| QUARTERLY PROGRESS REPORT |
|--|
| This Excel workbook serves as a Quarterly Progress Report (QPR) template. As a grant recipient, you will update project information in this QPR on a quarterly basis. The QPR should be submitted to fits@netl.doe.gov. Please see your Assistance Agreement for more information regarding this process. Each State (i.e., recipient) is responsible for ensuring that all necessary project information is populated within this document, and that the information denoted is accurate. Contact your DOE |
| Federal Project Manager (FPM) if you have questions while preparing this report. The DOE FPM (also called the Program Manager) is identified in Block 15 of the Assistance Agreement form of your grant. |
| |

| Quarterly Progress Repo | rt |
|---|--|
| FY24 | |
| July 1 - September 30 (Q4) | |
| Select Submission Month: October | Enter Submission Day: 30 Enter Submission Year: 2024 10/30/24 |
| | |
| Recipient | Virginia Department of Energy |
| DOE Grant Agreement Number | DE-FE0032436 |
| DOE Federal Project Manager | Shane Fetsko |
| Technical Program Manager Name | Brad Boyd |
| Technical Program Manager Email | brad.boyd@energy.virginia.gov |
| Technical Program Manager Phone Number | 276-639-6095 |
| Business POC Name | John Thompson |
| Business POC Email | john.thompson@energy.virginia.gov |
| Business POC Phone Number | 276-698-7100 |
| Recipient State | Virginia |
| | |
| Total Number of Wells Plugged to Date | 0 |
| Total Number of Wells Plugged this Quarter | 0 |
| Total Number of Wells Plugged in Disadvantaged Communities to Date | 0 |
| Total Number of Wells Plugged in Disadvantaged Communities this Quarter | 0 |
| Total P&A Costs to Date | \$0 |
| Total Environmental Restoration Costs to Date | \$0 |
| Total Methane Measurement Costs to Date | \$0 |
| Cummulative Annual Methane Emissions Reduction from All Plugged Wells (Metric Tons/yr) | 0 |
| Major Accomplishments During Reporting Period | The Virginia Department of Energy (Virginia Energy) completed and submitted the Methane Measurement Plan and posted to the website upon approval. An emissions tracking form was submitted and approved (Oct 2024), which completed Task 4.1 Virginia Energy continued discussions with operators. The Agency has received several concerns about costs associated with necessary site preparation/construction not being covered by great funds. One operator sumbitted a list of wells to be reviewed. |
| Planned Work for Next Reporting Period | Virginia Energy will work with the operator that submitted a list of potential MCWs to be plugged to develop a Methane Measurement Plan. Virginia Energy will work with DCENET. On submitted data to move to the next step in the approval process to include review of operator process to the process of the p |
| Items of Note | No comments were received from the public Town Hall that ended in July 2024. |

| QUARTERLY SPEND PLAN | | | | | | | | | |
|-------------------------------|-----------------|------------|---------|--------|--|--|--|--|--|
| Quarter | n-Federal Share | | | | | | | | |
| Quarter | Planned | Actual | Planned | Actual | | | | | |
| Q4 (Current Reporting Period) | \$0.00 | \$1,444.66 | \$0.00 | \$0.00 | | | | | |
| Q*1 | \$10,018.00 | | | | | | | | |
| Q*2 | \$10,018.00 | | | | | | | | |

| ADMINISTRATIVE COSTS | | | | | | | | | |
|--|------------------|-------------------|---------|--|--|--|--|--|--|
| | Federal Share | Non-Federal Share | Total | | | | | | |
| Total Federal Grant Amount | \$2,643,702 | | | | | | | | |
| Total Admin & TA Costs To Date | \$1,445 | \$0 | \$1,445 | | | | | | |
| Percentage of Total Federal Grant Amount Used for Admin & TA (May not exceed 10%) | 0% | | | | | | | | |

| Milestone | Milestone Title | Completi | on Date | Status | Items of Note | |
|-----------|---|----------|----------|----------------|--|--|
| wiiestone | milescone little | Planned | Actual | otatus | | |
| 1 | Task 1.0: Project Management Planning | 09/30/28 | | On Track | Initial PMP and SOPO completed | |
| 2 | Task 2.0: Community Benefits Plan | 06/30/24 | 06/15/24 | Complete | Website publisher Town Hall comment period from 6/15/24- 7/15/24 | |
| 3 | Task 3.0: Internal identification of MCWs; Prioritization of MCWs | 09/30/24 | 06/07/24 | Complete | Internal prioritization complete | |
| 4 | Task 4.0: Emissions Measurement Plan | 09/30/28 | 09/23/24 | Complete | Submitted a "Methane Measurment Plan' | |
| 5 | Task 4.1: Develop Methane Emissions Tracking Method | 10/31/24 | 10/24/24 | Complete | Methane Emissions Tracking Form created and reviewed | |
| 6 | Task 4.2: Data Sharing of Methane Emissions Reductions | 01/31/25 | | On Track | | |
| 7 | Task 5.1: Plugging MCWs - Commence Plugging Operations | 02/29/25 | | On Track | | |
| 8 | Task 6.0 Well Abandonment and Environmental Restoration of Well Pads - Begin Reclamation Operations | 04/30/25 | | On Track | | |
| 9 | Task 5.1: Plugging MCWs - End Plugging Operations | 09/30/28 | | On Track | | |
| 10 | Task 6.0 Well Abandonment and Environmental Restoration of Well Pads - End Reclamation Operations | 09/30/28 | | On Track | | |
| | | 1 | 1 - | Select status. | | |

