REVISED

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

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	710847443470000	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
710847443	31050038861-102	☐ 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	1/1/2004	12/31/2004

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

NSN 7540-01-218-4387 269-202 Standard Form 269A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-11(

Amended

FILE COPY

FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted General Services Administration	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 710847443470000	OMB Approval No. 0348-0039	Page of pages

3. Recipient Organization (Name and complete address, including ZIP code)
Secretary of State
State Capitol

4. Employer Identification Number 710647443	5. Recipient Account Number or Identifying Number 31050038861-102	6. Final Report ☐ Yes ☒ No	7. Basis ☐ Cash ☒ Accrual

8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year) 7/1/2003	To: (Month, Day, Year) 6/30/2005	9. Period Covered by this Report From: (Month, Day, Year) 1/1/2004	To: (Month, Day, Year) 12/31/2004

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0.00	226,647.62	226,647.62
b. Refunds, rebates, etc.			0.00
c. Program income used in accordance with the deduction alternative			0.00
d. Net outlays *(Line a, less line sum of lines b and c)*	0.00	226,647.62	226,647.62
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award			0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00
h. All other recipient outlays not shown on lines e, f or g			0.00
i. Total recipient share of net outlays *(Sum of lines e, f, g and h)*	0.00	0.00	0.00
j. Federal share of net outlays *(line d less line i)*	0.00	226,647.62	226,647.62
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share *(sum of lines j and m)*			226,647.62
o. Total Federal funds authorized for this funding period			2,569,738.00
p. Unobligated balance of Federal funds *(Line o minus line n)*			2,343,090.38
Program income, consisting of:			
q. Disbursed program income shown on lines c and/or g above			
r. Disbursed program income using the addition alternative			
s. Undisbursed program income			
t. Total program income realized *(Sum of lines q, r and s)*			0.00

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 Peggy Gram, Chief Deputy Secretary of State	Telephone (Area code, number and extension) (501) 682-1010
Signature of Authorized Certifying Official Peggy Gram	Date Report Submitted February 17, 2005

Previous Edition Usable
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