. RECIPIENT'S ACCOUNT NO. OR IDENTIFYING NO.
   131034

8. PERIOD COVERED BY THIS REQUEST
   FROM 10/01/88 TO 12/31/94

9. RECIPIENT ORGANIZATION

   WOODS HOLE OCEANOGRAPHIC INSTITUTION
   CHALLENGER HOUSE
   WOODS HOLE, MA 02543

10. PAYEE

    SAME

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED

    | PROGRAMS/FUNCTIONS/ACTIVITIES | (a) | (b) | (c) | TOTAL |
    |-------------------------------|-----|-----|-----|-------|
    | (As of date)                  | $   | $   | $   | $     |
    | a. Total program outlays to date | 82,500.00 |
    | b. Less : Cumulative program income |       |
    | c. Net program outlays (Line a minus line b) | 82,500.00 |
    | d. Estimated net cash outlays for advance period |       |
    | e. Total (Sum of lines c & d) | 82,500.00 |
    | f. Non-Federal share of amount on line e |       |
    | g. Federal share of amount on line e | 82,500.00 |
    | h. Federal payments previously requested | 82,500.00 |
    | i. Federal share now requested (Line g minus line h) | 0.00 |
    | j. Advances required by month, when requested by Federal grantor agency for use in making prescribed advances | 1st month |
    |      | 2nd month |
    |      | 3rd month |

    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) | $ |

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

13-May-96

Typed or Printed Name and Title

JANE HARRINGTON
ACCOUNTS RECEIVABLE

TELEPHONE (AREA CODE, NUMBER, EXTENSION)
508-289-2385

This space for agency use

270-102

STANDARD FORM 270(7-76)
PRESCRIBED BY OFFICE OF MANAGEMENT AND BUDGET
<table>
<thead>
<tr>
<th>Category</th>
<th>Budget</th>
<th>Current Month Costs</th>
<th>Year to Date Costs</th>
<th>Inception to Date Costs</th>
</tr>
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<tbody>
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Time 1:31 PM  Date 05/13/96
1. FROM: (Contract Administration Office) "
Office of Naval Research
Boston Regional Office
495 Summer Street, Room 103
Boston, MA 02210-2109

2a. PF NUMBER
N00014-88-K-0273

2b. LAST MODIFICATION NUMBER
P00003

2c. CALL/ORDER NUMBER

2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, if known)
Department of the Navy
Office of the Chief of Naval Research
800 North Quincy Street
Arlington, VA 22217-5000

4. CONTRACTOR IDENTITY CODE AND ADDRESS
Woods Hole Oceanographic Institution
Challenger House
Woods Hole, MA 02543

5. EXCESS FUNDS □ YES □ NO
$ 191.36

6a. IF FINAL PAYMENT HAS BEEN MADE,
COMPLETE ITEMS 6b AND 6c.

6b. VOUCHER NUMBER

6c. DATE

7a. IF FINAL APPROVED INVOICE FORWARDED
TO D.O. OF ANOTHER ACTIVITY AND STATUS
OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b.
AND 7c.

7b. INVOICE NUMBER
41 final

7c. DATE FORWARDED
19 August 1995

8. REMARKS

$ 625,377.00 Total amount obligated to Contract
$ 625,185.64 Total amount expended
$ 191.36 Unexpended

Excess funds in the amount of $191.36 remain on the contract. ONR 822 should take action to deobligate these funds.

9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORIZY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT.

9b. TYPED NAME OF RESPONSIBLE OFFICIAL
Mr. Robert Tanner

9c. SIGNATURE
Robert Tanner

9d. DATE
8/2/96

FOR PURCHASING OFFICE USE ONLY

10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORIZY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:

☐ DATE SHOWN IN ITEM 9d ABOVE

☐ DATE SHOWN IN ITEM 10e BELOW (Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon

10b. REMARKS

10c. TYPED NAME OF RESPONSIBLE OFFICIAL
Dan F. Brinkworth

10d. SIGNATURE

10e. DATE
DATE: July 22, 1996

CLOSEOUT MEMORANDUM

Subject Grant/Contract No.: N00014-88-K-0273

Grantee/Contractor: Woods Hole Oceanographic Institution

1. On the basis of the following information, the undersigned concludes that the subject contract may be closed out and total costs invoiced in the amount of $625,185.64 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The obligated amount of subject contract is over $500,000.00. Woods Hole Oceanographic Institution is a DOD cognizant institution. The basis for certifying costs is the Contract Audit Closing Statement performed by DCAA, Waltham, Massachusetts branch office dated on 29 November 1995 which is in the file. Final voucher No.41 in the amount of $2,732.00 was forwarded for processing on 28 February 1988.

2. The subject contract began on 02 February 1988 and was completed on 30 September 1992. The total estimated cost of the contract was $625,377.00.

3. The contractor has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

Mary Moore
ads Junior Contract Specialist

Ken Sherman
ads Senior Contract Specialist
<table>
<thead>
<tr>
<th>NUMBER AND DATE OF DELIVERY</th>
<th>ARTICLES OR SERVICES</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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<td>TOTAL FEE THIS INVOICE</td>
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<td>TOTAL AMOUNT OF THIS INVOICE</td>
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<td>2,731.97</td>
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TOTAL: $2,731.97

PURSUANT TO AUTHORITY VESTED IN ME, I CERTIFY THAT THIS VOUCHER IS CORRECT AND PROPER FOR PAYMENT.

DATE: 8/2/96

AUTHORIZED SIGNATURE: Robert H. Tanner

PAYEE: WOODS HOLE OCEANOGRAPHIC INSTITUTION

CASH: $
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<th>Account Name</th>
<th>Budget</th>
<th>Current Month Costs</th>
<th>Year to Date Costs</th>
<th>Inception to Date Costs</th>
<th>Commitments Available Balance</th>
<th>Percent Expended</th>
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**VANCE PAYMENT POOL CONTRACT**

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**TOTAL COSTS THIS INVOICE**

<table>
<thead>
<tr>
<th>FIXED FEE THIS INVOICE</th>
<th>TOTAL COSTS</th>
<th>TOTAL FEE</th>
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<tbody>
<tr>
<td>2,732.00</td>
<td>606,970.64</td>
<td>18,215.00</td>
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**TOTAL PV #41 FINAL**

<table>
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<tr>
<th>TOTAL INVOICED TO DATE</th>
<th>625,185.64</th>
</tr>
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</table>

**N00014-88-K-0273, FEB 26, 1988**

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>625,185.64</th>
</tr>
</thead>
</table>

**FIXED FEE | 18,215.00**

**AUTH. TOTAL | 625,377.00**

X 85% = 15,483.00
CONTRACTOR'S RELEASE
CONTRACT NO. N00014-88-K-0273

Pursuant to the terms of Contract No. N00014-88-K-0273 and in consideration of the sum of Six Hundred Twenty-Five Thousand One Hundred Eighty-Five Dollars and Sixty-Four Cents ($625,185.64) which has been or is to be paid under the said contract to the Woods Hole Oceanographic Institution (hereinafter called the Contractor) or to its assignees, if any, the Contractor upon payment of the said sum by the UNITED STATES OF AMERICA (hereinafter called the Government), does remise, release, and discharge the Government, its officers, agents, and employees, of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract, except:

1. Specified claims in stated amounts or in estimated amounts where the amounts are not susceptible of exact statement by the Contractor, as follows:
2. Claims together with reasonable expenses incidental thereto, based upon the liabilities of the contractor to third parties arising out of the performance of the said Contract, which are not known to the Contractor on the date of execution of this release and of which the Contractor gives notice in writing to the Contracting Officer within the period specified in the said contract.
3. Claims for reimbursement of costs (other than expenses of the Contractor by reason of its indemnification of the Government against patent liability), including reasonable expenses incidental thereto, incurred by the Contractor under the provisions of the said contract relating to patents.

The Contractor agrees, in connection with patent matters and with claims which are not released as set forth above, that it will comply with all of the provisions of the said contract, including without limitation those provisions relating to notification to the Contracting Officer and relating to the defense or prosecution of litigation.

IN WITNESS WHEREOF, this release has been executed this 25th day of November, 1995.

WITNESS
______________________________

By
______________________________
TITLE Senior Grants Administrator

NOTE: In case of a corporation, witnesses are not required, but the following certificate must be completed.

CERTIFICATE

I, Paul Clemente, certify that I am the Clerk of the Corporation of the institution named as Contractor in the foregoing release: Maurice J. Tavares who signed said assignment on behalf of the Contractor was then Senior Grants Administrator of said institution; that said assignment was duly signed for and in behalf of said institution by authority of its governing body and is within the scope of its corporate powers.

