FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page	of
Department of Energy	DE-EE-0001580	1	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	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	7. Basis of Accounting
807853015	066000798	29083/2009	x Quarterly ☐ Semi-Annual ☐ Annual ☐ Final	X Cash ☐ Accrual

8. Project/Grant Period From: (Month, Day, Year)	To: (Month, Day, Year)	9. Reporting Period End Date (Month, Day, Year)
8/24/2009	2/17/2012	9/30/2009

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	$0.00
c. Cash on Hand (line a minus b)	$0.00
(Use lines d-o for single grant reporting)	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	$335,900.00
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)	$335,900.00
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)	

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 penalities. (U.S. Code, Title 218, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number and extension)
Ralph Barra, Accounting Specialist	860-418-6208
	d. Email address Ralph.Barra@ct.gov
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) 10/26/2009
	14. Agency use only:

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

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