

FINANCIAL STATUS REPORT

(Due 15 Days After Close of Each Month, or the First Business Day, by 5:00 PM)

The information provided on this report will be used to monitor grantee cash flow.
 No further monies or other benefits may be paid out under this program unless
 this report is completed and filed as required by existing law and regulations.

1. NAME AND ADDRESS OF SUBGRANTEE ORGANIZATION	2. GRANT PROJECT NUMBER	3. VENDOR IDENTIFICATION NUMBER OR FEDERAL EMPLOYER IDENTIFICATION NUMBER	4. FINAL REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO
	5. BASIS OF ACCOUNTING <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	6. PROGRAM PERIOD (MO, DAY, YR) FROM: 7 / 1 / 2007 TO: 6 / 30 / 2008	7. REPORT PERIOD (MO, DAY, YR) FROM: / / TO: / /

GRANT FUND EXPENDITURES AND OBLIGATIONS BY BUDGET CATEGORY

BUDGET CATEGORY	APPROVED BUDGET	PERIOD EXPENDITURES	TO DATE EXPENDITURES	CARRY-OVER	OBLIGATIONS	FUNDS REMAINING
A. Personnel Expenditures						
B. Fringe Benefit Expenditures						
C. Travel Expenditures						
D. Supplies & Communications Expenditures						
E. Facility Costs						
F. Equipment Expenditures						
G. Contractual Expenditures						
H. Other						
I. Total						

CERTIFICATION

CERTIFICATION I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS REPORT IS CORRECT AND COMPLETE AND REPRESENTS ACTUAL EXPENDITURES OF FUNDS FOR THE PERIOD COVERED AND FOR THE GRANT TO DATE.	AUTHORIZED CERTIFYING OFFICIAL (Type or Print)		TELEPHONE NUMBER			
	SIGNATURE		DATE	AREA CODE	NUMBER	EXT.
	FISCAL OFFICER (Type or Print)		FOR OFFICE OF THE ATTORNEY GENERAL USE			
	SIGNATURE		DATE	Approved by Attorney General's Office		DATE APPROVED