

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; min-height: 20px;">US Dept of Commerce</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; min-height: 20px;">40-09-C13032</div>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">Oklahoma State University</div> Street1: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">401 Whitehurst</div> Street2: <div style="border: 1px solid black; padding: 2px; min-height: 20px;"></div> City: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">Stillwater</div> County: <div style="border: 1px solid black; padding: 2px; min-height: 20px;"></div> State: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">OK: Oklahoma</div> Province: <div style="border: 1px solid black; padding: 2px; min-height: 20px;"></div> Country: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">USA: UNITED STATES</div> ZIP / Postal Code: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">74078-1031</div>			
4a. UEI <div style="border: 1px solid black; padding: 2px; min-height: 20px;">VMMJBLMMWSJ4</div>		4b. EIN <div style="border: 1px solid black; padding: 2px; min-height: 20px;">73-1383996</div>	
5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px; min-height: 20px;">4-553313</div>			
6. Report Type <input checked="" type="checkbox"/> Quarterly <input 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: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">08/01/2022</div> To: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">07/31/2024</div>		9. Reporting Period End Date <div style="border: 1px solid black; padding: 2px; min-height: 20px;">09/30/2022</div>	
10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i> Federal Cash (To report multiple grants, also use FFR attachment):			Cumulative
a. Cash Receipts			0.00
b. Cash Disbursements			20,168.99
c. Cash on Hand (line a minus b)			-20,168.99
<i>(Use lines d-o for single grant reporting)</i> Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			754,970.22
e. Federal share of expenditures			20,168.99
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			20,168.99
h. Unobligated balance of Federal Funds (line d minus g)			734,801.23
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 and line n)			0.00

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Predetermined	0.5%	08/01/2022	06/30/2024	12,928.84	7,240.15	7,240.15
g. Totals:				12,928.84	7,240.15	7,240.15

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: Kaci
Middle Name: 	
Last Name: Gaches	Suffix:
Title: Accountant II	
b. Signature of Authorized Certifying Official	c. Telephone (Area code, number and extension)
	405-744-6557
d. Email Address	e. Date Report Submitted
kaci.gaches@okstate.edu	04/28/2023
14. Agency use only:	

Standard Form 425

REVIEWED

By Zelandonaii Thompson at 8:41 am, May 01, 2023

Grants Settlement Report

ALC/Region:	13060001/02	Short Name:	NTIA
Recipient ID:	1159233	Recipient Name:	OKLAHOMA STATE UNIVERSITY INST
Award No:	40-09-C13032		
Settlement Date From:	7/21/2022	Through:	9/30/2022

Settlement Date	Transaction Type	Document Type	Document No	Authorization	Draws	Account Balance
07/21/2022	AUTHORIZATION	GRANT	474426	\$754,970.22		\$754,970.22
Totals:				\$754,970.22		

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; margin-top: 5px;">US Dept of Commerce</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;">40-09-C13032</div>			
3. Recipient Organization (Name and complete address including Zip code)					
Recipient Organization Name: <div style="border: 1px solid black; padding: 2px;">Oklahoma State University</div>					
Street1: <div style="border: 1px solid black; padding: 2px;">401 Whitehurst</div>					
Street2: <div style="border: 1px solid black; padding: 2px;"></div>					
City: <div style="border: 1px solid black; padding: 2px;">Stillwater</div> County: <div style="border: 1px solid black; padding: 2px;"></div>					
State: <div style="border: 1px solid black; padding: 2px;">OK: Oklahoma</div> Province: <div style="border: 1px solid black; padding: 2px;"></div>					
Country: <div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div> ZIP / Postal Code: <div style="border: 1px solid black; padding: 2px;">74078-1031</div>					
4a. UEI <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">VMMJBLMMWSJ4</div>		4b. EIN <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">73-1383996</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;">4-553313</div>	
6. Report Type <input checked="" type="checkbox"/> Quarterly <input 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 <div style="display: flex; justify-content: space-between;"><div>From: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">08/01/2022</div></div><div>To: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">07/31/2024</div></div></div>	
9. Reporting Period End Date <div style="border: 1px solid black; padding: 2px; margin-top: 5px; width: 100%;">12/31/2022</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					49,616.39
b. Cash Disbursements					61,463.19
c. Cash on Hand (line a minus b)					-11,846.80
<i>(Use lines d-o for single grant reporting)</i>					
Federal Expenditures and Unobligated Balance:					
d. Total Federal funds authorized					754,970.22
e. Federal share of expenditures					61,463.19
f. Federal share of unliquidated obligations					0.00
g. Total Federal share (sum of lines e and f)					61,463.19
h. Unobligated balance of Federal Funds (line d minus g)					693,507.03
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 and line n)					0.00

