Federal Financial Report

(Follow form Instructions)

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

ST. CO.	rganizational Element to W			report multiple grad	lifying Number Assigned by Federal nts, use FFR Attachment)
3. Recipient Organization	(Name and complete addr	ess including Zip code)			
Recipient Organization N					
Street1: 300 Stratton St	reel Ste 101				
Street2:	idel, old 101				
City: Logan		County:			
State: West Viro	ninia			Province:	
Country:	All II a		ZIP	/ Postal Code: 256	204
				77 03tai 0000.	001
4a. UEI	4b. EIN			nt Number or Identifi grants, use FFR Att	
TJQ6TT66B9J1	7863992380000	(10)	report multiple	granis, use FFA All	
6 Paned Tune	7.5-14.44	8. Project/Grant Period		9. Reporting Per	riod End Date
6. Report Type Quarterly	7. Basis of Accounting Cash	From: To:			The City Call
Semi-Annual	Accrual		8/23	9/30/2022	
Annual		DIZ 11ZZ	.0123		
Final					
10. Transactions					Cumulative
(Use lines a-c for single	or multiple grant reporting)				
Federal Cash (To repo	rt multiple grants, also us	e FFR attachment):			
a. Cash Receipts					0.00
b. Cash Disbursements					0.00
c. Cash on Hand (line a	minus b)				0.00
(Use lines d-o for single	grant reporting)	2			
Federal Expenditures	and Unobligated Balance:				
d. Total Federal funds a	uthorized				19,678,779.52
e. Federal share of expe	enditures				0.00
f. Federal share of unliq	uidated obligations				0.00
g. Total Federal share (s	sum of lines e and f)				0.00
h. Unobligated balance	of Federal Funds (line d mir	nus g)			19,678,779.52
Recipient Share:					
i. Total recipient share re	equired				5,448,000.00
j. Recipient share of exp	penditures				0.00
	share to be provided (line in	ninus i)			5,448,000.00
Program Income:					0,440,000.00
I. Total Federal program	income earned				0.00
	ended in accordance with t	he deduction alternative			0.00
	ended in accordance with the				0.00
	n income (line I minus line m				0.00
o. onexpended program	one fine i mino ano n	O 1410 11)			0.00