______________________________
Paul Clemente

(CORPORATE SEAL)
FL 467-37
CONTRACTOR'S ASSIGNMENT OF REFUNDS, REBATES, CREDITS, AND OTHER AMOUNTS
CONTRACT NO. N00014-88-K-0273

Pursuant to the terms of Contract No. N00014-88-K-0273 and in consideration of the reimbursement of costs and payment of fee, as provided in the said contract and any assignment thereunder, the Woods Hole Oceanographic Institution (hereinafter called the Contractor) does hereby:

1. Assign, transfer, set over and release to the UNITED STATES OF AMERICA, (hereinafter called the Government), all right, title and interest to all refunds, rebates, credits, and other amounts (including any interest thereon), arising out of the performance of the said contract, together with all the rights of action accrued or which may hereafter accrue thereunder.

2. Agree to take whatever action may be necessary to effect prompt collection of all refunds, rebates, credits, and other amounts (including any interest thereon) due or which may become due, and to promptly forward to the Contracting Officer checks (made payable to the Treasurer of the United States) for any proceeds so collected. The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by the Contracting Officer as stated in the said contract and may be applied to reduce any amounts otherwise payable to the Government under the terms hereof.

3. Agree to cooperate fully with the Government as to any claim or suit in connection with refunds, rebates, credits, or other amounts due (including any interest thereon); to execute any protest, pleading, application, power of attorney, or other papers in connection therewith; and to permit the Government to represent him at any hearing, trial or other proceeding, arising out of such claim or suit.

IN WITNESS WHEREOF, this assignment has been executed this day of November 19...

Woods Hole Oceanographic Institution
(Contractor)

WITNESS

BY
Title—Senior Grants Administrator

NOTE: In case of a corporation, witnesses are not required, but the following certificate must be completed.

CERTIFICATE
I, Paul Clemente, certify that I am the Clerk of the Corporation of the institution named as Contractor in the foregoing assignment; Maurice J. Tavares who signed said assignment on behalf of the Contractor was then Senior Grants Administrator of said institution, that said assignment was duly signed for and in behalf of said institution by authority of its governing body and is within the scope of its corporate powers.

Paul Clemente

(CORPORATE SEAL)
FL 467-37
1. FROM: (Contract Administration Office)
Office of Naval Research
Regional Office
536 South Clark street Room 208
Chicago, IL 60605-1588

2a. PH NUMBER
N00014-91-J-1011

2b. LAST MODIFICATION NUMBER
A00002

2c. CALLORDER NUMBER

4. CONTRACTOR IDENTIFICATION CODE AND ADDRESS
University of Toledo
2801 W. Bancroft St.,
Toledo, OH 43606

5. EXCESS FUNDS ☑ YES ☐ NO
$ 0.96

6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.

6b. VOUCHER NUMBER
10

6c. DATE
7/21/93

7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.

7b. INVOICE NUMBER

7c. DATE FORWARDED

8. REMARKS
$ 192,795.00 Total amount Obligated to Grant
192,794.04 Total amount billed
0.96 Unexpended

Excess funds in the amount of $ 0.96 remain on this grant. Because this amount is less than $500, it is determined that a modification is not cost effective and will not be executed by this office. However, the appropriate financial office should take action directly to de-obligate the excess amount.

9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT.

9b. TYPED NAME OF RESPONSIBLE OFFICIAL
Mr. Ronald Smith
Administrative Contracting Official

9c. SIGNATURE

9d. DATE

FOR PURCHASING OFFICE USE ONLY
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:

☐ DATE SHOWN IN ITEM 9d ABOVE

☐ DATE SHOWN IN ITEM 10e BELOW (Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.))

10b. REMARKS

10c. TYPED NAME OF RESPONSIBLE OFFICIAL
Ms. Geneesta Belton

10d. SIGNATURE

10e. DATE
DATE: September 20, 1995

CLOSEOUT MEMORANDUM

Subject Grant/Contract No.: N00014-91-J-1011

Grantee/Contractor: University of Toledo

1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of $192,794.04 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The grant is under $500,000.00. The University of Toledo is a HHS cognizant institution. The basis for certifying costs is the cost analysis as explained in paragraph 4 below. A deobligation in the amount of $0.96 is to be accomplished with this closeout. Final voucher no. 10 was forwarded for payment on 7/21/93.

2. The subject agreement began on 1 October 1990 and was completed on 30 July 1993. The total estimated cost of the agreement was $192,795.00.

3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed and the following observations and findings resulted:

   a. The HHS accepted A-110 audit covering the period of performance reported that the grantee has a financial system in place that protects the interest of the Federal Government.

   b. Specific finding, with regard to the individual cost elements, are as follows:

      (1) Direct Labor - amounts charges were in agreement with those initially proposed.

      (2) Overhead - The grantee charged the correct HHS predetermined on-campus rate.

      (3) Fringe Benefits - The grantee charged the correct HHS predetermined on-campus rate.

      (4) Expendable Materials & Supplies - The grantee expended what was budgeted.
(5) Travel - The grantee expended what was budgeted.

(6) Equipment - No equipment was charged.

(7) Other Direct costs - were reasonable and accepted.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

David Phelps

David Phelps

ads Senior Contract Specialist
### FINANCIAL STATUS REPORT

#### Short Form

1. Federal Agency and Organizational Element to Which Report is Submitted
   - U.S. Dept. of Navy

2. Federal Grant or Other Identifying Number Assigned By Federal Agency
   - N00014-91F-1011

3. Recipient Organization (Name and complete address, including ZIP code)
   - The University of Toledo, 2801 W. Bancroft St. Toledo, OH 43606

4. Employer Identification Number
   - 34.6401483A

5. Recipient Account Number or Identifying Number
   - 249841

6. Final Report
   - Yes □ No □

7. Basis
   - Cash □ Accrual □

8. CMB Approval No.
   - 0348-0039

9. Period Covered by this Report
   - From: (Month, Day, Year) 10/1/93
   - To: (Month, Day, Year) 7/30/93

10. Transactions:

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<tr>
<th>Description</th>
<th>I</th>
<th>II</th>
<th>III</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Total outlays</td>
<td></td>
<td></td>
<td>192,794.04</td>
</tr>
<tr>
<td>b. Recipient share of outlays</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>c. Federal share of outlays</td>
<td></td>
<td></td>
<td>192,794.04</td>
</tr>
<tr>
<td>d. Total unliquidated obligations</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>e. Recipient share of unliquidated obligations</td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>f. Federal share of unliquidated obligations</td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>g. Total Federal share (Sum of lines c and f)</td>
<td></td>
<td></td>
<td>192,794.04</td>
</tr>
<tr>
<td>h. Total Federal funds authorized for this funding period</td>
<td></td>
<td></td>
<td>192,795.00</td>
</tr>
<tr>
<td>i. Unobligated balance of Federal funds (Line h minus line g)</td>
<td></td>
<td></td>
<td>.96</td>
</tr>
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11. Indirect Expense:

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<tr>
<th>a. Type of Rate (Place &quot;X&quot; in appropriate box)</th>
<th>Provisional □</th>
<th>Predetermined □</th>
<th>Final □</th>
<th>Fixed □</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Rate</td>
<td>57.9 - 59%</td>
<td>Base</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Base</td>
<td>Net Salaries</td>
<td>$ 57,354</td>
<td>$ 57,354</td>
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12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

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.

   **Typed or Printed Name and Title**
   - Loraine M. Brancatto, Accountant

   **Telephone (Area code, number and extension)**
   - (419) 537-2397

   **Signature of Authorized Certifying Official**
   - [Signature]

   **Date Report Submitted**
   - 9/30/93

---

NSN 7540-01-218-4387

269-201

Standard Form 269A (REV 4-48)

Prepared by CMB Circulars A-102 and A-111.
REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

U.S. Department of Navy

4. EMPLOYER IDENTIFICATION NUMBER
   34,6401483A

5. RECIPIENT ORGANIZATION
   Name: The University of Toledo
   Attn: Loraine M. Brancatto
   2801 W. Bancroft St.
   Toledo, Ohio 43606

6. ADMINISTRATIVE NUMBER
   N00014-91-C-1011

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER
   249841

8. PERIOD COVERED BY THIS REQUEST
   FROM (Month, Day, Year) 4/1/93
   TO (Month, Day, Year) 7/30/93

9. BASIS OF REQUEST
   □ ADVANCE  □ FINAL  □ PARTIAL  □ CASH

10. PAYEE (If name above is to be used in different than line 9)
    Name: The University of Toledo
    2801 W. Bancroft St.
    Toledo, Ohio 43606

