Federal Financial Report

OMB Number: 4040-0014

0.00

0.00

Expiration Date: 02/28/2025 (Follow form Instructions) 2. Federal Grant or Other Identifying Number Assigned by Federal 1. Federal Agency and Organizational Element to Which Report is Submitted Agency (To report multiple grants, use FFR Attachment) DOT-PHMSA-Office of Pipeline Safety 693JK32350005CAAP 3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: Texas A&M Engineering Experiment Station Street1: 400 Harvey Mitchell Pkwy South Street2: Suite 300 City: County: College Station Brazos Province: State: TX: Texas ZIP / Postal Code: | 77845-4375 Country: USA: UNITED STATES 4a. UEI 4b. EIN Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) QD1MX6N5YTN4 74-1974733 526690 9. Reporting Period End Date 8. Project/Grant Period 6. Report Type 7. Basis of Accounting Quarterly Cash From: 09/30/2025 Semi-Annual 09/30/2023 09/29/2026 Annual A Final Cumulative 10. Transactions (Use lines a-c for single or multiple grant reporting) Federal Cash (To report multiple grants, also use FFR attachment): a. Cash Receipts 202,945.15 b. Cash Disbursements 261,943.27 c. Cash on Hand (line a minus b) -58,998.12 (Use lines d-o for single grant reporting) Federal Expenditures and Unobligated Balance: 580,271.20 d. Total Federal funds authorized e. Federal share of expenditures 261,943.27 f. Federal share of unliquidated obligations 0.00 g. Total Federal share (sum of lines e and f) 261,943.27 h. Unobligated balance of Federal Funds (line d minus g) 318,327.93 **Recipient Share:** i. Total recipient share required 145,068.00 j. Recipient share of expenditures 152,483.68 k. Remaining recipient share to be provided (line i minus j) 0.00 **Program Income:** I. Total Federal program income earned 0.00 0.00

m. Program Income expended in accordance with the deduction alternativen. Program Income expended in accordance with the addition alternative

o. Unexpended program income (line I minus line m and line n)

11. Indirect Expense							
а. Туре	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share	
Predetermined	52.50	09/29/2023	09/30/2024	123,072.61	64,613.12	64,613.12	
Predetermined	54.00	09/01/2025	08/31/2026				
			g. Totals:	123,072.61	64,613.12	64,613.12	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
		Ac	dd Attachment	Delete Attachment Vie	w 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: Fir	st Name: M	indi		Middle Na	ame:		
Last Name: Maddox				Suffix:		_	
Title: Research Administ	rator I						
b. Signature of Authorized Certifying Official				¬l — · · · · · · · ·	c. Telephone (Area code, number and extension)		
				979-845-8652			
d. Email Address				e. Date Report Subr	nitted 14. Agency use	only:	
mindimaddox@tamu.edu				10/15/2025			

Standard Form 425