

Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014

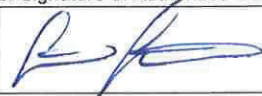
Expiration Date: 02/28/2025

1. Federal Agency and Organizational Element to Which Report is Submitted <div style="border: 1px solid black; padding: 2px; min-height: 20px;">National Telecommunications and Information Administration</div>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px; min-height: 20px;">32-08-I2214</div>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div style="border: 1px solid black; padding: 2px; width: 90%;">County of Elko</div> Street1: <div style="border: 1px solid black; padding: 2px; width: 80%;">540 Court St. Ste 104</div> Street2: <div style="border: 1px solid black; padding: 2px; width: 80%;"></div> City: <div style="border: 1px solid black; padding: 2px; width: 30%;">Elko</div> County: <div style="border: 1px solid black; padding: 2px; width: 30%;">Elko</div> State: <div style="border: 1px solid black; padding: 2px; width: 40%;">NV: Nevada</div> Province: <div style="border: 1px solid black; padding: 2px; width: 40%;"></div> Country: <div style="border: 1px solid black; padding: 2px; width: 40%;">USA: UNITED STATES</div> ZIP / Postal Code: <div style="border: 1px solid black; padding: 2px; width: 40%;">89801-3515</div>			
4a. UEI <div style="border: 1px solid black; padding: 2px; min-height: 20px;">D5D9EAMCUFL9</div>	4b. EIN <div style="border: 1px solid black; padding: 2px; min-height: 20px;">88-6000039</div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px; min-height: 20px;"></div>	
6. Report Type <input type="checkbox"/> Quarterly <input checked="" 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: <div style="border: 1px solid black; padding: 2px; width: 40%;">02/28/2022</div> To: <div style="border: 1px solid black; padding: 2px; width: 40%;">03/01/2025</div>	9. Reporting Period End Date <div style="border: 1px solid black; padding: 2px; width: 80%;">09/30/2022</div>
10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i>			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
<i>(Use lines d-o for single grant reporting)</i>			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			1,352,298.02
e. Federal share of expenditures			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)			1,352,298.02
Recipient Share:			
i. Total recipient share required			2,028,447.03
j. Recipient share of expenditures			0.00
k. Remaining recipient share to be provided (line i minus j)			2,028,447.03
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 and line n)			0.00

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
N/A	0.00			0.00	0.00	0.00
N/A	0.00			0.00	0.00	0.00
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:

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: <input type="text"/>	First Name: <input type="text" value="Sienna"/> Middle Name: <input type="text"/>
Last Name: <input type="text" value="Stierman"/>	Suffix: <input type="text"/>
Title: <input type="text" value="Administrative Assistant"/>	
b. Signature of Authorized Certifying Official	c. Telephone (Area code, number and extension)
	<input type="text" value="775-748-0213"/>
d. Email Address	e. Date Report Submitted
<input type="text" value="sstierman@elkocountynv.net"/>	<input type="text" value="10/06/2022"/>
14. Agency use only:	

Standard Form 425

APPROVED

By Kimberly Campbell Shields at 11:18 am, Apr 18, 2023

Grants Settlement Report

ALC/Region:	13060001/02	Short Name:	NTIA
Recipient ID:	1108264	Recipient Name:	COUNTY OF ELKO
Award No:	32-08-I2214		
Settlement Date From:	2/25/2022	Through:	9/30/2022

Settlement Date	Transaction Type	Document Type	Document No	Authorization	Draws	Account Balance
02/25/2022	AUTHORIZATION	GRANT	468610	\$7,350,000.86		\$7,350,000.86
Totals:				\$7,350,000.86		