



Department of Justice
Office of Justice Programs
Grants Accounting Module

Grants Reporting Facility

Wednesday, January 9, 2013

Payment History Report by Grant #

08:14:33 AM

Grant Number: 2007DDBXK007

Grantee: MAINE STATE POLICE

Grantee ID: 016003001

State Grant Awarded: ME

Last Financial Status Report: 12/31/2011

<u>Last Trm</u>	<u>Doc Type</u>	<u>Obligation Amount</u>	<u>Payment Amount</u>	<u>Balance</u>
09/19/2007	OB	\$250,000.00	\$.00	\$250,000.00
01/23/2008	EX	\$.00	\$1,849.41	\$248,150.59
02/20/2008	EX	\$.00	\$3,698.82	\$244,451.77
03/04/2008	EX	\$.00	\$3,698.82	\$240,752.95
03/19/2008	EX	\$.00	\$34,613.58	\$206,139.37
04/03/2008	EX	\$.00	\$7,676.68	\$198,462.69
04/09/2008	EX	\$.00	\$811.14	\$197,651.55
05/01/2008	EX	\$.00	\$5,548.23	\$192,103.32
05/07/2008	EX	\$.00	\$7,676.67	\$184,426.65
06/02/2008	EX	\$.00	\$7,604.48	\$176,822.17
07/16/2008	EX	\$.00	\$16,375.00	\$160,447.17
07/23/2008	EX	\$.00	\$4,000.00	\$156,447.17
09/10/2008	EX	\$.00	\$30,000.00	\$126,447.17
11/03/2008	EX	\$.00	\$5,000.00	\$121,447.17
12/12/2008	EX	\$.00	\$13,748.00	\$107,699.17
08/20/2009	CM	\$.00	\$.00	\$107,699.17
	EX	\$.00	\$38,334.03	\$69,365.14
08/25/2009	OB	\$204,986.00	\$.00	\$274,351.14
09/01/2009	EX	\$.00	\$1,473.21	\$272,877.93
12/01/2009	EX	\$.00	\$16,930.51	\$255,947.42
03/05/2010	EX	\$.00	\$37,977.12	\$217,970.30
	EX	\$.00	\$5,362.14	\$212,608.16
04/01/2010	EX	\$.00	\$5,136.64	\$207,471.52
05/05/2010	EX	\$.00	\$2,485.52	\$204,986.00
	EX	\$.00	\$6,822.28	\$198,163.72
06/16/2010	EX	\$.00	\$12,556.15	\$185,607.57
07/09/2010	EX	\$.00	\$18,700.91	\$166,906.66
08/11/2010	EX	\$.00	\$6,031.54	\$160,875.12
08/25/2010	EX	\$.00	\$4,261.06	\$156,614.06
09/13/2010	EX	\$.00	\$8,793.78	\$147,820.28
10/14/2010	EX	\$.00	\$13,214.88	\$134,605.40
12/23/2010	EX	\$.00	\$10,000.00	\$124,605.40
01/24/2011	EX	\$.00	\$8,870.00	\$115,735.40
02/17/2011	EX	\$.00	\$8,500.00	\$107,235.40
03/15/2011	EX	\$.00	\$3,508.51	\$103,726.89
05/04/2011	EX	\$.00	\$7,908.00	\$95,818.89
06/06/2011	EX	\$.00	\$21,500.00	\$74,318.89
07/01/2011	EX	\$.00	\$269.00	\$74,049.89
11/18/2011	EX	\$.00	\$74,049.89	-\$.00



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Office of Justice Programs
Grants Accounting Module**

Grants Reporting Facility

Wednesday, January 9, 2013

Payment History Report by Grant #

08:14:33 AM

Grant Number: 2007DDBXK007

Grantee: MAINE STATE POLICE

Grantee ID: 016003001

State Grant Awarded: ME

Last Financial Status Report: 12/31/2011

<u>Last Trn</u>	<u>Doc Type</u>	<u>Obligation Amount</u>	<u>Payment Amount</u>	<u>Balance</u>
Totals:		\$454,986.00	\$454,986.00	-\$0.00



U.S. Department of Justice
Office of Justice Programs



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Award Number: 2007-DD-BX-K007

Report Number: 10

Details				
*Required				
1. Federal Agency and Organizational Element to Which Report is Submitted <i>U.S. Department of Justice</i>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR attachment) <i>2007-DD-BX-K007</i>		
3. Recipient Organization (Name and complete address including Zip code) <i>Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333 -0042</i>				
4a. DUNS Number <i>809045958</i>	4b. EIN <i>01-6000001</i>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR attachment)	*6. Final Report <i>No</i>	*7. Basis of Accounting <i>Accrual</i>
8. Project/Grant Period From: (Month, Day, Year) <i>09/01/2007</i>		To: (Month, Day, Year) <i>06/30/2012</i>	9. Reporting Period End Date (Month, Day, Year) <i>12/31/2009</i>	
10. Transactions				
		Previously Reported	This Period	Cumulative
(Use lines a-c for single or multiple grant reporting)				
Federal Cash (To report multiple grants, also use FFR Attachment):				
a. Cash Receipts				
b. Cash Disbursements				
c. Cash on Hand (line a minus b)				
(Use lines d-o for single grant reporting)				
Federal Expenditures and Unobligated Balance:				
d. Total Federal funds authorized				\$454986.00
*e. Federal share of expenditures	\$191958.58	\$12503.03		\$204461.61
*f. Federal share of unliquidated obligations				\$0.00
g. Total Federal share (sum of lines e and f)				\$204461.61
h. Unobligated balance of Federal funds (line d minus g)				\$250524.39
Recipient Share:				
*i. Total recipient share required				\$0.00
j. Recipient share of expenditures	\$0.00	\$0.00		\$0.00
k. Remaining recipient share to be provided (line i minus j)				\$0.00
Program Income:				
l. Total Federal program income earned				\$0.00

m. Program income expended in accordance with the deduction alternative			
n. Program income expended in accordance with the addition alternative			\$0.00
o. Unexpended program income (line l minus line m or line n)			\$0.00

***11. Indirect Expense**

a. Type of Rate	b. Rate	c. Period		d. Base	e. Amount Charged	f. Federal Share
		From	To			
	%			\$	\$	\$
	%			\$	\$	\$
g. Totals					\$0.00	\$0.00

12. Remarks:

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

*Prefix	Mrs.
Prefix (Other)	
*First Name	[REDACTED]
Middle Initial	[REDACTED]
*Last Name	[REDACTED]
Suffix	
Suffix (Other)	
*Title	Staff Accountant
*Telephone (Area code, number and extension)	[REDACTED]
*E-mail Address	[REDACTED]@maine.gov
Date Report Last Submitted	01/28/2010
14. Agency use only	
OJP Vendor Number	016003001

Attachments:

None

Review Audit Trail:

Description	Role	User	Timestamp	Note
Submitted	Financial Point of Contact External Role	[REDACTED]	01/28/2010 10:27 AM	View Note
Draft	Financial Point of Contact External Role	[REDACTED]	01/28/2010 10:26 AM	View Note

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Award Number: 2007-DD-BX-K007

Report Number: 11

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Details

*Required



1. Federal Agency and Organizational Element to Which Report is Submitted <i>U.S. Department of Justice</i>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR attachment) <i>2007-DD-BX-K007</i>
--	---

3. Recipient Organization (Name and complete address including Zip code) <i>Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333 -0042</i>	
--	--

4a. DUNS Number <i>809045958</i>	4b. EIN <i>01-6000001</i>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR attachment)	*6. Final Report <i>No</i>	*7. Basis of Accounting <i>Accrual</i>
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8. Project/Grant Period From: (Month, Day, Year) <i>09/01/2007</i>	To: (Month, Day, Year) <i>06/30/2012</i>	9. Reporting Period End Date (Month, Day, Year) <i>03/31/2010</i>
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10. Transactions

	Previously Reported	This Period	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):

a. Cash Receipts			
b. Cash Disbursements			
c. Cash on Hand (line a minus b)			

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized			\$454986.00
*e. Federal share of expenditures	\$204461.61	\$50749.79	\$255211.40
*f. Federal share of unliquidated obligations			\$0.00
g. Total Federal share (sum of lines e and f)			\$255211.40
h. Unobligated balance of Federal funds (line d minus g)			\$199774.60

Recipient Share:

*i. Total recipient share required			\$0.00
j. Recipient share of expenditures	\$0.00	\$0.00	\$0.00
k. Remaining recipient share to be provided (line i minus j)			\$0.00

Program Income:

l. Total Federal program income earned			\$0.00
--	--	--	--------

m. Program income expended in accordance with the deduction alternative						
n. Program income expended in accordance with the addition alternative				\$0.00		
o. Unexpended program income (line l minus line m or line n)				\$0.00		
*11. Indirect Expense						
a. Type of Rate	b. Rate	c. Period		d. Base	e. Amount Charged	f. Federal Share
		From	To			
	%			\$	\$	\$
	%			\$	\$	\$
g. Totals					\$0.00	\$0.00
12. Remarks:						
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)						
*Prefix	Mrs.					
Prefix (Other)						
*First Name	[REDACTED]					
Middle Initial	[REDACTED]					
*Last Name	[REDACTED]					
Suffix						
Suffix (Other)						
*Title	Staff Accountant					
*Telephone (Area code, number and extension)	[REDACTED]					
*E-mail Address	[REDACTED]@maine.gov					
Date Report Last Submitted	04/21/2010					
14. Agency use only						
OJP Vendor Number	016003001					
Attachments:						
None						
Review Audit Trail:						
Description	Role	User	Timestamp	Note		
Submitted	Financial Point of Contact External Role	[REDACTED]	04/21/2010 1:01 PM	View Note		
Draft	Financial Point of Contact External Role	[REDACTED]	04/21/2010 1:01 PM	View Note		

