FY 2008 Allotment									State			
			FINA	NCIAL	STATU	JS REF	ORT					
		IMLS State Programs										
Federal Agence	cy and Organizational	Federal Grant or Other Identifying Number Assigned By Federal Agence							OMB Approva		Page	of
Element to which Report is submitted.		EXAMPLE: 00-00-0000-00							3137-0071		1	1
IMLS - State Program			LS - 00-08-XXXX-08					Exp. Date: 7-31-2010 Pa(Pages	
3. Recipient Org	anization (Name and comp	lete addres	s, including ZIP	codes								
4. Employer Ide	ntification Number	5. Recipient Account Number or Identifying Number					6. Final	Report	7. Basis			
							Yes	No	Cash	Accru	al	
8. Funding G	ant Period (See instru	ictions)		9. Period Covered by This Re			s Repo	port				
From: (Month, Da	ay, Year)	To (Month, Day, Year)			From: (Month, Day, Year)				To: (Month, Day, Year)			
Octo	ober 1, 2007	Sep	September 30, 2009			October 1, 2007			September 30, 2009			
10. STATE MO												
a. Total SLAA funds expended to meet the purposes of LSTA, including the Five-Year Plan (MOE)												
10. STATE, LOCAL and PRIVATE MATCH												
b. (1) SLA	b. (1) SLAA funds expended specifically on the I			ar Plan								
(2) All local or private funds expended on the Five-Year P												
(3) Total of b(1) and b(2) (Match)												\$ 0.00
10. OTHER SPE	ECIAL FUNDS											
c. All other	recipient outlays not s	hown on li	ines a and b ((1-3)								
10. TOTAL												
d. Total recipient share of net outlays (sum of lines a, b(2) and c) \$0.00												
10. FEDERAL SHARE												
e. Total Federal funds authorized for this funding period (Allotment)												
f. Total unliquidated obligations (expected to clear by Dec. 30 or later IMLS-approved date)												
g. Unobligated balance of Federal funds (these funds will be deobligated)												
		iii be ueo	bilgateu)							¢ 0 00		
n. Federa	share of net outlays	(e minus	i aliu y)									\$ 0.00
i TOTAL OUTLAVS (sum of lines d and h)												
i. TOTAL OUTLAYS (sum of lines d and h) \$0.00												
a. LSTA Ad	Iministration costs		\$ 0	x 4% =		\$ 0.00	-			=		\$ 0.00
claimed	by the SLAA	All	otment		Allow	able			Actual		Differ	ence
b. IMLS-ap	proved date obligation	s in 10 f a	bove are exp	pected to	clear							
									Date			
12. Certificati	on: I certify to the b	est of my	/ knowledge	and beli	ef that thi	s report i	s corre	ect and	l complete an	d that		
all outlays and unliquidated obligations are for the purposes are set forth in the award documents.												
Typed or Print	ed Name and Title							Teleph	none (area cod	le, num	ber, extens	ion)
Ciamata a contra	out and a second of the control of t	tt: -: -1	a:a1						Poto Doport Culproitted			
Signature of A	uthorized Certifying Of	псіаі						Date F	Report Submitte	ea		
											IMLS	7-2-09
											IIVILO	55
						D 1:11: 0					1	