## **Federal Financial Report**

(Follow form Instructions)

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

1. Federal Agency and O	tifying Number Assigned by Federal nts, use FFR Attachment)				
1 1 1 1 7 1			<mark>37-08-122</mark>	202	
3. Recipient Organization	n (Name and complete addre	ess including Zip cod	e)		
Recipient Organization N	lame: North Carolina Glol	<mark>oal TransPark Auth</mark>	ority		
Street1: 2780 Jetport	Rd				
Street2:					
City: Kinston		County	:		
State: North Car	rolina			Province:	
Country:			ZIP	? / Postal Code: 28	504
4a. UEI	4b. EIN		5. Recipient Accou	nt Number or Identi	fying Number
7912106020000	561767291		(To report multiple	grants, use FFR Att	achment)
6. Report Type	7. Basis of Accounting	8. Project/Grant P	eriod	9. Reporting Pe	riod End Date
Quarterly	Cash	From:	То:	10/30/2022	
Semi-Annual	■ Accrual	4/1/22	9/30/22		
Final					
10. Transactions					Cumulative
	or multiple grant reporting)				Cultidiative
·	rt 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 a	29,985,800.00				
e. Federal share of expe	enditures				0.00
f. Federal share of unliq	uidated obligations				
g. Total Federal share (s	sum of lines e and f)				0.00
h. Unobligated balance	29,985,800.00				
Recipient Share:					
i. Total recipient share re	equired				0.00
j. Recipient share of exp	penditures				0.00
k. Remaining recipient s	hare to be provided (line i m	inus j)			0.00
Program Income:					
I. Total Federal program	income earned				0.00
m. Program Income exp	0.00				
n. Program Income expe	ended in accordance with the	e addition alternative			0.00
o Unevnended program	n income (line I minus line m	or line n)			0.00

11. Indirect Expense									
а. Туре	b. Rate c. Period From Period To			d. Bas	d. Base		mount arged	f. Federal Share	
							1		
				g. Totals:		0.00		0.00	0.00
12. Remarks: Attach any explanation	ons deemed	necessary c	r infoi	rmation required	by Federal spo	onsoring ag	ency in co	mpliance with go	overning legislation:
			Add	d Attachment	Delete Attachi	ment Vie	w Attachm	nent	
13. Certification: By signing this expenditures, disbursements an am aware that any false, fictitiou administrative penalties for fraudand 3801-3812).	d cash rece s, or fraudu	ipts are for lent informa	the pation,	urposes and ob or the omission	jectives set fon n of any mater	orth in the rial fact, m	terms and ay subjec	conditions of t t me to criminal	he Federal award. I , civil or
a. Name and Title of Authorized C	Certifying Offi	icial							
Prefix: Fir	rst Name: T	rina				Middle N	ame:		
Last Name: Warren						Suffix:			
Title: Assistant Finance	Director								
b. Signature of Authorized Certifyin	g Official				c. Teleph	one (Area	code, num	ber and extension	on)
Zina B. Warren									
d. Emai <b>l</b> Address					e. Date F	Report Sub	mitted	14. Agency use	only:
					10/28/	22			

Standard Form 425

## **Federal Financial Report**

(Follow form Instructions)

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

1. Federal Agency and O	organizational Element to Wh	Agency (To	Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  37-08-I2202			
1 1 17 1	n (Name and complete addre	ess including Zip code		202		
	lame: North Carolina Glol		-			
Street1: 2780 Jetport	Rd					
Street2:						
City: Kinston		County	:			
State: North Car	rolina			Province:		
Country:			ZIF	P / Postal Code: 28	504	
4a. UEI	4b. EIN		5. Recipient Accou	ınt Number or Identi	fying Number	
7912106020000	561767291		(To report multiple	grants, use FFR Att	achment)	
6. Report Type	7. Basis of Accounting	8. Project/Grant Po	eriod	9. Reporting Pe	riod End Date	
Quarterly	Cash	From:	To:	3/31/2023		
Semi-Annual	■ Accrual	3/1/22	2/28/25			
Final						
10. Transactions					Cumulative	
	or multiple grant reporting)					
Federal Cash (To repo	rt 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 a	uthorized				29,985,800.00	
e. Federal share of expe	enditures				35,266.47	
f. Federal share of unlique	uidated obligations					
g. Total Federal share (s	sum of lines e and f)				35,266.47	
h. Unobligated balance	29,950,533.53					
Recipient Share:						
i. Total recipient share re	equired				0.00	
j. Recipient share of exp	penditures				0.00	
k. Remaining recipient s	hare to be provided (line i m	inus j)			0.00	
Program Income:						
I. Total Federal program	income earned				0.00	
m. Program Income exp	0.00					
n. Program Income expe	ended in accordance with the	e addition alternative			0.00	
o Unevnended program	n income (line I minus line m	or line n)			0.00	