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Award Number: 2007-DD-BX-K007

Report Number: 12

Details				
*Required				
<div style="display: flex; justify-content: space-between;"> Ⓢ </div>				
1. Federal Agency and Organizational Element to Which Report is Submitted <i>U.S. Department of Justice</i>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR attachment) <i>2007-DD-BX-K007</i>		
3. Recipient Organization (Name and complete address including Zip code) <i>Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333 -0042</i>				
4a. DUNS Number <i>809045958</i>	4b. EIN <i>01-6000001</i>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR attachment)	*6. Final Report <i>No</i>	*7. Basis of Accounting <i>Accrual</i>
8. Project/Grant Period From: (Month, Day, Year) <i>09/01/2007</i>		To: (Month, Day, Year) <i>06/30/2012</i>	9. Reporting Period End Date (Month, Day, Year) <i>06/30/2010</i>	
Ⓢ 10. Transactions				
		Previously Reported	This Period	Cumulative
(Use lines a-c for single or multiple grant reporting)				
Federal Cash (To report multiple grants, also use FFR Attachment):				
a. Cash Receipts				
b. Cash Disbursements				
c. Cash on Hand (line a minus b)				
(Use lines d-o for single grant reporting)				
Federal Expenditures and Unobligated Balance:				
d. Total Federal funds authorized				\$454986.00
*e. Federal share of expenditures		\$255211.40	\$27024.48	\$282235.88
*f. Federal share of unliquidated obligations				\$0.00
g. Total Federal share (sum of lines e and f)				\$282235.88
h. Unobligated balance of Federal funds (line d minus g)				\$172750.12
Recipient Share:				
*i. Total recipient share required				\$0.00
j. Recipient share of expenditures		\$0.00	\$0.00	\$0.00
k. Remaining recipient share to be provided (line i minus j)				\$0.00
Program Income:				
l. Total Federal program income earned				\$0.00

m. Program income expended in accordance with the deduction alternative						
n. Program income expended in accordance with the addition alternative				\$0.00		
o. Unexpended program income (line l minus line m or line n)				\$0.00		
*11. Indirect Expense						
a. Type of Rate	b. Rate	c. Period		d. Base	e. Amount Charged	f. Federal Share
		From	To			
	%			\$	\$	\$
	%			\$	\$	\$
g. Totals					\$0.00	\$0.00
12. Remarks:						
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)						
*Prefix	Mr.					
Prefix (Other)						
*First Name	[REDACTED]					
Middle Initial	[REDACTED]					
*Last Name	[REDACTED]					
Suffix						
Suffix (Other)						
*Title	Staff Accountant					
*Telephone (Area code, number and extension)	[REDACTED]					
*E-mail Address	[REDACTED]@maine.gov					
Date Report Last Submitted	07/28/2010					
14. Agency use only						
OJP Vendor Number	016003001					
Attachments:						
None						
Review Audit Trail:						
Description	Role	User	Timestamp	Note		
Submitted	Financial Point of Contact External Role	[REDACTED]	07/28/2010 8:38 AM	View Note		
Draft	Financial Point of Contact External Role	[REDACTED]	07/28/2010 8:38 AM	View Note		

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Award Number: 2007-DD-BX-K007

Report Number: 13

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*Required

1. Federal Agency and Organizational Element to Which Report is Submitted <i>U.S. Department of Justice</i>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR attachment) 2007-DD-BX-K007		
3. Recipient Organization (Name and complete address including Zip code) <i>Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333 -0042</i>				
4a. DUNS Number 809045958	4b. EIN 01-6000001	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR attachment)	*6. Final Report No	*7. Basis of Accounting Accrual
8. Project/Grant Period From: (Month, Day, Year) 09/01/2007		To: (Month, Day, Year) 06/30/2012	9. Reporting Period End Date (Month, Day, Year) 09/30/2010	

10. Transactions

	Previously Reported	This Period	Cumulative
(Use lines a-c for single or multiple grant reporting)			
Federal Cash (To report multiple grants, also use FFR Attachment):			
a. Cash Receipts			
b. Cash Disbursements			
c. Cash on Hand (line a minus b)			
(Use lines d-o for single grant reporting)			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			\$454986.00
*e. Federal share of expenditures	\$282235.88	\$27295.54	\$309531.42
*f. Federal share of unliquidated obligations			\$0.00
g. Total Federal share (sum of lines e and f)			\$309531.42
h. Unobligated balance of Federal funds (line d minus g)			\$145454.58
Recipient Share:			
*i. Total recipient share required			\$0.00
j. Recipient share of expenditures	\$0.00	\$0.00	\$0.00
k. Remaining recipient share to be provided (line i minus j)			\$0.00
Program Income:			
l. Total Federal program income earned			\$0.00

m. Program income expended in accordance with the deduction alternative			
n. Program income expended in accordance with the addition alternative			\$0.00
o. Unexpended program income (line l minus line m or line n)			\$0.00

***11. Indirect Expense**

a. Type of Rate	b. Rate	c. Period		d. Base	e. Amount Charged	f. Federal Share
		From	To			
	%			\$	\$	\$
	%			\$	\$	\$
g. Totals					\$0.00	\$0.00

12. Remarks:

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

*Prefix Mr.

Prefix (Other)

*First Name [REDACTED]

Middle Initial [REDACTED]

*Last Name [REDACTED]

Suffix

Suffix (Other)

*Title Staff Accountant

*Telephone (Area code, number and extension) [REDACTED]

*E-mail Address [REDACTED]@maine.gov

Date Report Last Submitted 10/20/2010

14. Agency use only

OJP Vendor Number 016003001

Attachments:

None

Review Audit Trail:

Description	Role	User	Timestamp	Note
Submitted	Financial Point of Contact External Role	[REDACTED]	10/20/2010 1:10 PM	View Note
Draft	Financial Point of Contact External Role	[REDACTED]	10/20/2010 1:10 PM	View Note

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Award Number: 2007-DD-BX-K007

Report Number: 14

Details

*Required



1. Federal Agency and Organizational Element to Which Report is Submitted <i>U.S. Department of Justice</i>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR attachment) <i>2007-DD-BX-K007</i>
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3. Recipient Organization (Name and complete address including Zip code) <i>Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333 -0042</i>
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4a. DUNS Number <i>809045958</i>	4b. EIN <i>01-6000001</i>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR attachment)	*6. Final Report <i>No</i>	*7. Basis of Accounting <i>Accrual</i>
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8. Project/Grant Period From: (Month, Day, Year) <i>09/01/2007</i>	To: (Month, Day, Year) <i>06/30/2012</i>	9. Reporting Period End Date (Month, Day, Year) <i>12/31/2010</i>
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10. Transactions

	Previously Reported	This Period	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):

a. Cash Receipts			
b. Cash Disbursements			
c. Cash on Hand (line a minus b)			

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized			\$454986.00
*e. Federal share of expenditures	\$309531.42	\$17373.76	\$326905.18
*f. Federal share of unliquidated obligations			\$0.00
g. Total Federal share (sum of lines e and f)			\$326905.18
h. Unobligated balance of Federal funds (line d minus g)			\$128080.82

Recipient Share:

*i. Total recipient share required			\$0.00
j. Recipient share of expenditures	\$0.00	\$0.00	\$0.00
k. Remaining recipient share to be provided (line i minus j)			\$0.00

Program Income:

l. Total Federal program income earned			\$0.00
--	--	--	--------

m. Program income expended in accordance with the deduction alternative						
n. Program income expended in accordance with the addition alternative				\$0.00		
o. Unexpended program Income (line l minus line m or line n)				\$0.00		
*11. Indirect Expense						
a. Type of Rate	b. Rate	c. Period		d. Base	e. Amount Charged	f. Federal Share
		From	To			
	%			\$	\$	\$
	%			\$	\$	\$
g. Totals					\$0.00	\$0.00
*12. Remarks:						
<p>*13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</p>						
*Prefix	Mr.					
Prefix (Other)						
*First Name	[REDACTED]					
Middle Initial	[REDACTED]					
*Last Name	[REDACTED]					
Suffix						
Suffix (Other)						
*Title	Staff Accountant					
*Telephone (Area code, number and extension)	[REDACTED]					
*E-mail Address	[REDACTED]@maine.gov					
Date Report Last Submitted	01/24/2011					
14. Agency use only						
OJP Vendor Number	016003001					
Attachments:						
None						
Review Audit Trail:						
Description	Role	User	Timestamp	Note		
Submitted	Financial Point of Contact External Role	[REDACTED]	01/24/2011 11:16 AM	View Note		
Draft	Financial Point of Contact External Role	[REDACTED]	01/24/2011 11:16 AM	View Note		

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Award Number: 2007-DD-BX-K007