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCESRequested

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<thead>
<tr>
<th>PROGRAMS/FUNCTIONS/ACTIVITIES</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Total program outlays to date</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$192,794.04</td>
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<tr>
<td>b. Less: Cumulative program income</td>
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<td>0</td>
</tr>
<tr>
<td>c. Net program outlays (Line a minus line b)</td>
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<td></td>
<td></td>
<td>192,794.04</td>
</tr>
<tr>
<td>d. Estimated net cash outlays for advance period</td>
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<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>e. Total (Sum of lines c &amp; d)</td>
<td></td>
<td></td>
<td></td>
<td>192,794.04</td>
</tr>
<tr>
<td>f. Non-Federal share of amount on line e</td>
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<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>g. Federal share of amount on line e</td>
<td></td>
<td></td>
<td></td>
<td>192,794.04</td>
</tr>
<tr>
<td>h. Federal payments previously requested</td>
<td>149,560.01</td>
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<td></td>
<td>173,318.45</td>
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<tr>
<td>i. Federal share now requested (Line g minus line b)</td>
<td>48,239.95</td>
<td></td>
<td></td>
<td>19,475.59</td>
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<tr>
<td>j. Advances required by month, when requested by Federal grantor agency for use in making prescribed advances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   Signature of Authorized Certifying Official

   /s/ Loraine M. Brancatto, Accountant

   Date Request Submitted

   7/21/93

   Telephone Area Code, Number, Extension

   (419) 537-4000

   Standard Form 270 (1-73)
   Prescribed by Office of Management and Budget
   Cir. No. A-110
**CONTRACT COMPLETION STATEMENT**

**1. FROM** (Contract Administration Office)

Office of Naval Research  
Chicago Regional Office  
Federal Building Room 208  
536 South Clark Street  
Chicago, IL 60605-1588

**2. TO:** (Name and Address of Purchasing Office and Office symbol of the PCO, if known)

Department of the Navy  
Office of the Chief of Naval Research  
800 North Quincy Street, Code 1512B:SM  
Arlington, VA 22217-5000

**3a.** (P.I. Number)

N00014-90-J-4000

**3b.** LAST MODIFICATION NUMBER

P00005

**3c.** CALLORDER NUMBER


**4. CONTRACTOR IDENTITY CODE AND ADDRESS**

University of Pittsburgh  
Grants and Contracts Administration  
350 Thackeray Hall  
Pittsburgh, PA 15260

**5. EXCESS FUNDS**

☑ YES ☐ NO  
$1,577.97

**6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.**

<table>
<thead>
<tr>
<th>6b. VOUCHER NUMBER</th>
<th>6c. DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-7852</td>
<td>05/24/94</td>
</tr>
</tbody>
</table>

**7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.**

<table>
<thead>
<tr>
<th>7b. INVOICE NUMBER</th>
<th>7c. DATE FORWARDED</th>
</tr>
</thead>
</table>

$319,746.00 Total amount Obligated to Grant  
$318,168.03 Total amount billed  
$1,577.00 Unexpended

De-obligation modification No. P00005 accompanies this closeout. The total obligations are reduced by $1,577.97 from $319,746.00 to $318,168.03.

**8. REMARKS**


**9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT.**

**9b. TYPED NAME OF RESPONSIBLE OFFICIAL**

Mr. Ross A. Frye  
Administrative Contracting Officer

**9c. SIGNATURE**

[Signature]

**9d. DATE**


**FOR PURCHASING OFFICE USE ONLY**

**10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:**

☐ DATE SHOWN IN ITEM 9d ABOVE  
☐ DATE SHOWN IN ITEM 10e BELOW (Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.).)

**10b. REMARKS**


**10c. TYPED NAME OF RESPONSIBLE OFFICIAL**

Ms. Jane Olmsted

**10d. SIGNATURE**


**10e. DATE**


DD FORM 1594 FEB 70  
REPLACES EDITION OF 1 JUN 68 WHICH IS OBSOLETE
DATE: October 13, 1995

CLOSEOUT MEMORANDUM

Subject Grant/Contract No.: N00014-90-J-4000

Grantee/Contractor: University of Pittsburgh

1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of $318,168.03 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The grant is under $500,000.00. The University of Pittsburgh is an HHS cognizant institution. The basis for certifying costs is the cost analysis as explained in paragraph 4 below. Final invoice No. 12-7852 in the amount of $0.00 was forwarded to this office on 05/24/94. De-obligation modification No.P00005 accompanies this close-out. The total obligations are reduced by $1,577.97 from $319,746.00 to $318,168.03.

2. The subject grant began on 1 June 1990 and was completed on 31 May 1993. The total estimated cost of the agreement was $422,777.00. The total amount obligated was $319,746.00.

3. The grantee has met all obligations under the referenced grant, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed and the following observations and findings resulted:

   a. The HHS accepted A-110 audit covering the period of performance reported that the grantee has a financial system in place that protects the interest of the Federal Government.

   b. Specific finding, with regard to the individual cost elements, are as follows:

      (1) Direct Labor - Amounts charged were in agreement those initially proposed.

      (2) Overhead - Grantee charged below HHS negotiated on-campus rate.

      (3) Fringe Benefits - Grantee charged the correct HHS negotiated rate.

      (4) Materials/Supplies - Grantee charged what was budgeted.

      (5) Travel - Travel was at budget and all domestic.

      (6) Equipment - Equipment was at budget.

      (7) Other Direct Costs - Were reasonable and accepted.
In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a grant audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

David Phelps

ads Senior Contract Specialist
FINANCIAL STATUS REPORT

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED
   NAVY

2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER
   N00014 90 J4000

3. RECIPIENT ORGANIZATION
   University of Pittsburgh
   3117 Cathedral of Learning
   Pittsburgh, PA 15260

4. EMPLOYER IDENTIFICATION NUMBER
   1-25-096-5591

5. RECIPIENT ACCOUNT NUMBER
   5-37852

6. FINAL REPORT
   | X | Yes | _ | No | X | Cash | _ | Accrual

7. BASIS

8. PROJECT/GRANT PERIOD
   FROM(Month,Day,Year)  TO(Month,Day,Year)
   06/01/90              05/31/93

9. PERIOD COVERED BY THIS REPORT
   FROM(Month,Day,Year)  TO(Month,Day,Year)
   06/01/90              05/31/93

10. STATUS OF FUNDS
    a. Net outlays previously reported
       0.00
    b. Total outlays this report period
       318,168.03
    c. Less: Program income credits
       0.00
    d. Net outlays this report period
       318,168.03
    e. Net outlays to date
       318,168.03
    f. Less: Non-Federal share of outlays
       0.00
    g. Total Federal share of outlays
       318,168.03
    h. Total unliquidated obligations
       0.00
    i. Less: Non-Federal share of unliquidated obligations
       0.00
    j. Federal share of unliquidated obligations
       0.00
    k. Total Federal share of outlays & unliquidated obligations
       318,168.03
    l. Total cumulative amount of Federal funds authorized
       422,777.00
    m. Unobligated balance of Federal funds
       104,608.97

11. INDIRECT EXPENSE TYPE OF RATE = PREDETERMINED

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<tr>
<th>RATE</th>
<th>BASE</th>
<th>CURRENT AMOUNT</th>
<th>CUMULATIVE AMOUNT</th>
<th>FEDERAL SHARE</th>
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<td>68,372.24</td>
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<td>0.00</td>
<td>0.00</td>
<td>68,372.24</td>
<td></td>
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<td>0.00</td>
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<td>68,372.24</td>
<td></td>
</tr>
</tbody>
</table>

12. REMARKS

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

Caroline Correa, Assistant Controller

Distribution: Copy 1 - Official Grant File
Copy 2 - Grants Section, FAAB
Copy 3 - Grantee

STANDARD FORM 269
Prescribed by Office of Management and Budget Cir. No. A-110
<table>
<thead>
<tr>
<th>REQUEST FOR ADVANCE OR REIMBURSEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED</td>
</tr>
<tr>
<td>OFFICE OF NAVY RESEARCH</td>
</tr>
<tr>
<td>6. EMPLOYER IDENTIFICATION NUMBER</td>
</tr>
<tr>
<td>250965591-A1</td>
</tr>
<tr>
<td>7. RECIPIENT'S ACCOUNT NUMBER</td>
</tr>
<tr>
<td>5-37852</td>
</tr>
<tr>
<td>9. RECIPIENT ORGANIZATION</td>
</tr>
<tr>
<td>UNIVERSITY OF PITTSBURGH</td>
</tr>
<tr>
<td>NAME:</td>
</tr>
<tr>
<td>UNIVERSITY OF PITTSBURGH</td>
</tr>
<tr>
<td>ADDRESS: 3117 CATHEDRAL OF LEARNING</td>
</tr>
<tr>
<td>CITY, STATE and ZIP CODE: PITTSBURGH, PA 15260</td>
</tr>
<tr>
<td>11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED</td>
</tr>
<tr>
<td>PROGRAM/FUNCTION/ACTIVITIES</td>
</tr>
<tr>
<td>5/31/93</td>
</tr>
<tr>
<td>b. Less: Cumulative program income</td>
</tr>
<tr>
<td>c. Net program outlays (Line a minus line b)</td>
</tr>
<tr>
<td>d. Estimated net cash outlays for advance period</td>
</tr>
<tr>
<td>e. Total (Sum of lines c &amp; d)</td>
</tr>
<tr>
<td>f. Non-Federal share of amount on line e</td>
</tr>
<tr>
<td>g. Federal share of amount on line e</td>
</tr>
<tr>
<td>h. Federal payments previously requested</td>
</tr>
<tr>
<td>i. Federal share now requested (Line g minus line h)</td>
</tr>
<tr>
<td>j. Advances required by month when requested by Federal grantor agency for use in making prescheduled advances</td>
</tr>
<tr>
<td>2nd Month</td>
</tr>
<tr>
<td>3rd Month</td>
</tr>
</tbody>
</table>

