

FILE COPY

FINANCIAL STATUS REPORT

(Short Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report Is Submitted GSA-EAC		2. Federal Grant or Other Identifying Number Assigned By Federal Agency CFDA 39.011		OMB Approval No. 0348-0039	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Montana Secretary of State PO Box 202801 Helena MT 59620-2801						
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 4/25/2003		To: (Month, Day, Year) open		9. Period Covered by this Report From: (Month, Day, Year) 4/25/2003		To: (Month, Day, Year) 12/31/2003
10. Transactions				I Previously Reported	II This Period	III Cumulative
a. Total outlays					139,072.32	139,072.32
b. Recipient share of outlays					0	0
c. Federal share of outlays					0	0
d. Total unliquidated obligations						0
e. Recipient share of unliquidated obligations						0
f. Federal share of unliquidated obligations						0
g. Total Federal share (Sum of lines c and f)						0
h. Total Federal funds authorized for this funding period						5,000,000
i. Unobligated balance of Federal funds (Line h minus line g)						4,860,927.68
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.						
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 <i>Elaine Gravelley</i>				Telephone (Area code, number and extension) (406) 444-5326		
Signature of Authorized Certifying Official <i>Elaine Gravelley</i>				Date Report Submitted 1-20-04		