

FINANCIAL STATUS REPORT
IMLS State Programs

1. Federal Agency and Organizational Element to which Report is submitted. IMLS - State Program		2. Federal Grant or Other Identifying Number Assigned By Federal Agency EXAMPLE: 00-00-0000-00 LS - 00-10-XXXX-10		OMB Approval No. 3137-0071 Exp. Date: 8-31-2013	Page of 1 1 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 __ Yes __ No	7. Basis __ Cash __ Accrual
8. Funding Grant Period (See instructions)			9. Period Covered by This Report		
From: (Month, Day, Year) October 1, 2009		To: (Month, Day, Year) September 30, 2011		From: (Month, Day, Year) October 1, 2009	
				To: (Month, Day, Year) September 30, 2011	
10. STATE MOE					
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) SLAA funds expended specifically on the Five-Year Plan					
(2) All local or private funds expended on the Five-Year Plan					
(3) Total of b(1) and b(2) (Match)					\$ 0.00
10. OTHER SPECIAL FUNDS					
c. All other recipient outlays not shown on lines 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)					\$ 984,174.00
f. Total unliquidated obligations (expected to clear by Dec. 30 or later IMLS-approved date) Enter IMLS-approved date in 11 b below					
g. Unobligated balance of Federal funds (these funds will be deobligated)					
h. Federal share of net outlays (e minus f and g)					\$ 984,174.00
i. TOTAL OUTLAYS (sum of lines d and h)					\$ 984,174.00
11. ADMINISTRATION OF THE ACT					
a. LSTA Administration costs claimed by the SLAA		\$ 984,174 Allotment	x 4% = \$ 39,366.96 Allowable	-	\$ 39,366.96 Difference
b. IMLS-approved date obligations in 10 f 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	

Burden Estimate and Request for Public Comments

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.