| | DATA SHARING REQUIREMENTS FOR PUBLIC WE | BSITE | | | | |
|--------------------------|---|-------------------------------|------------------------------|-------------------------------|---------------------------------------|----------|
| | | | Comp | letion Date | | |
| Data Sharing Requirement | Description | Planned Initial Submission | Actual Initial Submission | Planned Update Fequency | Latest Update Submission | Status |
| DSR1.1 | COMMUNITY BENEFITS DATA SHARING: Add information regarding plans to engage with community partners (e.g., local and/or Tribal governments, labor unions, and community-based organizations) that support or work with underserved communities, including Disadvantaged Communities. | 06/30/24 | 06/15/24 | 30 days | 06/15/24 | On Track |
| DSR1.2 | COMMUNITY BENEFITS DATA SHARING: Add the number of high-quality jobs created (including workers from underserved populations). | | | 30 days | | On Track |
| DSR1.3 | COMMUNITY BENEFITS DATA SHARING:: Add any activites to date that target advancement of diversity, equity, inclusion, and accessibility (DEIA). | | | 30 days | | On Track |
| DSR1.4 | COMMUNITY BENEFITS DATA SHARING:: Add any activites to date that contribute to the Justice40 Initiative. | | | 30 days | | On Track |
| DSR1.5 | WELL PRIORITIZATION DATA SHARING: Report information on the process and status of identifying and prioritizing MCWs to be permanately plugged. | 06/30/24 | 06/07/24 | 30 days | Update as needed | Complete |
| DSR1.6 | DATA SHARING ON EMISSIONS REDUCTIONS: Identify each of the MCW locations. | 08/31/24 | 06/07/24 | 30 days | Update as needed | On Track |
| DSR1.7 | DATA SHARING ON EMISSIONS REDUCTIONS: Add estimated annual reduction of methane emissions from each MCW location. | 09/30/24 | | 30 days | No wells have been plugged to date | Delayed |
| DSR1.8 | DATA SHARING ON EMISSIONS REDUCTIONS: Add the total estimated annual reduction of methane emissions from all wells plugged. | 09/30/24 | | 30 days | No wells have been plugged to date | Delayed |
| DSR1.9 | DATA SHARING ON WELL PLUGGING: Input the following data associated with each well location: operator/well owner, well type (e.g., oil/gas), production rate prior to plugging, total cost of well plugging, and whether the plugged well is located in a disadvantaged community. | 09/30/24 | | 30 days | No wells have been plugged to date | Delayed |
| DSR1.10 | DATA SHARING ON WELL PLUGGING: Input the following data associated with each plugged wells total number of wells plugged, total number of plugged wells of each type, total production rate of plugged wells prior to plugging, total costs of well plugging, and number of wells plugged in disadvantaged communities. | 09/30/24 | | 30 days | No wells have been plugged to date | Delayed |
| DSR1.11 | DATA SHARING ON ENVIRONMENTAL RESTORATION: If applicable, include the following for each well location: environmental restoration activities performed at each well pad, acreage of reclaimed and restored land, and cost of environmental restoration activities. | 09/30/24 | | 30 days | No wells have been plugged to date | Delayed |
| DSR1.12 | DATA SHARING ON ENVIRONMENTAL RESTORATION: If applicable, include aggregated data on the total acreage of reclaimed and restored land and the total cost of environmental restoration activities for all well locations. | 09/30/24 | | 30 days | No wells have been plugged to date | Delayed |

| | PROJECT VENDORS AND SUBAWARDS | | | | | | | | | | |
|--------|-------------------------------|-----------|--------|-------|-----------------|------------------|------------------|-----------------|--------------------|--|--|
| | | Subaward/ | Total | Start | | | | Subaward/Vendor | | | |
| Number | Organization | Vendor | Budget | Date | End Date | Business Address | Point of Contact | Category* | Category of Work** | | |
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Add rows as needed

| *Subrecipient Category: | * Well Owner/Operator * Well Plugging Contractor * Methane Emissions Measurement Contractor * Environmental Resoration Contractor *Other (describe) |
|-------------------------|---|
| **Category of Work: | * Well Plugging and Abandonment * Methane Emissions Measurement * Environmental Resoration * Other (describe) |

| | QUANTITATIVE WELL DATA | | | | | | | | | | |
|-------------|--|--------|----------|-----------|---|--|-----------------------------------|--|----------------------------|---|---|
| Number | API Number or Applicable Well Identifier | County | Latitude | Longitude | Previous 12- Month Production Rate (BOEPD) | | Post-Plugging Emissions (g/hr) | Annual Methane Emissions Mitigated (Metric Tons/yr) | Total P&A Costs by Well | Environmental Restoration Costs by Well | Methane Measurement Costs by Well |
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| Add rows as | s needed | | | | | | Totals | 0 | \$0 | \$0 | \$0 |

| | ADDITIONAL WELL DATA | | | | | | | | | | | | | | |
|----------|--|--------|----------|-----------|--|-------------------------|-----------------------------|------------------------------------|--|-----------------------------|--|--|--|--|--|
| Number | API Number or Applicable Well Identifier | County | Latitude | Longitude | Date Well was Permanently Plugged | Well Owner /Operator | Well Plugging Contractor | Well Type (e.g. oil, gas) | Location in Disadvantaged Community* | Location on Tribal Lands | Methane Emissions Measurement Instrument | Methane Emissions Measurement Contractor | Environmental Restoration Activities Performed | Acreage of Reclaimed and Restored Land | Environmental Restoration Contractor |
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Add rows as needed

| | Disadvantaged | | | |
|-----|---------------------------|-----------------------|--------------------|--------------------|
| | | | | |
| ize | s disadvantaged communi | ties as defined and i | dentified by the V | Vhite House Counci |
| | a araaa tarreagea communi | | | |

*DOE recognizes disadvantaged communities as defined and identified by the White House Counci on Environmental Quality's Climate and Economic Justice Screening Tool (CEJST), located at: https://screeningtool.geoplatform.gov/

Total Wells in

Federal Financial Report

(Follow form Instructions)

