

**Federal Financial Report**  
(Follow form instructions)

**DRAFT** RPT\_FSR

1. Federal Agency and Organizational Element to which Report is Submitted Corporation for National and Community Service		2. Federal Grant or Other Identifying Number Assigned by Federal Agency 09RFHCT001		Page of 1   1			
3. Recipient Organization (Name and complete address, including ZIP code) Connecticut Commission on National and Community Service State Department of Higher Education 61 Woodland Street Hartford CT 06105-2345							
4a. DUNS Number 807851415	4b. EIN 066000798	5. Recipient Account Number or Identifying Number 29042	6. Report Type <input checked="" type="checkbox"/> Quarterly <input 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: (Month, Day, Year) June 22, 2009		To: (Month, Day, Year) June 21, 2010	9. Reporting Period End Date (Month, Day, Year) May 21, 2010				
10. Transactions (Use lines a-c for single or multiple grant reporting)					Cumulative		
<b>Federal Cash</b>							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
<i>(Use lines d-o for single grant reporting)</i>							
<b>Federal Expenditures and Unobligated Balance</b>							
d. Total Federal funds authorized					\$325,090.00		
e. Federal share of expenditures					\$271,630.00		
f. Federal share of unliquidated obligations					\$0.00		
g. Total Federal share (sum of lines e and f)					\$271,630.00		
h. Unobligated balance of Federal funds (line d minus g)					\$53,460.00		
<b>Recipient Share</b>							
i. Total recipient share required					\$6,177.00		
j. Recipient share of expenditures					\$5,536.00		
k. Remaining recipient share to be provided (line i minus j)					\$641.00		
<b>Program Income</b>							
l. Total Federal 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)					\$0.00		
11. Indirect Expense	a. Type	b. Rate	c. Period From	d. Period To	e. Base	f. Amount Charged	g. Federal Share
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 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official Jacqueline M. Johnson, Executive Director					c. Telephone (Area code, number and extension) (860) 947-1827		
b. Signature of Authorized Certifying Official					d. Email Address jjohnson@ctdhe.org		
					e. Date Report Submitted (Month, Day, Year)		
14. Agency use only:							