Report Number: 15

Details				
*Required				
1. Federal Agency and Organizational Element to Which Report is Submitted <i>U.S. Department of Justice</i>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR attachment) <i>2007-DD-BX-K007</i>		
3. Recipient Organization (Name and complete address including Zip code) <i>Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333 -0042</i>				
4a. DUNS Number <i>809045958</i>	4b. EIN <i>01-6000001</i>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR attachment)	*6. Final Report <i>No</i>	*7. Basis of Accounting <i>Accrual</i>
8. Project/Grant Period From: (Month, Day, Year) <i>09/01/2007</i>		To: (Month, Day, Year) <i>06/30/2012</i>	9. Reporting Period End Date (Month, Day, Year) <i>03/31/2011</i>	
10. Transactions				
	Previously Reported	This Period	Cumulative	
(Use lines a-c for single or multiple grant reporting)				
Federal Cash (To report multiple grants, also use FFR Attachment):				
a. Cash Receipts				
b. Cash Disbursements				
c. Cash on Hand (line a minus b)				
(Use lines d-o for single grant reporting)				
Federal Expenditures and Unobligated Balance:				
d. Total Federal funds authorized			\$454986.00	
*e. Federal share of expenditures	\$326905.18	\$21004.42	\$347909.60	
*f. Federal share of unliquidated obligations			\$0.00	
g. Total Federal share (sum of lines e and f)			\$347909.60	
h. Unobligated balance of Federal funds (line d minus g)			\$107076.40	
Recipient Share:				
*i. Total recipient share required			\$0.00	
j. Recipient share of expenditures	\$0.00	\$0.00	\$0.00	
k. Remaining recipient share to be provided (line i minus j)			\$0.00	
Program Income:				
l. Total Federal program income earned			\$0.00	

m. Program income expended in accordance with the deduction alternative						
n. Program Income expended in accordance with the addition alternative				\$0.00		
o. Unexpended program income (line i minus line m or line n)				\$0.00		
*11. Indirect Expense						
a. Type of Rate	b. Rate	c. Period		d. Base	e. Amount Charged	f. Federal Share
		From	To			
	%			\$	\$	\$
	%			\$	\$	\$
g. Totals					\$0.00	\$0.00
12. Remarks:						
<p>13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</p>						
*Prefix	Mr.					
Prefix (Other)						
*First Name	[REDACTED]					
Middle Initial	[REDACTED]					
*Last Name	[REDACTED]					
Suffix						
Suffix (Other)						
*Title	Staff Accountant					
*Telephone (Area code, number and extension)	[REDACTED]					
*E-mail Address	[REDACTED]@maine.gov					
Date Report Last Submitted	04/13/2011					
14. Agency use only						
OJP Vendor Number	016003001					
Attachments:						
None						
Review Audit Trail:						
Description	Role	User	Timestamp	Note		
Submitted	Financial Point of Contact External Role	[REDACTED]	04/13/2011 8:31 AM	View Note		
Draft	Financial Point of Contact External Role	[REDACTED]	04/13/2011 8:30 AM	View Note		

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U.S. Department of Justice
Office of Justice Programs



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Award Number: 2007-DD-BX-K007

Report Number: 16

Details				
*Required				
<div style="display: flex; justify-content: space-between;"> 1. Federal Agency and Organizational Element to Which Report is Submitted 2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR attachment) </div> <div style="display: flex; justify-content: space-between;"> <i>U.S. Department of Justice</i> <i>2007-DD-BX-K007</i> </div>				
<div style="display: flex; justify-content: space-between;"> 3. Recipient Organization (Name and complete address including Zip code) </div> <div style="display: flex; justify-content: space-between;"> <i>Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333 -0042</i> </div>				
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR attachment)	*6. Final Report	*7. Basis of Accounting
<i>809045958</i>	<i>01-6000001</i>		<i>No</i>	<i>Accrual</i>
8. Project/Grant Period From: (Month, Day, Year)		To: (Month, Day, Year)	9. Reporting Period End Date (Month, Day, Year)	
<i>09/01/2007</i>		<i>06/30/2012</i>	<i>06/30/2011</i>	
10. Transactions				
	Previously Reported	This Period	Cumulative	
(Use lines a-c for single or multiple grant reporting)				
Federal Cash (To report multiple grants, also use FFR Attachment):				
a. Cash Receipts				
b. Cash Disbursements				
c. Cash on Hand (line a minus b)				
(Use lines d-o for single grant reporting)				
Federal Expenditures and Unobligated Balance:				
d. Total Federal funds authorized			\$454986.00	
*e. Federal share of expenditures	\$347909.60	\$30396.91	\$378306.51	
*f. Federal share of unliquidated obligations			\$0.00	
g. Total Federal share (sum of lines e and f)			\$378306.51	
h. Unobligated balance of Federal funds (line d minus g)			\$76679.49	
Recipient Share:				
*i. Total recipient share required			\$0.00	
j. Recipient share of expenditures	\$0.00	\$0.00	\$0.00	
k. Remaining recipient share to be provided (line i minus j)			\$0.00	
Program Income:				
l. Total Federal program income earned			\$0.00	

m. Program income expended in accordance with the deduction alternative						
n. Program income expended in accordance with the addition alternative				\$0.00		
o. Unexpended program income (line l minus line m or line n)				\$0.00		
*11. Indirect Expense						
a. Type of Rate	b. Rate	c. Period		d. Base	e. Amount Charged	f. Federal Share
		From	To			
	%			\$	\$	\$
	%			\$	\$	\$
g. Totals					\$0.00	\$0.00
12. Remarks:						
<p>13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</p>						
*Prefix		Mr.				
Prefix (Other)						
*First Name		[REDACTED]				
Middle Initial		[REDACTED]				
*Last Name		[REDACTED]				
Suffix						
Suffix (Other)						
*Title		Staff Accountant				
*Telephone (Area code, number and extension)		[REDACTED]				
*E-mail Address		[REDACTED]@maine.gov				
Date Report Last Submitted		07/28/2011				
14. Agency use only						
OJP Vendor Number		016003001				
Attachments:						
None						
Review Audit Trail:						
Description	Role	User	Timestamp	Note		
Submitted	Financial Point of Contact External Role	[REDACTED]	07/28/2011 9:14 AM	View Note		
Draft	Financial Point of Contact External Role	[REDACTED]	07/28/2011 9:13 AM	View Note		

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U.S. Department of Justice
Office of Justice Programs



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Award Number: 2007-DD-BX-K007

Report Number: 17

Details				
*Required				
<div style="display: flex; justify-content: space-between;"> </div>				
1. Federal Agency and Organizational Element to Which Report is Submitted <i>U.S. Department of Justice</i>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR attachment) <i>2007-DD-BX-K007</i>		
3. Recipient Organization (Name and complete address including Zip code) <i>Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042</i>				
4a. DUNS Number <i>809045958</i>	4b. EIN <i>01-6000001</i>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR attachment)	*6. Final Report <i>No</i>	*7. Basis of Accounting <i>Accrual</i>
8. Project/Grant Period From: (Month, Day, Year) <i>09/01/2007</i>		To: (Month, Day, Year) <i>06/30/2012</i>	9. Reporting Period End Date (Month, Day, Year) <i>09/30/2011</i>	
 10. Transactions				
	Previously Reported	This Period	Cumulative	
(Use lines a-c for single or multiple grant reporting)				
Federal Cash (To report multiple grants, also use FFR Attachment):				
a. Cash Receipts				
b. Cash Disbursements				
c. Cash on Hand (line a minus b)				
(Use lines d-o for single grant reporting)				
Federal Expenditures and Unobligated Balance:				
d. Total Federal funds authorized				\$454986.00
*e. Federal share of expenditures	\$378306.51	\$1785.36		\$380091.87
*f. Federal share of unliquidated obligations				\$0.00
g. Total Federal share (sum of lines e and f)				\$380091.87
h. Unobligated balance of Federal funds (line d minus g)				\$74894.13
Recipient Share:				
*i. Total recipient share required				\$0.00
j. Recipient share of expenditures	\$0.00	\$0.00		\$0.00
k. Remaining recipient share to be provided (line i minus j)				\$0.00
Program Income:				
l. Total Federal program income earned				\$0.00

m. Program income expended in accordance with the deduction alternative						
n. Program income expended in accordance with the addition alternative				\$0.00		
o. Unexpended program income (line l minus line m or line n)				\$0.00		
*11. Indirect Expense						
a. Type of Rate	b. Rate	c. Period		d. Base	e. Amount Charged	f. Federal Share
		From	To			
	%			\$	\$	\$
	%			\$	\$	\$
g. Totals					\$0.00	\$0.00
*12. Remarks:						
<p>*13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</p>						
*Prefix		Mr.				
Prefix (Other)						
*First Name		[REDACTED]				
Middle Initial		[REDACTED]				
*Last Name		[REDACTED]				
Suffix						
Suffix (Other)						
*Title		Staff Accountant				
*Telephone (Area code, number and extension)		[REDACTED]				
*E-mail Address		[REDACTED]@maine.gov				
Date Report Last Submitted		10/26/2011				
14. Agency use only						
OJP Vendor Number		016003001				
Attachments:						
None						
Review Audit Trail:						
Description	Role	User	Timestamp	Note		
Submitted	Financial Point of Contact External Role	[REDACTED]	10/26/2011 3:52 PM	View Note		
Draft	Financial Point of Contact External Role	[REDACTED]	10/26/2011 3:52 PM	View Note		

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Office of Justice Programs



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Award Number: 2007-DD-BX-K007