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY |
| a. Estimated Federal cash outlays that will be made during period covered by the advance | $0.00 |
| b. Less: Estimated balance of Federal cash on hand as of beginning of advance period | 0.00 |
| c. Amount requested (Line a minus line b) | $0.00 |

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 |
| 412-624-6060 |

This space for agency use

KMC/5-37852

270-102

STANDARD FORM 270
Prepared by Office of Management and
Budget, Cir. No. A-170
**Contract Completion Statement**

FROM: [Contract Administration Office]  
Office of Naval Research  
Regional Office  
495 Summer Street, Room 103  
Boston, MA 02210-2109

TO: (Name and Address of Purchasing Office and Office symbol of the PCO, if known)  
Department of the Navy  
Office of the Chief of Naval Research  
800 North Quincy Street  
Arlington, VA 22217-5000

PR NUMBER: N00014-89-J-1161  
LAST MODIFICATION NUMBER: P00004  
CALL/ORDER NUMBER:

CONTRACTOR IDENTIFICATION CODE AND ADDRESS:  
Woods Hole Oceanographic Institution  
Challenger House  
Woods Hole, MA 02543

EXCESS FUNDS: $160.79

IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.  
VOUCHER NUMBER:  
DATE:

IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.  
INVOICE NUMBER:  
DATE FORWARDED:

REMARKS:

$205,879.00 Total amount obligated to Grant  
$205,718.21 Total amount expended  
$160.79 Unexpended

Final voucher No. 8 in the amount of ($160.79), dated 11 April 1996, along with the a copy of a refund check No. 258383 in the amount of $160.79, dated 15 May 1996 has been processed and is in the file. Excess funds in the amount of $160.79 remain on this grant. The Office of Naval Research should take action to deobligate this amount.

ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT:

SIGNATURE:  
DATE: 8/2/96

FOR PURCHASING OFFICE USE ONLY

ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:

DATE SHOWN IN ITEM 9d ABOVE

DATE SHOWN IN ITEM 10e BELOW (Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon

REMARKS:

SIGNATURE:  
DATE:

DD FORM 1594 1 FEB 70 REPLACES EDITION OF 1 JUN 68 WHICH IS OBSOLETE. E
CLOSEOUT MEMORANDUM

DATE: June 26, 1996

Subject Grant/Contract No.: N00014-89-J-1161

Grantee/Contractor: Woods Hole Oceanographic Institution

1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of $205,718.21 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The grant is under $500,000.00. Woods Hole Oceanographic Institution is a DOD cognizant institution. The basis for certifying costs is the cost analysis as explained in paragraph 4 below. Final voucher No. 8 in the amount of ($160.79), dated 11 April 1996, along with a copy of a refund check No. 258383 in the amount of $160.79, dated 15 May 1996, has been processed and is in the file. Excess funds in the amount of $160.79, remain on this grant. The Office of Naval Research should take action to deobligate this amount.

2. The subject grant began on 1 October 1988 and was completed on 31 December 1991. The total estimated cost of the grant was $205,879.00.

3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed and the following observations and findings resulted:

   a. The ONR accepted A-110 audit covering the period of performance reported that the grantee has a financial system in place that protects the interest of the Federal Government.

   b. Specific finding, with regard to the individual cost elements, are as follows:

      (1) Direct Labor- Amounts charged were in agreement with those initially proposed.

      (2) Overhead - Grantee charged the correct ONR negotiated laboratory rate.

      (3) Fringe Benefits - Grantee charged the correct ONR negotiated rates.

      (4) Materials/Supplies - Grantee has charged what was budgeted.

      (5) Travel - Travel was at budget and all domestic.
(6) Equipment - Equipment was charged at budget.

(7) Other Direct Costs - Were reasonable and accepted.

(8) General & Administration - Grantee charged the correct ONR negotiated rate.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

Mary Moore  
Mary Moore  
ad's Junior Contract Specialist

Tim Lowe  
Tim Lowe  
ad's Project Manager
## FINANCIAL STATUS REPORT
(Short Form)

1. **Federal Agency and Organizational Element to Which Report is submitted**
   - OFFICE OF NAVAL RESEARCH

2. **Federal Grant or Other Identifying Number Assigned By Federal Agency**
   - N00014-89-J-1161

3. **Recipient Organization (Name and complete address, including Zip Code)**
   - WOODS HOLE OCEANOGRAPHIC INSTITUTION
   - GENERAL ACCOUNTING
   - 569 WOODS HOLE ROAD
   - WOODS HOLE, MA 02543-1056

4. **Employer Identification Number**
   - 04-2105850

5. **Recipient Account Number or Identifying Number**
   - 131161SP

6. **Final Report**
   - [X] Yes  [ ] No

7. **Basis**
   - [X] Accrual  [ ] Cash

8. **Funding/Grant Period (See Instructions)**
   - **From (Month, Day, Year):**
     - 10/01/88
   - **To (Month, Day, Year):**
     - 12/31/91
   - **Period Covered by this Report**
     - **From (Month, Day, Year):**
       - 10/01/88
     - **To (Month, Day, Year):**
       - 12/31/91

10. **Transactions**

<table>
<thead>
<tr>
<th>a. Total Outlays</th>
<th>Previously Reported</th>
<th>This Period</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>205,718.21</td>
<td>205,718.21</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>b. Recipient share of outlays</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Federal share of outlays</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Total unliquidated obligations</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Recipient share of unliquidated obligations</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>f. Federal share of unliquidated obligations</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>g. Total Federal share (Sum of lines c and f)</th>
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</thead>
<tbody>
<tr>
<td>205,718.21</td>
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</table>

<table>
<thead>
<tr>
<th>h. Total Federal funds authorized for this funding period</th>
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<tbody>
<tr>
<td>205,879.00</td>
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<table>
<thead>
<tr>
<th>i. Unobligated balance of Federal funds (Line h minus g)</th>
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<td>160.79</td>
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11. **Indirect Expense**

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<th>a. Type of Rate (Place “X” in appropriate box)</th>
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<tr>
<td>[ ] Provisional  [ ] Predetermined  [X] Final</td>
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<thead>
<tr>
<th>b. Rate</th>
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<tbody>
<tr>
<td>See Attached</td>
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</table>

<table>
<thead>
<tr>
<th>c. Base</th>
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<tbody>
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<td>$90,654</td>
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<table>
<thead>
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<th>d. Total Amount</th>
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<tbody>
<tr>
<td>$55,221</td>
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<table>
<thead>
<tr>
<th>e. Federal Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50,221</td>
</tr>
</tbody>
</table>

12. **Remarks:**
   - Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

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.