11, Indirect Expense							
а. Туре	b. Rate	c. Period F	rom Period To	d. Base		Amount	f. Federal Share
			g. Totals:	0	.00	0.00	0.00
12. Remarks: Attach any expla	nations deemed	necessary o	r information require	d by Federal sponsori	ng agency in	compliance with g	overning legislation:
		11.0	Add Attachment	Delete Attachment	View Attack	hment	
am aware that any false, ficti administrative penalties for t	s and cash rece tious, or fraudu	eipts are for elent informa	the purposes and dation, or the omissi	objectives set forth in on of any material fac	the terms a	nd conditions of ect me to crimina	the Federal award. I I, civil or
expenditures, disbursements am aware that any false, ficti administrative penalties for t	s and cash rece ltious, or fraudu fraud, false stat	pipts are for ulent informa ements, fais	the purposes and dation, or the omissi	objectives set forth in on of any material fac	the terms a	nd conditions of ect me to crimina	the Federal award. I I, civil or
expenditures, disbursements am aware that any false, ficti administrative penalties for f and 3801-3812).	s and cash receitious, or fraudu fraud, false state and Certifying Off	pipts are for ulent informa ements, fais	the purposes and dation, or the omissi	objectives set forth in on of any material fac- ise. (U.S. Code Title 1	the terms a	nd conditions of ect me to crimina	the Federal award. I I, civil or
expenditures, disbursements am aware that any false, ficti administrative penalties for fand 3801-3812). a. Name and Title of Authoriz	s and cash receitious, or fraudu fraud, false state and Certifying Off	pipts are for ulent informa ements, fals ficial	the purposes and dation, or the omissi	objectives set forth in on of any material fac- ise. (U.S. Code Title 1	the terms a ct, may subj 18, Section 1	nd conditions of ect me to crimina	the Federal award. I I, civil or
expenditures, disbursements am aware that any false, ficti administrative penalties for fand 3801-3812). a. Name and Title of Authoriz Prefix:	s and cash receitlous, or fraudu fraud, false state ed Certifying Off First Name:	pipts are for ulent informa ements, fals ficial	the purposes and dation, or the omissi	objectives set forth in on of any material fac- ise. (U.S. Code Title 1	the terms a ct, may subj 18, Section 1	nd conditions of ect me to crimina	the Federal award. I I, civil or
expenditures, disbursements arm aware that any false, ficti administrative penalties for fand 3801-3812). a. Name and Title of Authoriz Prefix: Last Name: Godby	s and cash receitlous, or fraudufraud, false state ed Certifying Off First Name:	pipts are for ulent informa ements, fals ficial	the purposes and dation, or the omissi	bljectives set forth in on of any material fac- ise. (U.S. Code Title 1	the terms a ct, may subj. 18, Section 1 dile Name:	nd conditions of ect me to crimina	the Federal award. I I, civil or Sections 3729-3730
expenditures, disbursements arm aware that any false, ficti administrative penalties for fand 3801-3812). a. Name and Title of Authoriz Prefix: Last Name: Godby Title: President, Logan	s and cash receitlous, or fraudufraud, false state ed Certifying Off First Name:	pipts are for ulent informa ements, fals ficial	the purposes and dation, or the omissi	bljectives set forth in on of any material fac- ise. (U.S. Code Title 1	the terms a ct, may subj. 18, Section 1 dile Name:	nd conditions of ect me to crimina 001 and Title 31,	the Federal award. I I, civil or Sections 3729-3730
expenditures, disbursements am aware that any false, ficti administrative penalties for fand 3801-3812). a. Name and Title of Authoriz Prefix: Last Name: Godby Title: President, Logan b. Signature of Authorized Cer	s and cash receitlous, or fraudufraud, false state ed Certifying Off First Name:	pipts are for ulent informa ements, fals ficial	the purposes and dation, or the omissi	bljectives set forth in on of any material fac- ise. (U.S. Code Title 1	the terms a ct, may subj 18, Section 1 dle Name: uffix:	nd conditions of ect me to crimina 001 and Title 31,	the Federal award. I I, civil or Sections 3729-3730

Standard Form 425

Federal Financial Report

(Follow form Instructions)

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

Federal Agency and O	organizational Element to Which	Report is Submitted			Identifying Number Assigned by Federal grants, use FFR Attachment)	
National Telecommunications and Inform	mation Administration (NTIA) - Broadband Infrastructu	re Program (BIP)	54-08-122	/70/. %	grants, use it it Attachment)	
3. Recipient Organization Recipient Organization N Street1: 300 Stratton St Street2: City: Logan State: West Viro Country: 4a. UEI TJQ6TT66B9J1	4b. EIN 7863992380000	County: 5. R	ecipient Accou	grants, use FFF	dentifying Number R Attachment)	
6. Report Type Quarterly Semi-Annual Annual Final	Cash Fr	Project/Grant Period om: To: /21/22	8/24	9. Reporting	g Period End Date	
10. Transactions					Cumulative	
(Use lines a-c for single	or multiple grant reporting)					
Federal Cash (To repo	rt multiple grants, also use FF	R attachment):				
a. Cash Receipts						00
b. Cash Disbursements					0.	00
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				19,678,779	52
e. Federal share of expe	enditures				1,530,546	39
f. Federal share of unliqu	uidated obligations			V-2000 MOTHER TO THE TOTAL TO T	0.	00
g. Total Federal share (s	sum of lines e and f)			241124WFE 50000 - 4450	1,530,546.	39
h. Unobligated balance	of Federal Funds (line d minus g)			18,148,233.	13
Recipient Share:						
i. Total recipient share re	equired				5,448,000	00
j. Recipient share of exp	penditures				0.	00
k. Remaining recipient s	share to be provided (line i minus	j)			5,448,000	00
Program Income:						
I. Total Federal program	income earned				0.	00
m. Program Income exp	ended in accordance with the de	eduction alternative			0.	00
n. Program Income expe	ended in accordance with the ad-	dition alternative			0.	00
o. Unexpended program	n income (line I minus line m or li	ne n)				00

