

# Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014

Expiration Date: 02/28/2022

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration (PHMSA)		<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)</b> 693JK32040003PSDP	
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Recipient Organization Name: Department of Commerce, Iowa Utilities Board Street1: 1375 E. Court Avenue Street2: City: Des Moines County: Polk State: IA: Iowa Province: Country: USA: UNITED STATES ZIP / Postal Code: 50319-9020			
<b>4a. DUNS Number</b> 026552171	<b>4b. EIN</b> 36-4770472	<b>5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)</b> 	
<b>6. Report Type</b> <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<b>7. Basis of Accounting</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	<b>8. Project/Grant Period</b> From: 09/28/2020 To: 09/27/2021	<b>9. Reporting Period End Date</b> 03/27/2021
<b>10. Transactions</b>		<b>Cumulative</b>	
(Use lines a-c for single or multiple grant reporting)			
<b>Federal Cash (To report multiple grants, also use FFR attachment):</b>			
a. Cash Receipts		0.00	
b. Cash Disbursements		74,894.78	
c. Cash on Hand (line a minus b)		-74,894.78	
(Use lines d-o for single grant reporting)			
<b>Federal Expenditures and Unobligated Balance:</b>			
d. Total Federal funds authorized		100,000.00	
e. Federal share of expenditures		74,894.78	
f. Federal share of unliquidated obligations		0.00	
g. Total Federal share (sum of lines e and f)		74,894.78	
h. Unobligated balance of Federal Funds (line d minus g)		25,105.22	
<b>Recipient Share:</b>			
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	
<b>Program Income:</b>			
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	

<b>11. Indirect Expense</b>						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Predetermined	42.10	01/01/2021	12/31/2021	52,705.68	22,189.09	22,189.00
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<b>g. Totals:</b>				52,705.68	22,189.09	22,189.00

**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).

<b>a. Name and Title of Authorized Certifying Official</b>	
Prefix: <div style="border: 1px solid black; padding: 2px;">Ms.</div>	First Name: <div style="border: 1px solid black; padding: 2px;">Geri</div> Middle Name: <div style="border: 1px solid black; padding: 2px;">D</div>
Last Name: <div style="border: 1px solid black; padding: 2px;">Huser</div>	Suffix: <div style="border: 1px solid black; padding: 2px;"></div>
Title: <div style="border: 1px solid black; padding: 2px;">Board Chair</div>	

<b>b. Signature of Authorized Certifying Official</b> <div style="border: 1px solid black; height: 40px; width: 100%; position: relative;"> </div>	<b>c. Telephone (Area code, number and extension)</b> <div style="border: 1px solid black; padding: 2px;">515-725-7304</div>
<b>d. Email Address</b> <div style="border: 1px solid black; padding: 2px;">geri.huser@iub.iowa.gov</div>	<b>e. Date Report Submitted</b> <div style="border: 1px solid black; padding: 2px;">4/15/21</div>

**14. Agency use only:**