FEDERAL FINANCIAL REPORT

(Follow form instructions)

Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Energy		Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) DE-FE0029085				Agency	Page of 1		
3. Recipient Organization (Name and complete address including Zip code)									
		olk, Suite 1000, Houston, Texas 7							
COI ENVIORMONIA INC	Z, ZZ I I IVOIT	Sin, Odio (000, 110001011, 10x00 1							
do DUNC Number		dh EIN	E Booiniont Ac	occupt Numbe	r or Identifying Number	6 D	eport Type	7. Basis of Accounting	
4a. DUNS Number 4b. EIN 5. Recipient Account Number or Identifyi (To report multiple grants, use FFR A						100		7. Dasis of Accounting	
181780776	760190706	114000093 - 530003808			@ Quarterly				
			11400000			G Semi-Annual			
						nnual			
							Final		
8. Project/Grant Period			1 1 1 1				g Period End Da Day, Year)	te	
From: (Month, Day, Year)			To: (Month, Day, Year) (Month 05/30/2019 09/30/2018			Day, real)			
			0.000,2010				I .		
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							1,244,480.43		
b. Cash Disbursements							1,244,480.43		
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							1,307,039.00		
e. Federal share of expenditures							1,244,480.43		
Federal share of unliquidated obligations Total Federal share (sum of lines a and f)							1,244,480,43		
g. Total Federal share (sum of lines e and f) h. Unobligated balance of Federal funds (line d minus g)							62,558.57		
Recipient Share:									
i. Total recipient share required 330,000.00									
j. Recipient share of expenditures						553,100.00			
k. Remaining recipient share to be provided (line i minus j)							(223,100)		
Program Income:									
Total Federal program income earned							0.00		
m. Program income expended in accordance with the deduction alternative						0.00			
	d in accordance with the addit					0.00			
		ome (line I minus line m or line		In. s. s.	L Door		0.00	f. Federal Share	
	уре	b. Rate	c. Period From 10/01/2016	09/30/2018	d. Base 257,916.00	e. Amount 363,787.89	Chargeo	363,787.89	
Expense G&A	rhead	140,38%	10/01/2016	09/30/2018	1,060,286.21	184,194.22		184,194.22	
Experied GoA		10,7070	1.00012010	g. Totals:	1,318,202.21	547.982.11		547,982.11	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance							th governing leg	per medical control of the control o	
Block 11e reflects adjusted Overhead and G&A per the FY16 Indirect Rate Adjustment Voucher submitted in March 2017. G&A is not charged on Cost Share.									
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 intent set forth in the award documents. 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						c. Telephone (Area code, number and extension) 512-346-4474			
1. lie Someone						d. Email address			
Jume gencer						jaspencer@gsi-net.com			
b. Signature of Authorized gertiffing Official						e. Date Report Submitted (Month, Day, Year)			
b. Signature of Authorized Pertiting Official Mexicol						10/31/2018			
							use only:	The second	
						Standa	rd Form 425 - Revis	ed 6/28/2010	

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011