

Federal Agency Form Instructions

Form Identifiers	Information
Agency Owner	Grants.gov
Form Name	SF-271 Outlay Report and Request for Reimbursement for Construction Programs
Form Version Number	1.0
OMB Number	4040-0011
OMB Expiration Date	02/28/2022

Form Field Instructions

Field Name	Required or Optional	Information
1. Type of Request	Required	Select one. This field is required.
2. Basis of Request	Required	Select one. This field is required.
3. Federal Agency and Organizational Element	Required	Enter the name of the Federal sponsoring agency and the agency organization element to which the report is submitted. This field is required.
4. Federal Grant or Other Identifying Number	Optional	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency.
5. Partial Payment Request Number	Optional	Enter the Partial Payment Request Number.
6. EMPLOYER IDENTIFICATION NUMBER (EIN)	Optional	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.
7. Financial Assistance Identification Number	Optional	Enter the Financial Assistance Identification Number.
8. Period From	Required	Enter the beginning date of the period covered in this request as mm/dd/yyyy. This field is required.
8. Period To	Required	Enter the ending date of the period covered in this request as mm/dd/yyyy. This field is required.
9. Recipient Organizations	Optional	Section label.
9. Recipient Organization Name	Optional	Enter the Recipient Organization Name.

Field Name	Required or Optional	Information
9. Recipient Organization Street 1	Optional	Enter the first line of the Street Address.
9. Recipient Organization Street 2	Optional	Enter the second line of the Street Address.
9. Recipient Organization City	Optional	Enter the City.
9. Recipient Organization County	Optional	Enter the County.
9. Recipient Organization State	Optional	Select the state, US possession or military code from the provided list.
9. Recipient Organization Province	Optional	Enter the Province.
9. Recipient Organization Country	Optional	Select the Country from the provided list.
9. Recipient Organization Zip / Postal Code	Optional	Enter the Postal Code (e.g., ZIP code).
10. Payee (Where check is to be sent if different than item 9)	Optional	Section label.
10. Payee Organization Name	Optional	Enter the Payee Organization Name.
10. Payee Street 1	Optional	Enter the first line of the Street Address.
10. Payee Street 2	Optional	Enter the second line of the Street Address.
10. Payee City	Optional	Enter the City.
10. Payee County	Optional	Enter the County.
10. Payee State	Optional	Select the state, US possession or military code from the provided list.
10. Payee Province	Optional	Enter the Province.
10. Payee Country	Optional	Select the Country from the provided list.
10. Payee Zip / Postal Code	Optional	Enter the Postal Code (e.g., ZIP code).
11. Status of Funds	Optional	Section label.
11. Programs	Optional	Enter the name of the activity or function.
11. Functions	Optional	Enter the name of the activity or function.
11. Activities	Optional	Enter the name of the activity or function.
11a. Administrative Expense - Programs	Optional	Enter amount.

Field Name	Required or Optional	Information
11a. Administrative Expense - Functions	Optional	Enter amount.
11a. Administrative Expense - Activities	Optional	Enter amount.
11a. Administrative Expense - Total	Optional	This is a calculated field.
11b. Preliminary Expense - Programs	Optional	Enter amount.
11b. Preliminary Expense - Functions	Optional	Enter amount.
11b. Preliminary Expense - Activities	Optional	Enter amount.
11b. Preliminary Expense - Total	Optional	This is a calculated field.
11c. Land, Structures, Right-of-Way - Programs	Optional	Enter amount.
11c. Land, Structures, Right-of-Way - Functions	Optional	Enter amount.
11c. Land, Structures, Right-of-Way - Activities	Optional	Enter amount.
11c. Land, Structures, Right-of-Way - Total	Optional	This is a calculated field.
11d. Architectural Engineering Basic Fees - Programs	Optional	Enter amount.
11d. Architectural Engineering Basic Fees - Functions	Optional	Enter amount.
11d. Architectural Engineering Basic Fees - Activities	Optional	Enter amount.
11d. Architectural Engineering Basic Fees - Total	Optional	This is a calculated field.
11e. Other Architectural Engineering Fees - Programs	Optional	Enter amount.
11e. Other Architectural Engineering Fees - Functions	Optional	Enter amount.
11e. Other Architectural Engineering Fees - Activities	Optional	Enter amount.
11e. Other Architectural Engineering Fees - Total	Optional	This is a calculated field.
11f. Project Inspection Fees - Programs	Optional	Enter amount.
11f. Project Inspection Fees - Functions	Optional	Enter amount.

Field Name	Required or Optional	Information
11f. Project Inspection Fees - Activities	Optional	Enter amount.
11f. Project Inspection Fees - Total	Optional	This is a calculated field.
11g. Land Development - Programs	Optional	Enter amount.
11g. Land Development - Functions	Optional	Enter amount.
11g. Land Development - Activities	Optional	Enter amount.
11g. Land Development - Total	Optional	This is a calculated field.
11h. Relocation Expense - Programs	Optional	Enter amount.
11h. Relocation Expense - Functions	Optional	Enter amount.
11h. Relocation Expense - Activities	Optional	Enter amount.
11h. Relocation Expense - Total	Optional	This is a calculated field.
11i. Relocation Payments to Individuals and Businesses - Programs	Optional	Enter amount.
11i. Relocation Payments to Individuals and Businesses - Functions	Optional	Enter amount.
11i. Relocation Payments to Individuals and Businesses – Activities	Optional	Enter amount.
11i. Relocation Payments to Individuals and Businesses - Total	Optional	This is a calculated field.
11j. Demolition and Removal – Programs	Optional	Enter amount.
11j. Demolition and Removal – Functions	Optional	Enter amount.
11j. Demolition and Removal – Activities	Optional	Enter amount.
11j. Demolition and Removal – Total	Optional	This is a calculated field.
11k. Construction and Project Improvement Cost- Programs	Optional	Enter amount.
11k. Construction and Project Improvement Cost – Functions	Optional	Enter amount.
11k. Construction and Project Improvement Cost - Activities	Optional	Enter amount.
11k. Construction and Project Improvement Cost - Total	Optional	This is a calculated field.
11l. Equipment - Programs	Optional	Enter amount.

