

# Federal Financial Report

(Follow form Instructions)

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

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> <div style="border: 2px solid red; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">U.S. DEPARTMENT OF COMMERCE</div>		<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)</b> <div style="border: 2px solid red; padding: 5px; text-align: center;">23-08-I2204</div>	
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Recipient Organization Name: <div style="border: 2px solid red; padding: 2px;">ConnectMaine Authority</div> Street1: <div style="border: 2px solid red; padding: 2px;">59 State House Station</div> Street2: <div style="border: 2px solid red; padding: 2px;"></div> City: <div style="border: 2px solid red; padding: 2px;">Augusta</div> County: <div style="border: 2px solid red; padding: 2px;"></div> State: <div style="border: 2px solid red; padding: 2px;">ME</div> Province: <div style="border: 2px solid red; padding: 2px;"></div> Country: <div style="border: 2px solid red; padding: 2px;"></div> ZIP / Postal Code: <div style="border: 2px solid red; padding: 2px;">04333-0059</div>			
<b>4a. UEI</b> <div style="border: 2px solid red; padding: 2px;">301257225</div>	<b>4b. EIN</b> <div style="border: 2px solid red; padding: 2px;">8314532580000</div>	<b>5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)</b> <div style="border: 2px solid red; padding: 2px;"></div>	
<b>6. Report Type</b> <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<b>7. Basis of Accounting</b> <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	<b>8. Project/Grant Period</b> From: <div style="border: 2px solid red; padding: 2px;">03/01/2022</div> To: <div style="border: 2px solid red; padding: 2px;">02/28/2023</div>	<b>9. Reporting Period End Date</b> <div style="border: 2px solid red; padding: 2px;">09/30/2022</div>
<b>10. Transactions</b> <i>(Use lines a-c for single or multiple grant reporting)</i> <b>Federal Cash (To report multiple grants, also use FFR attachment):</b>			Cumulative
a. Cash Receipts			3,228,251.78
b. Cash Disbursements			3,228,251.78
c. Cash on Hand (line a minus b)			0
<i>(Use lines d-o for single grant reporting)</i>			
<b>Federal Expenditures and Unobligated Balance:</b>			
d. Total Federal funds authorized			27,809,295.00
e. Federal share of expenditures			3,228,251.78
f. Federal share of unliquidated obligations			
g. Total Federal share (sum of lines e and f)			3,228,251.78
h. Unobligated balance of Federal Funds (line d minus g)			24,581,043.22      0
<b>Recipient Share:</b>			
i. Total recipient share required			5,475,869.00
j. Recipient share of expenditures			580,897.76
k. Remaining recipient share to be provided (line i minus j)			4,894,971.24      0
<b>Program Income:</b>			
l. Total Federal program income earned			
m. Program Income expended in accordance with the deduction alternative			
n. Program Income expended in accordance with the addition alternative			
o. Unexpended program income (line l minus line m or line n)			

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:				0	0	0

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

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 Certifying Official

Prefix:  First Name:  Middle Name:

Last Name:  Suffix:

Title:

b. Signature of Authorized Certifying Official



c. Telephone (Area code, number and extension)

d. Email Address

e. Date Report Submitted

14. Agency use only:

## Federal Financial Report

(Follow form Instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>NIST</b>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>23-08-12204</b>	
3. Recipient Organization (Name and complete address including Zip code)			
Recipient Organization Name: <b>CONNECT MAINE AUTHORITY</b>			
Street1: <b>59 STATE HOUSE STATION</b>			
Street2:			
City: <b>AUGUSTA</b>		County:	
State: <b>ME</b>		Province:	
Country: <b>UNITED STATES</b>		ZIP / Postal Code: <b>04333-0059</b>	
4a. UEI <b>8314532580000</b>	4b. EIN 	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 	
6. Report Type <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	8. Project/Grant Period From: <b>3/1/20</b> To: <b>2/29/20</b>	9. Reporting Period End Date <b>03/31/2023</b>
10. Transactions			Cumulative
(Use lines a-c for single or multiple grant reporting)			
<b>Federal Cash (To report multiple grants, also use FFR attachment):</b>			
a. Cash Receipts			12,851,321.92
b. Cash Disbursements			12,851,321.92
c. Cash on Hand (line a minus b)			0.00
(Use lines d-o for single grant reporting)			
<b>Federal Expenditures and Unobligated Balance:</b>			
d. Total Federal funds authorized			28,097,295.00
e. Federal share of expenditures			15,312,524.41
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			15,312,524.41
h. Unobligated balance of Federal Funds (line d minus g)			12,784,770.59
<b>Recipient Share:</b>			
i. Total recipient share required			5,475,869.00
j. Recipient share of expenditures			3,516,356.24
k. Remaining recipient share to be provided (line i minus j)			1,959,512.76
<b>Program Income:</b>			
l. Total Federal program income earned			
m. Program Income expended in accordance with the deduction alternative			
n. Program Income expended in accordance with the addition alternative			
o. Unexpended program income (line l minus line m or line n)			

