Federal Financial Report

(Follow form Instructions)

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

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)					
Federal Aviation Adminstration 26805 East 68th Avenue, Suite 224						3-56-0026-035-2022					
3. Recipient Organization (Name and complete address including Zip code)											
Recipient Organization Name: Town of Saratoga, Wyoming											
Street1:	Street1: P.O. Box 486										
Street2:	110 E. Spri	10 E. Spring Avenue									
City:	Saratoga		ty: Car	bon							
State: Country:	WY: Wyoming Province:										
	USA: UNITED STATES ZIP / Postal Code: 82331								0486		
4a. UEI	a. UEI 4b. EIN 5. Recipient Account Number or Identifi							entifying	Number		
EKLNJSBTNSH3		83-6000089 (To report multiple g									
6. Report	Туре	7. Basis of Accounting 8. Project/Grant Period			9. Reporting Perio			Period I	od End Date		
Quarte	erly		From:	To:	09/30/20			0/2022)22		
\Box	mi-Annual 07/25/2022 07/25/2027										
Annual											
Final											
10. Transactions									Cumulative		
		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									159,000.00		
e. Federa	al share of expe	enditures							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)									159,000.00		
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:											
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										

Standard Form 425