

# Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014  
Expiration Date: 02/28/2025

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> <div style="border: 1px solid black; padding: 2px; min-height: 20px;">Federal Aviation Administration</div>		<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)</b> <div style="border: 1px solid black; padding: 2px; min-height: 20px;">AIG 3-28-0073-021-2024</div>	
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Recipient Organization Name: <div style="border: 1px solid black; padding: 2px; width: 90%;">City of Vicksburg</div> Street1: <div style="border: 1px solid black; padding: 2px; width: 80%;">1401 Walnut Street</div> Street2: <div style="border: 1px solid black; padding: 2px; width: 80%;"></div> City: <div style="border: 1px solid black; padding: 2px; width: 30%;">Vicksburg</div> County: <div style="border: 1px solid black; padding: 2px; width: 30%;"></div> State: <div style="border: 1px solid black; padding: 2px; width: 40%;">MS: Mississippi</div> Province: <div style="border: 1px solid black; padding: 2px; width: 40%;"></div> Country: <div style="border: 1px solid black; padding: 2px; width: 40%;">USA: UNITED STATES</div> ZIP / Postal Code: <div style="border: 1px solid black; padding: 2px; width: 40%;">38181-0150</div>			
<b>4a. UEI</b> <div style="border: 1px solid black; padding: 2px; min-height: 20px;">TKAXQ63K5UL3</div>	<b>4b. EIN</b> <div style="border: 1px solid black; padding: 2px; min-height: 20px;">64-6001174</div>	<b>5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)</b> <div style="border: 1px solid black; padding: 2px; min-height: 20px;"></div>	
<b>6. Report Type</b> <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	<b>7. Basis of Accounting</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	<b>8. Project/Grant Period</b> From: <div style="border: 1px solid black; padding: 2px; width: 40%;">09/23/2024</div> To: <div style="border: 1px solid black; padding: 2px; width: 40%;">07/18/2025</div>	<b>9. Reporting Period End Date</b> <div style="border: 1px solid black; padding: 2px; width: 100%;">07/18/2025</div>
<b>10. Transactions</b> <i>(Use lines a-c for single or multiple grant reporting)</i> <b>Federal Cash (To report multiple grants, also use FFR attachment):</b> a. Cash Receipts <div style="float: right; border: 1px solid black; padding: 2px; width: 100px; text-align: right;">0.00</div> b. Cash Disbursements <div style="float: right; border: 1px solid black; padding: 2px; width: 100px; text-align: right;">0.00</div> c. Cash on Hand (line a minus b) <div style="float: right; border: 1px solid black; padding: 2px; width: 100px; text-align: right;">0.00</div> <i>(Use lines d-o for single grant reporting)</i> <b>Federal Expenditures and Unobligated Balance:</b> d. Total Federal funds authorized <div style="float: right; border: 1px solid black; padding: 2px; width: 100px; text-align: right;">174,167.00</div> e. Federal share of expenditures <div style="float: right; border: 1px solid black; padding: 2px; width: 100px; text-align: right;">174,167.00</div> f. Federal share of unliquidated obligations <div style="float: right; border: 1px solid black; padding: 2px; width: 100px; text-align: right;">0.00</div> g. Total Federal share (sum of lines e and f) <div style="float: right; border: 1px solid black; padding: 2px; width: 100px; text-align: right;">174,167.00</div> h. Unobligated balance of Federal Funds (line d minus g) <div style="float: right; border: 1px solid black; padding: 2px; width: 100px; text-align: right;">0.00</div> <b>Recipient Share:</b> i. Total recipient share required <div style="float: right; border: 1px solid black; padding: 2px; width: 100px; text-align: right;">19,352.00</div> j. Recipient share of expenditures <div style="float: right; border: 1px solid black; padding: 2px; width: 100px; text-align: right;">19,352.00</div> k. Remaining recipient share to be provided (line i minus j) <div style="float: right; border: 1px solid black; padding: 2px; width: 100px; text-align: right;">0.00</div> <b>Program Income:</b> l. Total Federal program income earned <div style="float: right; border: 1px solid black; padding: 2px; width: 100px; text-align: right;">0.00</div> m. Program Income expended in accordance with the deduction alternative <div style="float: right; border: 1px solid black; padding: 2px; width: 100px; text-align: right;">0.00</div> n. Program Income expended in accordance with the addition alternative <div style="float: right; border: 1px solid black; padding: 2px; width: 100px; text-align: right;">0.00</div> o. Unexpended program income (line l minus line m and line n) <div style="float: right; border: 1px solid black; padding: 2px; width: 100px; text-align: right;">0.00</div>			<b>Cumulative</b>

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 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).

<b>a. Name and Title of Authorized Certifying Official</b> Prefix: <input type="text" value="Mr."/> First Name: <input type="text" value="Willis"/> Middle Name: <input type="text"/> Last Name: <input type="text" value="Thompson"/> Suffix: <input type="text" value="Sr."/> Title: <input type="text" value="Mayor"/>		<b>c. Telephone (Area code, number and extension)</b> <input type="text" value="601-631-3718"/>
<b>b. Signature of Authorized Certifying Official</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<b>e. Date Report Submitted</b> <input type="text" value="08/08/2025"/>	
<b>d. Email Address</b> <input type="text" value="mayorwillisthompson@vicksburg.org"/>	<b>14. Agency use only:</b>	