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

| 1. Federal | Agency and O | rganizational Element to Wh | | | Number Assigned by Federal se FFR Attachment) | | | | |
|--|---|------------------------------|---------------------|-----------|---|------------------|------------|--------------|--|
| U.S. Deg | partment of | Energy | | | | | ranto, ac | | |
| | | | | | DE-FE003 | 2436 | | | |
| 3. Recipie | nt Organization | (Name and complete addre | ss including Zip co | de) | | | | | |
| Recipient | Organization N | ame: Virginia Departm | ent of Energy | | | | | | |
| Street1: | 3405 Mounta | in Empire Road | | | | | | | |
| Street2: | | | | | | | | | |
| City: | Big Stone G | Gap | Count | ty: | | | | | |
| State: | VA: Virgini | .a | | | | Province: | | | |
| Country: | USA: UNITED |) STATES | | | ZIP | / Postal Code: 2 | 4219-0 | 000 | |
| 4a. UEI | | 4b. EIN | | 5. Recipi | ient Accour | nt Number or Ide | ntifying N | Number | |
| JG6TMJXU | J4EM5 | 54-1297967 | | (To repo | rt multiple g | grants, use FFR | Attachm | ent) | |
| | | | | | | T | | | |
| 6. Report 7 | | 7. Basis of Accounting | 8. Project/Grant F | Period | | Reporting F | Period E | nd Date | |
| Quarte | - | Cash | From: | To: | | 09/30 | /2024 | | |
| Semi-A | | Accrual | 12/01/2023 | 09/30 |)/2028 | | | | |
| Final | ı | | | | | | | | |
| 10. Transa | ctions | | | | | | | Cumulative | |
| (Use line: | s a-c for single | or multiple grant reporting) | | | | | | | |
| Federal (| Cash (To repo | rt multiple grants, also use | FFR attachment) | : | | | | | |
| a. Cash F | Receipts | | | | | | | 1,444.66 | |
| b. Cash [| Disbursements | | | | | | | 1,444.66 | |
| c. Cash o | n Hand (line a | minus b) | | | | | | 0.00 | |
| (Use line: | s d-o for single | grant reporting) | | | | | | | |
| Federal E | Expenditures a | and Unobligated Balance: | | | | | | | |
| d. Total F | ederal funds a | uthorized | | | | | | 2,643,702.00 | |
| e. Federa | al share of expe | nditures | | | | | | 1,444.66 | |
| f. Federal | I share of unliqu | uidated obligations | | | | | | 0.00 | |
| g. Total F | ederal share (s | sum of lines e and f) | | | | | | 1,444.66 | |
| h. Unobli | gated balance of | of Federal Funds (line d min | us g) | | | | | 2,642,257.34 | |
| Recipien | t Share: | | | | | | | | |
| i. Total re | cipient share re | equired | | | | | | 0.00 | |
| j. Recipie | nt share of exp | enditures | | | | | | 0.00 | |
| k. Remaining recipient share to be provided (line i minus j) | | | | | | | | | |
| Program Income: | | | | | | | | | |
| I. Total Federal program income earned 0.00 | | | | | | | | | |
| m. Progra | m. Program Income expended in accordance with the deduction alternative | | | | | | | | |
| n. Progra | m Income expe | ended in accordance with the | addition alternativ | е | | | | 0.00 | |
| o Unexp | o. Unexpended program income (line I minus line m and line n) | | | | | | | | |

| 11. Indirect Expense | | | | | | | | |
|--|-----------------------------|---|--------------------------------------|---------------------------------|---------------------|----------------------|--|--|
| a. Type | b. Rate | c. Period From | Period To | d. Ba | 20 | e. Amount Charged | f. Federal Share | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | g. Totals: | | | | | |
| 12. Remarks: Attach any explanation | ons deemed | necessary or info | rmation required | by Federal sp | onsoring agency ir | n compliance with | governing legislation: | |
| | | Ado | d Attachment | Delete Attach | ment View Attac | chment | | |
| 13. Certification: By signing this expenditures, disbursements and am aware that any false, fictitious administrative penalties for fraudand 3801-3812). | d cash rece s, or fraudu | ipts are for the p lent information, | ourposes and ob , or the omission | jectives set f n of any mate | orth in the terms a | and conditions o | of the Federal award. I nal, civil or | |
| a. Name and Title of Authorized C | ertifying Off | icial | | | | | | |
| Prefix: Fir | rst Name: B | rooke | | | Middle Name: | | | |
| Last Name: Colley | · | | | | Suffix: | | | |
| Title: Grant Administrate | or | | | | | | | |
| b. Signature of Authorized Certifyin | g Official | | | c. Telep | hone (Area code, n | umber and exten | sion) | |
| Brooke Colley | | | 276-52 | 276-523-8129 | | | | |
| DIOOVE COTTEN | | | | | | | | |
| d. Email Address | | | | e. Date | Report Submitted | 14. Agency u | se only: | |
| brooke.colley@energy.virgi | nia.gov | | 10/30 | 2024 | | | | |

Standard Form 425

Federal Financial Report Instructions

Report Submissions

- 1) Recipients will be instructed by Federal agencies to submit the *Federal Financial Report (FFR)* to a single location, except when an automated payment management reporting system is utilized. In this case, a second submission location may be required by the agency.
- 2) If recipients need more space to support their *FFRs*, or *FFR* Attachments, they should provide supplemental pages. These additional pages must indicate the following information at the top of each page: Federal grant or other identifying number (if reporting on a single award), recipient organization, Unique Entity Identifier (UEI) number, Employer Identification Number (EIN), and period covered by the report.

Reporting Requirements

- 1) The submission of interim *FFR*s will be on a quarterly, semi-annual, or annual basis, as directed by the Federal agency. A final *FFR* shall be submitted at the completion of the award agreement. The following reporting period end dates shall be used for interim reports: 3/31, 6/30, 9/30, or 12/31. For final *FFR*s, the reporting period end date shall be the end date of the project or grant period.
- 2) Quarterly and semi-annual interim reports shall be submitted no later than 30 days after the end of each reporting period. Annual reports shall be submitted no later than 90 days after the end of each reporting period. Final reports shall be submitted no later than 90 days after the project or grant period end date.

Note: For single award reporting:

- 1) Federal agencies may require both cash management information on lines 10(a) through 10(c) and financial status information lines 10(d) through 10(o).
- 2) 10(b) and 10(e) may not be the same until the final report.

Line Item Instructions for the Federal Financial Report

| FFR | Reporting Item | Instructions |
|----------|---------------------------|--|
| Number | | |
| Cover In | ıformation | |
| | Federal Agency and | Enter the name of the Federal agency and organizational element |
| | Organizational Element to | identified in the award document or as instructed by the agency. |
| | Which Report is Submitted | |
| 2 | Federal Grant or Other | For a single award, enter the grant number assigned to the award by the |
| | Identifying Number | Federal agency. For multiple awards, report this information on the <i>FFR</i> |
| | Assigned by Federal | Attachment. Do not complete this box if reporting on multiple awards. |
| | Agency | |
| 3 | Recipient Organization | Enter the name and complete address of the recipient organization |
| | | including zip code. |
| 4a | UEI | Enter the recipient organization's Unique Entity Identifier |
| | | (UEI) or Central Contract Registry UEI. |
| 4b | EIN | Enter the recipient organization's Employer Identification Number (EIN). |
| 5 | Recipient Account Number | Enter the account number or any other identifying number assigned by the |
| | or Identifying Number | recipient to the award. This number is for the recipient's use only and is |
| | | not required by the Federal agency. For multiple awards, report this |