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Predetermined	0.5%	08/01/2022	06/30/2024	39,399.48	22,063.71	22,063.71
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px;"></div>	<div style="border: 1px solid black; width: 80px;"></div>	<div style="border: 1px solid black; width: 80px;"></div>	<div style="border: 1px solid black; width: 120px;"></div>	<div style="border: 1px solid black; width: 120px;"></div>	<div style="border: 1px solid black; width: 120px;"></div>
g. Totals:				39,399.48	22,063.71	22,063.71

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: <div style="border: 1px solid black; width: 100px;"></div>	First Name: <div style="border: 1px solid black; width: 250px;">Kaci</div>
Middle Name: <div style="border: 1px solid black; width: 200px;"></div>	
Last Name: <div style="border: 1px solid black; width: 400px;">Gaches</div>	Suffix: <div style="border: 1px solid black; width: 100px;"></div>
Title: <div style="border: 1px solid black; width: 300px;">Accountant II</div>	

b. Signature of Authorized Certifying Official	c. Telephone (Area code, number and extension)
<div style="border: 1px solid black; height: 40px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 150px;">405-744-6557</div>

d. Email Address	e. Date Report Submitted	14. Agency use only:
<div style="border: 1px solid black; width: 450px;">kaci.gaches@okstate.edu</div>	<div style="border: 1px solid black; width: 80px;">04/28/2023</div>	

Standard Form 425

REVIEWED

By Zelandonai Thompson at 8:45 am, May 01, 2023

Grants Settlement Report

ALC/Region:	13060001/02	Short Name:	NTIA
Recipient ID:	1159233	Recipient Name:	OKLAHOMA STATE UNIVERSITY INST
Award No:	40-09-C13032		
Settlement Date From:	7/21/2022	Through:	12/31/2022

Settlement Date	Transaction Type	Document Type	Document No	Authorization	Draws	Account Balance
07/21/2022	AUTHORIZATION	GRANT	474426	\$754,970.22		\$754,970.22
10/26/2022	PAYMENT	VINV	1840143		-\$20,168.99	\$734,801.23
11/04/2022	PAYMENT	VINV	1841473		-\$11,278.55	\$723,522.68
12/15/2022	PAYMENT	VINV	1852165		-\$18,168.85	\$705,353.83
Totals:				\$754,970.22	-\$49,616.39	

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 US Dept of Commerce		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 40-09-C13032	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: Oklahoma State University Street1: 401 Whitehurst Street2: City: Stillwater County: State: OK: Oklahoma Province: Country: USA: UNITED STATES ZIP / Postal Code: 74078-1031			
4a. UEI VMMJBLMMWSJ4	4b. EIN 73-1383996	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 4-553313	
6. Report Type <input checked="" type="checkbox"/> Quarterly <input 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: 08/01/2022 To: 07/31/2024	9. Reporting Period End Date 03/31/2023
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			61,463.19
b. Cash Disbursements			244,153.31
c. Cash on Hand (line a minus b)			-182,690.12
(Use lines d-o for single grant reporting)			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			754,970.22
e. Federal share of expenditures			244,153.31
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			244,153.31
h. Unobligated balance of Federal Funds (line d minus g)			510,816.91
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 and line n)			0.00

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Predetermined	0.5%	08/01/2022	06/30/2024	135,276.50	75,754.81	75,754.81
g. Totals:				135,276.50	75,754.81	75,754.81

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: <input style="width: 200px;" type="text" value="Kaci"/> Middle Name: <input style="width: 150px;" type="text"/>
Last Name: <input style="width: 250px;" type="text" value="Gaches"/>	Suffix: <input style="width: 100px;" type="text"/>
Title: <input style="width: 250px;" type="text" value="Accountant II"/>	
b. Signature of Authorized Certifying Official	c. Telephone (Area code, number and extension)
<div style="border: 1px solid black; height: 40px; display: flex; align-items: center; justify-content: center; font-family: cursive; font-size: 1.2em;">Kaci Gaches</div>	<input style="width: 150px;" type="text" value="405-744-6557"/>
d. Email Address	e. Date Report Submitted
<input style="width: 250px;" type="text" value="kaci.gaches@okstate.edu"/>	<input style="width: 100px;" type="text" value="04/28/2023"/>
14. Agency use only:	

Standard Form 425

REVIEWED

By Zelandonaii Thompson at 3:36 pm, May 12, 2023

Grants Settlement Report

ALC/Region:	13060001/02	Short Name:	NTIA
Recipient ID:	1159233	Recipient Name:	OKLAHOMA STATE UNIVERSITY INST
Award No:	40-09-C13032		
Settlement Date From:	7/21/2022	Through:	5/8/2023 1

