Federal Financial Report

(Follow form Instructions)

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

Federal Agency and Org	ganizational Element to W	hich Report is Subm		eral Grant or Other Id	lentifying Number Assigned by Federal grants, use FFR Attachment)
National Institute	of Standards and T	Technology	42-08-		
3. Recipient Organization (Recipient Organization (Recipient Organization Na Street1: 223 Penn St Street2: City: Huntingdo State: Pa Country: 4a. UEI 03-974 8918 6. Report Type Quarterly Semi-Annual Annual	ame: Huntingdon County	Count 8. Project/Grant P From: 3/1/22	ty: Huntingdon 5. Recipient Acc (To report multi	Province: ZIP / Postal Code: count Number or Idelegrants, use FFR / 9. Reporting F	ntifying Number
Final					r
10. Transactions (Use lines a-c for single or	r multiple grant reporting)				Cumulative
	multiple grants, also use	e FFR attachment):		_	
a. Cash Receipts	maniple grants, also 100	TTIN attachmenty.			0.00
b. Cash Disbursements					0.00
c. Cash on Hand (line a m	inus b)				0.00
(Use lines d-o for single gr	rant reporting)				
Federal Expenditures an	d Unobligated Balance:				
d. Total Federal funds auth	horized				0.00
e. Federal share of expend	ditures				0.00
f. Federal share of unliquid	dated obligations				0.00
g. Total Federal share (sur	m of lines e and f)				0.00
h. Unobligated balance of l	Federal Funds (line d min	us g)			0.00
Recipient Share:					
i. Total recipient share requ	uired				0.00
j. Recipient share of expen	nditures				0.00
k. Remaining recipient sha	re to be provided (line i m	inus j)			0.00
Program Income:					
I, Total Federal program inc	come earned				0.00
m. Program Income expen-	m. Program Income expended in accordance with the deduction alternative				
n. Program Income expend	ded in accordance with the	addition alternative)		0.00
o. Unexpended program in-	come (line I minus line m	or line n)			0.00

11. Indirect Expense							
а. Туре	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged		f. Federal Share
				1			
				1			
			g. Totals:	0.0	00	0.00	0.00
12. Remarks: Attach any explanati	ons deemed	necessary or info	rmation require	d by Federal sponsoring	g agency in complia	nce with go	overning legislation:
		Ad	d Attachment	Delete Attachment	View Attachment		
administrative penalties for frau and 3801-3812). a. Name and Title of Authorized	Certifying Of	ficial	and or otherwise				
Prefix: F	irst Name:	Mark			le Name:		
Last Name: Sather				Su	ffix:		
Title: Commissioner							
b. Signature of Authorized Certifyi	ng Official				rea code, number a	nd extensi	on)
Toward	Sh	w		814-643-3091			
d. Email Address	touch	napres	an open	e. Date Report	Submitted 14. A	gency us	e only:
msather@huntingdoncounty.net				10/14/22			

Federal Financial Report

(Follow form Instructions)

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

Federal Agency and Organizational Element to Which Report is Submitted				Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)				
2 National Institute of Standards Technology 42-08-12213								
2 Beginient Organization	· /Nome and associate add-							
	(Name and complete address lame: Huntingdon Count			10112	1 1 5 5 1 1 1 1 1 1 1 1			
		,у						
Street1: 223 Penn St	t							
l_		County						
Ct-1-	City: Huntingdon County: Huntingdon State: PA: Pennsylvania Province:							
Court Francis			ZID	/ Postal Code: 166	50.4455			
Country: USA: UNITED) STATES		ZIF	7 Fostal Code. 166	52-145/			
4a. UEI	4b. EIN			t Number or Identify grants, use FFR Atta				
CW7ZCAQRKBL4	23-6003031		To report multiple g	grants, use FFR Atta				
6. Report Type	7 Pagis of Accounting	8. Project/Grant Perio	od	9. Reporting Peri	od End Date			
Quarterly	7. Basis of Accounting Cash	_	o:					
Semi-Annual	Accrual	03/01/2022	02/28/2024	03/31/20	123			
Annual			5					
Final								
10. Transactions	Cumulative							
	or multiple grant reporting)				4			
Federal Cash (To repor	rt multiple grants, also use	FFR attachment):						
a. Cash Receipts					984,805.02			
b. Cash Disbursements					272,338.87			
c. Cash on Hand (line a	minus b)				712,466.15			
(Use lines d-o for single								
	and Unobligated Balance:							
d. Total Federal funds au	uthorized				20,463,175.24			
e. Federal share of expe	nditures				272,338.87			
f. Federal share of unliqu	idated obligations				41,865.08			
g. Total Federal share (s	um of lines e and f)				314,203.95			
h. Unobligated balance of	of Federal Funds (line d minu	ıs g)			20,148,971.29			
Recipient Share:								
i. Total recipient share required					2,273,686.14			
j. Recipient share of expenditures					30,259.87			
k. Remaining recipient share to be provided (line i minus j)					2,243,426.27			
Program Income:								
I. Total Federal program	Total Federal program income earned 700.90							
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 I minus line m and line n)					700.90			

