

FINANCIAL STATUS REPORT
(Short Form)

ORIGINAL

(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 [REDACTED]		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) Charlie Daniels Secretary of State State Capitol Room 256 Little Rock AR 72201					
4. Employer Identification Number [REDACTED]	5. Recipient Account Number or Identifying Number [REDACTED]	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 04/15/2003	To: (Month, Day, Year) Open	9. Period Covered by this Report From: (Month, Day, Year) 04/15/2003	To: (Month, Day, Year) 12/31/2003		
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays			0	0	
b. Recipient share of outlays					
c. Federal share of outlays			0	0	
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	0	
h. Total Federal funds authorized for this funding period			2,569,738	2,569,738	
i. Unobligated balance of Federal funds (Line h minus line g)			2,569,738	2,569,738	
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> 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 purpose 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 			Date Report Submitted January 21, 2004 Revised 6/23/2004		