Settlement Date	Transaction Type	Document Type	Document No	Authorization	Draws	Account Balance
07/21/2022	AUTHORIZATION	GRANT	474426	\$754,970.22		\$754,970.22
10/26/2022	PAYMENT	VINV	1840143		-\$20,168.99	\$734,801.23
11/04/2022	PAYMENT	VINV	1841473		-\$11,278.55	\$723,522.68
12/15/2022	PAYMENT	VINV	1852165		-\$18,168.85	\$705,353.83
01/10/2023	PAYMENT	VINV	1855805		-\$11,846.80	\$693,507.03
02/10/2023	PAYMENT	VINV	1861257		-\$32,866.47	\$660,640.56
03/07/2023	PAYMENT	VINV	1865343		-\$124,948.89	\$535,691.67
04/07/2023	PAYMENT	VINV	1873128		-\$24,874.76	\$510,816.91
04/28/2023	PAYMENT	VINV	1878098		-\$24,874.76	\$485,942.15
Totals:				\$754,970.22	-\$269,028.07	

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; min-height: 20px;">US Department of Commerce</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; min-height: 20px;">40-09-C13032</div>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div style="border: 1px solid black; padding: 2px; width: 90%;">Oklahoma State University</div> Street1: <div style="border: 1px solid black; padding: 2px; width: 80%;">401 Whitehurst</div> Street2: <div style="border: 1px solid black; padding: 2px; width: 80%;"></div> City: <div style="border: 1px solid black; padding: 2px; width: 30%;">Stillwater</div> County: <div style="border: 1px solid black; padding: 2px; width: 30%;"></div> State: <div style="border: 1px solid black; padding: 2px; width: 40%;">OK: Oklahoma</div> Province: <div style="border: 1px solid black; padding: 2px; width: 40%;"></div> Country: <div style="border: 1px solid black; padding: 2px; width: 40%;">USA: UNITED STATES</div> ZIP / Postal Code: <div style="border: 1px solid black; padding: 2px; width: 40%;">74078-1031</div>			
4a. UEI <div style="border: 1px solid black; padding: 2px; min-height: 20px;">VMMJBLMMWSJ4</div>	4b. EIN <div style="border: 1px solid black; padding: 2px; min-height: 20px;">73-1383996</div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px; min-height: 20px;">4-553313</div>	
6. Report Type <input checked="" type="checkbox"/> Quarterly <input 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: <div style="border: 1px solid black; padding: 2px; width: 40%;">08/01/2022</div> To: <div style="border: 1px solid black; padding: 2px; width: 40%;">07/31/2024</div>	9. Reporting Period End Date <div style="border: 1px solid black; padding: 2px; min-height: 20px;">06/30/2023</div>
10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i> Federal Cash (To report multiple grants, also use FFR attachment):			Cumulative
a. Cash Receipts			309,945.65
b. Cash Disbursements			321,621.73
c. Cash on Hand (line a minus b)			-11,676.08
<i>(Use lines d-o for single grant reporting)</i>			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			754,970.22
e. Federal share of expenditures			321,621.73
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			321,621.73
h. Unobligated balance of Federal Funds (line d minus g)			433,348.49
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 and line n)			0.00

11. Indirect Expense

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Predetermined	56.00	08/01/2022	06/30/2024	183,885.74	102,975.99	102,975.99
g. Totals:				183,885.74	102,975.99	102,975.99

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

4-553313 SF425 6.30.23.pdf

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: Kaci Middle Name: Last Name: Gaches Suffix: Title: Accountant II

b. Signature of Authorized Certifying Official

Kaci Gaches *Kaci Gaches 8-2-2023*

c. Telephone (Area code, number and extension)

405-744-6557

d. Email Address

kaci.gaches@okstate.edu

e. Date Report Submitted

07/28/2023

14. Agency use only:

Standard Form 425

REVIEWED

By Zelandonai Thompson at 11:43 am, Aug 02, 2023

Grants Settlement Report

ALC/Region:	13060001/02	Short Name:	NTIA
Recipient ID:	1159233	Recipient Name:	OKLAHOMA STATE UNIVERSITY INST
Award No:	40-09-C13032		
Settlement Date From:	7/21/2022	Through:	6/30/2023

Settlement Date	Transaction Type	Document Type	Document No	Authorization	Draws	Account Balance
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10/26/2022	PAYMENT	VINV	1840143		-\$20,168.99	\$734,801.23
11/04/2022	PAYMENT	VINV	1841473		-\$11,278.55	\$723,522.68
12/15/2022	PAYMENT	VINV	1852165		-\$18,168.85	\$705,353.83
01/10/2023	PAYMENT	VINV	1855805		-\$11,846.80	\$693,507.03
02/10/2023	PAYMENT	VINV	1861257		-\$32,866.47	\$660,640.56
03/07/2023	PAYMENT	VINV	1865343		-\$124,948.89	\$535,691.67
04/07/2023	PAYMENT	VINV	1873128		-\$24,874.76	\$510,816.91
04/28/2023	PAYMENT	VINV	1878098		-\$24,874.76	\$485,942.15
05/08/2023	PAYMENT	VINV	1881355		-\$23,848.88	\$462,093.27
06/07/2023	PAYMENT	VINV	1887533		-\$17,068.70	\$445,024.57
Totals:				\$754,970.22	-\$309,945.65	