| FFR Number | Reporting Item | Instructions |
|---------------|------------------------------|---|
| - THIRDE | | information on the FFR Attachment. Do not complete this box if |
| | | reporting on multiple awards. |
| 6 | Report Type | Mark appropriate box. Do not complete this box if reporting on multiple awards. |
| 7 | Basis of Accounting | Specify whether a cash or accrual basis was used for recording |
| | (Cash/Accrual) | transactions related to the award(s) and for preparing this FFR. Accrual |
| | | basis of accounting refers to the accounting method in which expenses are |
| | | recorded when incurred. For cash basis accounting, expenses are |
| 0 | D : //C / D : 1 | recorded when they are paid. |
| 8 | Project/Grant Period, | Indicate the period established in the award document during which |
| | From: (Month, Day, Year) | Federal sponsorship begins and ends. |
| | | Note: Some agencies award multi-year grants for a project period that is |
| | | funded in increments or budget periods (typically annual increments). |
| | | Throughout the project period, agencies often require cumulative |
| | | reporting for consecutive budget periods. Under these circumstances, |
| | | enter the beginning and ending dates of the project period not the budget |
| | | period. |
| | | Do not complete this line if reporting on multiple awards. |
| | Project/Grant Period, To: | See the above instructions for "Project/Grant Period, From: (Month, Day, |
| 0 | (Month, Day, Year) | Year)." |
| 9 | Reporting Period End | Enter the ending date of the reporting period. For quarterly, semi-annual, |
| | Date: (Month, Day, Year) | and annual interim reports, use the following reporting period end dates: |
| | | 3/31, 6/30, 9/30, or 12/31. For final <i>FFR</i> s, the reporting period end date shall be the end date of the project or grant period. |
| | | shall be the end date of the project of grant period. |
| 10 | Transactions | |
| | l . | from date of the inception of the award through the end date of the |
| | reporting period specified i | |
| | | Lines 10d through 10o, or Lines 10a through 10o, as specified by the |
| | Federal agency, when report | |
| Fodoval | | rovide any information deemed necessary to support or explain <i>FFR</i> data. |
| 10a | Cash Receipts | Enter the cumulative amount of actual cash received from the Federal |
| 10a | Cash Receipts | agency as of the reporting period end date. |
| 10b | Cash Disbursements | Enter the cumulative amount of Federal fund disbursements (such as cash |
| 100 | Cushi Disoursements | or checks) as of the reporting period end date. Disbursements are the sum |
| | | of actual cash disbursements for direct charges for goods and services, the |
| | | amount of indirect expenses charged to the award, and the amount of cash |
| | | advances and payments made to subrecipients and contractors. |
| | | |
| | | For multiple grants, report each grant separately on the FFR Attachment. |
| | | The sum of the cumulative cash disbursements on the FFR Attachment |
| 1.0 | ~ | must equal the amount entered on Line 10b, FFR. |
| 10c | Cash On Hand (Line 10a | Enter the amount of Line 10a minus Line 10b. This amount represents |
| | Minus Line 10b) | immediate cash needs. If more than three business days of cash are on |
| | | hand, the Federal agency may require an explanation |

| FFR Number | Reporting Item | Instructions |
|---------------|--|--|
| | | on Line 12, Remarks, explaining why the drawdown was made prematurely or other reasons for the excess cash. |
| | Expenditures and Unoblig | gated Balance: Do not complete this section if reporting on multiple |
| awards. | | |
| 10d | Total Federal Funds Authorized | Enter the total Federal funds authorized as of the reporting period end date. |
| 10e | Federal Share of Expenditures | Enter the amount of Federal fund expenditures. For reports prepared on a cash basis, expenditures are the sum of cash disbursements for direct charges for property and services; the amount of indirect expense charged; and the amount of cash advance payments and payments made to subrecipients. For reports prepared on an accrual basis, expenditures are the sum of cash disbursements for direct charges for property and services; the amount of indirect expense incurred; and the net increase or decrease in the amounts owed by the recipient for (1) goods and other property received; (2) services performed by employees, contractors, subrecipients, and other payees; and (3) programs for which no current services or performance are required. Do not include program income expended in accordance with the deduction alternative, rebates, refunds, or other credits. (Program income expended in accordance with the deduction alternative should be reported separately on Line 100.) |
| 10f | Federal Share of Unliquidated Obligations | Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an expenditure has not yet been recorded. Enter the Federal portion of unliquidated obligations. Those obligations include direct and indirect expenses incurred but not yet paid or charged to the award, including amounts due to subrecipients and contractors. On the final report, this line should be zero unless the awarding agency has provided other instructions. Do not include any amount in Line 10f that has been reported in Line 10e. |
| | | Do not include any amount in Line 10f for a future commitment of funds (such as a long-term contract) for which an obligation or expense has not been incurred. |
| 10g | Total Federal Share (Sum of Lines 10e and 10f) | Enter the sum of Lines 10e and 10f. |
| 10h | Unobligated Balance of Federal Funds (Line 10d Minus Line 10g) | Enter the amount of Line 10d minus Line 10g. |
| Recipien | | his section if reporting on multiple awards. |
| 10i | Total Recipient Share Required | Enter the total required recipient share for reporting period specified in line 9. The required recipient share should include all matching and cost sharing provided by recipients and third-party providers to meet the level required by the Federal agency. This amount should not include cost sharing and match amounts in excess of the amount required by the Federal agency (for example, cost overruns for which the recipient incurs additional expenses and, therefore, contributes a greater level of cost |