11. Indirect Expense							
а. Туре	b. Rate	c. Period From	Period To	d. Base		c. Amount Charged	f. Federal Share
] [
			g. Totals:		0.00	0.00	0.00
12. Remarks: Attach any explana	tions deemed		mation required	d by Federal sponso Delete Attachment			verning legislation:
administrative penalties for fra and 3801-3812). a. Name and Title of Authorized			ims or otherwi	se. (U.S. Code Title	18, Section	1001 and Title 31, \$	Sections 3729-3730
	irst Name:	tocky		Mi	ddle Name:		
Last Name: Adkins Title: Project Coordinator					Suffix:		
b. Signature of Authorized Certify	ing Official			c. Telephone	(Area code, n	umber and extension	n)
Rocky Ad	K.			304-687-2518			
d. Email Address				e. Date Repo	rt Submitted	14. Agency use	only:
radkins@lccwv.us				4/28/23			

Standard Form 425

View Burden Statement

Federal Financial Report

(Follow form Instructions)

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

1. Federal Agency and O	rganizational Element to Wh	ich Report is Submitted			ying Number Assigned by Federal
National Telecommunications and Inform	mation Administration (NTIA) - Broadband Infra	structure Program (BIP)	54-08-1220		s, use FFR Attachment)
Recipient Organization	(Name and complete addre	ss including Zip code)			
Recipient Organization N					
Street1: 300 Stratton St	treet, Ste. 101				
Street2:					
City: Logan		County:			
State: West Viro	ginia			Province:	
Country:		100000	ZIP	/ Postal Code: 2560	1
4a. UEI	4b. EIN	- F D	aniniant Assaul	t North or or Islandia	ing Number
TJQ6TT66B9J1	7863992380000			nt Number or Identify grants, use FFR Attac	
13Q01100B931	700393230000				
6. Report Type	7. Basis of Accounting	8. Project/Grant Period		9. Reporting Perio	od End Date
Quarterly	Cash	From: To:		09/30/2023	
Semi-Annual	Accrual	3/21/22	8/24		
Annual Final					
	L				
10. Transactions	an and the language of the same of the sam				Cumulative
	or multiple grant reporting)	FFD . # . 1			
a. Cash Receipts	rt multiple grants, also use	FFR attachment):	-		0.00
<u> </u>					0.00
b. Cash Disbursements c. Cash on Hand (line a	minue h)				0.00
(Use lines d-o for single					0.00
	and Unobligated Balance:				
d. Total Federal funds a					19,678,779.52
e. Federal share of expe					
f. Federal share of unliq					5,346,898.47
	-				0.00
g. Total Federal share (s					5,346,898.47
	of Federal Funds (line d min	us g)			14,331,881.05
Recipient Share:	and a second				E 449 000 00
i. Total recipient share r					5,448,000.00
j. Recipient share of exp					5,448,000.00
	share to be provided (line i m	inus j)			0.00
Program Income:					
Total Federal program					0.00
	pended in accordance with the				0.00
	ended in accordance with the				0.00
 Unexpended program 	n income (line I minus line m	or line n)			0.00

11. Indirect Expense							
а. Туре	b. Rate	c. Period From	Period To	d. Base	9	e. Amount Charged	f. Federal Share
			g. Totals:		0.00	0.00	0.00
12. Remarks: Attach any explanation	ons deemed	necessary or info	rmation required	by Federal spo	nsoring agend	cy in compliance with g	overning legislation:
		Ade	d Attachment	Delete Attachn	nent View A	Attachment	
13. Certification: By signing this expenditures, disbursements and am aware that any false, fictitious administrative penalties for fraudand 3801-3812).	d cash rece s, or fraudu	eipts are for the pullent information,	urposes and ob or the omission	jectives set fo of any mater	rth in the teri ial fact, may	ms and conditions of subject me to crimina	the Federal award. I I, civil or
a. Name and Title of Authorized C	ertifying Off	îcial					
Prefix: Fir	st Name:	Rocky			Middle Nam	e: [
Last Name: Adkins					Suffix:		
Title: Project Coordinator							
b. Signature of Authorized Certifyin	g Official			_		le, number and extension	on)
Rocky Aul	K	27-207		304-687-2	518		
d. Email Address				e. Date R	eport Submitt	ed 14. Agency use	e only:
radkins@lccwv.us				10/30/	23		

Standard Form 425