Report Number: 18

Details

*Required



1. Federal Agency and Organizational Element to Which Report is Submitted <i>U.S. Department of Justice</i>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR attachment) <i>2007-DD-BX-K007</i>
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3. Recipient Organization (Name and complete address including Zip code) <i>Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333 -0042</i>
--

4a. DUNS Number <i>809045958</i>	4b. EIN <i>01-6000001</i>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR attachment)	*6. Final Report <i>Yes</i>	*7. Basis of Accounting <i>Accrual</i>
-------------------------------------	------------------------------	---	--------------------------------	---

8. Project/Grant Period From: (Month, Day, Year) <i>09/01/2007</i>	To: (Month, Day, Year) <i>06/30/2012</i>	9. Reporting Period End Date (Month, Day, Year) <i>12/31/2011</i>
---	---	--

10. Transactions

	Previously Reported	This Period	Cumulative
--	---------------------	-------------	------------

(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):

a. Cash Receipts			
b. Cash Disbursements			
c. Cash on Hand (line a minus b)			

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized			\$454986.00
*e. Federal share of expenditures	\$380091.87	\$74894.13	\$454986.00
*f. Federal share of unliquidated obligations			\$0.00
g. Total Federal share (sum of lines e and f)			\$454986.00
h. Unobligated balance of Federal funds (line d minus g)			\$0.00

Recipient Share:

*i. Total recipient share required			\$0.00
j. Recipient share of expenditures	\$0.00	\$0.00	\$0.00
k. Remaining recipient share to be provided (line i minus j)			\$0.00

Program Income:

l. Total Federal program income earned			\$0.00
--	--	--	--------

m. Program income expended in accordance with the deduction alternative						
n. Program income expended in accordance with the addition alternative				\$0.00		
o. Unexpended program income (line l minus line m or line n)				\$0.00		
*11. Indirect Expense						
a. Type of Rate	b. Rate	c. Period		d. Base	e. Amount Charged	f. Federal Share
		From	To			
	%			\$	\$	\$
	%			\$	\$	\$
g. Totals					\$0.00	\$0.00
*12. Remarks:						
<p>*13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</p>						
*Prefix	Mr.					
Prefix (Other)						
*First Name	[REDACTED]					
Middle Initial	[REDACTED]					
*Last Name	[REDACTED]					
Suffix						
Suffix (Other)						
*Title	Staff Accountant					
*Telephone (Area code, number and extension)	[REDACTED]					
*E-mail Address	[REDACTED]@maine.gov					
Date Report Last Submitted	01/26/2012					
14. Agency use only						
OJP Vendor Number	016003001					
Attachments:						
None						
Review Audit Trail:						
Description	Role	User	Timestamp	Note		
Submitted	Financial Point of Contact External Role	[REDACTED]	01/26/2012 2:23 PM	View Note		
Draft	Financial Point of Contact External Role	[REDACTED]	01/26/2012 2:23 PM	View Note		

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FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)		2. Grant or Award Number Assigned by OJP 2007-DD-BX-K007		OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042						
4. Vendor Number 016003001	5. Recipient internal code or Identifying Number (if any)		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 09/01/2007 To: (Month, Day, Year) 06/30/2012			9. Period Covered by this Report From: (Month, Day, Year) 10/01/2007 To: (Month, Day, Year) 12/31/2007			
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
a. Total outlays			\$0.00	\$0.00	\$0.00	
b. Recipient Share of outlays			\$0.00	\$0.00	\$0.00	
c. Federal share of outlays			\$0.00	\$0.00	\$0.00	
d. Total unliquidated obligations					\$0.00	
e. Recipient share of unliquidated obligations					\$0.00	
f. Federal share of unliquidated obligations					\$0.00	
g. Total Federal share (Sum of Lines c and f)					\$0.00	
h. Total Federal funds authorized for this funding period					\$454,986.00	
i. Unobligated balance of Federal funds (Line h minus Line g)					\$454,986.00	
11. Indirect Expense						
a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed						
b. Rate 0.00%		c. Base \$0.00		d. Total Amount \$0.00		e. Federal Share \$0.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
PROGRAM INCOME:						
A. Block/Formula passthrough		\$0.00	C. Forfeit		\$0.00	D. Other
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended
					\$0.00	\$0.00
13. 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 set forth in the award documents.						
Typed or Printed Name and Title Staff Accountant <i>bb</i>					Telephone (Area code, number and extension) (207) 623-6725	
Signature of Authorized Certifying Official					Date Report Submitted 01/24/2008	

DOJ Standard Form 269a (REV 2002)

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. You can write to the Office of Justice Programs, US Department of Justice, 810 Seventh Street, NW, Washington, DC 20531.

FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)		2. Grant or Award Number Assigned by OJP 2007-DD-BX-K007		OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042						
4. Vendor Number 016003001		5. Recipient internal code or Identifying Number (If any)		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 09/01/2007 To: (Month, Day, Year) 06/30/2012			9. Period Covered by this Report From: (Month, Day, Year) 01/01/2008 To: (Month, Day, Year) 03/31/2008			
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
a. Total outlays			\$0.00	\$43,167.10	\$43,167.10	
b. Recipient Share of outlays			\$0.00	\$0.00	\$0.00	
c. Federal share of outlays			\$0.00	\$43,167.10	\$43,167.10	
d. Total unliquidated obligations					\$0.00	
e. Recipient share of unliquidated obligations					\$0.00	
f. Federal share of unliquidated obligations					\$0.00	
g. Total Federal share (Sum of Lines c and f)					\$43,167.10	
h. Total Federal funds authorized for this funding period					\$454,986.00	
i. Unobligated balance of Federal funds (Line h minus Line g)					\$411,818.90	
11. Indirect Expense		a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
		b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$0.00	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
			PROGRAM INCOME:			
A. Block/Formula passthrough		\$0.00	C. Forfeit		\$0.00	D. Other \$0.00
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended \$0.00
13. 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 set forth in the award documents.						
Typed or Printed Name and Title [Redacted] Staff Accountant <i>56</i>				Telephone (Area code, number and extension) (207) 623-6725		
Signature of Authorized Certifying Official				Date Report Submitted 05/02/2008		

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FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report Is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)		2. Grant or Award Number Assigned by OJP 2007-DD-BX-K007		OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042						
4. Vendor Number 016003001		5. Recipient internal code or Identifying Number (if any)		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 09/01/2007 To: (Month, Day, Year) 06/30/2012			9. Period Covered by this Report From: (Month, Day, Year) 04/01/2008 To: (Month, Day, Year) 06/30/2008			
10. Transactions:				I Previously Reported	II This Period	III Cumulative
a. Total outlays				\$43,167.10	\$22,133.67	\$65,300.77
b. Recipient Share of outlays				\$0.00	\$0.00	\$0.00
c. Federal share of outlays				\$43,167.10	\$22,133.67	\$65,300.77
d. Total unliquidated obligations						\$0.00
e. Recipient share of unliquidated obligations						\$0.00
f. Federal share of unliquidated obligations						\$0.00
g. Total Federal share (Sum of Lines c and f)						\$65,300.77
h. Total Federal funds authorized for this funding period						\$454,986.00
i. Unobligated balance of Federal funds (Line h minus Line g)						\$389,685.23
11. Indirect Expense		a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
		b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$0.00	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
				PROGRAM INCOME:		
A. Block/Formula passthrough		\$0.00	C. Forfeited		\$0.00	D. Other
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended
					\$0.00	\$0.00
13. 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 set forth in the award documents.						
Typed or Printed Name and Title Staff Accountant <i>bl</i>					Telephone (Area code, number and extension) (207) 623-6725	
Signature of Authorized Certifying Official					Date Report Submitted 07/30/2008	

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Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. You can write to the Office of Justice Programs, US Department of Justice, 810 Seventh Street, NW, Washington, DC 20531.

FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)		2. Grant or Award Number Assigned by OJP 2007-DD-BX-K007		OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042						
4. Vendor Number 016003001	5. Recipient internal code or Identifying Number (If any)		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 09/01/2007			To: (Month, Day, Year) 06/30/2012		9. Period Covered by this Report From: (Month, Day, Year) 07/01/2008	
					To: (Month, Day, Year) 09/30/2008	
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
a. Total outlays			\$65,300.77	\$40,367.95	\$105,668.72	
b. Recipient Share of outlays			\$0.00	\$0.00	\$0.00	
c. Federal share of outlays			\$65,300.77	\$40,367.95	\$105,668.72	
d. Total unliquidated obligations					\$0.00	
e. Recipient share of unliquidated obligations					\$0.00	
f. Federal share of unliquidated obligations					\$0.00	
g. Total Federal share (Sum of Lines c and f)					\$105,668.72	
h. Total Federal funds authorized for this funding period					\$454,986.00	
i. Unobligated balance of Federal funds (Line h minus Line g)					\$349,317.28	
11. Indirect Expense						
a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed						
b. Rate 0.00%		c. Base \$0.00		d. Total Amount \$0.00		e. Federal Share \$0.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
PROGRAM INCOME:						
A. Block/Formula passthrough		\$0.00	C. Forfeited		\$0.00	D. Other
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended
					\$0.00	
13. 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 set forth in the award documents.						
Typed or Printed Name and Title ██████████ Staff Accountant <i>blb</i>				Telephone (Area code, number and extension) (207) 623-6725		
Signature of Authorized Certifying Official				Date Report Submitted 10/16/2008		

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Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. You can write to the Office of Justice Programs, US Department of Justice, 810 Seventh Street, NW, Washington, DC 20531.

FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)		2. Grant or Award Number Assigned by OJP 2007-DD-BX-K007		OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042						
4. Vendor Number 016003001	5. Recipient internal code or Identifying Number (if any)		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) To: (Month, Day, Year) 09/01/2007 06/30/2012			9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 07/01/2008 09/30/2008			
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
a. Total outlays			\$65,300.77	\$40,367.95	\$105,668.72	
b. Recipient Share of outlays			\$0.00	\$0.00	\$0.00	
c. Federal share of outlays			\$65,300.77	\$40,367.95	\$105,668.72	
d. Total unliquidated obligations					\$0.00	
e. Recipient share of unliquidated obligations					\$0.00	
f. Federal share of unliquidated obligations					\$0.00	
g. Total Federal share (Sum of Lines c and f)					\$105,668.72	
h. Total Federal funds authorized for this funding period					\$454,986.00	
i. Unobligated balance of Federal funds (Line h minus Line g)					\$349,317.28	
11. Indirect Expense	a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
	b. Rate 0.00%		c. Base \$0.00		d. Total Amount \$0.00	e. Federal Share \$0.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
			PROGRAM INCOME:			
A. Block/Formula passthrough		\$0.00	C. Forfeit		\$0.00	D. Other \$0.00
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended \$0.00
13. 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 set forth in the award documents.						
Typed or Printed Name and Title Staff Accountant <i>bb</i>					Telephone (Area code, number and extension) (207) 623-6725	
Signature of Authorized Certifying Official					Date Report Submitted 10/16/2008	

DOJ Standard Form 269a (REV 2002)

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. You can write to the Office of Justice Programs, US Department of Justice, 810 Seventh Street, NW, Washington, DC 20531.

FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)		2. Grant or Award Number Assigned by OJP 2007-DD-BX-K007		OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042						
4. Vendor Number 016003001	5. Recipient Internal code or Identifying Number (if any)		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 09/01/2007 To: (Month, Day, Year) 06/30/2012			9. Period Covered by this Report From: (Month, Day, Year) 10/01/2008 To: (Month, Day, Year) 12/31/2008			
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
a. Total outlays			\$105,668.72	\$33,109.81	\$138,778.53	
b. Recipient Share of outlays			\$0.00	\$0.00	\$0.00	
c. Federal share of outlays			\$105,668.72	\$33,109.81	\$138,778.53	
d. Total unliquidated obligations					\$0.00	
e. Recipient share of unliquidated obligations					\$0.00	
f. Federal share of unliquidated obligations					\$0.00	
g. Total Federal share (Sum of Lines c and f)					\$138,778.53	
h. Total Federal funds authorized for this funding period					\$454,986.00	
i. Unobligated balance of Federal funds (Line h minus Line g)					\$316,207.47	
11. Indirect Expense						
a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed						
b. Rate 0.00%		c. Base \$0.00		d. Total Amount \$0.00		e. Federal Share \$0.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
PROGRAM INCOME:						
A. Block/Formula passthrough		\$0.00	C. Forfeit		\$0.00	D. Other
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended
					\$0.00	\$0.00
13. 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 set forth in the award documents.						
Typed or Printed Name and Title Staff Accountant <i>bb</i>				Telephone (Area code, number and extension) (207) 623-6725		
Signature of Authorized Certifying Official				Date Report Submitted 01/09/2009		

DOJ Standard Form 269a (REV 2002)

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. You can write to the Office of Justice Programs, US Department of Justice, 810 Seventh Street, NW, Washington, DC 20531.

FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)		2. Grant or Award Number Assigned by OJP 2007-DD-BX-K007		OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042						
4. Vendor Number 016003001	5. Recipient internal code or Identifying Number (if any)		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 09/01/2007 To: (Month, Day, Year) 06/30/2012			9. Period Covered by this Report From: (Month, Day, Year) 01/01/2009 To: (Month, Day, Year) 03/31/2009			
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
a. Total outlays			\$138,778.53	\$25,367.37	\$164,145.90	
b. Recipient Share of outlays			\$0.00	\$0.00	\$0.00	
c. Federal share of outlays			\$138,778.53	\$25,367.37	\$164,145.90	
d. Total unliquidated obligations					\$0.00	
e. Recipient share of unliquidated obligations					\$0.00	
f. Federal share of unliquidated obligations					\$0.00	
g. Total Federal share (Sum of Lines c and f)					\$164,145.90	
h. Total Federal funds authorized for this funding period					\$454,986.00	
i. Unobligated balance of Federal funds (Line h minus Line g)					\$290,840.10	
11. Indirect Expense						
a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed						
b. Rate 0.00%		c. Base \$0.00		d. Total Amount \$0.00		e. Federal Share \$0.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
PROGRAM INCOME:						
A. Block/Formula passthrough		\$0.00	C. Forfeited		\$0.00	D. Other
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended
					\$0.00	\$0.00
13. 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 set forth in the award documents.						
Typed or Printed Name and Title Staff Accountant <i>bb</i>				Telephone (Area code, number and extension) (207) 623-6725		
Signature of Authorized Certifying Official				Date Report Submitted 04/07/2009		

DOJ Standard Form 269a (REV 2002)

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FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)		2. Grant or Award Number Assigned by OJP 2007-DD-BX-K007		OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042						
4. Vendor Number 016003001		5. Recipient internal code or Identifying Number (if any)		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) To: (Month, Day, Year) 09/01/2007 06/30/2012			9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 04/01/2009 06/30/2009			
10. Transactions:		I Previously Reported	II This Period	III Cumulative		
a. Total outlays		\$164,145.90	\$11,303.86	\$175,449.76		
b. Recipient Share of outlays		\$0.00	\$0.00	\$0.00		
c. Federal share of outlays		\$164,145.90	\$11,303.86	\$175,449.76		
d. Total unliquidated obligations				\$0.00		
e. Recipient share of unliquidated obligations				\$0.00		
f. Federal share of unliquidated obligations				\$0.00		
g. Total Federal share (Sum of Lines c and f)				\$175,449.76		
h. Total Federal funds authorized for this funding period				\$454,986.00		
i. Unobligated balance of Federal funds (Line h minus Line g)				\$279,536.24		
11. Indirect Expense						
a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed						
b. Rate 0.00%		c. Base \$0.00		d. Total Amount \$0.00		e. Federal Share \$0.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
				PROGRAM INCOME:		
A. Block/Formula passthrough		\$0.00	C. Forfeited		\$0.00	D. Other
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended
					\$0.00	
13. 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 set forth in the award documents.						
Typed or Printed Name and Title STAFF ACCOUNTANT <i>bb</i>					Telephone (Area code, number and extension) (207) 623-6741	
Signature of Authorized Certifying Official					Date Report Submitted 08/12/2009	

DOJ Standard Form 269a (REV 2002)

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FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)		2. Grant or Award Number Assigned by OJP 2007-DD-BX-K007		OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042						
4. Vendor Number 016003001		5. Recipient Internal code or Identifying Number (if any)		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 09/01/2007 To: (Month, Day, Year) 06/30/2012			9. Period Covered by this Report From: (Month, Day, Year) 07/01/2009 To: (Month, Day, Year) 09/30/2009			
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
			a. Total outlays	\$175,449.76	\$16,508.82	\$191,958.58
			b. Recipient Share of outlays	\$0.00	\$0.00	
			c. Federal share of outlays	\$175,449.76	\$16,508.82	
			d. Total unliquidated obligations		\$0.00	
			e. Recipient share of unliquidated obligations		\$0.00	
			f. Federal share of unliquidated obligations		\$0.00	
			g. Total Federal share (Sum of Lines c and f)		\$191,958.58	
			h. Total Federal funds authorized for this funding period		\$454,986.00	
			i. Unobligated balance of Federal funds (Line h minus Line g)		\$263,027.42	
11. Indirect Expense		a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
		b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$0.00	
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
			PROGRAM INCOME:			
A. Block/Formula passthrough		\$0.00	C. Forfeit		\$0.00	D. Other \$0.00
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended \$0.00
13. 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 set forth in the award documents.						
Typed or Printed Name and Title Staff Accountant <i>blb</i>					Telephone (Area code, number and extension) [REDACTED]	
Signature of Authorized Certifying Official					Date Report Submitted 11/13/2009	

DOJ Standard Form 269a (REV 2002)

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FEDERAL FINANCIAL REPORT
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2007-DD-BX-K007	Page of 1 1
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3. Recipient Organization (Name and complete address including Zip code)
 Maine State Police
 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042

4a. DUNS Number 809045958	4b. EIN 01-6000001	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 09/01/2007	To: (Month, Day, Year) 06/30/2012	9. Reporting Period End Date 12/31/2011
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10. Transactions Cumulative

(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants also use FFR Attachment):

a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	\$ 454,986.00
e. Federal share of expenditures	\$ 454,986.00
f. Federal share of unliquidated obligations	\$ 0.00
g. Total Federal share (sum of lines e and f)	\$ 454,986.00
h. Unobligated balance of Federal funds (line d minus g)	\$.00

Recipient Share:

i. Total recipient share required	\$ 0.00
j. Recipient share of expenditures	\$ 0.00
k. Remaining recipient share to be provided (line i minus j)	\$ 0.00

Program Income:

l. Total Federal program income earned	\$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	\$ 0.00
o. Unexpended program income (line l minus line m or line n)	\$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
g. Totals:							

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:
 Cumulative indirect costs in the amount of \$5,874.00 are included in the amount on Line E of this report.