<table>
<thead>
<tr>
<th>Typed or Printed Name and Title</th>
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<tbody>
<tr>
<td>R. David Rudden  Assistant Controller</td>
</tr>
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<table>
<thead>
<tr>
<th>Telephone (Area code, number and extension)</th>
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<tbody>
<tr>
<td>(508) 289-2363</td>
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</table>

<table>
<thead>
<tr>
<th>Signature of Authorized Certifying Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Signature]</td>
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<table>
<thead>
<tr>
<th>Date Report Submitted</th>
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<tbody>
<tr>
<td>5/10/96</td>
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*Standard Form 301 (REV 11/88).
Proscribed by OMB Circular A-110 and A-109.*
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<th>FY</th>
<th>Laboratory Overhead</th>
<th>General &amp; Administrative</th>
<th>d. Total Amount</th>
<th>e. Federal Share</th>
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Financial Status Report
Job Summary
For the period ended
12/31/92

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<th>Item Description</th>
<th>Budget</th>
<th>Current Month Costs</th>
<th>Year to Date Costs</th>
<th>Inception to Date Costs</th>
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<td>63,823.52</td>
<td>63,823.52</td>
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<tr>
<td>5050 Fringe Benefits Regular</td>
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<td>5060 Lab Overhead Regular App</td>
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<td>5170 Travel - Domestic</td>
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<td>5250 Stockroom Supplies</td>
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<td>18,227.22</td>
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<tr>
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<td>25,567.52</td>
<td>25,567.52</td>
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<tr>
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<td>205,718.21</td>
<td>205,718.21</td>
<td>205,718.21</td>
</tr>
</tbody>
</table>

Time 10:51 AM Date 04/11/96
REQUEST FOR ADVANCE OR REIMBURSEMENT

Approved by Office of Management and Budget, No. 80-RO183

1. TYPE OF PAYMENT REQUESTED
   a. "X" one, or both boxes
   [ ] ADVANCE [ ] REIMBURSE
   [ X ] FINAL [ ] PARTIAL
   [ ] ACCRUAL

2. BASIS OF REQUEST
   [ ] CASH

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED
   DEPARTMENT OF THE NAVY

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY
   N00014-89-J-1161

5. PARTIAL PAYMENT REQUEST NUMBER OF THIS REQUEST

6. EMPLOYER I.D. NUMBER
   04-2105850

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NO.
   131161

8. PERIOD COVERED BY THIS REQUEST
   FROM 10/01/88 TO 12/31/91

9. RECIPIENT ORGANIZATION
   WOODS HOLE OCEANOGRAPHIC INSTITUTION
   CHALLENGER HOUSE
   WOODS HOLE, MA 02543

10. PAYEE
    SAME

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED

<table>
<thead>
<tr>
<th>PROGRAMS/FUNCTIONS/ACTIVITIES</th>
<th>(a) $</th>
<th>(b) $</th>
<th>(c) $</th>
<th>TOTAL $</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Total program outlays to date</td>
<td>205,718.21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Less: Cumulative program income</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c. Net program outlays (Line a minus line b)</td>
<td>205,718.21</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>d. Estimated net cash outlays for advance period</td>
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<td></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>e. Total (Sum of lines c &amp; d)</td>
<td>205,718.21</td>
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<td>f. Non-Federal share of amount on line e</td>
<td></td>
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<td></td>
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<td>g. Federal share of amount on line e</td>
<td>205,718.21</td>
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<td></td>
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<td>h. Federal payments previously requested</td>
<td></td>
<td></td>
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<td>205,879.00</td>
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<tr>
<td>i. Federal share now requested (Line g minus line h)</td>
<td></td>
<td></td>
<td></td>
<td>CHECK ATTACHED (160.79)</td>
</tr>
<tr>
<td>j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances</td>
<td>1st month</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>2nd month</td>
<td></td>
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<tr>
<td></td>
<td>3rd month</td>
<td></td>
<td></td>
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</tbody>
</table>

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) $ 

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 REQUESTED

SUBMITTED

TELEPHONE (AREA CODE) NUMBER, EXTENSION

TYPED OR PRINTED NAME AND TITLE

ACCOUNTS RECEIVABLE

This space for agency use
PAY  **ONE Hundred SIXTY Dollars and SEVENTY NINE Cents**

TO THE  **Office Of Naval Research**
ORDER  **495 Summer St Rm103**
OF  **ONR Draper**
BOSTON, MA 02210-2109

VOID AFTER 90 DAYS

---

```
"258383"  01 12015340  80  018 9711
```

---

<table>
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<th>DISCOUNT</th>
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**TOTALS**  
160.79

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<th>PAYEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>258383</td>
<td>000007289</td>
</tr>
</tbody>
</table>

ANY QUESTION, PLEASE CALL (508) 457-2000 EXT. 3249
Office of Naval Research  
Regional Office  
495 Summer Street, Room 103  
Boston, MA 02210-2109  

2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, if known)  
Department of Naval Research  
Office of the Chief of Naval Research  
800 North Quincy Street  
Arlington, VA 22217-5660  

4. CONTRACTOR IDENTITY CODE AND ADDRESS  
Woods Hole Oceanographic Institution  
569 Woods Hole Road  
Woods Hole, MA 02543-1056  

5. EXCESS FUNDS ☑ YES ☐ NO  
$ 2,550.07  

6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.  
6b. VOUCHER NUMBER 8  
6c. DATE 04/10/96  

7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.  
7c. DATE FORWARDED  

8. REMARKS  
$ 263,128.00 Total amount obligated to grant  
$ 260,577.93 Total amount expended  
$ 2,550.07 Unexpended  

Final voucher No. 8 in the amount of ($2,550.07), dated 10 April 1996, along with a copy of a refund check No. 258997 in the amount $2,550.07 is in the file. Excess funds in the amount of $2,550.07, remain on this grant. The Office of Naval Research should take action to deobligate this amount.  

9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFATORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT.  
9b. TYPED NAME OF RESPONSIBLE OFFICIAL  
Robert Tanner  
ACO  
9c. SIGNATURE  
Robert Tanner  
9d. DATE 05/2/96  

FOR PURCHASING OFFICE USE ONLY  
10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFATORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:  
☐ DATE SHOWN IN ITEM 9d ABOVE  
☐ DATE SHOWN IN ITEM 10e BELOW (Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.))  

10b. REMARKS  

10c. TYPED NAME OF RESPONSIBLE OFFICIAL  
Ellen Tarantino  
10d. SIGNATURE  
10e. DATE
CLOSEOUT MEMORANDUM

Subject Grant/Contract No.: N00014-91-J-4125

Grantee/Contractor: Woods Hole Oceanographic Institution

1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of $260,577.93 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. Woods Hole Oceanographic Institution is a DOD cognizant institution. The obligated amount is less than $500,000.00. The basis for accepting costs is the desk review as explained in paragraph 4 below. Final voucher No. 8 in the amount of ($2,550.07), dated 10 April 1996, along with a copy of a refund check no.258997 in the amount of $2,550.07 is in the file. Excess funds in the amount of $2,550.07, remain on this grant. The Office of Naval Research should take action to deobligate this amount.

2. The subject grant began on 15 August 1991 and was completed on 30 September 1994. The total estimated cost of the agreement was $263,128.00

3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed and the following observations and findings resulted:

   a. The ONR accepted A-110 audit covering the period of performance reported that the grantee has a financial system in place that protects the interest of the Federal Government.

   b. Specific finding, with regard to the individual cost elements, are as follows:

      1) Direct Labor - Amounts charged were in agreement with those initially proposed.

      2) Overhead - Grantee charged the correct ONR negotiated on-campus rate.

      3) Materials/Supplies - Grantee has charged what was budgeted.

      4) Travel - Travel was under budget for domestic and foreign.

      5) Equipment - Equipment was charged, however was below budget.
(6) Other Direct Costs - Were reasonable and accepted.

(7) General & Administration - Grantee charged the correct ONR negotiated rate.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

Mary Moore  
*ads* Junior Contract Analyst

Tim Lowe  
*ads* Closeout Project Manager
<table>
<thead>
<tr>
<th>1. Federal Agency and Organizational Element to Which Report is submitted</th>
<th>2. Federal Grant or Other Identifying Number Assigned By Federal Agency</th>
<th>cash</th>
<th>Page</th>
<th>of</th>
<th></th>
</tr>
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<tr>
<td>OFFICE OF NAVAL RESEARCH</td>
<td>NO0014-91-J-4125</td>
<td>No</td>
<td>03/14/89</td>
<td>I</td>
<td>1</td>
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</table>

3. Recipient Organization (Name and complete address, including Zip Code):
WOODS HOLE OCEANOGRAPHIC INSTITUTION
GENERAL ACCOUNTING
569 WEST HOLE ROAD
WOODS HOLE, MA 02543-1056

4. Employer Identification Number
5. Recipient Account Number or Identifying Number
6. Final Report
7. Basis

| 04-2105850 | 134125SP | [X] | Yes | [ ] No | [ ] Cash | [X] Accrual |

8. Funding/Grant Period (See Instructions)
From: (Month, Day, Year)
To: (Month, Day, Year)

| 08/15/91 | 08/15/91 |
| 09/30/94 | 09/30/94 |

10. Transactions:

| a. Total Outlays | 0.00 | 260,577.93 | 260,577.93 |
| b. Recipient share of outlays | 0.00 | 0.00 | 0.00 |
| c. Federal share of outlays | 0.00 | 260,577.93 | 260,577.93 |
| d. Total unliquidated obligations | 0.00 |
| e. Recipient share of unliquidated obligations | 0.00 |
| f. Federal share of unliquidated obligations | 0.00 |
| g. Total Federal share (Sum of lines c and f) | 260,577.93 |
| h. Total Federal funds authorized for this funding period | 263,128.00 |
| i. Unobligated balance of Federal funds (Line h minus g) | 2,550.07 |

11. Indirect Expense

| [ ] Provisional | [ ] Predetermined | [ ] Final | [X] Fixed |

| b. Rate | See Attached | c. Base | $123,223 | d. Total Amount | $94,394 | e. Federal Share | $94,394 |

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

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.

