Federal Financial Report

(Follow form Instructions)

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

1. Federal Ag	ency and Or	ganizational Element to Wh	ich Report is Subm	nitted					ng Number Assigned use FFR Attachmen		
Federal Aviation Adminstration 26805 East 68th Avenue, Suite 224 Denver, CO 80249-6361							26-034-2022	grants,	use i i i Attacimen	r)	
3. Recipient C	Organization	(Name and complete addre	ss including Zip co	de)							
Recipient Org	ganization Na	ame: Town of Saratoga	, Wyoming								
Street1: P.	O. Box 48	6				1					
Street2: 11	0 E. Spri	ng Avenue									
C:h	110 E. Spring Avenue Saratoga County: Carbon										
04-4							Province:				
Country: US	nr. nyomang										
4- 1151		45 FINI		_	Daalalaad				. Neverle e		
4a. UEI 4b. EIN							unt Number or Ide grants, use FFR				
EKLNJSBTNS	H3	83-6000089									
6. Report Type	е	7. Basis of Accounting	8. Project/Grant I	Perio	d		9. Reporting	Period	End Date		
Quarterly	_ ' ' '			From: To:			09/3	0/2022	2		
				06/2022 07/06/2027				-,			
Annual											
Final											
10. Transactions									Cumulative		
(Use lines a-c for single or multiple grant reporting)											
Federal Cas	sh (To repor	t 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 Exp	oenditures a	nd Unobligated Balance:									
d. Total Federal funds authorized									251,783.00		
e. Federal sh	hare of expe	nditures							0.00		
f. Federal share of unliquidated obligations									0.00		
g. Total Federal share (sum of lines e and f)								0.00			
h. Unobligated balance of Federal Funds (line d minus g)								251,783.00			
Recipient S	hare:										
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 Inc	come:										
I. 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 I minus line m and line n)										0.00	

11. Indirect Expense										
a. Type b. Rate		c. Period From Period To		d. Bas	se	e. Amount Charged	f. Federal Share			
						J				
							1			
			g. Totals:							
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: Mr. Fi	reed		Middle Name:							
Last Name: James					Suffix:					
Title: Mayor										
b. Signature of Authorized Certifying Official					c. Telephone (Area code, number and extension)					
				307-32	6-8335					
d. Email Address		e. Date I	Report Submitted	14. Agency u	se only:					
creedjames44@gmail.com										

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