| FFR | Reporting Item | Instructions |
|---------|---|---|
| Number | | sharing or match than the level required by the Federal agency). |
| 10j | Recipient Share of | Enter the recipient share of actual cash disbursements or outlays (less any |
| 10j | Expenditures | rebates, refunds, or other credits) including payments to subrecipients and |
| | Expelialitates | contractors. This amount may include the value of allowable third party |
| | | in-kind contributions and recipient share of program income used to |
| | | finance the non-Federal share of the project or program. Note: On the |
| | | final report this line should be equal to or greater than the amount of Line |
| | | 10i. |
| 10k | Remaining Recipient Share | Enter the amount of Line 10i minus Line 10j. If recipient share in Line |
| | to be Provided (Line 10i | 10j is greater than the required match amount in Line 10i, enter zero. |
| | Minus Line 10j) | |
| Program | Income: Do not complete | this section if reporting on multiple awards. |
| 101 | Total Federal Program | Enter the amount of Federal program income earned. Do not report any |
| | Income Earned | program income here that is being allocated as part of the recipient's cost |
| | | sharing amount included in Line10j. |
| 10m | Program Income Expended | Enter the amount of program income that was used to reduce the Federal |
| | in Accordance With the | share of the total project costs. |
| | Deduction Alternative | |
| 10n | Program Income Expended | Enter the amount of program income that was added to funds committed |
| | in Accordance With the | to the total project costs and expended to further eligible project or |
| | Addition Alternative | program activities. |
| 10o | Unexpended Program | Enter the amount of Line 10l minus Line 10m or Line 10n. This amount |
| | Income (Line 101 Minus | equals the program income that has been earned but not expended, as of |
| | Line 10m or Line 10n) | the reporting period end date. |
| 11 | | te this information only if required by the awarding agency. Enter |
| | cumulative amounts from d period specified in line 9. | ate of the inception of the award through the end date of the reporting |
| 11a | Type of Rate(s) | State whether indirect cost rate(s) is Provisional, Predetermined, Final, or Fixed. |
| 11b | Rate | Enter the indirect cost rate(s) in effect during the reporting period. |
| 11c | Period From; Period To | Enter the beginning and ending effective dates for the rate(s). |
| 11d | Base | Enter the amount of the base against which the rate(s) was applied. |
| 11e | Amount Charged | Enter the amount of indirect costs charged during the time period |
| | | specified. (Multiply 11b. x 11d.) |
| 11f | Federal Share | Enter the Federal share of the amount in 11e. |
| 11g | Totals | Enter the totals for columns 11d, 11e, and 11f. |
| | s, Certification, and Agenc | · · · |
| 12 | Remarks | Enter any explanations or additional information required by the Federal |
| | | sponsoring agency including excess cash as stated in line 10c. |
| 13a | Typed or Printed Name and | Enter the name and title of the authorized certifying official. |
| | Title of Authorized | , , |
| | Certifying Official | |
| 13b | Signature of Authorized | The authorized certifying official must sign here. |
| | Certifying Official | |
| 13c | Telephone (Area Code, | Enter the telephone number (including area code and extension) of the |
| | Number and Extension) | individual listed in Line 13a. |
| 13d | E-mail Address | Enter the e-mail address of the individual listed in Line 13a. |
| | 1 | D : 1.6/20/2010 |

| FFR | Reporting Item | Instructions |
|--------|-----------------------|--|
| Number | | |
| 13e | Date Report Submitted | Enter the date the <i>FFR</i> is submitted to the Federal agency using the |
| | (Month, Day, Year) | month, day, year format. |
| 14 | Agency Use Only | This section is reserved for Federal agency use. |

Equity and Justice

Instructions:

- 1. Fill out the header information below with your Recipient Name and Agreement # (CID) to auto-populate the headers at the top of each tab.
- 2. Input dates below for the current Reporting Period's Start and End Dates.
- 3. Each tab will have additional instructions to assist in the completion of each form.

Document Header Information

| | 2004 | | |
|------------------------------|-------------------|----------------------------|--------------|
| Recipient Name: | VA Dept of Energy | Agreement # (CID): | DE-FE0032436 |
| Reporting Period Start Date: | 07/01/24 | Reporting Period End Date: | 09/30/24 |

Comments or Concerns about this form can be submitted at the following link:

BIL Reporting Template Feedback

Template Version: 3

Do not submit Protected Personally Identifiable Information (Protected PII) to DOE. For more information on Protected PII, see Appendix A of the BIL Federal Assistance Reporting Checklist

Community Engagement Process Recipient Name: VA Dept of Energy Agreement # (CID): DE-FE0032436 Reporting Period Start Date: 07/01/24 Reporting Period End Date: 09/30/24 Instructions:

For projects expanding existing or building new infrastructure should report engagement activities such as, participatory research, citizen advisory committees or open planning forums, and outputs of those activities such as, memorandums of understanding, or letters of support

Row 23: Enter the number of labor organizations engaged as stakeholders.

Row 24: Indicate Yes or No if this project operates under a negotiated Community Benefits Agreement?

Row 27: Indicate Yes or No if a Representative of the Community Based Organization or Community Advisory Committee reviews and approves this report? If Yes, Provide a Name and Role in the next columns.

Table 2: Only projects that build new infrastructure or expand existing infrastructure will need to fill in this table.

Column B: Select appropriate Project Type (New Infrastructure or Expanding Existing Infrastructure). Note: Use a new row for each project site or operation you are reporting.

Column C: Identify your Project Name. Note: Use a new row for each unique project site.

Columns D-E: Input the 5-Digit Zip Code and + 4 for each project location (please use the Zip Code Lookup e-link provided in the header if you are unsure).

Columns F-L: Indicate Yes, No, Planned, or N/A for each question on Community Engagement for each project being reported.

Note: If you need additional rows, be sure to 'Copy' existing rows and 'Insert Copied Cells' for the drop-downs and conditional formatting to function properly.

| Table 1: | | | | | | | | |
|--|----|------|------|--|--|--|--|--|
| Answer each question below and, when appropriate, provide the name and role of the leadership and representative. | | | | | | | | |
| Number of labor organizations engaged as stakeholders? | | | | | | | | |
| Does this project operate under a negotiated Community Benefits Agreement? | No | | | | | | | |
| | | | | | | | | |
| | | Name | Role | | | | | |
| Is a Community Based Organization part of the project leadership? | No | | | | | | | |
| Did a representative of the Community Based Organization or Community Advisory Committee review and approve this report? | No | | | | | | | |

| Table 2: Community Engag | able 2: Community Engagement Process | | | | | | | | | | | |
|--|--------------------------------------|--|------------------------------------|---|--|---|--|----------------------|--|--|--|--|
| Pr | roject Details | ZIP Code ¹¹ | <u>Lookup</u> | Community Engagement | | | | | | | | |
| Is Your Project New Infrastructure or Facility Expansion? | Project Name | Project Location 5-Digit Zip Code | Project Location Zip Code +4 | If applicable, have you sought approval of tribal governments with authority over impacted areas (including upstream and downstream the project, in terms of transportation or waste disposal) (Yes, No, Planned, or N/A) | Have you engaged participatory research and budgeting (Yes, No, Planned, or N/A) | • | Do you have letters of support or any other indication that they are engaging in community- engaged planning (Yes, No, Planned, or N/A) | committees (Yes, No, | Have you engaged with open planning forums with participant polling (Yes, No, Planned, or N/A) | Do you have a Signed Community Benefit Agreement (CBA) (Yes, No, Planned, or N/A) | | |
| | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | |
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Engagement Events & Technical Assistance
Racipient Name: VA.Dayt of Energy Agreement # (CID): 05-FE002456
Reporting Period Start Date: 07/0104 Reporting Period Energy

Repoints Name: V. Out of Conray

Reporting Period Set Date: (0710) B. Reporting Period Ed Date: (0700)

The report applies to all projects that hold community engagement event and project when prime engagement period Ed Date: (0700)

The report applies to all projects that hold community engagement event and projects when prime engagement provide behavior assistance to subrecipients. Recipients are required to report to community members and distalholders engaged and from while if any community of interest.

