

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted Federal Aviation Administration Airport Division	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 3-30-0037-011-2011	Page of 1 2 pages
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3. Recipient Organization (Name and complete address including Zip code)
 Ravalli County, Montana
 215 South 4th Street, Suite A, Hamilton, MT 59840

4a. DUNS Number 142450464	4b. EIN 81-6001417	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) DOT-FA11NM-2044	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period (Month, Day, Year) From: September 12, 2011 To: Unspecified	9. Reporting Period End Date (Month, Day, Year) September 30, 2013
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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	\$35,958.00
b. Cash Disbursements	\$35,958.00
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	\$40,000.00
e. Federal share of expenditures	\$35,958.00
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$35,958.00
h. Unobligated balance of Federal funds (line d minus g)	\$4,042.00

Recipient Share:

i. Total recipient share required	\$1,893.44
j. Recipient share of expenditures	\$1,893.44
k. Remaining recipient share to be provided (line i minus j)	\$0.00

Program Income:

l. Total Federal share of 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.	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Indirect Expense							
						g. Totals:	0 0 0

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 Jeff Burrows, Chair Ravalli County Commissioners	c. Telephone (Area code, number, and extension) 406-375-6500 d. Email Address commissioners@rc.mt.gov
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 3 Dec 2013 14. Agency use only:

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

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS		OMB APPROVAL NO. 0348-0002		PAGE 1 OF 1 PAGES		
(See instructions on back)		1. TYPE OF REQUEST <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL		
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED Federal Aviation Administration		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY A.I.P. 3-30-0037-011-2011		5. PARTIAL PAYMENT REQUEST NO. Annual		
6. EMPLOYER IDENTIFICATION NUMBER 81-6001417	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	PERIOD COVERED BY THIS REQUEST				
		FROM (Month, day, year) 09/12/2011		TO (Month, day, year) 09/30/2013		
9. EMPLOYER ORGANIZATION Name: Ravalli County, Montana No. and Street: 215 South 4th Street, Suite A City, State and ZIP Code: Hamilton, MT 59840		10. PAYEE (Where check is to be sent if different than item 9) Name: No. and Street: City, State and ZIP Code:				
11. STATUS OF FUNDS						
CLASSIFICATION	PROGRAMS --		FUNCTIONS --		ACTIVITIES	TOTAL
	(a)	(b)	(c)	(d)		
a. Administrative expense	\$	\$			\$	0.00
b. Preliminary expense						0.00
c. Land, structures, right-of-way						0.00
d. Architectural engineering basic fees		37,851.44				37,851.44
e. Other architectural engineering fee						0.00
f. Project inspection fees						0.00
g. Land development						0.00
h. Relocation expense						0.00
i. Relocation payments to individuals and businesses						0.00
j. Demolition and removal						0.00
k. Construction and project improvement cost						0.00
l. Equipment						0.00
m. Miscellaneous cost						0.00
n. Total cumulative to date (sum of lines a thru m)		37,851.44	0.00	0.00		37,851.44
o. Deductions for program income						0.00
p. Net cumulative to date (line n minus line o)		37,851.44	0.00	0.00		37,851.44
q. Federal share to date		35,958.00				35,958.00
r. Rehabilitation grants (100% reimbursement)						0.00
s. Total Federal share (sum of lines q and r)		35,958.00	0.00	0.00		35,958.00
t. Federal payments previously requested		35,958.00				35,958.00
u. Amount requested for reimbursement	\$	0.00	\$	\$	\$	0.00
v. Percentage of physical completion of project		90 %	%	%	%	90 %
12. CERTIFICATION		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		DATE REPORT SUBMITTED		
I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.		a. RECIPIENT		3 Dec 2013		
		TYPED OR PRINTED NAME AND TITLE Jeff Burrows, Chair - Ravalli Co. Comm		TELEPHONE (Area code, number, and extension) 406-375-6500		
		b. REPRESENTATIVE CERTIFYING TO LINE 11V		DATE SIGNED		
		TYPED OR PRINTED NAME AND TITLE Rick Donaldson, Vice President - RPA		11/21/13 TELEPHONE (Area code, number, and extension) 406-447-5000		