11. Indirect Expense							
a. Type	b. Rate	c. Period From	Period To	d. Bas	20	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
13. Certification: By signing thi expenditures, disbursements a am aware that any false, fictitio administrative penalties for fra and 3801-3812).	nd cash rece	ertify to the best of the part information	ourposes and ol	ojectives set f on of any mate	nat the report is to forth in the terms erial fact, may sub	rue, complete, and a and conditions of t iject me to criminal	he Federal award. I , civil or
a. Name and Title of Authorized Prefix: Mr.	Certifying Off				Middle Name:		
Last Name: Sather Title: Commissioners					Suffix:		
b. Signature of Authorized Certify	ring Official	w .			hone (Area code, 13-3091	number and extension	n)
d. Email Address	.net	5		e. Date	Report Submitted	14. Agency use	only:

Federal Financial Report

(Follow form Instructions)

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

Agency (To report					ifying Number Assigned by Federal ats, use FFR Attachment)
2 National Institute of Standards Technology 42-08-12213					
Recipient Organization	(Name and complete addre	ess including Zip code)			
	ame: Huntingdon Count				
Street1: 223 Penn St					
Street2:					
City: Huntingdon		County: H	untingdon		
State: PA: Pennsyl	.vania			Province:	
Country: USA: UNITED	STATES		ZIP	/ Postal Code: 166	52-1457
4a. UEI	4b. EIN			t Number or Identif	
CW7ZCAQRKBL4	23-6003031	(To	report multiple g	rants, use FFR Atta	achment)
6. Report Type	7. Basis of Accounting	8. Project/Grant Period		9. Reporting Per	od End Date
Quarterly	Cash	From: To:		09/30/20	023
Semi-Annual Annual	Accrual	03/01/2022 02	2/28/2024		
Final					
10. Transactions					Cumulative
(Use lines a-c for single	or multiple grant reporting)				
Federal Cash (To repor	rt 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
(Use lines d-o for single	grant reporting)				
Federal Expenditures a	and Unobligated Balance:				
d. Total Federal funds au	uthorized				20,463,175.24
e. Federal share of expe	enditures				639,755.49
f. Federal share of unliqu	uidated obligations				0.00
g. Total Federal share (s	sum of lines e and f)				639,755.49
h. Unobligated balance of	of Federal Funds (line d min	us g)			19,823,419.75
Recipient Share:					
i. Total recipient share re	equired				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:					
I. Total Federal program	income earned				4,503.41
m. Program Income expended in accordance with the deduction alternative					0.00
n. Program Income expe	ended in accordance with the	e addition alternative			0.00
o. Unexpended program	income (line I minus line m	and line n)			4,503.41

11. Indirect Expense								
а. Туре	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 explanation	ons deemed	necessary or info	rmation required b	y Federal sp	onsoring agency i	n compliance with go	verning legislation:	
		Ad	d Attachment	infere Atlant	ment View Alth	Changot		
 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	ipts are for the p lent information,	urposes and obje , or the omission	ectives set for	orth in the terms	and conditions of the	he Federal award. I civil or	
a. Name and Title of Authorized C	ertifying Offi	icial						
Prefix: Mr. Fir	st Name: M	ark			Middle Name:			
Last Name: Sather					Suffix:			
Title: Commissioners								
b. Signature of Authorized Certifyin	g Official			c. Telep	hone (Area code, r	number and extension	n)	
Lason	Da			814-64	3-3091			
d. Email Address				e. Date	Report Submitted	14. Agency use	only:	
msather@huntingdoncounty.n	et			10/23,	/2023			