Field Name	Required or Optional	Information
11l. Equipment - Functions	Optional	Enter amount.
11l. Equipment - Activities	Optional	Enter amount.
11l. Equipment - Total	Optional	This is a calculated field.
11m. Miscellaneous Cost - Programs	Optional	Enter amount.
11m. Miscellaneous Cost - Functions	Optional	Enter amount.
11m. Miscellaneous Cost - Activities	Optional	Enter amount.
11m. Miscellaneous Cost - Total	Optional	This is a calculated field.
11n. Total Cumulative to Date - Programs	Optional	This is a calculated field.
11n. Total Cumulative to Date - Functions	Optional	This is a calculated field.
11n. Total Cumulative to Date - Activities	Optional	This is a calculated field.
11n. Total Cumulative to Date - Total	Optional	This is a calculated field.
11o. Deductions for Program Income - Programs	Optional	Enter amount.
11o. Deductions for Program Income - Functions	Optional	Enter amount.
11o. Deductions for Program Income - Activities	Optional	Enter amount.
11o. Deductions for Program Income - Total	Optional	This is a calculated field.
11p. Net Cumulative to Date - Programs	Optional	This is a calculated field.
11p. Net Cumulative to Date - Functions	Optional	This is a calculated field.
11p. Net Cumulative to Date - Activities	Optional	This is a calculated field.
11p. Net Cumulative to Date - Total	Optional	This is a calculated field.
11q. Federal Share - Programs	Optional	Enter amount.
11q. Federal Share - Functions	Optional	Enter amount.
11q. Federal Share - Activities	Optional	Enter amount.
11q. Federal Share - Total	Optional	This is a calculated field.
11r. Rehabilitation Grants - Programs	Optional	Enter amount.
11r. Rehabilitation Grants - Functions	Optional	Enter amount.
11r. Rehabilitation Grants - Activities	Optional	Enter amount.
11r. Rehabilitation Grants - Total	Optional	This is a calculated field.
11s. Total Federal Share - Programs	Optional	This is a calculated field.

Field Name	Required or Optional	Information
11s. Total Federal Share - Functions	Optional	This is a calculated field.
11s. Total Federal Share - Activities	Optional	This is a calculated field.
11s. Total Federal Share - Total	Optional	This is a calculated field.
11t. Federal Payments Previously Requested - Programs	Optional	Enter amount.
11t. Federal Payments Previously Requested - Functions	Optional	Enter amount.
11t. Federal Payments Previously Requested - Activities	Optional	Enter amount.
11t. Federal Payments Previously Requested - Total	Optional	This is a calculated field.
11u. Amount Requested for Reimbursement - Programs	Optional	Enter amount.
11u. Amount Requested for Reimbursement - Functions	Optional	Enter amount.
11u. Amount Requested for Reimbursement - Activities	Optional	Enter amount.
11u. Amount Requested for Reimbursement - Total	Optional	This is a calculated field.
11v. Percentage of Physical Completion of Project - Programs	Optional	Enter percentage.
11v. Percentage of Physical Completion of Project - Functions	Optional	Enter percentage.
11v. Percentage of Physical Completion of Project - Activities	Optional	Enter percentage.
11v. Percentage of Physical Completion of Project - Total	Optional	Enter percentage.
12. Certification	Required	Section label.
12a. Recipient Certifying Official Signature	Required	The authorized certifying official must sign here. This field is required.
12a. Date Report Submitted	Required	Enter the date the report is submitted to the Federal agency as mm/dd/yyyy. This field is required.
12a. Recipient Certifying Official Prefix	Optional	Select the Prefix from the provided list or enter a new Prefix not provided on the list.
12a. Recipient Certifying Official First Name	Optional	Enter the First Name.

Field Name	Required or Optional	Information
12a. Recipient Certifying Official Middle Name	Optional	Enter the Middle Name.
12a. Recipient Certifying Official Last Name	Optional	Enter the Last Name.
12a. Recipient Certifying Official Suffix	Optional	Select the Suffix from the provided list or enter a new Suffix not provided on the list.
12a. Recipient Certifying Official Title	Optional	Enter the title of the authorized certifying official.
12a. Recipient Certifying Official Telephone	Optional	Enter the telephone number (including area code and extension).
12b. Representative Certifying Signature	Required	The authorized certifying official must sign here. This field is required.
12b. Representative Certifying Date Signed	Required	Enter the date signed as mm/dd/yyyy. This field is required.
12b. Prefix	Optional	Select the Prefix from the provided list or enter a new Prefix not provided on the list.
12b. First Name	Optional	Enter the First Name.
12b. Middle Name	Optional	Enter the Middle Name.
12b. Last Name	Optional	Enter the Last Name.
12b. Suffix	Optional	Select the Suffix from the provided list or enter a new Suffix not provided on the list.
12b. Title	Optional	Enter the title of the authorized certifying official.
12b. Telephone	Optional	Enter the telephone number (including area code and extension).