Federal Financial Report

(Follow form Instructions)

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

<u> </u>	rganizational Element to Wh		Agen		report multiple		Number Assigned by Fed se FFR Attachment)	leral	
, ,	Ab. EIN 8314532580000 7. Basis of Accounting Cash Accrual	<u> </u>	5. Recipient A (To report mu	Accoun ultiple g	Province: / Postal Code: t Number or Id rants, use FFF 9. Reporting	entifying I R Attachm	Number ent)		
Annual Final 10. Transactions							Cumulative		
	or multiple grant reporting)								
, -	rt multiple grants, also use	FFR attachment)	:				2 222 24	-4 70	
a. Cash Receipts							3,228,25		
b. Cash Disbursements c. Cash on Hand (line a	minus h)						3,228,25		
(Use lines d-o for single	,								
,	and Unobligated Balance:								
d. Total Federal funds a							27 809 20		
e. Federal share of expe							27,809,295.00 3,228,251.78		
f. Federal share of unliqu							0,220,20	71.70	
g. Total Federal share (s	-						2 220 251 70		
· ·	of Federal Funds (line d min	ile a)					3,228,251.78	0	
Recipient Share:	orr ederarr unds (inte d'itilit						24,581,043.22		
i. Total recipient share re	equired						5,475,86	39.00	
j. Recipient share of exp	•						580,89		
· · · · · ·	share to be provided (line i m	inus i)					4,894,971.24	0	
Program Income:	mare to be provided (line rin						4,004,071.24		
I. Total Federal program	income earned								
	ended in accordance with the	e deduction alterna	ıtive						
	ended in accordance with the								
	n income (line I minus line m								

11. Indirect Expense									
a. Type	b. Rate c. Period From Period To			d. Bas	е	e. An Cha	nount rged	f. Federal Share	
			g. Totals:		0		0	0	
12. Remarks: Attach any explanation	ons deemed	necessary or info	ormation required	by Federal spo	onsoring age	ency in con	npliance with g	overning legislation:	
		Ac	dd Attachment	Delete Attachi	ment View	w Attachme	ent		
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).									
a. Name and Title of Authorized C	Certifying Off	ficial							
Prefix: Fi	rst Name: 🔼	Andrew			Midd l e Na	ime:			
Last Name: Butcher					Suffix:				
Title: President, MCA (autho	rized rep. of	ConnectMaine A	<mark>uthority)</mark>						
b. Signature of Authorized Certifyin	b. Signature of Authorized Certifying Official c. Telephone (Area code, number and extension)								
Cale. Later	<u> </u>			207-209	-3868				
d. Email Address				e. Date F	Report Subm	nitted 1	4. Agency use	e only:	
abutcher@maineconnectivity.or	g			10/30	<mark>/202</mark>				

Standard Form 425

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(Follow form Instructions)

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

1. Federal Agency and O	ntifying Number Assigned by Federal nnts, use FFR Attachment)				
NIST					
Recipient Organization Recipient Organization N		• .	ZIF 5. Recipient Accou	Province: P / Postal Code: 04 nt Number or Ident grants, use FFR At	ifying Number
6. Report Type Quarterly Semi-Annual Annual Final	7. Basis of Accounting Cash Accrual	8. Project/Grant F From: 3/1/20	Period To: <mark>2/29/20</mark>	9. Reporting Pe	riod End Date
10. Transactions		•		•	Cumulative
(Use lines a-c for single	or multiple grant reporting)				
Federal Cash (To repo	rt multiple grants, also use	FFR attachment):			
a. Cash Receipts					12,851,321.92
b. Cash Disbursements					12,851,321.92
c. Cash on Hand (line a					0.00
(Use lines d-o for single					
•	and Unobligated Balance:				00 007 005 00
d. Total Federal funds a	28,097,295.00				
e. Federal share of expe					15,312,524.41
f. Federal share of unliqu	uidated obligations				0.00
g. Total Federal share (s	sum of lines e and f)				15,312,524.41
h. Unobligated balance	of Federal Funds (line d min	us g)			12,784,770.59
Recipient Share:					
i. Total recipient share re	equired				5,475,869.00
j. Recipient share of exp	enditures				3,516,356.24
k. Remaining recipient s	hare to be provided (line i m	inus j)			1,959,512.76
Program Income:					
I. Total Federal program	income earned				
m. Program Income exp	ended in accordance with th	e deduction alternat	ive		
n. Program Income expe	ended in accordance with the	e addition a l ternative	•		
o. Unexpended program	n income (line I minus line m	or line n)			

