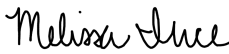


Federal Financial Report

(Follow form Instructions)

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

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Transportation (US DOT) Pipeline and Hazardous Materials Safety Admin. (PHMSA)		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 693JK32240011PTAG	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: Umatilla, City of Street1: 700 6th St Street2: City: Umatilla County: State: OR: Oregon Province: Country: USA: UNITED STATES ZIP / Postal Code: 97882-9509			
4a. UEI C39DZU2V5P93	4b. EIN 93-6002270	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	
6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	8. Project/Grant Period From: 09/30/2022 To: 09/29/2023	9. Reporting Period End Date 09/29/2023
10. Transactions (Use lines a-c for single or multiple grant reporting)			Cumulative
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			42,640.00
b. Cash Disbursements			42,640.00
c. Cash on Hand (line a minus b)			0.00
(Use lines d-o for single grant reporting)			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			42,640.00
e. Federal share of expenditures			42,640.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			42,640.00
h. Unobligated balance of Federal Funds (line d minus g)			0.00
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
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
g. Totals:				<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:						
<input style="width: 100%;" type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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: <input style="width: 100%;" type="text"/>	First Name: <input style="width: 100%; border: 1px solid black;" type="text" value="Melissa"/>	Middle Name: <input style="width: 100%;" type="text"/>		Last Name: <input style="width: 100%; border: 1px solid black;" type="text" value="Ince"/>		
Suffix: <input style="width: 100%;" type="text"/>		Title: <input style="width: 100%; border: 1px solid black;" type="text" value="Finance Director"/>				
b. Signature of Authorized Certifying Official				c. Telephone (Area code, number and extension)		
				<input style="width: 100%; border: 1px solid black;" type="text" value="541-922-3226"/>		
d. Email Address				e. Date Report Submitted		14. Agency use only:
<input style="width: 100%; border: 1px solid black;" type="text" value="melissa@umatilla-city.org"/>				<input style="width: 100%; border: 1px solid black;" type="text" value="12/28/2023"/>		