FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted State Damage Prevention Program	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 693JK31940020PSDP	Page 1 of 1 pages

3. Recipient Organization (Name and complete address including Zip code)
Railroad Commission of Texas
1701 N. Congress Austin, TX 78701

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	7. Basis of Accounting
28619182	74-6000134	Agency Fund 5155	☐ Quarterly ☐ Semi-Annual ☑ Annual ☑ Final	☐ Cash ☑ Accrual

8. Project/Grant Period (Month, Day, Year)		9. Reporting Period End Date (Month, Day, Year)
From: 9/28/2019	To: 9/27/2021	9/27/2021

10. **Transactions**	Cumulative
(Use lines a-c for single or combined multiple grant reporting)	
Federal Cash (To report multiple grants separately, also use FFR Attachment):	
a. Cash Receipts	$ 73,139.68
b. Cash Disbursements	$ 100,000.00
c. Cash on Hand (line a minus b)	$ (26,860.32)
(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	$ 100,000.00
f. Federal share of unliquidated obligations	$ -
g. Total Federal share (sum of lines e and f)	$ 100,000.00
h. Unobligated balance of Federal funds (line d minus g)	$ -
Recipient Share:	
i. Total recipient share required	$ -
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	$ -
Program Income:	
l. Total Federal share of 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
					$ -	$ -	$ -
				g. Totals:	$ -	$ -	$ -

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 intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Wei Wang Executive Director	c. Telephone (Area code, number, and extension) 512-463-2645 d. Email Address colleen.forrest@rrc.texas.gov
b. Signature of Authorized Certifying Official DocuSigned by: Wei Wang A320E7878B01444...	e. Date Report Submitted (Month, Day, Year) 10/27/2021
	14. Agency use only:

Standard Form 425 - Revised 10/11/2011
OMB Approval Number: 0348-0061
Expiration Date: 2/28/2015

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