Column E. Date in you are to The of Concerning Propersed from the international programment and what events.

Column E. Date in you are to The of Concerning Propersed from the international programment and what events.

Column E. Date in you are "Event Operation.

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| | | | | | | | | | Community Engagement | Events | | | | | | | | | |
|--------------------------------|------------|-----------------|--------------------|----------------------------------|-------------|-------------------|------------------|-------------|----------------------|---|--|------------------------------------|----------------------------|---------------------|--------------------|-------|---|--------------------------------|--|
| | | Event Details | | | | | ZIP Code™ | Lookup | Community Engagement | | | Attendees by Community of Interest | | | | | Event Outco | Event Outcomes (Narrative) | |
| Community Engagement Event Nam | Event Date | Event Organizer | Total Attendees | Technical Assistance Category | Event Links | Virtual Event? | 5-Digit Zip Code | Zip Code +4 | Type of Engagement | Type of Engagement Engagement, Please Socify Degree of Engagement | | | Disadvantaged Community | Energy Community | Rural Community | Other | If Other Type of Community, Please Specify | Outcomes, Barriers or Concerns | Community Requests and Reponses to Those Requests |
| | | | | | | | | | | | | | | | | | | | |
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Community Ownership

Recipient Name: VA Dept of Energy

Agreement # (CID): DE-FE0032436

Reporting Period Start Date: 07/01/24

Reporting Period End Date: 09/30/24

Instructions:

This report applies to all projects that build or install new clean energy or climate assets that are owned in any part or in full by a community or communities or operated under ownership sharing agreements. This may include projects for which developing community owned assets is not the primary goal but include it as a fringe benefit. Recipients should report whether any or all projects will be community owned as well as the compensation the community will receive.

Column B: Assign a Unique Identifier for each asset contributing to a community ownership or ownership sharing project Note: Please use a new row per each individual asset.

Column C: Input Asset Type (e.g., turbines, residential solar, small wind) for each asset contributing to a community ownership or ownership sharing project).

Column D: Select whether the asset is Community Owned (i.e., greater than 50% of the value of the asset is owned by the community) or not community owned).

Column E: Report the Name of the Community or Organization that owns the asset. If it is more than one community or organization please list all entities separated by semicolons.

Column F: Select Asset Status for each asset being reported.

Columns G-H: Input the 5-Digit Zip Code and + 4 for each asset location (please use the Zip Code Lookup elink provided in the header if you are unsure).

Column I: Input the Expected Date the community plans to acquire or complete construction of the clean energy asset.

Column J: Input the Actual Date the community acquires or completes construction of the clean energy asset. This should be N/A until completion.

Column K: Input the Expected annual return/compensation dollar amount for communities for each individual asset.

Column L: Input the Actual annual return/compensation dollar amount for communities for each individual asset.

Column M: Input the Total dollar value of for each individual asset of community owned clean energy assets built or purchased by the community.

Column N: Please describe or reference the Community Ownership Structure.

Column O: Please provide the % of Community Ownership in whole numbers.

Note: If you need additional rows, be sure to 'Copy' existing rows and 'Insert Copied Cells' for the drop-downs and conditional formatting to function properly.

| | Community Ownership | | | | | | | | | | | | | |
|-------------------|---|------------|-----------------------------|-------------------------|--------------|---------------------|-----------------------|---------------|--------------------|----------------|---|---------------------------------|---|----------------------------------|
| | Community Asset Details ZIP Code™ Lookup | | | | | | Date Built or Comn | | Return/Com Comr | nunity | Total Dollar Value of Community Owned Clean Energy Assets | Community Ownership Description | % of Community Ownership | |
| Each Asset Unique | Identifier | Asset Type | Current Ownership Status | Name of Community Owner | Asset Status | 5-Digit Zip Code | Zip Code +4 | Expected Date | Actual Date | Expected \$/yr | Actual \$/yr | \$ | Please describe how community ownership is structured | Provide % of community ownership |
| | | | | | | | | | | | | | | |
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| | | | | | | | L | | Total | \$0 | \$0 | \$0 | | |