11. Indirect Expense									
а. Туре	b. Rate	c. Period F	rom Perioc	То	d. Bas	е		Amount harged	f. Federal Share
			g. Total	s:		0.00	)	0.00	0.00
12. Remarks: Attach any explanation	ons deemed	necessary o	r information	required	by Federal sp	onsoring a	gency in c	ompliance with go	overning legislation:
			Add Attach	ment	Delete Attachi	ment V	ew Attach	ment	
13. Certification: By signing this expenditures, disbursements and am aware that any false, fictitiou administrative penalties for fraud and 3801-3812).	d cash rece s, or fraudu d, false stat	eipts are for t ulent informa tements, fals	the purpose tion, or the	s and ob omissio	jectives set fo	orth in the	e terms an nay subje	d conditions of to	the Federal award. I I, civil or
a. Name and Title of Authorized C						Middle I	Name.		
Last Name: Warren	ot Ivamo.	<u>Frina</u>				Suffix			
Title: Assistant Finance	Director			1					
b. Signature of Authorized Certifyin	g Official				c. Teleph	one (Area	code, nui	<u>nber an</u> d extension	on)
Jina Warrer	•								
d. Email Address					e. Date F	Report Sul	mitted	14. Agency use	only:
					4/28/2	3			

Standard Form 425

## 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 2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 37-08-12202 3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: North Carolina Global TransPark Authority Street1: 2780 Jetport Rd Street2: City: County: Kinston North Carolina Province: State: ZIP / Postal Code: 28504 Country: 4a. UEI 4b. EIN 5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 7912106020000 561767291 8. Project/Grant Period 9. Reporting Period End Date 6. Report Type 7. Basis of Accounting Quarterly From: Cash 9/30/2023 ■ Semi-Annual ■ Accrual 3/1/22 2/28/25 Annual Final 10. Transactions Cumulative (Use lines a-c for single or multiple grant reporting) Federal Cash (To report multiple grants, also use FFR attachment): a. Cash Receipts 0.00 0.00 b. Cash Disbursements c. Cash on Hand (line a minus b) 0.00 (Use lines d-o for single grant reporting) Federal Expenditures and Unobligated Balance: 29,985,800.00 d. Total Federal funds authorized e. Federal share of expenditures 54,840.37 f. Federal share of unliquidated obligations g. Total Federal share (sum of lines e and f) 54,840.37 h. Unobligated balance of Federal Funds (line d minus g) 29,930,959.63 Recipient Share: 0.00 i. Total recipient share required 0.00 j. Recipient share of expenditures k. Remaining recipient share to be provided (line i minus j) 0.00 **Program Income:** 0.00 I. Total Federal program income earned 0.00 m. Program Income expended in accordance with the deduction alternative n. Program Income expended in accordance with the addition alternative 0.00o. Unexpended program income (line I minus line m or line n) 0.00

11. Indirect Expense									
а. Туре	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 explanation	ons deemed		d Attachment	by Federal spo		ncy in compliance with g	overning legislation:		
13. Certification: By signing this expenditures, disbursements an am aware that any false, fictitiou administrative penalties for fraudand 3801-3812).	d cash rec s, or fraud	eipts are for the p ulent information,	ourposes and ob , or the omission	jectives set for n of any mate	orth in the te	erms and conditions of y subject me to crimina	the Federal award. I I, civil or		
a. Name and Title of Authorized C	ertifying Of	fficial							
Prefix: Fir	st Name:	Trina			Middle Nar	me:			
Last Name: Warren					Suffix:	,	,		
Title: Assistant Finance	Director								
b. Signature of Authorized Certifying Official					c Telephone (Area code number and extension)				
Quin	Wa	wen							
d. Email Address				e. Date F	Report Submi	tted 14. Agency use	only:		
				10/30/	23				