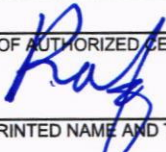


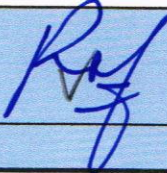
		Approved by Office of Management and Budget. No. 80-R0183		PAGE	OF	PAGES
REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>		1. TYPE OF PAYMENT REQUESTED a. "x" one or both boxes <input checked="" type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. "x" the appropriate box <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL		
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED RELO JAKARTA		4. FED GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FED AGENCY SID32021GR3028_UM_DS1909		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST \$21,285.71USD		
6. EMPLOYER IDENTIFICATION NUMBER: 19.040	7. RECIPIENTS ACCOUNT NUMBER OR IDENTIFYING NUMBER 726529691	8. PERIOD COVERED BY THIS REQUEST				
		From (month, day, year) 1 APRIL 2021		To (Month, day, year) 31 MARCH 2022		
				Advance Only (month, day, year) 01 APRIL 2021		
9. RECIPIENT ORGANIZATION Name: UNIVERSITAS NEGERI MALANG Number and Street: JL. SEMARANG NO. 5 City, State and ZIP Code: MALANG 65145				10. PAYEE (Where check is to be sent if different than item 9) Name: RELO JAKARTA Number and Street: JL. MEDAN MERDEKA SELATAN 3- City, State and ZIP Code: JAKARTA 10110		
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED						
PROGRAMS/FUNCTIONS/ACTIVITIES		(a)	(b)	(c)	TOTAL	
a. Total program outlays to date (As of date)		\$	\$	\$	\$ 22,571.43	
b. Less: Cumulative program income					0	
c. Net program outlays (Line a minus Line b)		0	0	0	0	
d. Estimated net cash outlays for advance period		0	0	0	0	
e. Total (Sum of lines c & d)		0	0	0	21,285.71	
f. Non-Federal share of amount on line e					1,285.71	
g. Federal share of amount on line e		0			21,285.71	
h. Federal payment previously requested		0			0	
i. Federal share now requested (line g minus line h)		0	0	0	21,285.71	
j. Advances required by month when requested by Federal grantor agency for use in making prescheduled advances		1st month			0	
		2nd month			0	
		3rd month				
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)					21,285.71	
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 30 March 2021	
		TYPED OR PRINTED NAME AND TITLE Prof. Dr. AH. Roffiuddin, M.Pd			TELEPHONE (AREA CODE, NUMBER, EXTENSION) +62341 - 551 312	
This space for agency use						



**U.S. Department of State
FEDERAL ASSISTANCE AWARD**

1. Recipient Name Universitas Negeri Malang		2. Assistance Type:	
3. Address JI. SEMARANG NO. 5 MALANG, 65145 INDONESIA		<input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Fixed Amount Award <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Property Grant <input type="checkbox"/> Voluntary Contribution	
4. Recipient POC: DR. YUSNITA FEBRIANTI Phone Number +6282131907852 Email yusnita.febrianti.fs@um.ac.id			
5. Type of Entity Foreign Educational Institution	6. Unique Entity Identifier 726529691	7. EIN/ TIN *****	
8. CFDA Number 19.040	9. Statutory Authority for Assistance Smith-Mundt	10. Award Number SID32021GR3028	
11. Period of Performance Start Date 01-Apr-2021 End Date 31-Mar-2022		12. Amendment Number	
13. Accounting and Appropriation Data 1900-2021-19__101130007-4306-EAP-430601-1370-SID32021GR3028-4121-330601-_____		\$21,285.72 USD	14. Funds Certified By Monte Parker
Funding Distribution			
15.	Total Prior Costs	New Costs	Total Cost
U.S. Share of Costs		\$21,285.72 USD	\$21,285.72 USD
Recipient Share of Costs		\$1,285.71 USD	\$1,285.71 USD
Total Costs		\$22,571.43 USD	\$22,571.43 USD
16. Purpose of the Federal Award Activity To support the establishment of an Academic Writing Center in Malang State University as part of the U.S. Embassy's efforts to increase scholarly research productivity in Indonesia.			
17. Specific Award Conditions <input type="checkbox"/> Attached			
Agreement			
The recipient agrees to execute the work in accordance with the Notice of Award, the approved application incorporated herein by reference or as attached, and 2 CFR Parts 200 and 600 including any subsequent revisions.			
18a. Recipient Name Prof. Dr. AH. Rofi'uddin M.Pd		19a. Grants Officer Name Bradley M. Horn	
18b. Recipient Signature 		19b. Grants Officer Signature 	
18c. Title Rector of Universitas Negeri Malang	18d. Date (dd-mmm-yyyy) 30 March 2021	19c. Bureau/Office/Post AMERICAN EMBASSY JAKARTA	19d. Date (dd-mmm-yyyy) 26-Mar-2021
By signing this Federal award, the recipient acknowledges that it will comply with Federal regulations, the Terms and Conditions, and any Special Award Conditions associated with this award. Receipt of the recipient's signature and return of the Federal Award Coversheet is required within ten (10) business days of the Grants Officer's signature. Please return to the Grants Officer address indicated here: hornbm@state.gov			

DIRECT DEPOSIT SIGN-UP

ACCOUNT HOLDER NAME	UNIVERSITAS NEGERI MALANG (UNM)
ORGANIZATION NAME	UNIVERSITAS NEGERI MALANG
CURRENCY	RUPIAH <input type="checkbox"/> US DOLLAR <input checked="" type="checkbox"/> () <input type="checkbox"/>
ACCOUNT NUMBER (VA)	9888855503200000 (Virtual Account Exp. 2021/12/31)
ACCOUNT TYPE	SAVINGS <input type="checkbox"/> CHECKING <input checked="" type="checkbox"/>
BANK NAME & BRANCH	BNI / 151 Malang Swift Code: BNINIDJAMLG
ABA ROUTING NUMBER (9 DIGITS) (FOR U.S. BANK ACCOUNT ONLY)	
CERTIFICATION: <i>IN SIGNING THIS FORM, I AUTHORIZED PAYMENT TO BE SENT TO THE DESIGNATED ACCOUNT.</i>	
SIGNATURE OF ACCOUNT HOLDER	
DATE	

IMPORTANT NOTES:

- PLEASE ASK ACCOUNT HOLDER TO SIGN THE FORM.
- PLEASE SUBMIT COPY OF BANK BOOK / CHECK ALONG WITH THIS FORM.