

Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014

Expiration Date: 02/28/2025

1. Federal Agency and Organizational Element to Which Report is Submitted National Telecommunications and Information Administration (NTIA) - Broadband Infrastructure Program (BIP)		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 54-08-12205	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: County of Logan Street1: 300 Stratton Street, Ste. 101 Street2: City: Logan County: State: West Virginia Province: Country: ZIP / Postal Code: 25601			
4a. UEI TJQ6TT66B9J1	4b. EIN 7863992350000	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 type="checkbox"/> Accrual	8. Project/Grant Period From: 3/21/22 To: 2/28/23	9. Reporting Period End Date 9/30/2022
10. Transactions (Use lines a-c for single or multiple grant reporting)			Cumulative
Federal Cash (To report multiple grants, also use 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)			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			19,678,779.52
e. Federal share of expenditures			0.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			0.00
h. Unobligated balance of Federal Funds (line d minus g)			19,678,779.52
Recipient Share:			
i. Total recipient share required			5,448,000.00
j. Recipient share of expenditures			0.00
k. Remaining recipient share to be provided (line i minus j)			5,448,000.00
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:

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).

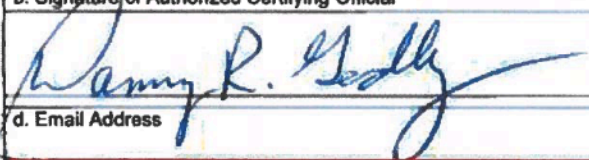
a. Name and Title of Authorized Certifying Official

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 <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">National Telecommunications and Information Administration (NTIA) - Broadband Infrastructure Program (BIP)</div>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">54-08-12205</div>	
3. Recipient Organization (Name and complete address including Zip code)			
Recipient Organization Name: <div style="border: 1px solid black; padding: 2px;">County of Logan</div>			
Street1: <div style="border: 1px solid black; padding: 2px;">300 Stratton Street, Ste. 101</div>			
Street2: <div style="border: 1px solid black; padding: 2px;"></div>			
City: <div style="border: 1px solid black; padding: 2px;">Logan</div> County: <div style="border: 1px solid black; padding: 2px;"></div>			
State: <div style="border: 1px solid black; padding: 2px;">West Virginia</div> Province: <div style="border: 1px solid black; padding: 2px;"></div>			
Country: <div style="border: 1px solid black; padding: 2px;"></div> ZIP / Postal Code: <div style="border: 1px solid black; padding: 2px;">25601</div>			
4a. UEI <div style="border: 1px solid black; padding: 2px;">TJQ6TT66B9J1</div>		4b. EIN <div style="border: 1px solid black; padding: 2px;">7863992380000</div>	
5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px;"></div>			
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 type="checkbox"/> Accrual	
		8. Project/Grant Period From: <div style="border: 1px solid black; padding: 2px;">3/21/22</div> To: <div style="border: 1px solid black; padding: 2px;">2/28/24</div>	
		9. Reporting Period End Date <div style="border: 1px solid black; padding: 2px;">03/31/2023</div>	
10. Transactions			Cumulative
<i>(Use lines a-c for single or multiple grant reporting)</i>			
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			0.00
b. Cash Disbursements			0.00
c. Cash on Hand (line a minus b)			0.00
<i>(Use lines d-o for single grant reporting)</i>			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			19,678,779.52
e. Federal share of expenditures			1,530,546.39
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			1,530,546.39
h. Unobligated balance of Federal Funds (line d minus g)			18,148,233.13
Recipient Share:			
i. Total recipient share required			5,448,000.00
j. Recipient share of expenditures			0.00
k. Remaining recipient share to be provided (line i minus j)			5,448,000.00
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:

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

1. Federal Agency and Organizational Element to Which Report is Submitted <div style="border: 1px solid black; padding: 2px;">National Telecommunications and Information Administration (NTIA) - Broadband Infrastructure Program (BIP)</div>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px;">54-08-12205</div>			
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div style="border: 1px solid black; padding: 2px;">County of Logan</div> Street1: <div style="border: 1px solid black; padding: 2px;">300 Stratton Street, Ste. 101</div> Street2: <div style="border: 1px solid black; padding: 2px;"></div> City: <div style="border: 1px solid black; padding: 2px;">Logan</div> County: <div style="border: 1px solid black; padding: 2px;"></div> State: <div style="border: 1px solid black; padding: 2px;">West Virginia</div> Province: <div style="border: 1px solid black; padding: 2px;"></div> Country: <div style="border: 1px solid black; padding: 2px;"></div> ZIP / Postal Code: <div style="border: 1px solid black; padding: 2px;">25601</div>					
4a. UEI <div style="border: 1px solid black; padding: 2px;">TJQ6TT66B9J1</div>		4b. EIN <div style="border: 1px solid black; padding: 2px;">7863992380000</div>		5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px;"></div>	
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 type="checkbox"/> Accrual		8. Project/Grant Period From: <div style="border: 1px solid black; padding: 2px;">3/21/22</div> To: <div style="border: 1px solid black; padding: 2px;">2/28/24</div>	
9. Reporting Period End Date <div style="border: 1px solid black; padding: 2px;">09/30/2023</div>					
10. Transactions (Use lines a-c for single or multiple grant reporting)					Cumulative
Federal Cash (To report multiple grants, also use 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)					
Federal Expenditures and Unobligated Balance:					
d. Total Federal funds authorized					19,678,779.52
e. Federal share of expenditures					5,346,898.47
f. Federal share of unliquidated obligations					0.00
g. Total Federal share (sum of lines e and f)					5,346,898.47
h. Unobligated balance of Federal Funds (line d minus g)					14,331,881.05
Recipient Share:					
i. Total recipient share required					5,448,000.00
j. Recipient share of expenditures					5,448,000.00
k. Remaining recipient share to be provided (line i minus j)					0.00
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
	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" 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:

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: <input style="width: 60px;" type="text"/> First Name: <input style="width: 250px;" type="text" value="Rocky"/> Middle Name: <input style="width: 150px;" type="text"/>	
Last Name: <input style="width: 350px;" type="text" value="Adkins"/> Suffix: <input style="width: 80px;" type="text"/>	
Title: <input style="width: 250px;" type="text" value="Project Coordinator"/>	
b. Signature of Authorized Certifying Official	c. Telephone (Area code, number and extension)
	<input style="width: 150px;" type="text" value="304-687-2518"/>
d. Email Address	e. Date Report Submitted
<input style="width: 350px;" type="text" value="radkins@lccwv.us"/>	<input style="width: 80px;" type="text" value="10/30/23"/>
14. Agency use only:	

