

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted Department of Energy	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) DE-EE-0001560	Page 1	of 1
		pages	

3. Recipient Organization (Name and complete address including Zip code)
 State of CT Office of Policy and Management 450 Capitol Avenue Hartford, CT 06106

4a. DUNS Number 807853015	4b. EIN 066000798	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 29083/2009	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
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B. Project/Grant Period From: (Month, Day, Year) 8/24/2009	To: (Month, Day, Year) 2/17/2012	9. Reporting Period End Date (Month, Day, Year) 3/31/2010
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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	\$0.00
b. Cash Disbursements	\$1,140,000.00
c. Cash on Hand (line a minus b)	(\$1,140,000.00)

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	\$3,359,000.00
e. Federal share of expenditures	\$0.00
f. Federal share of unliquidated obligations	
g. Total Federal share (sum of lines e and f)	\$0.00
h. Unobligated balance of Federal funds (line d minus g)	\$3,359,000.00
Recipient Share:	
i. Total recipient share required	\$0.00
j. Recipient share of expenditures	\$19,431.60
k. Remaining recipient share to be provided (line i minus j)	(\$19,431.60)
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)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
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)

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 d. Email address Ralph.Barra@ct.gov
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 4/9/2010

14. Agency use only:

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

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.