

FY 2008 Grant Award						State				
<b>FINANCIAL STATUS REPORT</b>										
IMLS Pacific Competitive Grant										
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	
		EXAMPLE: 00-00-0000-00				3137-0071		1	1	
<b>IMLS - State Program</b>		<b>LS -</b>				Exp. Date: 7-31-2010			Pages	
3. Recipient Organization (Name and complete address, including ZIP codes)										
4. Employer Identification Number		5. Recipient Account Number or Identifying Number			6. Final Report		7. Basis			
					__ Yes __ No		__ Cash __ Accrual			
8. Funding Grant Period (See instructions)					9. Period Covered by This Report					
From: (Month, Day, Year)		To (Month, Day, Year)			From: (Month, Day, Year)		To: (Month, Day, Year)			
October 1, 2007		September 30, 2009			October 1, 2007		September 30, 2009			
<b>10. STATE, LOCAL and PRIVATE MATCH</b>										
a. Grantee funds expended for Match										
<b>10. FEDERAL SHARE</b>										
b. Total Federal funds authorized for this funding period (Grant Award)										
c. Total Federal unliquidated obligations (expected to clear by Dec. 30 or later IMLS-approved date)										
Enter IMLS-approved date in 11 b below										
d. Unobligated balance of Federal funds (these funds will be deobligated)										
e. Federal share of net outlays (b minus c and d)										
		<b>\$ 0.00</b>								
f. TOTAL OUTLAYS (sum of lines a and e)										
		<b>\$ 0.00</b>								
<b>11. ADMINISTRATION OF THE ACT</b>										
a. LSTA Administration costs claimed by the grantee		Federal Grant Award		x 4% =		Allowable		Actual		Difference
b. IMLS-approved date obligations in 10 c above are expected to clear										
		Date								
12. 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 are set forth in the award documents.										
Typed or Printed Name and Title						Telephone (area code, number, extension)				
Signature of Authorized Certifying Official						Date Report Submitted				
						IMLS 7-23-09				
<p><b>Burden Estimate and Request for Public Comments</b></p> <p>Public reporting burden for this collection of information is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comment regarding this burden estimate or any other aspect of this collection of information, including suggestion for reducing this burden, to the Institute of Museum and Library Services, Chief Information Officer, 1800 M Street, NW / 9th Floor, Washington, DC 20036-5802, and to the Office of Management and Budget, Paperwork Reduction Project (3137-0071), Washington, DC 20503.</p>										