11. Indirect Expense								
a. Type	b. Rate c. Period From Period To			d. Bas	d. Base Ch			f. Federal Share
			g. Totals:		0.00		0.00	0.00
12. Remarks: Attach any explanation	ons deemed	necessary or ir	nformation required	by Federal spo	onsoring ag	ency in compli	ance with g	overning legislation:
		,	Add Attachment	Delete Attachr	ment Vie	w Attachment		
13. Certification: By signing this expenditures, disbursements an am aware that any false, fictitiou administrative penalties for fraudand 3801-3812).	d cash rece s, or fraudu	ipts are for the lent information	e purposes and ob on, or the omission	jectives set fo n of any mater	orth in the trial fact, ma	erms and co	nditions of to crimina	the Federal award. I I, civil or
a. Name and Title of Authorized C	ertifying Offi	icial						
Prefix: Fir	rst Name: A	ndrew			Middle Na	ame:		
Last Name: Butcher					Suffix:			
Title: President								
b. Signature of Authorized Certifyin	g Official			c. Teleph	one (Area d	code, number	and extension	on)
Andrew Butch	ier Digit	ally signed b : 2023.04.28	y Andrew Butche 14:55:00 -04'00'	er 207-209-	-3868			
d. Email Address				e. Date R	Report Subn	nitted 14.	Agency use	e only:
abutcher@maineconnectivity.or	g			4/28/2	0			

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Federal Financial Report

(Follow form Instructions)

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

1. Federal Agency and O	rganizational Element to Wh	nich Report is Subm				entifying Number grants, use FFR A	Assigned by Federal
NIST 23-08-12204						grants, use i i i i i	ttaciinient)
-	n (Name and complete addre		de)				
	OUSE STATION			<u> </u>			
Street2:	JUSE STATION						
City: AUGUST	Δ	Coun	tv:				
State: ME	/ (-3·		Province:		
Country:				ZIP	/ Postal Code:	04333-0059	
, L							
4a. UEI	4b. EIN				it Number or Ide grants, use FFR	ntifying Number Attachment)	
8314532580000	550974804				· · ·		
6. Report Type	7. Basis of Accounting	8. Project/Grant	Period		9. Reporting	Period End Date	
Quarterly	Cash	From:	То:		09/30/2023		
■ Semi-Annual	■ Accrual	3/23/22	2/29/24		00/00/2020		
Annual							
Final							
10. Transactions						Cumulat	ive
(Use lines a-c for single	or multiple grant reporting)						_
Federal Cash (To repo	rt multiple grants, also use	FFR attachment)	:				
a. Cash Receipts							22,716,284.27
b. Cash Disbursements							22,716,284.27
c. Cash on Hand (line a	minus b)						0.00
(Use lines d-o for single	grant reporting)						
Federal Expenditures	and Unobligated Balance:						
d. Total Federal funds a	uthorized						28,097,295.00
e. Federal share of expe	enditures						22,716,284.27
f. Federal share of unliqu	uidated obligations						0.00
g. Total Federal share (s	sum of lines e and f)						22,716,284.27
h. Unobligated balance	of Federal Funds (line d min	us g)					5,381,010.73
Recipient Share:							
i. Total recipient share re	equired						5,531,621.00
j. Recipient share of exp	enditures						4,472,792.42
k. Remaining recipient s	hare to be provided (line i m	inus j)					1,058,828.58
Program Income:							
I. Total Federal program	income earned						0.00
m. Program Income exp	ended in accordance with the	e deduction alterna	ntive				0.00
-	ended in accordance with the						0.00
	n income (line I minus line m						0.00

11. Indirect Expense								
a. Type	b. Rate c. Period From Period To			d. Base		e. Amount Charged		f. Federal Share
			g. Totals:		0.00		0.00	0.00
12. Remarks: Attach any explanation	ons deemed	necessary or ir	nformation required	by Federal spon	soring agen	ncy in complia	nce with g	overning legislation:
		,	Add Attachment	Delete Attachme	nt View	Attachment		
13. Certification: By signing this expenditures, disbursements an am aware that any false, fictitiou administrative penalties for fraudand 3801-3812).	d cash rece s, or fraudu	ipts are for the lent informatio	e purposes and obj on, or the omission	ectives set fort of any materia	h in the tei I fact, may	rms and con subject me	ditions of to	the Federal award. I I, civil or
a. Name and Title of Authorized C	ertifying Offi	cial						
Prefix: Fir	rst Name: D	avid		Ī	∕lidd l e Nam	ne:		
Last Name: Wedick					Suffix:	· · · · · · · · · · · · · · · · · · ·		
Title: CFO								
b. Signature of Authorized Certifyin	g Official			c. Telephor	ie (Area co	de, number a	nd extension	on)
David Wedi	CK Digit	tally signed be: 2023.10.30	y David Wedick) 21:55:48 -04'00	207-200-73	<mark>368</mark>			
d. Email Address				e. Date Rep	ort Submit	ted 14. A	gency use	e only:
dwedick@maineconnectivity.org]			10/30/2	3			

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