View Burden Statement

Federal Financial Report

(Follow form Instructions)

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

1. Federal Agency and Organizational Element to Which Report is Submitted

Department of Commerce - NTIA

2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)

30-40-MM480

3. Recipient Organization (Name and complete address including Zip code)

Recipient Organization Name: Blackfoot Telephone Cooperative, Inc.

Street1: 1221 North Russell Street

Street2:

City: Missoula

County:

State: Montana

Province:

Country:

ZIP / Postal Code: 59803

4a. UEI: KU6LTS39K9N4

4b. EIN: 80-0251379

5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)

6. Report Type
- [ ] Quarterly
- [x] Semi-Annual
- [ ] Annual
- [ ] Final

7. Basis of Accounting
- [ ] Cash
- [x] Accrual

8. Project/Grant Period

From: 7/1/23

To: 1/31/27

9. Reporting Period End Date: 9/30/2023

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	0.00
b. Cash Disbursements	0.00
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	11,756,500.48
e. Federal share of expenditures	
f. Federal share of unliquidated obligations	
g. Total Federal share (sum of lines e and f)	0.00
h. Unobligated balance of Federal Funds (line d minus g)	11,756,500.48
Recipient Share:	
i. Total recipient share required	5,038,500.20
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	5,038,500.20
Program Income:	
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)	

11. Indirect Expense

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
			g. Totals:	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:

Add Attachment | Delete Attachment | View 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: First Name: Stacey Middle Name:

Last Name: Mueller Suffix:

Title: Chief Financial Officer

b. Signature of Authorized Certifying Official

Stacey Mueller Digitally signed by Stacey Mueller Date: 2023.10.26 11:11:09 -06'00'

c. Telephone (Area code, number and extension)

406-541-5000

d. Email Address

smueller@blackfoot.com

e. Date Report Submitted

10/30/23

14. Agency use only: