

**FINANCIAL STATUS REPORT**

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S General Services Administration 1800 F. Street, NW Washington DC 20405-0002		2. Federal Grant or Other Identifying Number Assigned By Federal Agency  39.011		OMB Approval No. 0348-0039	Page 1 of 2 pages
3. Recipient Organization (Name and complete address, including ZIP code) Colorado Department of State, Secretary of State 1560 Broadway, Ste 200 Denver, CO 80202					
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) 4/28/2003		To: (Month, Day, Year) open		9. Period Covered by this Report From: (Month, Day, Year) 4/29/2003 To: (Month, Day, Year) 12/31/2003	
10. Transactions		I Previously Reported		II This Period	
a. Total outlays		\$0.00		\$ 433,149.30	
b. Recipient share of outlays		\$0.00		\$144,087.02	
c. Federal share of outlays		\$0.00		\$289,062.28	
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)					
h. Total Federal funds authorized for this funding period					
i. Unobligated balance of Federal funds (Line h minus line g)					
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 none		c. Base none		d. Total Amount none	
				e. Federal Share none	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. see attached explanation					
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 Heather Lizotte Budget Officer				Telephone (Area code, number and extension) 303-860-6910	
Signature of Authorized Certifying Official <i>Heather Lizotte</i>				Date Report Submitted 1/21/2004	

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

For this reporting period the only expenditures to date are for Section 101 monies. The total of \$433,149.30 does not include indirect costs as this is a new program for our agency and we have yet to determine what those costs will be for reporting purposes.