Typed or Printed Name and Title
R. David Rudden
Assistant Controller

Telephone (Area code, number and extension)
(508) 289-2363

Signature of Authorized Certifying Official

Date Report Submitted
5/21/96

Standard Form 269A (REV 15/89)
Prescribed by OMB Circular A-112 and A-110
### INDIRECT EXPENSE: N00014-91-J-4125

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<th>Year</th>
<th>Category</th>
<th>Rate</th>
<th>Base</th>
<th>Total Amount</th>
<th>Federal Share</th>
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<td>Laboratory Overhead</td>
<td>37.90%</td>
<td>44,450.24</td>
<td>16,847.00</td>
<td>16,847.00</td>
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<tr>
<td></td>
<td>General &amp; Administrative</td>
<td>32.00%</td>
<td>44,450.24</td>
<td>14,224.00</td>
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<tr>
<td>FY 1992</td>
<td>Laboratory Overhead</td>
<td>42.10%</td>
<td>63,909.97</td>
<td>26,906.00</td>
<td>26,906.00</td>
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<td>General &amp; Administrative</td>
<td>30.10%</td>
<td>63,909.97</td>
<td>19,237.00</td>
<td>19,237.00</td>
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<td>FY 1991</td>
<td>Laboratory Overhead</td>
<td>40.50%</td>
<td>24,862.44</td>
<td>10,069.00</td>
<td>10,069.00</td>
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<td>General &amp; Administrative</td>
<td>28.60%</td>
<td>24,862.44</td>
<td>7,111.00</td>
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<td><strong>TOTAL</strong></td>
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<td><strong>133,222.65</strong></td>
<td><strong>94,394.00</strong></td>
<td><strong>94,394.00</strong></td>
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</table>
**REQUEST FOR ADVANCE OR REIMBURSEMENT**

**DEPARTMENT OF THE NAVY**

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

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY

5. PARTIAL PAYMENT REQUEST NUMBER OF THIS REQUEST

6. EMPLOYER I.D. NUMBER

7. RECIPIENT’S ACCOUNT NO. OR IDENTIFYING NO.

8. PERIOD COVERED BY THIS REQUEST FROM 08/15/91 TO 09/30/94

9. RECIPIENT ORGANIZATION

Woods Hole Oceanographic Institution
Challenger House
Woods Hole, MA 02543

10. PAYEE

SAME

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED

<table>
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<tr>
<th>PROGRAMS/FUNCTIONS/ACTIVITIES</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>TOTAL</th>
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<tr>
<td>(As of date)</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>a. Total program outlays to date</td>
<td>260,577.93</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Less: Cumulative program income</td>
<td>260,577.93</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Net program outlays (Line a minus line b)</td>
<td>260,577.93</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Estimated net cash outlays for advance period</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Total (Sum of lines c &amp; d)</td>
<td>260,577.93</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Non-Federal share of amount on line e</td>
<td>CHECK ATTACHED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Federal share of amount on line e</td>
<td>260,577.93</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>h. Federal payments previously requested</td>
<td>263,128.00</td>
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<td></td>
<td></td>
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<tr>
<td>i. Federal share now requested (Line g minus line h)</td>
<td>(2,550.07)</td>
<td></td>
<td></td>
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</table>

**ALTERNATE COMPUTATION FOR ADVANCES ONLY**

| WHEN REQUESTED BY FEDERAL GRANTEE FOR USE IN MAKING PRESCEDULED ADVANCES |
|-------------------------------|-----------------|
| 1st month                     | $               |
| 2nd month                     | $               |
| 3rd month                     | $               |

**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**

**TELEPHONE (AREA CODE, NUMBER, EXTENSION)**

508-548-1400 ext 2462

270-102 STANDARD FORM 270(7-76)

PRESCRIBED BY OFFICE OF MANAGEMENT AND BUDGET
PAY  TWO Thousand FIVE Hundred FIFTY Dollars and SEVEN Cents  

TO THE  Office Of Naval Research  
ORDER  495 Summer St. Rm103  
OF  ONR Draper  

VOID AFTER 90 DAYS

<table>
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<th>INVOICE/REFERENCE</th>
<th>Date</th>
<th>WHOI REFERENCE NO.</th>
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TOTALS 2.550.07

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<tbody>
<tr>
<td>258997</td>
<td>00007289</td>
</tr>
</tbody>
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ANY QUESTION, PLEASE CALL (508) 457-2000 EXT. 3249
1. FROM (Contract Administration Office):  
Office of Naval Research  
Boston Regional Office  
495 Summer Street, Rm 103  
Boston, MA 02210-2109

2. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, if known):  
Department of Naval Research  
Office of the Chief of Naval Research  
800 North Quincy Street  
Arlington, VA 22217-5660

3. PS NUMBER:  
N00014-89-J-1520

4. CONTRACTOR IDENTIFICATION CODE AND ADDRESS:  
Woods Hole Oceanographic Institution  
Challenger House  
Woods Hole, MA 02543

5. EXCESS FUNDS:  
[ ] YES  [ ] NO  
$187.00

6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.:  

6b. VOUCHER NUMBER: 9 final  
6c. DATE: 17 June 1996

7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.:  

7b. INVOICE NUMBER
7c. DATE FORWARDED

8. REMARKS:  
$383,956.00  Total amount obligated to grant  
383,769.00  Total amount billed  
187.00  Unexpended

The grantee did not use all program funds. The grantee refunded the government for the unexpended balance by check No. 259565, dated 07, June 1996, in the amount of $187.00. Excess funds in the amount of $187.00 remain on this grant. ONR 822 should take action to delobligate these funds.

9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT.:  

9b. TYPED NAME OF RESPONSIBLE OFFICIAL:  
Robert Tanner  
ACO

9c. SIGNATURE:  
Robert Tanner

9d. DATE: 8/2/96

FOR PURCHASING OFFICE USE ONLY

10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:  
☐ DATE SHOWN IN ITEM 9d ABOVE  
☐ DATE SHOWN IN ITEM 10e BELOW  (Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.))

10b. REMARKS

10c. TYPED NAME OF RESPONSIBLE OFFICIAL:  
Darlene L. Miles

10d. SIGNATURE

10e. DATE
CLOSEOUT MEMORANDUM

Subject Grant/Contract No.: N00014-89-J-1520

Grantee/Contractor: Woods Hole Oceanographic Institution

1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of $383,769.00 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. Woods Hole Oceanographic Institution is a DOD cognizant institution. The grant is under $500,000.00. The basis for certifying cost is the cost analysis as explained in paragraph 4 below. The grantee did not use all program funds. The grantee refunded the government for the unexpended balance by check No. 259565, dated 07, June 1996, in the amount of $187.00. The final SF270 No. 9 in the amount of $187.00 was forwarded for processing on 17 June 1996. Excess funds in the amount of $187.00 remain on this grant. ONR 822 should take action to delobligate these funds.

2. The subject grant began on 1 November 1988 and was completed on 31 December 1990. The total estimated cost of the grant was $383,956.00.

3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Report were accepted by the government. The Final Report of Property accountable under the grant was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed and the following observations and findings resulted:

   a. The ONR accepted A-122-A88, OMB audit covering the period of performance reported that the Grantee has a financial system in place that protects the interest of the Federal Government.

   b. Specific finding, with regard to the individual cost elements, are as follows:

      (1) Direct Labor - Amounts charged were in agreement with those initially proposed.

      (2) Overhead - Grantee charged the correct ONR negotiated on-campus rate.

      (3) Fringe Benefits - Grantee charged the correct negotiated rates.

      (4) Materials/Supplies - Grantee charged what was budgeted.

      (5) Travel - Travel was at budget and all domestic.

      (6) Equipment - No equipment was charged.
(7) Other Direct Costs - Were reasonable and accepted.

