FY 2012 Allotment				State	State Vermont		nt		
FINANCIAL STATUS REPORT									
IMLS State Programs									
Federal Agency and Organizational	2. Federal Grant or Other Identifying Number Assigned By Federal Agency				OMB Approv	OMB Approval No. Page of		of	
Element to which Report is submitted.	EXAMPLE: 00-00-000-00				3137-007	3137-0071 1 1			
IMLS - State Program	LS - 00-12-0046-12				Exp. Date: 9-	Exp. Date: 9-30-15 Pages			
Recipient Organization (Name and complete)	l lete address, including ZIP o	codes					ļ		
Vermont Department of Libraries, 109 State Street, Montpelier, VT 05609-0601									
4. Employer Identification Number	Recipient Account Number or Identifying Number 6. Final				Report 7. Basis				
03-6000274				Yes	No Cash	Accrua	al		
8. Funding Grant Period (See instru	ictions)		9. Period Covered	by Thi	s Report				
From: (Month, Day, Year)	To (Month, Day, Year) From: (Month, Day, Year)				To: (Month, Day, Year)				
October 1, 2011 10. STATE MOE	September 30, 2013 October 1, 2011				Sep	tember	30, 2013		
a. Total SLAA funds expended to meet the purposes of LSTA, including the Five-Year Plan (MOE)							\$ 1,227,	104.16	
10. STATE, LOCAL and PRIVATE MATCH					(5 _)		+ 1,==1,		
b. (1) SLAA funds expended specifically on the Five-Year Plan							\$ 318,551.47		
(2) All local or private funds expended on the Five-Year Plan						\$ 155,216.89			
(3) Total of b(1) and b(2) (Match)							\$ 473,	768.36	
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)							\$ 1,382,321.05		
10. FEDERAL SHARE							Ţ 1,00 <u>2,02</u> 1100		
e. Total Federal funds authorized for this funding period (Allotment)							\$ 919,668.00		
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)							\$ 919,668.00		
i. TOTAL OUTLAYS (sum of lin	es d and h)						\$ 2,301,	989.05	
11. ADMINISTRATION OF THE ACT	es a ana n						Ψ 2,301,	,909.03	
	* • • • • • • • • • • • • • • • • • • •	1	4 00 700 70	ı i	* • • • •	1 [
a. LSTA Administration costs claimed by the SLAA		x 4% =	\$ 36,786.72	_	\$ 0.00] = [786.72	
claimed by the SLAA	Allotment		Allowable		Actual		Differ	ence	
b. IMLS-approved date obligations in 10 f above are expected to clear									
					Date	1			
_	est of my knowledge unliquidated obligation		•		-		te		
Typed or Printed Name and Title	aquiuaioa ouiigani				Telephone (area cod			sion)	
Martha Reid, State Librarian					802-828-3265				
Signature of Authorized Certifying Official					Date Report Submitted				
					12/30/2013				
							IMLS 10	0-1-2013	

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.