| | Community of Interest Definitions |
|---|---|
| Disadvantaged Community: | Disadvantaged Community: For the purposes of this guidance "disadvantaged communities" are defined at the census tracts level. Until OMB provides final guidance, programs should use DOE's Justice40 working definition of disadvantaged community. As part of this definition DOE will recognize disadvantaged communities as defined and identified by the White House Council on Environmental Quality's Climate and Economic Justice Screening Tool (CEJST). DOE uses 36 burden indicators (e.g., job access, air toxics cancer risk) grouped by four categories – socio-economic vulnerabilities, environmental and climate hazards, fossil dependence, and energy burden - to determine which census tracts are considered disadvantaged. To be considered a disadvantaged community under the DOE definition, a census tract must rank in or above the 80th percentile of cumulative sum of the 36 burden indicators for its state and have at least 30% of households classified as low income. Additionally, federally recognized tribal lands and U.S. territories, minority serving institutions and small disadvantaged businesses are considered part of a disadvantaged community, even if they are not located in disadvantaged census tracts. |
| Energy Community: | Energy Community: For the purposes of this guidance, "energy communities" are 1) any "Covered Census Tract" under 42 U.S.C. § 18742(a)(2) (census tracts that have had coal mines that have closed or coal-fired power plants that have retired after a certain date, as mapped at: https://arcgis.netl.doe.gov/portal/apps/experiencebuilder/experience/?id=09457c326145417595287951ed376a29); and 2) the top 75 Bureau of Labor Statistics Areas for fossil energy employment identified by the Interagency Working Group on Coal & Power Plant Communities & Economic Revitalization (available at https://edx.netl.doe.gov/dataset/datasets-for-iwg-report-on-energy-communities; mapped on page 6 at https://energycommunities.gov/wp-content/uploads/2021/11/initial-Report-on-Energy-Communities_Apr2021.pdf). This definition may be updated to reflect any new definition established by the Interagency Working Group on Coal & Power Plant Communities & Economic Revitalization or to align with the definition of Energy Communities defined for use in implementing the Inflation Reduction Act. |
| Rural Community: | Rural Community: Federal agencies do not have a standard definition for rural therefore for the purposes of this guidance a "rural community" will be defined according to the definition of 'rural and remote areas' in BIL Sec. 40103 – "a city, town, or unincorporated area that has a population of not more than 10,000 inhabitants." |
| American Indian and Alaska Native Community: | American Indian and Alaska Native Community: group of American Indian or Alaska Native people who have blood degree from and is recognized as such by a federally recognized Indian tribe (as an enrolled tribal member) and/or the United States and who reside in a specific locality, share a government, and often have a common cultural and historical heritage. Indian Tribe: As defined in in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. § 5304),[1] means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. § 1601, et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. Specifically, an Indian tribe, band, nation or other organized group or community (including Alaska Native villages) federally recognized as listed in Indian Entities Recognized and Eligible to Receive Services from the United States Bureau of Indian Affairs, published by the Department of Interior's Bureau of Indian Affairs in the Federal Register on January 12, 2023, 88 FR 8. Community means a group of any size whose members reside in a specific locality, share government, and often have a common cultural and historical heritage. |

| Technical Assistance Definitions | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|
| | Tools, resources, self-assessment toolkits Testing, validation | | | | | | |
| Technical Analysis: | Modeling, analysis (proactive & reactive) | | | | | | |
| | Tracking performance-data collection, benchmarks, inc. damage assessments from disasters | | | | | | |
| | How to access to financial resources. Inc. grants, loans, loan loss reserves | | | | | | |
| Financial Analysis: | Economic or market analysis | | | | | | |
| | Financial incentives, networks, demand pull | | | | | | |
| | Specific energy topics, inc. financial, technical, community engagement | | | | | | |
| Training: | Training for SLTT or cross-functional groups | | | | | | |
| | DOE grant management 101: Recipient roles & responsibilities | | | | | | |
| Program Assistance: | Best practices, lessons learned | | | | | | |
| r rogram Assistance. | Project or program design input, inc. DOE applications and social science for program design | | | | | | |
| | Direct support to strategic planning processes, inc. utility/state/cross-function | | | | | | |
| Policy & Planning Assistance: | Funding to support participation in official state/utility processes | | | | | | |
| Toney a Flamming Assistance. | Funding to support an autonomous, self-directed process the SLTT is undertaking | | | | | | |
| | Expert support to review draft policies re: best practices, successful examples, offer guidance/tips | | | | | | |
| | Add or strengthen human capital to focus on energy issues, inc. fellows | | | | | | |
| Capacity Building: | Strategy development for long-term engagement & coordination, inc. cohort support | | | | | | |
| | Help identify & address challenges, needs, priorities re: specific energy topics, inc. to prepare for proposal writing, program evaluation | | | | | | |
| Stakeholder Engagement & | Engagement from DOE services/staff to respond to incoming stakeholder requests & route to other types of TA as appropriate | | | | | | |
| Coordination: | Engagement to help SLTT identify, prioritize & engage with DOE programs | | | | | | |
| cool uniation. | Convene & connect disparate stakeholders & efforts for greater impact | | | | | | |

Community Ownership Integrating opportunities for community ownership of assets into program implementation is well-aligned with DOE Justice40 execution, as it enables deeper participation of communities in projects and increases community benefits. Through community ownership or ownership sharing arrangements, energy consumers and community members have partial ownership—and therefore partial authority—over the project. An example of successful ownership-sharing models is the Minnesota "flip" model of community ownership, where farmers hosting wind turbines receive ownership and profit after a certain amount of time.23 Community or shared ownership models can have socio-economic benefits, reduce barriers to project completion, and increase energy reliability and resilience.24 Community ownership in this context means that the majority of the project is owned by the local community and community participants' investments, if any, are offset by their compensation from the project.

| Labor Agreement | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Labor Organizations | A labor organization is a labor union, which is a group of two or more employees who join together to advance common interests such as wages, benefits, schedules and other employment terms and conditions. Joining together - or "acting collectively" - workers represented by unions have a powerful voice that strengthens their ability to negotiate with their employer about their concerns. Higher wages, health insurance, vacation days, paid sick leave and retirement benefits are a few examples of what workers achieve through their unions. Workers also pursue other enhancements - such as flexible scheduling, protections against harassment and safer working conditions - that improve the quality of jobs and workers' well-being. | | | | | | | |
| Unions | Unions are membership-driven, democratic organizations governed by laws that require financial transparency and integrity, fair elections and other democratic standards, and fair representation of all workers. Learn about the laws that govern unions: | | | | | | | |
| Right to fair representation National Labor Relations Board | Right to fair representation | | | | | | | |
| (nlrb.gov) | Labor Management Reporting and Disclosure Act | | | | | | | |

Training Outcomes

Instructions:

- 1. Fill out the header information below with your Recipient Name and Agreement # (CID) to auto-populate the headers at the top of each tab.
- 2. Input dates for the current Reporting Period's Start and End Dates.
- 3. Each tab will have additional instructions to assist in the completion of each form.

| Document Header Information | | | | | | | | |
|--|-------------------------|----------------------------|--------------|--|--|--|--|--|
| Recipient Name: | VA Department of Energy | Agreement # (CID): | DE-FE0032436 | | | | | |
| Reporting Period Start Date: | 10/01/23 | Reporting Period End Date: | 09/30/24 | | | | | |
| Comments or Concerns about this form can be submitted at the following link: BIL Reporting Template Feedback Template Version: 3 | | | | | | | | |

Do not submit Protected Personally Identifiable Information (Protected PII) to DOE. For more information on Protected PII, see Appendix A of the BIL Federal Assistance Reporting Checklist

Training Outcomes

Recipient Name: VA Department of Energy Agreement # (CID): DE-FE0032436

Reporting Period Start Date: 10/01/23 Reporting Period End Date: 09/30/24

Instructions:

This report is required for all projects requiring DBA compliance, those that discuss workforce development or training in statute, as well as any projects where recipients utilize a portion of their BIL funding on workforce development are required to report on training and training outcomes. Only career-track training that focuses on skill development or pathways into career-track training such as pre-apprenticeship should be tracked for this metric. Career-track training leads to an appropriate industry-recognized credential, professional qualification, or license. It teaches broad occupational knowledge and skills that can be applied across a range of technologies, leading to a number of different career paths. Continuing education allowing incumbent workers to keep up with the latest technology and practices, and to advance in their careers, is another important element of career-track training. This report will also track the number of workforce partnerships involving employers, community-based organizations (CBOs), or labor unions, including partnerships specified in community benefits agreements and project labor agreements, or similar.

