

Federal Financial Report

(Follow form Instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted Pipeline and Hazardous Materi		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 693JK32250001CAAP	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: Brown University Street1: Box 1929 Street2: City: Providence County: State: RI Province: Country: ZIP / Postal Code: 02912			
4a. UEI E3FDXZ6TBHW3	4b. EIN 05-0258809	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 5245101	
6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" 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: 4/1/23 To: 3/27/26	9. Reporting Period End Date 3/31/25
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			548,060.64
b. Cash Disbursements			548,160.14
c. Cash on Hand (line a minus b)			-99.50
(Use lines d-o for single grant reporting)			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			1,000,000.00
e. Federal share of expenditures			548,160.14
f. Federal share of unliquidated obligations			
g. Total Federal share (sum of lines e and f)			548,160.14
h. Unobligated balance of Federal Funds (line d minus g)			451,839.86
Recipient Share:			
i. Total recipient share required			250,000.00
j. Recipient share of expenditures			127,714.11
k. Remaining recipient share to be provided (line i minus j)			122,285.89
Program Income:			
l. Total Federal program income earned			
m. Program Income expended in accordance with the deduction alternative			
n. Program Income expended in accordance with the addition alternative			
o. Unexpended program income (line l minus line m or line n)			

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Predetermined	59.5	4/1/23	3/31/25	228,909.76	136,201.31	136,201.31
g. Totals:				228,909.76	136,201.31	136,201.31

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="Shelly"/> Middle Name: <input type="text"/>
Last Name: <input type="text" value="Hull"/>	Suffix: <input type="text"/>
Title: <input type="text" value="Senior Grant and Contract Accountant"/>	
b. Signature of Authorized Certifying Official	c. Telephone (Area code, number and extension)
<div>Shelly L. Hull</div> <div>Digitally signed by Shelly L. Hull Date: 2025.04.22 11:33:48 -04'00'</div>	<input type="text" value="401-863-5180"/>
d. Email Address	e. Date Report Submitted
<input type="text" value="shelly_hull@brown.edu"/>	<input type="text" value="4/22/25"/>
14. Agency use only:	