

Non-Government Sponsor Form (NGSForm)

| PTAP #: | | | Prime Ager | Prime Agency: | | | |
|--|-----------|---------------|--------------|---|----------------|--------------|--|
| AU #: | | | | | | | |
| Routed thru CFR? | Yes No | | CFR POC: | " | | | |
| *marked Yes by default, if different please change | | | | | | | |
| Project Start Date: | | | (MM/DD/YYYY) | Project End Date | e: | (MM/DD/YYYY) | |
| Applicable F&A R | ate: | | | | | | |
| NARRATIVE REPORTS REQUIRED? Yes No | | | | FINANCIAL REP Yes No | ORTS REQUIRED? | | |
| *marked Yes by default, if different please change | | | | *marked Yes by default, if different please change | | | |
| Frequency (quarterly, annual, semi-annual, final, etc.): | | | | Frequency (monthly, quarterly, etc.): | | | |
| Frequency 1: | | | | Frequency 1: | | | |
| Due Date(s): | | | (MM/DD/YYYY) | Due Date(s): | | (MM/DD/YYYY) | |
| Frequency 2: | | | | Budget Period to be Reported:* | | | |
| Due Date(s): | | | (MM/DD/YYYY) | from | to | | |
| Frequency 3: | | | | Frequency 2: | | | |
| Due Date(s): | | | (MM/DD/YYYY) | Due Date(s): | | (MM/DD/YYYY) | |
| | | | | Budget Period to be Reported:* | | | |
| Prior Sponsor Approval required for | | | | from | to | | |
| Rebudgeting? | Yes | No | | | | | |
| Carry-Over? | Yes | No | | *SPA requires at leas month to complete a Budget period 9/01/15 | | | |
| *marked Yes by default, | | please change | | 9/30/16. | | | |
| Describe | Action | | | | | | |
| Comments: | | | | | | | |