

FEDERAL FINANCIAL REPORT
(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted US DEPARTMENT OF THE INTERIOR OFFICE OF SURFACE MINING RECLAMATION AND ENFORCEMENT		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 693JK32040007PSDP		
3. Recipient Organization (Name and complete address including Zip code) State of Louisiana, Department of Natural Resources P. O. Box 44277, Baton Rouge, LA 70804				
4a. DUNS Number 809927387	4b. EIN 72-0805459	5. Recipient Account Number or Identifying Number U4320014.2122	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 Cash
8. Project/Grant Period From: (Month, Day, Year) 9/28/2020		To: (Month, Day, Year) 9/27/2021	9. Reporting Period End Date 3/27/2021	
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	\$26,108.90
b. Cash Disbursements	\$36,728.27
c. Cash on Hand (line a minus b)	(\$10,619.37)

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	100,000.00
e. Federal share of expenditures	\$36,728.27
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$36,728.27
h. Unobligated balance of Federal funds (line d minus g)	63,271.73

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
	Fixed	22.28%	7/1/2020	6/30/2021	30,036.19	6,692.08	6,692.08
g. Totals:					30,036.19	6,692.08	6,692.08

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:
Cash on hand revenue in the amount of \$10,619.37 was drawn after March 27, 2021.

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 for Benjamin Spears, Fiscal Officer	c. Telephone (Area code, number and extension) 225-342-9161
b. Signature of Authorized Certifying Official <i>Katie Vance</i>	d. Email address benjamin.spears2@la.gov
	e. Date Report Submitted (Month, Day, Year) 4/13/2021
14. Agency use only: Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011	

Paperwork Burden Statement