

Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014
Expiration Date: 06/30/2028

1. Federal Agency and Organizational Element to Which Report is Submitted Federal Aviation Administration		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) See FFR Attachment (425A)	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: City of Melbourne Airport Authority Street1: One Air Terminal Parkway, Suite 220 Street2: City: Melbourne County: Brevard State: FL: Florida Province: Country: USA: UNITED STATES ZIP / Postal Code: 32901-1865			
4a. UEI QBKGYJA25RJ7	4b. EIN 59-6000371	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	
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	8. Project/Grant Period From: 10/01/2024 To: 09/30/2025	9. Reporting Period End Date 09/30/2025
10. Transactions (Use lines a-c for single or multiple grant reporting)			Cumulative
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			13,889,110.00
b. Cash Disbursements			13,889,110.00
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			13,889,110.00
e. Federal share of expenditures			13,889,110.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			13,889,110.00
h. Unobligated balance of Federal Funds (line d minus g)			0.00
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 and line n)			0.00

11. Indirect Expense

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
<input type="text"/>						
<input type="text"/>						
g. Totals:				<input type="text"/>	<input type="text"/>	<input type="text"/>

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).

a. Name and Title of Authorized Certifying Official

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

b. Signature of Authorized Certifying Official	c. Telephone (Area code, number and extension)
 KRK 10/10/25	<input type="text" value="321-723-6227 Ext 502"/>

d. Email Address	e. Date Report Submitted	14. Agency use only:
<input type="text" value="modell@mlbair.com"/>	<input type="text" value="10/10/2025"/>	

Federal Financial Report Attachment
(For reporting multiple grants)

1. Federal Agency and Organizational Element to Which Report is Submitted (Box 1 on Page 1) <input style="width:95%; height: 25px;" type="text" value="Federal Aviation Administration"/>		2. Recipient Organization (Box 3 on Page 1) <input style="width:95%; height: 25px;" type="text" value="City of Melbourne Airport Authority"/>	
3a. DUNS Number (Box 4a on Page 1) <input style="width:95%; height: 20px;" type="text" value="QBKGYJA25RJ7"/>	3b. EIN (Box 4b on Page 1) <input style="width:95%; height: 20px;" type="text" value="59-6000371"/>	4. Reporting Period End Date (Box 9 on Page 1) <input style="width:95%; height: 20px;" type="text" value="09/30/2025"/>	
5. List Information below for each grant covered by this report.			
Federal Grant Number	Recipient Account Number		Cumulative Federal Cash Disbursement
<input style="width:95%; height: 20px;" type="text" value="3-12-0046-059-2023"/>	<input style="width:95%; height: 20px;" type="text" value=""/>	\$	<input style="width:95%; height: 20px;" type="text" value="229,412.00"/>
<input style="width:95%; height: 20px;" type="text" value="3-12-0046-060-2023"/>	<input style="width:95%; height: 20px;" type="text" value=""/>	\$	<input style="width:95%; height: 20px;" type="text" value="459,581.00"/>
<input style="width:95%; height: 20px;" type="text" value="3-12-0046-062-2023"/>	<input style="width:95%; height: 20px;" type="text" value=""/>	\$	<input style="width:95%; height: 20px;" type="text" value="2,719,415.00"/>
<input style="width:95%; height: 20px;" type="text" value="3-12-0046-063-2024"/>	<input style="width:95%; height: 20px;" type="text" value=""/>	\$	<input style="width:95%; height: 20px;" type="text" value="1,396,137.00"/>
<input style="width:95%; height: 20px;" type="text" value="3-12-0046-064-2024"/>	<input style="width:95%; height: 20px;" type="text" value=""/>	\$	<input style="width:95%; height: 20px;" type="text" value="9,084,565.00"/>
<input style="width:95%; height: 20px;" type="text" value="3-12-0046-065-2025"/>	<input style="width:95%; height: 20px;" type="text" value=""/>	\$	<input style="width:95%; height: 20px;" type="text" value="0.00"/>
<input style="width:95%; height: 20px;" type="text" value="3-12-0046-066-2025"/>	<input style="width:95%; height: 20px;" type="text" value=""/>	\$	<input style="width:95%; height: 20px;" type="text" value="0.00"/>
TOTAL (Should correspond to the amount on Line 10b on Page 1)		\$	<input style="width:95%; height: 20px;" type="text" value="13,889,110.00"/>