

Federal Financial Report

(Follow form Instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted National Institute of Standards and Technology		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 42-08-I2213	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: Huntingdon County Street1: 223 Penn St Street2: City: Huntingdon County: Huntingdon State: Pa Province: Country: ZIP / Postal Code: 16652-1457			
4a. UEI 03-974 8918	4b. EIN 23-6003031	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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	8. Project/Grant Period From: 3/1/22 To: 2/28/24	9. Reporting Period End Date 09/30/2022
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			0.00
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)			0.00
Recipient Share:			
i. Total recipient share required			0.00
j. Recipient share of expenditures			0.00
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
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

msather@huntingdoncounty.net

e. Date Report Submitted

14. Agency use only:

Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014
Expiration Date: 02/28/2022

1. Federal Agency and Organizational Element to Which Report is Submitted <input style="width: 90%; height: 20px;" type="text" value="2 National Institute of Standards Technology"/>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <input style="width: 90%; height: 20px;" type="text" value="42-08-12213"/>
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3. Recipient Organization (Name and complete address including Zip code)

Recipient Organization Name:

Street1:

Street2:

City: County:

State: Province:

Country: ZIP / Postal Code:

4a. UEI <input style="width: 90%; height: 20px;" type="text" value="CW7ZCAQRKBL4"/>	4b. EIN <input style="width: 90%; height: 20px;" type="text" value="23-6003031"/>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <input style="width: 90%; height: 20px;" type="text"/>
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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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	8. Project/Grant Period From: <input style="width: 40%;" type="text" value="03/01/2022"/> To: <input style="width: 40%;" type="text" value="02/28/2024"/>	9. Reporting Period End Date <input style="width: 90%; height: 20px;" type="text" value="03/31/2023"/>
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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	<input style="width: 80%;" type="text" value="984,805.02"/>
b. Cash Disbursements	<input style="width: 80%;" type="text" value="272,338.87"/>
c. Cash on Hand (line a minus b)	<input style="width: 80%;" type="text" value="712,466.15"/>
<i>(Use lines d-o for single grant reporting)</i>	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	<input style="width: 80%;" type="text" value="20,463,175.24"/>
e. Federal share of expenditures	<input style="width: 80%;" type="text" value="272,338.87"/>
f. Federal share of unliquidated obligations	<input style="width: 80%;" type="text" value="41,865.08"/>
g. Total Federal share (sum of lines e and f)	<input style="width: 80%;" type="text" value="314,203.95"/>
h. Unobligated balance of Federal Funds (line d minus g)	<input style="width: 80%;" type="text" value="20,148,971.29"/>
Recipient Share:	
i. Total recipient share required	<input style="width: 80%;" type="text" value="2,273,686.14"/>
j. Recipient share of expenditures	<input style="width: 80%;" type="text" value="30,259.87"/>
k. Remaining recipient share to be provided (line i minus j)	<input style="width: 80%;" type="text" value="2,243,426.27"/>
Program Income:	
l. Total Federal program income earned	<input style="width: 80%;" type="text" value="700.90"/>
m. Program Income expended in accordance with the deduction alternative	<input style="width: 80%;" type="text" value="0.00"/>
n. Program Income expended in accordance with the addition alternative	<input style="width: 80%;" type="text" value="0.00"/>
o. Unexpended program income (line l minus line m and line n)	<input style="width: 80%;" type="text" value="700.90"/>

11. Indirect Expense

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
N/A The County doesn't charge indirect cost	0.00	10/01/2022	03/31/2023	0.00	0.00	0.00
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)

OMB Number: 4040-0014
Expiration Date: 02/28/2022

1. Federal Agency and Organizational Element to Which Report is Submitted <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">2 National Institute of Standards Technology</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; width: 150px;">42-08-12213</div>
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3. Recipient Organization (Name and complete address including Zip code)

Recipient Organization Name: Huntingdon County

Street1: 223 Penn St

Street2:

City: Huntingdon County: Huntingdon

State: PA: Pennsylvania Province:

Country: USA: UNITED STATES ZIP / Postal Code: 16652-1457

4a. UEI <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">CW7ZCAQRKBL4</div>	4b. EIN <div style="border: 1px solid black; padding: 2px; margin-top: 5px; width: 150px;">23-6003031</div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px; margin-top: 5px; width: 200px;"> </div>
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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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	8. Project/Grant Period From: 03/01/2022 To: 02/28/2024	9. Reporting Period End Date <div style="border: 1px solid black; padding: 2px; margin-top: 5px; width: 100px; text-align: center;">09/30/2023</div>
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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	984,805.02
b. Cash Disbursements	639,755.49
c. Cash on Hand (line a minus b)	345,049.53
<i>(Use lines d-o for single grant reporting)</i>	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	20,463,175.24
e. Federal share of expenditures	639,755.49
f. Federal share of unliquidated obligations	0.00
g. Total Federal share (sum of lines e and f)	639,755.49
h. Unobligated balance of Federal Funds (line d minus g)	19,823,419.75
Recipient Share:	
i. Total recipient share required	2,273,686.14
j. Recipient share of expenditures	71,083.94
k. Remaining recipient share to be provided (line i minus j)	2,202,602.20
Program Income:	
l. Total Federal program income earned	4,503.41
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 and line n)	4,503.41

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
N/A The County doesn't charge indirect cost	0.00	10/01/2022	09/30/2023	0.00	0.00	0.00
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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e. Date Report Submitted

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