Column C: Enter the appropriate response for each question in each row for this reporting period only. This will require a dropdown selection or numerical input where appropriate.

Column D: Provide any additional explanations or names of organizations required based on your responses for each question.

| Training Metrics | | | | | | | |
|---|----------|-------------------------------|--|--|--|--|--|
| Training Metrics | Response | Explanation | | | | | |
| Was training offered as part of the project? (This includes construction projects that hire registered apprentices.) | No | N/A for this reporting period | | | | | |
| Type of training provided? If other, please describe. | | | | | | | |
| Does readiness training have an agreement with community college or apprenticeship program to accept trainees from readiness program? Provide further explanation for your yes or no response. | No | N/A for this reporting period | | | | | |
| Does your program target underserved or underrepresented population for training? If yes, provide an explanation of what target population serve. | | N/A for this reporting period | | | | | |
| Did you partner with a community-based organization? If yes, provide a name of the organization. | No | N/A for this reporting period | | | | | |
| Did you partner with a labor union? If yes, provide a name of the union. | No | N/A for this reporting period | | | | | |
| Number of individuals receiving training (including registered apprenticeship) as part of the project. | | N/A for this reporting period | | | | | |
| Average number of hours of training per individual (including on-the-job training/work performed by registered apprentices). | | N/A for this reporting period | | | | | |
| Total financial value? Provide an explanation of type of supportive services provided to trainees (e.g. childcare, transportation, mentoring, counseling, tools and work clothes, stipends, etc.) | | N/A for this reporting period | | | | | |
| Number of individuals trained? | | N/A for this reporting period | | | | | |
| Number of individuals receiving raise or promotion as a result of training? | | N/A for this reporting period | | | | | |
| Number of individuals that are placed in new paid positions (including registered apprenticeships) as a result of training? | | N/A for this reporting period | | | | | |

Trainee Demographics

Recipient Name: VA Department of Energy Agreement # (CID): DE-FE0032436

Reporting Period Start Date: 10/01/23 Reporting Period End Date: 09/30/24

Instructions:

Table 1. Column C: Of the total number of trainees this reporting period only, please enter the % of trainees for each listed Race category.

Table 2. Column C: Of the total number of trainees this reporting period only, please enter the % of trainees for each listed Gender category.

Table 3. Column C: Of the total number of trainees this reporting period only, please enter the % of trainees for each listed Ethnicity category.

| Table 1: Trainee Demographics/Race | | | | | | |
|---|-----------|--|--|--|--|--|
| Race | % Percent | | | | | |
| American Indian or Alaska Native | 0 | | | | | |
| Native Hawaiian or Other Pacific Islander | 0 | | | | | |
| Asian | 0 | | | | | |
| Black or African American | 0 | | | | | |
| White | 0 | | | | | |
| Other | 0 | | | | | |
| Two or More | 0 | | | | | |
| Prefer Not to Say | 0 | | | | | |

| Table 2: Trainee Demographics/Gender | | | | | | |
|--------------------------------------|-----------|--|--|--|--|--|
| Gender | % Percent | | | | | |
| Male | 0 | | | | | |
| Female | 0 | | | | | |
| Non-Binary | 0 | | | | | |
| Other | 0 | | | | | |
| Prefer Not to Say | 0 | | | | | |

| Table 3: Trainee Demographics/Ethnicity | | | | | |
|---|-----------|--|--|--|--|
| Ethnicity | % Percent | | | | |
| Hispanic or Latino | 0 | | | | |
| Not Hispanic or Latino | 0 | | | | |
| Prefer Not To Say | 0 | | | | |

QUARTERLY SUBRECIPIENT/SUBCONTRACTOR REPORT

This Excel workbook serves as a Quarterly Subrecipient/Subcontractor Report (QSR) template. As a grant recipient, you will update project information in this QSR on a quarterly basis. The QSR should be submitted to the Award DOE Project Officer and Grants Management / Contract Specialist. Please see the Term and Condition titled, "SUBRECIPIENT/SUBCONTRACTOR REPORTING" and ATTACHMENT 3 - FEDERAL ASSISTANCE REPORTING CHECKLIST (REPORTING REQUIREMENTS) for further details/instructions reagrding this Report

Each State (i.e., recipient) is responsible for ensuring that all necessary project information is populated within this document, and that the information denoted is accurate. Contact your DOE Award DOE Project Officer and Grants Management / Contract Specialist if you have questions while preparing this Report. The DOE Project Officer (also called the Federal Program Manager) is identified in Block 15 of the Assistance Agreement Form of your Grant. The Grants Management / Contract Specialist is identified on Page of the Assistance Agreement Form of your Grant.

| | Recipient: | Virginia Department of Energy | | | | | | | | | |
|------|---------------------------------------|--------------------------------------|------------------|--------------------------|--------------------------|--|--------------------------------|--|--|---------------------------------------|--|
| | DOE Award #: | DE-FE0032436 | | | | | | | | | |
| | | | | | | SUBRECIPIENTS / SUBCO | VTRACTORS (VENDORS) NOTIFIC | ATION | | | |
| Numb | Subrecipient / Subcontractor (Vendor) | Date of Agreement Initiation (MM/YY) | Business Address | Amount of Agreement (\$) | Reporting Period (MM/YY) | Nature of Solicitation: Sole Source / Competitive | Assurance (Sub is not Debarred | Planned, Actual/Apparent Conflict of Interest Assurance (No planned, actual or apparent conflict of interest exists between the Recipient and the selected Sub) | required award provisions will be flowed | Description of any pertinent "Issues" | General Description of Services to be provided by Subrecipient / Subcontractor |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |