

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 DE-FG-26-09EE00372				Page 1 of 1 pages		
3. Recipient Organization (Name and complete address, including ZIP code) Connecticut Office of Policy a Policy Devlp. & Plan. Div. 450 Capital Avenue MS 52 ENR Hartford, CT 06106-1379								
4a. DUNS Number 807853015	4b. EIN 066000798	5. Recipient Account Number or Identifying Number 29001		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) 04/01/2009			To: (Month, Day, Year) 03/31/2012		9. Reporting Period End Date (Month, Day, Year) 06/30/2009			
10. Transactions: (Use lines a-c for single or multiple grant reporting)					Cumulative			
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					\$38,542,000.00			
e. Federal share of expenditures					\$859.92			
f. Federal share of unliquidated obligations					\$0.00			
g. Total Federal share (sum of lines e and f)					\$859.92			
h. Unobligated balance of Federal funds (line d minus g)					\$38,541,140.08			
Recipient Share:								
i. Total recipient share required					\$1,006,200.00			
j. Recipient share of expenditures					\$0.00			
k. Remaining recipient share to be provided (line i minus j)					\$1,006,200.00			
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 Charge	f. Federal Share
			0.00 %			0.00	0.00	0.00
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 18, Section 1001)								
a. Typed or Printed Name and Title of Authorized Certifying Official Mr. Ralph Barra, Accounting Specialist						c. Telephone (Area code, number and extension) (860)418-6208		
b. Signature of Authorized Certifying Official						e. Date Report Submitted (Month, Day, Year) 07/27/2009		
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011						14. Agency use only:		

Paperwork Burden Statement

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