

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted US Department of Transportation	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 693JK32350006CAAP	Page 1	of pages
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3. Recipient Organization (Name and complete address including Zip code) Research Financial Services, Rutgers The State University of New Jersey 33 Knightsbridge Rd. 2nd Fl East, Piscataway, NJ 08854

4a. DUNS Number 00-1912864	4b. EIN 22-6001086	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 836369	6. Report Type ☐ Quarterly ☐ Semi-Annual ☒ Annual ☐ Final	7. Basis of Accounting ☒ Cash ☐ Accrual
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8. Project/Grant Period From: (Month, Day, Year) 9/30/2023	To: (Month, Day, Year) 9/30/2025	9. Reporting Period End Date (Month, Day, Year) 9/30/2025
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	\$59,848.78
b. Cash Disbursements	\$183,114.33
c. Cash on Hand (line a minus b)	(\$123,265.55)

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	\$999,742.00
e. Federal share of expenditures	\$183,114.33
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$183,114.33
h. Unobligated balance of Federal funds (line d minus g)	\$816,627.67
Recipient Share:	
i. Total recipient share required	\$135,840.80
j. Recipient share of expenditures	\$128,846.24
k. Remaining recipient share to be provided (line i minus j)	\$6,994.56
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)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	Predetermined	0.57%	9/30/2023	9/30/2025	\$ 91,464.43	\$ 52,134.73	\$ 52,134.73
	g. Totals:				\$ 91,464.43		\$ 52,134.73

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 that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Maria L. Salviejo, Senior Accountant	c. Telephone (Area code, number and extension) (848)932-4168 d. Email address marias@research.rutgers.edu
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) 10/13/25
14. Agency use only:	

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 2/28/2015

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