(8) General & Administration - Grantee charged the correct ONR negotiated rate.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

Mary Moore
ads Junior Contract Specialist

Ken Sherman
ads Senior Contract Specialist
# FINANCIAL STATUS REPORT
(Short Form)

1. Federal Agency or Organizational Element to Which Report is submitted
   
   OFFICE OF NAVAL RESEARCH

2. Federal Grant or Other Identifying Number Assigned By Federal Agency
   
   N00014-89-J-1520

3. Recipient Organization (Name and complete address, including Zip Code)
   
   WOODS HOLE OCEANOGRAPHIC INSTITUTION
   GENERAL ACCOUNTING
   569 WOODS HOLE ROAD
   WOODS HOLE, MA 02543-1056

4. Employer Identification Number
   
   04-2105880

5. Recipient Account Number or Identifying Number
   
   131620SP

6. Final Report
   
   [X] Yes  [□] No

7. Basis
   
   [□] Cash  [X] Accrual

8. Funding/Grant Period (See Instructions)
   From: (Month, Day, Year)
   To: (Month, Day, Year)
   
   10/01/88  12/31/90

9. Period Covered by this Report
   From: (Month, Day, Year)
   To: (Month, Day, Year)
   
   10/01/88  12/31/90

10. Transactions:

    | | | | |
    |  | | | |
    |  | | | |
    |  | | | |

    a. Total Outlays
    0.00  383,769.00  383,769.00

    b. Recipient share of outlays
    0.00  0.00  0.00

    c. Federal share of outlays
    0.00  383,769.00  383,769.00

    d. Total unliquidated obligations
    

    e. Recipient share of unliquidated obligations
    

    f. Federal share of unliquidated obligations
    

    g. Total Federal share (Sum of lines c and f)
    

    h. Total Federal funds authorized for this funding period
    

    i. Unobligated balance of Federal funds (Line h minus g)
    

11. Projected Expense

    a. Type of Rate (Place "X" in appropriate box)
    [□] Provisional  [□] Predetermined  [□] Final  [X] Fixed

    b. Rate
    See Attached

    c. Base
    $44,856

    d. Total Amount
    $28,425

    e. Federal Share
    $28,425

12. Remarks:
    Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

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.

Typed or Printed Name and Title
R. David Ruben
Assistant Controller

Telephone (Area code, number and extension)
(508) 289-2363

Signature of Authorized Certifying Official

Date Report Submitted
6/3/96

Standard Form 269A (REV 11/96)
Prescribed by OMB Circular A-102 and A-110
<table>
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<th></th>
<th>b. Rate</th>
<th>c. Base</th>
<th>d. Total Amount</th>
<th>e. Federal Share</th>
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<tbody>
<tr>
<td><strong>FY 1990</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Overhead</td>
<td>38.80%</td>
<td>18,776.75</td>
<td>7,285.00</td>
<td>7,285.00</td>
</tr>
<tr>
<td>General &amp; Administrative</td>
<td>29.40%</td>
<td>18,776.75</td>
<td>5,520.00</td>
<td>5,520.00</td>
</tr>
<tr>
<td><strong>FY 1989</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Overhead</td>
<td>33.00%</td>
<td>26,076.38</td>
<td>8,605.00</td>
<td>8,605.00</td>
</tr>
<tr>
<td>General &amp; Administrative</td>
<td>26.90%</td>
<td>26,076.38</td>
<td>7,015.00</td>
<td>7,015.00</td>
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<tr>
<td><strong>FY 1988</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Overhead</td>
<td>31.30%</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>General &amp; Administrative</td>
<td>26.50%</td>
<td>0.00</td>
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<td>0.00</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td>$44,853.13</td>
<td>$28,425.00</td>
</tr>
</tbody>
</table>
REQUEST FOR ADVANCE OR REIMBURSEMENT

1. TYPE OF PAYMENT
   a. "X" one, or both boxes
      [ ] ADVANCE  [ ] REIMBURSE
   b. "X" the applicable box
      [ ] FINAL  [ ] PARTIAL

2. BASIS OF REQUEST
   [ ] CASH
   [ ] ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED
   DEPARTMENT OF THE NAVY

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY
   NO0014-89-J-1520

5. PARTIAL PAYMENT REQUEST NUMBER OF THIS REQUEST

6. EMPLOYER I.D. NUMBER
   04-2105850

7. RECIPIENT'S ACCOUNT NO. OR IDENTIFYING NO.
   13152000

8. PERIOD COVERED BY THIS REQUEST
   FROM 11/01/88 TO 12/31/90

9. RECIPIENT ORGANIZATION
   WOODS HOLE OCEANOGRAPHIC INSTITUTION
   CHALLENGER HOUSE
   WOODS HOLE, MA 02543

10. PAYEE
    SAME

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS / ADVANCES REQUESTED

<table>
<thead>
<tr>
<th>PROGRAMS/FUNCTIONS/ACTIVITIES</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>(As of date)</td>
<td></td>
<td></td>
<td></td>
<td>383,769.00</td>
</tr>
<tr>
<td>a. Total program outlays to date</td>
<td></td>
<td></td>
<td></td>
<td>383,769.00</td>
</tr>
<tr>
<td>b. Less: Cumulative program income</td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>c. Net program outlays (Line a minus line b)</td>
<td></td>
<td></td>
<td></td>
<td>383,769.00</td>
</tr>
<tr>
<td>d. Estimated net cash outlays for advance period</td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>e. Total (Sum of lines c &amp; d)</td>
<td></td>
<td></td>
<td></td>
<td>383,769.00</td>
</tr>
<tr>
<td>f. Non-Federal share of amount on line e</td>
<td></td>
<td></td>
<td></td>
<td>383,769.00</td>
</tr>
<tr>
<td>g. Federal share of amount on line e</td>
<td></td>
<td></td>
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<td>383,956.00</td>
</tr>
<tr>
<td>h. Federal payments previously requested</td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>i. Federal share now requested (Line g minus line h)</td>
<td></td>
<td></td>
<td></td>
<td>(187.00)</td>
</tr>
<tr>
<td>j. Advances required by month, when requested by Federal grantor agency for use in making prescribed advances</td>
<td>1st month</td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>2nd month</td>
<td></td>
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</tr>
<tr>
<td>3rd month</td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

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) | $ |

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]
JANE HARRINGTON
ACCOUNTS RECEIVABLE

DATE REQUEST SUBMITTED
17-June-96

TELEPHONE (AREA CODE, NUMBER, EXTENSION)
508-548-1400 ext 2385

STANDARD FORM 270(7-76)
PRESCRIBED BY OFFICE OF MANAGEMENT AND BUDGET
PAY  ONE Hundred EIGHTY SEVEN Dollars and ZERO Cents  187.00

TO THE  Office Of Naval Research
ORDER  495 Summer St Rm103
OF  ONR Draper

VOID AFTER 90 DAYS

<table>
<thead>
<tr>
<th>INVOICE/REFERENCE</th>
<th>WHOI REFERENCE NO.</th>
<th>GROSS AMOUNT</th>
<th>DISCOUNT</th>
<th>NET AMOUNT</th>
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</thead>
<tbody>
<tr>
<td>N00014-89-J-1520</td>
<td>06/06/96</td>
<td>187.00</td>
<td>0.00</td>
<td>187.00</td>
</tr>
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</table>

**TOTALS**

<table>
<thead>
<tr>
<th>CHECK NO.</th>
<th>PAYEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>259565</td>
<td>00007289</td>
</tr>
</tbody>
</table>
**CONTRACT COMPLETION STATEMENT**

1a. FROM (Contract Administration Office)

Office of Naval Research
Regional Office
536 South Clark street Room 208
Chicago, IL 60605-1588

2a. PR NUMBER
N00014-91-J-1457

2b. LAST MODIFICATION NUMBER
P00002

2c. CALL/ORDER NUMBER

3. TO: (Name and Address of Purchasing Office and Office symbol of the PCO, if known)

Department of the Navy
Office of the Chief of Naval Research
800 North Quincy
Arlington, VA 22217-5005

4. CONTRACTOR IDENTITY CODE AND ADDRESS

University of Toledo
2801 W. Bancroft St.,
Toledo, OH 43606

5. EXCESS FUNDS ☑ YES ☐ NO
$7,669.37

6a. IF FINAL PAYMENT HAS BEEN MADE, COMPLETE ITEMS 6b AND 6c.

6b. VOUCHER NUMBER
11

6c. DATE
11/21/94

7a. IF FINAL APPROVED INVOICE FORWARDED TO D.O. OF ANOTHER ACTIVITY AND STATUS OF PAYMENT IS UNKNOWN, COMPLETE ITEMS 7b. AND 7c.

7b. INVOICE NUMBER

7c. DATE FORWARDED

8. REMARKS

$162,055.00 Total amount Obligated to Grant
154,385.63 Total amount billed
7,669.37 Unexpended

Excess funds in the amount of $7,669.37 remain on this grant. The Department of the Navy should take action to deobligate this amount.

9a. ALL ADMINISTRATION OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. THIS INCLUDES FINAL SETTLEMENT IN THE CASE OF A PRICE REVISION CONTRACT.

