

FEDERAL FINANCIAL REPORT

(Follow form instructions)

| | | | |
|---|---|-----------|---------|
| 1. Federal Agency and Organizational Element to Which Report is Submitted National Energy Technology Laboratory | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) DE-OE0000103 | Page 1 | of 1 |
| 3. Recipient Organization (Name and complete address including Zip code) Office of Policy and Management, Connecticut, 450 Capitol Avenue, Hartford, CT 06106-1379 | | pages | |

| | | | | |
|------------------------------|----------------------|--|--|---|
| 4a. DUNS Number 807853015 | 4b. EIN 066000798 | 5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 29072 BR 2009 | 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: (Month, Day, Year) 8/12/2009 | To: (Month, Day, Year) 8/14/2012 | 9. Reporting Period End Date (Month, Day, Year) 03/31/2011 |
|--|-------------------------------------|---|

| | |
|------------------|------------|
| 10. Transactions | Cumulative |
|------------------|------------|

(Use lines a-c for single or multiple grant reporting)

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|---|---------------|
| Federal Cash (To report multiple grants, also use FFR Attachment): | |
| a. Cash Receipts | \$116,332.66 |
| b. Cash Disbursements | \$127,906.19 |
| c. Cash on Hand (line a minus b) | (\$11,573.53) |

(Use lines d-o for single grant reporting)

| | |
|---|--------------|
| Federal Expenditures and Unobligated Balance: | |
| d. Total Federal funds authorized | \$521,250.00 |
| e. Federal share of expenditures | \$127,906.19 |
| f. Federal share of unliquidated obligations | \$0.00 |
| g. Total Federal share (sum of lines e and f) | \$127,906.19 |
| h. Unobligated balance of Federal funds (line d minus g) | \$393,343.81 |
| 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 |
|----------------------|---------|---------|----------------|-----------|---------|-------------------|------------------|
| | Fixed | 40.53% | 10/1/2010 | 3/31/2011 | 7891.91 | \$ 3,198.59 | \$ 3,198.59 |
| g. Totals: | | | | | | | |

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 that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

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| a. Typed or Printed Name and Title of Authorized Certifying Official Ralph Barra, Accounting Specialist | c. Telephone (Area code, number and extension) (860) 418-6208 |
| b. Signature of Authorized Certifying Official | d. Email address ralph.barra@ct.gov |
| | e. Date Report Submitted (Month, Day, Year) 4/11/2011 |

14. Agency use only

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

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