

Federal Financial Report

(Follow form Instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted <div style="border: 1px solid black; padding: 5px; font-size: 24px; font-weight: bold; margin-top: 10px;">NTIA</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: 5px; font-size: 12px; margin-top: 10px;">37-08-I2202</div>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div style="border: 1px solid black; padding: 2px;">North Carolina Global TransPark Authority</div> Street1: <div style="border: 1px solid black; padding: 2px;">2780 Jetport Rd</div> Street2: <div style="border: 1px solid black; padding: 2px;"></div> City: <div style="border: 1px solid black; padding: 2px;">Kinston</div> County: <div style="border: 1px solid black; padding: 2px;"></div> State: <div style="border: 1px solid black; padding: 2px;">North Carolina</div> Province: <div style="border: 1px solid black; padding: 2px;"></div> Country: <div style="border: 1px solid black; padding: 2px;"></div> ZIP / Postal Code: <div style="border: 1px solid black; padding: 2px;">28504</div>			
4a. UEI <div style="border: 1px solid black; padding: 2px;">7912106020000</div>	4b. EIN <div style="border: 1px solid black; padding: 2px;">561767291</div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px;"></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 type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	8. Project/Grant Period From: <div style="border: 1px solid black; padding: 2px;">4/1/22</div> To: <div style="border: 1px solid black; padding: 2px;">9/30/22</div>	9. Reporting Period End Date <div style="border: 1px solid black; padding: 2px;">10/30/2022</div>
10. Transactions			Cumulative
<i>(Use lines a-c for single or multiple grant reporting)</i>			
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			29,985,800.00
e. Federal share of expenditures			0.00
f. Federal share of unliquidated obligations			
g. Total Federal share (sum of lines e and f)			0.00
h. Unobligated balance of Federal Funds (line d minus g)			29,985,800.00
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:			
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 or line n)			0.00

11. Indirect Expense						
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:

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).

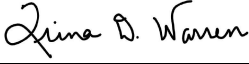
a. Name and Title of Authorized Certifying Official

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

b. Signature of Authorized Certifying Official



c. Telephone (Area code, number and extension)

d. Email Address

e. Date Report Submitted

14. Agency use only:

Federal Financial Report

(Follow form Instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted NTIA		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 37-08-I2202	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: North Carolina Global TransPark Authority Street1: 2780 Jetport Rd Street2: City: Kinston County: State: North Carolina Province: Country: ZIP / Postal Code: 28504			
4a. UEI 7912106020000	4b. EIN 561767291	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 	
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 type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	8. Project/Grant Period From: 3/1/22 To: 2/28/25	9. Reporting Period End Date 3/31/2023
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
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			29,985,800.00
e. Federal share of expenditures			35,266.47
f. Federal share of unliquidated obligations			
g. Total Federal share (sum of lines e and f)			35,266.47
h. Unobligated balance of Federal Funds (line d minus g)			29,950,533.53
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:			
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 or line n)			0.00

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 style="width: 80px;" type="text"/> First Name: Trina Middle Name: <input style="width: 180px;" type="text"/>	Last Name: Warren Suffix: <input style="width: 80px;" type="text"/>
Title: Assistant Finance Director	
b. Signature of Authorized Certifying Official	c. Telephone (Area code, number and extension)
d. Email Address	e. Date Report Submitted
	4/28/23
14. Agency use only:	

Federal Financial Report

(Follow form Instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted <div style="border: 1px solid black; padding: 5px; font-size: 24px; font-weight: bold; margin-top: 10px;">NTIA</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: 5px; margin-top: 10px;">37-08-I2202</div>	
3. Recipient Organization (Name and complete address including Zip code)			
Recipient Organization Name: <div style="border: 1px solid black; padding: 2px;">North Carolina Global TransPark Authority</div>			
Street1: <div style="border: 1px solid black; padding: 2px;">2780 Jetport Rd</div>			
Street2: <div style="border: 1px solid black; padding: 2px;"></div>			
City: <div style="border: 1px solid black; padding: 2px;">Kinston</div> County: <div style="border: 1px solid black; padding: 2px;"></div>			
State: <div style="border: 1px solid black; padding: 2px;">North Carolina</div> Province: <div style="border: 1px solid black; padding: 2px;"></div>			
Country: <div style="border: 1px solid black; padding: 2px;"></div> ZIP / Postal Code: <div style="border: 1px solid black; padding: 2px;">28504</div>			
4a. UEI <div style="border: 1px solid black; padding: 2px;">7912106020000</div>		4b. EIN <div style="border: 1px solid black; padding: 2px;">561767291</div>	
5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px;"></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 type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Project/Grant Period From: <div style="border: 1px solid black; padding: 2px;">3/1/22</div> To: <div style="border: 1px solid black; padding: 2px;">2/28/25</div>		9. Reporting Period End Date <div style="border: 1px solid black; padding: 2px;">9/30/2023</div>	
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
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			29,985,800.00
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:			
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:			
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 or line n)			0.00

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
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 style="width: 60px;" type="text"/> First Name: <input style="width: 250px;" type="text" value="Trina"/> Middle Name: <input style="width: 150px;" type="text"/>	
Last Name: <input style="width: 350px;" type="text" value="Warren"/> Suffix: <input style="width: 80px;" type="text"/>	
Title: <input style="width: 300px;" type="text" value="Assistant Finance Director"/>	
b. Signature of Authorized Certifying Official	c. Telephone (Area code, number and extension)
	<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <input style="width: 20px;" type="text"/>
d. Email Address	e. Date Report Submitted
<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <input style="width: 250px;" type="text"/>	<input style="width: 60px;" type="text" value="10/30/23"/>
14. Agency use only:	