FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

REVISED

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of
General Services Administration	[redacted]	0348-0038	pages

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

Charlie Daniels
Secretary of State

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
[redacted]	[redacted]	☐ Yes ☑ No	☐ Cash ☑ Accrual

8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
4/15/2003	12/31/2006	1/1/2003	12/31/2003

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0.00	0.00	0.00
b. Recipient share of outlays			0.00
c. Federal share of outlays	0.00	0.00	0.00
d. Total unliquidated obligations			
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			
g. Total Federal share *(Sum of lines c and f)*			0.00
h. Total Federal funds authorized for this funding period			2,569,738.00
i. Unobligated balance of Federal funds *(Line h minus line g)*			2,569,738.00

11. Indirect Expense	a. Type of Rate *(Place "X" in appropriate box)* ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed			
	b. Rate	c. Base	d. Total Amount	e. Federal Share

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

No indirect expense and no formal award letter regarding Grant Period.

13. Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Peggy Gram, Chief Deputy Secretary of State	(501) 682-1010
Signature of Authorized Certifying Official	**Date Report Submitted**
Peggy Gram	February 28, 2006

Amended