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official [Redacted] Staff Accountant <i>blb</i>	c. Telephone (Area code, number and extension) [Redacted] <i>66</i>
b. Signature of Authorized Certifying Official [Redacted]	d. Email address [Redacted]@maine.gov <i>/</i>
e. Date Report Submitted (Month, Day, Year) 01/07/2013	

14. Agency use only:
 OJP Vendor Number: 016003001

Standard Form 425 OMB
 Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (03448-0060), Washington, DC 20503

FEDERAL FINANCIAL REPORT
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2007-DD-BX-K007	Page of 1 1
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3. Recipient Organization (Name and complete address including Zip code)
 Maine State Police
 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042

4a. DUNS Number 809045958	4b. EIN 01-6000001	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 09/01/2007	To: (Month, Day, Year) 06/30/2012	9. Reporting Period End Date 12/31/2011
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10. Transactions Cumulative

(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants also use FFR Attachment):

a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	\$ 454,986.00
e. Federal share of expenditures	\$ 454,986.00
f. Federal share of unliquidated obligations	\$ 0.00
g. Total Federal share (sum of lines e and f)	\$ 454,986.00
h. Unobligated balance of Federal funds (line d minus g)	\$.00

Recipient Share:

i. Total recipient share required	\$ 0.00
j. Recipient share of expenditures	\$ 0.00
k. Remaining recipient share to be provided (line i minus j)	\$ 0.00

Program Income:

l. Total Federal program income earned	\$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	\$ 0.00
o. Unexpended program income (line l minus line m or line n)	\$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
g. Totals:							

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official [Redacted] Staff Accountant <i>bc</i>	c. Telephone (Area code, number and extension) [Redacted] <i>66</i>
b. Signature of Authorized Certifying Official	d. Email address [Redacted]@maine.gov
e. Date Report Submitted (Month, Day, Year) 01/26/2012	

14. Agency use only:
 OJP Vendor Number: 016003001

Standard Form 425 OMB
 Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503

FEDERAL FINANCIAL REPORT
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2007-DD-BX-K007		Page of 1 1			
3. Recipient Organization (Name and complete address including Zip code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042							
4a. DUNS Number 809045958	4b. EIN 01-6000001	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Project/Grant Period From: (Month, Day, Year) 09/01/2007		To: (Month, Day, Year) 06/30/2012		9. Reporting Period End Date 09/30/2011			
10. Transactions			Cumulative				
(Use lines a-c for single or multiple grant reporting)							
Federal Cash (To report multiple grants also use FFR Attachment):							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
(Use lines d-o for single grant reporting)							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized			\$ 454,986.00				
e. Federal share of expenditures			\$ 380,091.87				
f. Federal share of unliquidated obligations			\$ 0.00				
g. Total Federal share (sum of lines e and f)			\$ 380,091.87				
h. Unobligated balance of Federal funds (line d minus g)			\$ 74,894.13				
Recipient Share:							
i. Total recipient share required			\$ 0.00				
j. Recipient share of expenditures			\$ 0.00				
k. Remaining recipient share to be provided (line i minus j)			\$ 0.00				
Program Income:							
l. Total Federal program income earned			\$ 0.00				
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative			\$ 0.00				
o. Unexpended program income (line l minus line m or line n)			\$ 0.00				
11. Indirect Expense	a. Type Not Applicable	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
						g. Totals:	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official Staff Accountant <i>bb</i>				c. Telephone (Area code, number and extension) 56			
				d. Email address @maine.gov			
b. Signature of Authorized Certifying Official				e. Date Report Submitted (Month, Day, Year) 10/26/2011			
				14. Agency use only: CJP Vendor Number: 016003001			
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011							
Paperwork Burden Statement According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503							

FEDERAL FINANCIAL REPORT
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2007-DD-BX-K007		Page of 1 1			
3. Recipient Organization (Name and complete address including Zip code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042							
4a. DUNS Number 809045958	4b. EIN 01-6000001	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Project/Grant Period From: (Month, Day, Year) 09/01/2007		To: (Month, Day, Year) 06/30/2012		9. Reporting Period End Date 06/30/2011			
10. Transactions			Cumulative				
(Use lines a-c for single or multiple grant reporting)							
Federal Cash (To report multiple grants also use FFR Attachment):							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
(Use lines d-o for single grant reporting)							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized			\$ 454,986.00				
e. Federal share of expenditures			\$ 378,306.51				
f. Federal share of unliquidated obligations			\$ 0.00				
g. Total Federal share (sum of lines e and f)			\$ 378,306.51				
h. Unobligated balance of Federal funds (line d minus g)			\$ 76,679.49				
Recipient Share:							
i. Total recipient share required			\$ 0.00				
j. Recipient share of expenditures			\$ 0.00				
k. Remaining recipient share to be provided (line i minus j)			\$ 0.00				
Program Income:							
l. Total Federal program income earned			\$ 0.00				
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative			\$ 0.00				
o. Unexpended program income (line l minus line m or line n)			\$ 0.00				
11. Indirect Expense	a. Type Not Applicable	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:							
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official Staff Accountant <i>bb</i>					c. Telephone (Area code, number and extension) <i>bb</i>		
					d. Email address @maine.gov		
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year) 07/28/2011		
14. Agency use only: CJF Vendor Number: 016003001							
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011							
Paperwork Burden Statement According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (03448-0060), Washington, DC 20503							

FEDERAL FINANCIAL REPORT
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2007-DD-BX-K007	Page of 1 1
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3. Recipient Organization (Name and complete address including Zip code)
 Maine State Police
 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042

4a. DUNS Number 809045958	4b. EIN 01-6000001	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 09/01/2007	To: (Month, Day, Year) 06/30/2012	9. Reporting Period End Date 03/31/2011
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10. Transactions Cumulative

(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants also use FFR Attachment):

a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	\$ 454,886.00
e. Federal share of expenditures	\$ 347,909.60
f. Federal share of unliquidated obligations	\$ 0.00
g. Total Federal share (sum of lines e and f)	\$ 347,909.60
h. Unobligated balance of Federal funds (line d minus g)	\$ 107,076.40

Recipient Share:

i. Total recipient share required	\$ 0.00
j. Recipient share of expenditures	\$ 0.00
k. Remaining recipient share to be provided (line i minus j)	\$ 0.00

Program Income:

l. Total Federal program income earned	\$ 0.00
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	\$ 0.00
o. Unexpended program income (line l minus line m or line n)	\$ 0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
g. Totals:							

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official [Redacted] Staff Accountant <i>bp</i>	c. Telephone (Area code, number and extension) [Redacted] <i>bp</i>
b. Signature of Authorized Certifying Official	d. Email address [Redacted]@maine.gov
e. Date Report Submitted (Month, Day, Year) 04/13/2011	

14. Agency use only:
 OJP Vendor Number: 016003001
 Standard Form 425 OMB
 Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503

FEDERAL FINANCIAL REPORT
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2007-DD-BX-K007		Page of 1 1			
3. Recipient Organization (Name and complete address including Zip code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042							
4a. DUNS Number 809045958	4b. EIN 01-6000001	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final			
8. Project/Grant Period From: (Month, Day, Year) 09/01/2007			To: (Month, Day, Year) 06/30/2012	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Reporting Period End Date 12/31/2010							
10. Transactions			Cumulative				
(Use lines a-c for single or multiple grant reporting)							
Federal Cash (To report multiple grants also use FFR Attachment):							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
(Use lines d-o for single grant reporting)							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized			\$ 454,986.00				
e. Federal share of expenditures			\$ 326,905.18				
f. Federal share of unliquidated obligations			\$ 0.00				
g. Total Federal share (sum of lines e and f)			\$ 326,905.18				
h. Unobligated balance of Federal funds (line d minus g)			\$ 128,080.82				
Recipient Share:							
i. Total recipient share required			\$ 0.00				
j. Recipient share of expenditures			\$ 0.00				
k. Remaining recipient share to be provided (line i minus j)			\$ 0.00				
Program Income:							
l. Total Federal program income earned			\$ 0.00				
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative			\$ 0.00				
o. Unexpended program income (line l minus line m or line n)			\$ 0.00				
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
					g. Totals:		
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official Staff Accountant <i>bb</i>					c. Telephone (Area code, number and extension) <i>bb</i>		
b. Signature of Authorized Certifying Official					d. Email address @maine.gov		
					e. Date Report Submitted (Month, Day, Year) 01/24/2011		
					14. Agency use only: OJP Vendor Number: 016003001		
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011							
Paperwork Burden Statement According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (03448-0060), Washington, DC 20503							