9b. TYPED NAME OF RESPONSIBLE OFFICIAL
Mr. Gerard Smith

9c. SIGNATURE

9d. DATE

FOR PURCHASING OFFICE USE ONLY

10a. ALL PURCHASING OFFICE ACTIONS REQUIRED HAVE BEEN FULLY AND SATISFACTORILY ACCOMPLISHED. CONTRACT FILE OF THIS OFFICE IS HEREBY CLOSED AS OF:

☐ DATE SHOWN IN ITEM 9d ABOVE

☐ DATE SHOWN IN ITEM 10e BELOW (Check this box only if final completion of any significant purchasing office action extends more than three months beyond close-out date shown in item 9d. above. In such cases, submit a copy of the completed form upon final accomplishment of all purchasing office actions to the contract administration office. (Upon receipt, the contract administration office shall extend its contract file close-out date accordingly.))

10b. REMARKS

10c. TYPED NAME OF RESPONSIBLE OFFICIAL
Mr. David VanMetre

10d. SIGNATURE

10e. DATE
DATE: January 31, 1996

CLOSEOUT MEMORANDUM

Subject Grant/Contract No.: N00014-91-J-1457

Grantee/Contractor: University of Toledo

1. On the basis of the following information, the undersigned concludes that the subject grant may be closed out and total costs invoiced in the amount of $154,385.63 are certified as reasonable, allocable and allowable in accordance with the applicable cost principles and regulations. The grant is under $500,000.00. The University of Toledo is a HHS cognizant institution. The basis for certifying costs is the cost analysis as explained in paragraph 4 below. Excess funds in the amount of $7,669.37 remain on the contract. The Office of Naval Research should take action to deobligate this amount. Final voucher no.11 was forwarded for payment on 26 May 1995.

2. The subject agreement began on 1 March 1991 and was completed on 28 February 1993. The total estimated cost of the agreement was $162,055.00.

3. The awardee has met all obligations under the referenced agreement, including the following. The Final Technical and Patent Reports were accepted by the government. The Final Report of Property accountable under the contract was received, processed and accepted. All required financial reporting has been satisfactorily accomplished.

4. Total costs billed have been reviewed and the following observations and findings resulted:

   a. The HHS accepted A-110 audit covering the period of performance reported that the grantee has a financial system in place that protects the interest of the Federal Government.

   b. Specific finding, with regard to the individual cost elements, are as follows:

      (1) Direct Labor - amounts charges were in agreement with those initially proposed.

      (2) Overhead - The grantee charged the correct HHS predetermined on-campus rate.

      (3) Fringe Benefits - The grantee charged the correct HHS predetermined on-campus rate.

      (4) Materials & Supplies - The grantee expended what was budgeted.
(5) Travel - The grantee expended what was budgeted.

(6) Equipment - Equipment charged was at budget.

(7) Other Direct costs - were reasonable and accepted.

In view of the above findings, I hereby certify that the total costs are reasonable, allowable and allocable. This desk review shall serve in lieu of a contract audit closing statement.

5. Based on the statements contained in this memo and the supporting documentation, this agreement may be administratively closed. See attached Closeout Check List.

Ed Padullon
ads Senior Contract Specialist
**FINANCIAL STATUS REPORT**

(Short Form)

1. Federal Agency and Organization to which Report is Submitted
   - U.S. Department of the Navy

2. Federal Grant or Other Identifying Number Assigned
   - N00014-91-J-1457

3. Recipient Organization (Name and complete address, including ZIP code)
   - The University of Toledo
   - 2801 West Bancroft St.
   - Toledo, OH 43606

4. Employer Identification Number
   - 34-6401483

5. Recipient Account Number or Identifying Number
   - 218780

6. Current Report Form
   - Yes

7. Base Date
   - Grant

8. Period Covered by This Report
   - From: 03/01/91
   - To: 02/28/94

9. Period Covered by This Report
   - From: 02/28/94
   - To: 02/28/94

**Transactions**

<table>
<thead>
<tr>
<th>Transaction</th>
<th>I</th>
<th>II</th>
<th>III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total outlays</td>
<td></td>
<td>161,635.63</td>
<td>161,635.63</td>
</tr>
<tr>
<td>Food, lodging, etc.</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Program income used in accordance with the program income statement</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net outlays (Line a, less the sum of lines b and c)</td>
<td>0</td>
<td>161,635.63</td>
<td>161,635.63</td>
</tr>
</tbody>
</table>

**Recipient's share of net outlays, consisting of:**

<table>
<thead>
<tr>
<th>Type of Recipient</th>
<th>I</th>
<th>II</th>
<th>III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Third party (in-kind) contributions</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Federal awards authorized to be used to match the award</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Program income used in accordance with the matching or cost sharing alternative</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All other recipient outlays not shown on lines a, b or g</td>
<td>0</td>
<td>7,250.00</td>
<td>7,250.00</td>
</tr>
<tr>
<td>Total recipient share of net outlays (Sum of lines e, f, g and h)</td>
<td>0</td>
<td>7,250.00</td>
<td>7,250.00</td>
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</tbody>
</table>

**Federal share of net outlays (line d less line i):**

<table>
<thead>
<tr>
<th>Line</th>
<th>I</th>
<th>II</th>
<th>III</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>154,385.63</td>
<td>154,385.63</td>
<td></td>
</tr>
</tbody>
</table>

**Program income, consisting of:**

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>I</th>
<th>II</th>
<th>III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disturbed program income shown on lines c and/or g above</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Disturbed program income using the addition alternative</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Undistributed program income</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total program income realized (Sum of lines i, j and k)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

10. Incentive Expenditures

<table>
<thead>
<tr>
<th>a. Type of Rate</th>
<th>I</th>
<th>II</th>
<th>III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Program</td>
<td>57.92/50%</td>
<td>51,318.54/17,066.30</td>
<td>24,038.16/10,239.61</td>
</tr>
<tr>
<td>Base Federal</td>
<td>24,038.16/10,239.61</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Report:

<table>
<thead>
<tr>
<th>a. Type of Rate</th>
<th>I</th>
<th>II</th>
<th>III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Program</td>
<td>57.92/50%</td>
<td>51,318.54/17,066.30</td>
<td>24,038.16/10,239.61</td>
</tr>
<tr>
<td>Base Federal</td>
<td>24,038.16/10,239.61</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Remarks:

   - Attach any supporting documentation required by the sponsoring agency.

13. Certification:

   - I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unobligated obligations are for the purposes set forth in the award documents.

   Type of Program Name and Title
   - Brenda McKinley, Grants Accountant

   Signature of Authorized Certifying Official
   - Brenda McKinley

   Date Report Submitted
   - 11/21/94

   Telephone Area Code, Number and Extensions
   - (419) 537-4000

   Points of Contact
   - Standard Form 284 Rev 6-93
   - Prepared by OMB Circular A-110 and A-112
REQUEST FOR ADVANCE OR REIMBURSEMENT

Approved by Office of Management and Budget, No. BO-RO183

1. TYPE OF PAYMENT REQUESTED
   □ ADVANCE □ REIMBURSEMENT
2. BASIS OF REQUEST
   □ EX CASH

3. FEDERAL SPONSORING AGENCY AND ORGANIZATION TO WHICH THIS REPORT IS SUBMITTED
   U. S. Department of Navy

4. EMPLOYER IDENTIFICATION NUMBER
   34-6401483

5. RECIPIENT ORGANIZATION NUMBER
   218780

6. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

7. PERIOD COVERED BY THIS REQUEST
   FROM (month, day, year): 01/01/94
   TO (month, day, year): 02/28/94

8. PAYEE (Where check is to be sent is different than item 2)
   Name: The University of Toledo
   Grants Accounting
   Number and Street: 2801 W. Bancroft
   Toledo OH 43606

9. PAYEE (Where check is to be sent is different than item 2)
   Name: The University of Toledo
   Grants Accounting
   Number and Street: 2801 W. Bancroft
   Toledo OH 43606

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

<table>
<thead>
<tr>
<th>PROGRAMS/FUNCTIONS/ACTIVITIES</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total program outlays to date</td>
<td>02/28/94</td>
<td>$</td>
<td>$</td>
<td>$161,635.63</td>
</tr>
<tr>
<td>Less: Cumulative program income</td>
<td>0</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Net program outlays</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Total (Sum of lines e &amp; d)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Non-Federal share of amount on line e</td>
<td></td>
<td></td>
<td></td>
<td>7,250.00</td>
</tr>
<tr>
<td>Federal share of amount on line e</td>
<td></td>
<td></td>
<td></td>
<td>154,385.63</td>
</tr>
<tr>
<td>Federal payments previously requested</td>
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<td></td>
<td></td>
<td>135,025.35</td>
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<tr>
<td>Federal share now requested (Line g minus line h)</td>
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<td></td>
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<td>19,360.28</td>
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<td>Advances required by month, when requested by Federal granting agency for use in making prescheduled advances</td>
<td>1st month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Brenda McKinley, Grants Accountant

Date Request Submitted

11/21/94

Telephone Area Code, Number, Extention

(419)537-4000

This space for agency use