

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted Department of Energy (DOE)	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) EE0007921	Page	1	of	1
pages					

3. Recipient Organization (Name and complete address including Zip code)
 Kentucky Housing Corporation
 1231 Louisville Road,
 Frankfort, KY 406010000

4a. DUNS Number 082316696	4b. EIN 610864674	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	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 type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 07/01/2017	To: (Month, Day, Year) 06/30/2021	9. Reporting Period End Date (Month, Day, Year) 03/31/2020
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10. Transactions **Cumulative**

(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):

a. Cash Receipts	\$11,606,085.83
b. Cash Disbursements	\$11,950,309.78
c. Cash on Hand (line a minus b)	(\$344,223.95)

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	\$14,758,566.00
e. Federal share of expenditures	\$11,950,309.78
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$11,950,309.78
h. Unobligated balance of Federal funds (line d minus g)	\$2,808,256.22

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 or line n)	\$0.00

11. Indirect	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
		0.00%			\$0.00	\$0.00	\$0.00

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 Keli Reynolds Manager, Contract Documentation	c. Telephone (Area Code, number and extension) (502) 564-7630 Ext. 414
b. Signature of Authorized Certifying Official /* signed electronically */	d. Email address kreynolds@kyhousing.org
	e. Date Report Submitted (Month, day, Year) 04/30/2020
14. Agency use only:	

Standard Form 425 - Revised 10/11/2011
 OMB Approval Number: 4040-0014
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