View Burden Statement

Federal Financial Report

(Follow form Instructions)

Verify that form is not expired

OMB Number: 4040-0014
Expiration Date: 02/28/2025

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)
Department of Energy	Enter Application # EECEQ-XXXXX

3. Recipient Organization (Name and complete address including Zip code)

Recipient Organization Name: Enter Government or Tribe name

Street1: Required - Must match address present in SAM.gov

Street2:

City: Required County:

State: Required Province:

Country: ZIP / Postal Code: Required

4a. UEI	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)
Must match Unique Entity Identifier on SAM.gov & Salesforce.	N/A	N/A

6. Report Type	7. Basis of Accounting	8. Project/Grant Period	9. Reporting Period End Date
☐ Quarterly ☐ Semi-Annual ☐ Annual ☐ Final Select "Annual" or "Final".	☐ Cash ☐ Accrual Accrual is most common for Governments and Tribes. Confirm with Accounting Dept; impacts Box 10.	From: To: From: Grant Start Date To: +2 years from Start Date (MM/DD/YY)	09/30/YY

10. Transations	Cumulative
(Use lines a-c for single or multiple grant reporting)	
Federal Cash (To report multiple grants, also use FFR attachment):	
a. Cash Receipts — Reimbursement received from EECBG Program.	
b. Cash Disbursements — Payments made from EECBG Program funds.	
c. Cash on Hand (line a minus b) — Can be negative if reimbursement has not been received. Should be $0 after reimbursement has been received.	0.00
(Use lines d-o for single grant reporting)	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized — Total EECBG Program preapproved funds.	
e. Federal share of expenditures — Payments (expenditures) made with EECBG Program funds. Should match 10b.	
f. Federal share of unliquidated obligations — For projects in progress: Costs owed for equipment/services but not yet paid. For completed/reimbursed projects: This amount should be $0.	
g. Total Federal share (sum of lines e and f) — Total amount (payments & owed costs) to be covered by EECBG Program funds.	0.00
h. Unobligated balance of Federal Funds (line d minus g) — Amount of EECBG Program preapproved funds left over.	0.00
Recipient Share:	For EECBG, this section (I-K) will remain blank.
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	
Program Income:	For EECBG, this section (L-O) will remain blank.
l. Total Federal program income earned	
m. Program Income expended in accordance with the deduction alternative	
n. Program Income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense **For EECBG, this section (#11) will remain blank.**

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
			g. Totals:	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:

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: **Required** Middle Name:

Last Name: **Required** Suffix:

Title: **Required**

b. Signature of Authorized Certifying Official

Required

c. Telephone (Area code, number and extension)

Required

d. Email Address

Required

e. Date Report Submitted

Submission date (MM/DD/YY)

14. Agency use only:

Standard Form 425