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Totals:				0.00	0.00	0.00

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

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 Certifying Official	
Prefix: <input style="width: 100px;" type="text"/> First Name: <span style="border: 1px solid red; background-color: yellow; padding: 2px;">Andrew</span> Middle Name: <input style="width: 150px;" type="text"/>	
Last Name: <span style="border: 1px solid red; background-color: yellow; padding: 2px;">Butcher</span> Suffix: <input style="width: 100px;" type="text"/>	
Title: <span style="border: 1px solid red; background-color: yellow; padding: 2px;">President</span>	
b. Signature of Authorized Certifying Official	
<div style="display: flex; justify-content: space-between;"> <div style="font-size: 24pt; font-weight: bold;">Andrew Butcher</div> <div>             Digitally signed by Andrew Butcher              Date: 2023.04.28 14:55:00 -04'00'           </div> </div>	
c. Telephone (Area code, number and extension)	
<span style="border: 1px solid red; background-color: yellow; padding: 2px;">207-209-3868</span>	
d. Email Address	e. Date Report Submitted
<span style="border: 1px solid red; background-color: yellow; padding: 2px;">abutcher@maineconnectivity.org</span>	<span style="border: 1px solid red; background-color: yellow; padding: 2px;">4/28/20</span>
14. Agency use only:	

## Federal Financial Report

(Follow form Instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>NIST</b>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <b>23-08-12204</b>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <b>CONNECT MAINE AUTHORITY</b> Street1: <b>59 STATE HOUSE STATION</b> Street2: City: <b>AUGUSTA</b> County: State: <b>ME</b> Province: Country: ZIP / Postal Code: <b>04333-0059</b>			
4a. UEI <b>8314532580000</b>	4b. EIN <b>550974804</b>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)  	
6. Report Type <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	8. Project/Grant Period From: <b>3/23/22</b> To: <b>2/29/24</b>	9. Reporting Period End Date <b>09/30/2023</b>
10. Transactions			Cumulative
(Use lines a-c for single or multiple grant reporting)			
Federal Cash (To report 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 authorized			28,097,295.00
e. Federal share of expenditures			22,716,284.27
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			22,716,284.27
h. Unobligated balance of Federal Funds (line d minus g)			5,381,010.73
Recipient Share:			
i. Total recipient share required			5,531,621.00
j. Recipient share of expenditures			4,472,792.42
k. Remaining recipient share to be provided (line i minus j)			1,058,828.58
Program Income:			
l. Total Federal program income earned			0.00
m. Program Income expended in accordance with the deduction alternative			0.00
n. Program Income expended in accordance with the addition alternative			0.00
o. Unexpended program income (line l minus line m or line n)			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 explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:						
		Add Attachment		Delete Attachment	View Attachment	
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 Certifying Official						
Prefix:		First Name:	David	Middle Name:		
Last Name:	Wedick			Suffix:		
Title:	CFO					
b. Signature of Authorized Certifying Official				c. Telephone (Area code, number and extension)		
<div>David Wedick</div> <div>Digitally signed by David Wedick</div> <div>Date: 2023.10.30 21:55:48 -04'00'</div>				207-200-7368		
d. Email Address				e. Date Report Submitted		14. Agency use only:
dwedick@maineconnectivity.org				10/30/23		