

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

FILE COPY

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 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Idaho Secretary of State P.O. Box 83720 Boise, Idaho 83720						
4. Employer Identification Number [REDACTED]		5. Recipient Account Number or Identifying Number		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)		To: (Month, Day, Year)		8. Period Covered by this Report From: (Month, Day, Year) 4-04-2003		To: (Month, Day, Year) 12-31-2003
10. Transactions			I Previously Reported	II This Period	III Cumulative	
a. Total outlays				50,304	50,304	
b. Recipient share of outlays				0	0	
c. Federal share of outlays				50,304	50,304	
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)					50,304	
h. Total Federal funds authorized for this funding period					5,000,000	
i. Unobligated balance of Federal funds (Line h minus line g)					4,949,696	
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 Ben Yursa, Secretary of State				Telephone (Area code, number and extension) 208-334-2852		
Signature of Authorized Certifying Official <i>Ben Yursa</i>				Date Report Submitted 1-14-2004		