

Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014
Expiration Date: 02/28/2022

1. Federal Agency and Organizational Element to Which Report is Submitted <div style="border: 1px solid black; padding: 2px; min-height: 30px;"> Pipeline and Hazardous Materials Safety Administration </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: 2px; min-height: 20px;"> 693JK32040001PSDP </div>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div style="border: 1px solid black; padding: 2px; width: 90%;">ARIZONA CORPORATION COMMISSION</div>			
Street1: <div style="border: 1px solid black; padding: 2px; width: 90%;">1200 W WASHINGTON STREET</div>			
Street2: <div style="border: 1px solid black; padding: 2px; width: 90%; height: 20px;"></div>			
City: <div style="border: 1px solid black; padding: 2px; width: 30%;">PHOENIX</div>		County: <div style="border: 1px solid black; padding: 2px; width: 30%;">MARICOPA</div>	
State: <div style="border: 1px solid black; padding: 2px; width: 40%;">AZ: Arizona</div>		Province: <div style="border: 1px solid black; padding: 2px; width: 40%;"></div>	
Country: <div style="border: 1px solid black; padding: 2px; width: 40%;">USA: UNITED STATES</div>		ZIP / Postal Code: <div style="border: 1px solid black; padding: 2px; width: 40%;">85007-2927</div>	
4a. DUNS Number <div style="border: 1px solid black; padding: 2px; width: 90%;">1419538070000</div>	4b. EIN <div style="border: 1px solid black; padding: 2px; width: 90%;">866004791</div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px; width: 90%; height: 20px;"></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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	8. Project/Grant Period From: <div style="border: 1px solid black; padding: 2px; width: 30%;">09/28/2020</div> To: <div style="border: 1px solid black; padding: 2px; width: 30%;">09/27/2021</div>	9. Reporting Period End Date <div style="border: 1px solid black; padding: 2px; width: 90%;">03/31/2021</div>
10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i>			Cumulative
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			30,342.73
b. Cash Disbursements			0.00
c. Cash on Hand (line a minus b)			30,342.73
<i>(Use lines d-o for single grant reporting)</i>			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			99,836.00
e. Federal share of expenditures			30,342.73
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			30,342.73
h. Unobligated balance of Federal Funds (line d minus g)			69,493.27
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 and line n)			0.00

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Predetermined	10.00	09/28/2020	09/27/2021	27,584.30	2,758.43	2,758.43
<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="border: 1px solid black; width: 80px; height: 20px;"></div>	<div style="border: 1px solid black; width: 80px; height: 20px;"></div>	<div style="border: 1px solid black; width: 140px; height: 20px;"></div>	<div style="border: 1px solid black; width: 140px; height: 20px;"></div>	<div style="border: 1px solid black; width: 140px; height: 20px;"></div>
g. Totals:				27,584.30	2,758.43	2,758.43

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:


Summary of Expenses-SDP Grant (09.28.20-03.31)

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).

a. Name and Title of Authorized Certifying Official Prefix: <div style="border: 1px solid black; padding: 0 10px;">Mr.</div> First Name: <div style="border: 1px solid black; padding: 0 10px;">Eric</div> Middle Name: <div style="border: 1px solid black; padding: 0 10px;"></div> Last Name: <div style="border: 1px solid black; padding: 0 10px;">Villa</div> Suffix: <div style="border: 1px solid black; padding: 0 10px;"></div> Title: <div style="border: 1px solid black; padding: 0 10px;">Program Manager</div>		c. Telephone (Area code, number and extension) <div style="border: 1px solid black; padding: 2px;">(602) 262-5601</div>
b. Signature of Authorized Certifying Official <div style="border: 1px solid black; padding: 10px; text-align: center;">  </div>	e. Date Report Submitted 14. Agency use only: <div style="display: flex;"> <div style="border: 1px solid black; padding: 2px; flex-grow: 1;">04/14/2021</div> <div style="background-color: #cccccc; width: 150px; height: 40px; margin-left: 10px;"></div> </div>	
d. Email Address <div style="border: 1px solid black; padding: 2px;">evilla@azcc.gov</div>		

State Damage Prevention (SDP) Program Grants - FY2020
Summary of Expenses
(09/28/20 - 03/31/21)
CFDA Number: 20.720
Award Number: 693JK32040001PSDP

Category	Estimated Budget	Year to Date (YTD) Expenditures	Total Amount of Reimbursement Request
Personnel	50,000	18,419.65	0.00
Fringe Benefits	20,000	3,885.74	0.00
Travel, In-State/Motor Pool	12,500	1,156.94	0.00
Equipment	3,000	3,324.02	0.00
Supplies	3,000	22.95	0.00
Other (Communications/Data)	2,260	775.00	0.00
Subtotal	90,760	27,584.30	0.00
Indirect Costs (10%)	9,076.00	2,758.43	0.00
Total	\$99,836.00	\$ 30,342.73	\$ -

****NOTE:** This is a summary of expenses that were incurred September 28, 2020 through March 31, 2021, but the money has not yet been invoiced.