FEDERAL FINANCIAL REPORT
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2007-DD-BX-K007		Page of 1 1			
3. Recipient Organization (Name and complete address including Zip code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042							
4a. DUNS Number 809045958	4b. EIN 01-6000001	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Project/Grant Period From: (Month, Day, Year) 09/01/2007		To: (Month, Day, Year) 06/30/2012	9. Reporting Period End Date 09/30/2010				
10. Transactions (Use lines a-c for single or multiple grant reporting)			Cumulative				
Federal Cash (To report multiple grants also use FFR Attachment):							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
(Use lines d-o for single grant reporting)							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized			\$ 454,986.00				
e. Federal share of expenditures			\$ 309,531.42				
f. Federal share of unliquidated obligations			\$ 0.00				
g. Total Federal share (sum of lines e and f)			\$ 309,531.42				
h. Unobligated balance of Federal funds (line d minus g)			\$ 145,454.58				
Recipient Share:							
i. Total recipient share required			\$ 0.00				
j. Recipient share of expenditures			\$ 0.00				
k. Remaining recipient share to be provided (line i minus j)			\$ 0.00				
Program Income:							
l. Total Federal program income earned			\$ 0.00				
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative			\$ 0.00				
o. Unexpended program income (line l minus line m or line n)			\$ 0.00				
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Not Applicable						
					g. Totals:		
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official Staff Accountant bfo					c. Telephone (Area code, number and extension) bfo		
					d. Email address @maine.gov		
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year) 10/20/2010		
14. Agency use only: OJP Vendor Number: 016003001 Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011							
<p>Paperwork Burden Statement According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimates or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503</p>							

FEDERAL FINANCIAL REPORT
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2007-DD-BX-K007		Page of 1 1			
3. Recipient Organization (Name and complete address including Zip code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042							
4a. DUNS Number 809045958	4b. EIN 01-6000001	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Project/Grant Period From: (Month, Day, Year) 09/01/2007		To: (Month, Day, Year) 06/30/2012	9. Reporting Period End Date 06/30/2010				
10. Transactions			Cumulative				
(Use lines a-c for single or multiple grant reporting)							
Federal Cash (To report multiple grants also use FFR Attachment):							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
(Use lines d-o for single grant reporting)							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized			\$ 454,986.00				
e. Federal share of expenditures			\$ 282,235.88				
f. Federal share of unliquidated obligations			\$ 0.00				
g. Total Federal share (sum of lines e and f)			\$ 282,235.88				
h. Unobligated balance of Federal funds (line d minus g)			\$ 172,750.12				
Recipient Share:							
i. Total recipient share required			\$ 0.00				
j. Recipient share of expenditures			\$ 0.00				
k. Remaining recipient share to be provided (line i minus j)			\$ 0.00				
Program Income:							
l. Total Federal program income earned			\$ 0.00				
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative			\$ 0.00				
o. Unexpended program income (line l minus line m or line n)			\$ 0.00				
11. Indirect Expense	a. Type Not Applicable	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:							
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official Staff Accountant <i>bp</i>					c. Telephone (Area code, number and extension) <i>bp</i>		
					d. Email address @maine.gov		
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year) 07/28/2010		
					14. Agency use only: OJP Vendor Number: 016003001		
Standard Form 425 OMB Approval Number: 0348-0081 Expiration Date: 10/31/2011							
Paperwork Burden Statement According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0081. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (03448-0060), Washington, DC 20503							

FEDERAL FINANCIAL REPORT
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2007-DD-BX-K007		Page of 1 1			
3. Recipient Organization (Name and complete address including Zip code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042							
4a. DUNS Number 809045958	4b. EIN 01-6000001	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Project/Grant Period From: (Month, Day, Year) 09/01/2007		To: (Month, Day, Year) 06/30/2012	9. Reporting Period End Date 03/31/2010				
10. Transactions			Cumulative				
(Use lines a-c for single or multiple grant reporting)							
Federal Cash (To report multiple grants also use FFR Attachment):							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
(Use lines d-o for single grant reporting)							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized			\$ 454,986.00				
e. Federal share of expenditures			\$ 255,211.40				
f. Federal share of unliquidated obligations			\$ 0.00				
g. Total Federal share (sum of lines e and f)			\$ 255,211.40				
h. Unobligated balance of Federal funds (line d minus g)			\$ 199,774.60				
Recipient Share:							
i. Total recipient share required			\$ 0.00				
j. Recipient share of expenditures			\$ 0.00				
k. Remaining recipient share to be provided (line i minus j)			\$ 0.00				
Program Income:							
l. Total Federal program income earned			\$ 0.00				
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative			\$ 0.00				
o. Unexpended program income (line l minus line m or line n)			\$ 0.00				
11. Indirect Expense	a. Type -Not Applicable	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:							
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official Staff Accountant bb					c. Telephone (Area code, number and extension) bb		
b. Signature of Authorized Certifying Official					d. Email address @maine.gov		
					e. Date Report Submitted (Month, Day, Year) 04/21/2010		
					14. Agency use only: OJP Vendor Number: 016003001		
Standard Form 425 OMB Approval Number: 0348-0051 Expiration Date: 10/31/2011							
Paperwork Burden Statement According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0051. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (0348-0050), Washington, DC 20503							

FEDERAL FINANCIAL REPORT
(Follow form instruction)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 2007-DD-BX-K007		Page of 1 1			
3. Recipient Organization (Name and complete address including Zip code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042							
4a. DUNS Number 809045958	4b. EIN 01-6000001	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Project/Grant Period From: (Month, Day, Year) 09/01/2007			9. Reporting Period End Date 12/31/2009				
10. Transactions			Cumulative				
(Use lines a-c for single or multiple grant reporting)							
Federal Cash (To report multiple grants also use FFR Attachment):							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
(Use lines d-o for single grant reporting)							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized			\$ 454,986.00				
e. Federal share of expenditures			\$ 204,461.61				
f. Federal share of unliquidated obligations			\$ 0.00				
g. Total Federal share (sum of lines e and f)			\$ 204,461.61				
h. Unobligated balance of Federal funds (line d minus g)			\$ 250,524.39				
Recipient Share:							
i. Total recipient share required			\$ 0.00				
j. Recipient share of expenditures			\$ 0.00				
k. Remaining recipient share to be provided (line i minus j)			\$ 0.00				
Program Income:							
l. Total Federal program income earned			\$ 0.00				
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative			\$ 0.00				
o. Unexpended program income (line l minus line m or line n)			\$ 0.00				
11. Indirect Expense	a. Type Not Applicable	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:							
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official Staff Accountant <i>bb</i>					c. Telephone (Area code, number and extension) <i>bbp</i>		
					d. Email address @maine.gov		
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year) 01/28/2010		
					14. Agency use only: CJP Vendor Number: 016003001		
Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011							
Paperwork Burden Statement According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503							

FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)		2. Grant or Award Number Assigned by OJP 2007-DD-BX-K007		OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042						
4. Vendor Number 016003001		5. Recipient Internal code or Identifying Number (if any)		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 09/01/2007 To: (Month, Day, Year) 06/30/2012			9. Period Covered by this Report From: (Month, Day, Year) 07/01/2009 To: (Month, Day, Year) 09/30/2009			
10. Transactions:		I Previously Reported	II This Period	III Cumulative		
a. Total outlays		\$175,449.76	\$16,508.82	\$191,958.58		
b. Recipient Share of outlays		\$0.00	\$0.00	\$0.00		
c. Federal share of outlays		\$175,449.76	\$16,508.82	\$191,958.58		
d. Total unliquidated obligations				\$0.00		
e. Recipient share of unliquidated obligations				\$0.00		
f. Federal share of unliquidated obligations				\$0.00		
g. Total Federal share (Sum of Lines c and f)				\$191,958.58		
h. Total Federal funds authorized for this funding period				\$454,986.00		
i. Unobligated balance of Federal funds (Line h minus Line g)				\$263,027.42		
11. Indirect Expense	a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate 0.00%		c. Base \$0.00		d. Total Amount \$0.00		e. Federal Share \$0.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
				PROGRAM INCOME:		
A. Block/Formula passthrough		\$0.00	C. Forfeited		\$0.00	D. Other
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended
					\$0.00	
13. 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 set forth in the award documents.						
Typed or Printed Name and Title ██████████ Staff Accountant <i>bb</i>					Telephone (Area code, number and extension) ██████████ <i>bb</i>	
Signature of Authorized Certifying Official					Date Report Submitted 11/13/2009	

DOJ Standard Form 269a (REV 2002)

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. You can write to the Office of Justice Programs, US Department of Justice, 810 Seventh Street, NW, Washington, DC 20531.

FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)	2. Grant or Award Number Assigned by OJP 2007-DD-BX-K007	OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042				
4. Vendor Number 016003001	5. Recipient internal code or Identifying Number (If any)	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) To: (Month, Day, Year) 09/01/2007 06/30/2012		9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 04/01/2009 06/30/2009		
10. Transactions:		I Previously Reported	II This Period	III Cumulative
		a. Total outlays	\$164,145.90	\$11,303.86
		b. Recipient Share of outlays	\$0.00	\$0.00
		c. Federal share of outlays	\$164,145.90	\$175,449.76
		d. Total unliquidated obligations		\$0.00
		e. Recipient share of unliquidated obligations		\$0.00
		f. Federal share of unliquidated obligations		\$0.00
		g. Total Federal share (Sum of Lines c and f)		\$175,449.76
		h. Total Federal funds authorized for this funding period		\$454,986.00
		i. Unobligated balance of Federal funds (Line h minus Line g)		\$279,536.24
11. Indirect Expense	a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
	b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$0.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. Block/Formula passthrough \$0.00 B. Federal Funds Subgranted \$0.00 </div> <div style="width: 45%;"> PROGRAM INCOME: C. Forfeit \$0.00 D. Other \$0.00 E. Expended \$0.00 F. Unexpended \$0.00 </div> </div>				
13. 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 set forth in the award documents.				
Typed or Printed Name and Title [REDACTED] STAFF ACCOUNTANT <i>bb</i>			Telephone (Area code, number and extension) [REDACTED] <i>bb</i>	
Signature of Authorized Certifying Official			Date Report Submitted 08/12/2009	

DOJ Standard Form 269a (REV 2002)

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. You can write to the Office of Justice Programs, US Department of Justice, 810 Seventh Street, NW, Washington, DC 20531.

FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)	2. Grant or Award Number Assigned by OJP 2007-DD-BX-K007	OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages		
3. Recipient Organization (Name and complete address, including ZIP code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042						
4. Vendor Number 016003001	5. Recipient internal code or identifying Number (if any)	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) To: (Month, Day, Year) 09/01/2007 06/30/2012		9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 01/01/2009 03/31/2009				
10. Transactions:				I Previously Reported	II This Period	III Cumulative
a. Total outlays				\$138,778.53	\$25,367.37	\$164,145.90
b. Recipient Share of outlays				\$0.00	\$0.00	\$0.00
c. Federal share of outlays				\$138,778.53	\$25,367.37	\$164,145.90
d. Total unliquidated obligations						\$0.00
e. Recipient share of unliquidated obligations						\$0.00
f. Federal share of unliquidated obligations						\$0.00
g. Total Federal share (Sum of Lines c and f)						\$164,145.90
h. Total Federal funds authorized for this funding period						\$454,986.00
i. Unobligated balance of Federal funds (Line h minus Line g)						\$290,840.10
11. Indirect Expense	a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
	b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$0.00		
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
PROGRAM INCOME:						
A. Block/Formula passthrough \$0.00		C. Forfeited \$0.00		D. Other \$0.00		
B. Federal Funds Subgranted \$0.00		E. Expended \$0.00		F. Unexpended \$0.00		
13. 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 set forth in the award documents.						
Typed or Printed Name and Title [Redacted] Staff Accountant <i>bb</i>			Telephone (Area code, number and extension) [Redacted] <i>bb</i>			
Signature of Authorized Certifying Official			Date Report Submitted 04/07/2009			

DOJ Standard Form 289a (REV 2002)

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. You can write to the Office of Justice Programs, US Department of Justice, 810 Seventh Street, NW, Washington, DC 20531.

FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)	2. Grant or Award Number Assigned by OJP 2007-DD-BX-K007	OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042				
4. Vendor Number 016003001	5. Recipient internal code or identifying Number (if any)	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) To: (Month, Day, Year) 09/01/2007 06/30/2012		9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 10/01/2008 12/31/2008		
10. Transactions:	I Previously Reported	II This Period	III Cumulative	
a. Total outlays	\$105,668.72	\$33,109.81	\$138,778.53	
b. Recipient Share of outlays	\$0.00	\$0.00	\$0.00	
c. Federal share of outlays	\$105,668.72	\$33,109.81	\$138,778.53	
d. Total unliquidated obligations			\$0.00	
e. Recipient share of unliquidated obligations			\$0.00	
f. Federal share of unliquidated obligations			\$0.00	
g. Total Federal share (Sum of Lines c and f)			\$138,778.53	
h. Total Federal funds authorized for this funding period			\$454,986.00	
i. Unobligated balance of Federal funds (Line h minus Line g)			\$316,207.47	
11. Indirect Expense	a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
	b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$0.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. Block/Formula passthrough \$0.00 B. Federal Funds Subgranted \$0.00 </div> <div style="width: 45%;"> PROGRAM INCOME: C. Forfeited \$0.00 D. Other \$0.00 E. Expended \$0.00 F. Unexpended \$0.00 </div> </div>				
13. 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 set forth in the award documents.				
Typed or Printed Name and Title [Redacted] Staff Accountant <i>bb</i>			Telephone (Area code, number and extension) [Redacted] <i>bb</i>	
Signature of Authorized Certifying Official			Date Report Submitted 01/09/2009	

DOJ Standard Form 269a (REV 2002)

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. You can write to the Office of Justice Programs, US Department of Justice, 810 Seventh Street, NW, Washington, DC 20531.

FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)		2. Grant or Award Number Assigned by OJP 2007-DD-BX-K007		OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042						
4. Vendor Number 016003001	5. Recipient Internal code or Identifying Number (if any)		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) To: (Month, Day, Year) 09/01/2007 06/30/2012			9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 07/01/2008 09/30/2008			
10. Transactions:		I Previously Reported	II This Period	III Cumulative		
a. Total outlays		\$65,300.77	\$40,367.95	\$105,668.72		
b. Recipient Share of outlays		\$0.00	\$0.00	\$0.00		
c. Federal share of outlays		\$65,300.77	\$40,367.95	\$105,668.72		
d. Total unliquidated obligations				\$0.00		
e. Recipient share of unliquidated obligations				\$0.00		
f. Federal share of unliquidated obligations				\$0.00		
g. Total Federal share (Sum of Lines c and f)				\$105,668.72		
h. Total Federal funds authorized for this funding period				\$454,986.00		
i. Unobligated balance of Federal funds (Line h minus Line g)				\$349,317.28		
11. Indirect Expense		a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
b. Rate 0.00%		c. Base \$0.00		d. Total Amount \$0.00		e. Federal Share \$0.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
				PROGRAM INCOME:		
A. Block/Formula passthrough		\$0.00	C. Forfeit		\$0.00	D. Other
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended
					\$0.00	\$0.00
13. 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 set forth in the award documents.						
Typed or Printed Name and Title ██████████ Staff Accountant <i>bb</i>				Telephone (Area code, number and extension) ██████████ <i>bb</i>		
Signature of Authorized Certifying Official				Date Report Submitted 10/16/2008		

DOJ Standard Form 269a (REV 2002)

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. You can write to the Office of Justice Programs, US Department of Justice, 810 Seventh Street, NW, Washington, DC 20531.

FINANCIAL STATUS REPORT (Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)		2. Grant or Award Number Assigned by OJP 2007-DD-BX-K007		OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042						
4. Vendor Number 016003001	5. Recipient Internal code or Identifying Number (if any)		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 09/01/2007 To: (Month, Day, Year) 06/30/2012			9. Period Covered by this Report From: (Month, Day, Year) 04/01/2008 To: (Month, Day, Year) 06/30/2008			
10. Transactions:				I Previously Reported	II This Period	III Cumulative
a. Total outlays				\$43,167.10	\$22,133.67	\$65,300.77
b. Recipient Share of outlays				\$0.00	\$0.00	\$0.00
c. Federal share of outlays				\$43,167.10	\$22,133.67	\$65,300.77
d. Total unliquidated obligations						\$0.00
e. Recipient share of unliquidated obligations						\$0.00
f. Federal share of unliquidated obligations						\$0.00
g. Total Federal share (Sum of Lines c and f)						\$65,300.77
h. Total Federal funds authorized for this funding period						\$454,986.00
i. Unobligated balance of Federal funds (Line h minus Line g)						\$389,685.23
11. Indirect Expense						
a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed						
b. Rate 0.00%		c. Base \$0.00		d. Total Amount \$0.00		e. Federal Share \$0.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
				PROGRAM INCOME:		
A. Block/Formula passthrough		\$0.00	C. Forfeited		\$0.00	D. Other
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended
					\$0.00	\$0.00
13. 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 set forth in the award documents.						
Typed or Printed Name and Title [Redacted] Staff Accountant <i>bb</i>					Telephone (Area code, number and extension) [Redacted] <i>bb</i>	
Signature of Authorized Certifying Official					Date Report Submitted 07/30/2008	

DOJ Standard Form 269a (REV 2002)

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FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)	2. Grant or Award Number Assigned by OJP 2007-DD-BX-K007	OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042				
4. Vendor Number 016003001	5. Recipient Internal code or Identifying Number (if any)	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) To: (Month, Day, Year) 09/01/2007 06/30/2012		9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 01/01/2008 03/31/2008		
10. Transactions:		I Previously Reported	II This Period	III Cumulative
a. Total outlays		\$0.00	\$43,167.10	\$43,167.10
b. Recipient Share of outlays		\$0.00	\$0.00	\$0.00
c. Federal share of outlays		\$0.00	\$43,167.10	\$43,167.10
d. Total unliquidated obligations				\$0.00
e. Recipient share of unliquidated obligations				\$0.00
f. Federal share of unliquidated obligations				\$0.00
g. Total Federal share (Sum of Lines c and f)				\$43,167.10
h. Total Federal funds authorized for this funding period				\$454,986.00
i. Unobligated balance of Federal funds (Line h minus Line g)				\$411,818.90
11. Indirect Expense	a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
	b. Rate 0.00%	c. Base \$0.00	d. Total Amount \$0.00	e. Federal Share \$0.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. Block/Formula passthrough \$0.00 B. Federal Funds Subgranted \$0.00 </div> <div style="width: 45%;"> PROGRAM INCOME: C. Forfeited \$0.00 D. Other \$0.00 E. Expended \$0.00 F. Unexpended \$0.00 </div> </div>				
13. 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 set forth in the award documents.				
Typed or Printed Name and Title [Redacted] Staff Accountant <i>bb</i>			Telephone (Area code, number and extension) [Redacted] <i>bb</i>	
Signature of Authorized Certifying Official			Date Report Submitted 05/02/2008	

DOJ Standard Form 269a (REV 2002)

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. You can write to the Office of Justice Programs, US Department of Justice, 810 Seventh Street, NW, Washington, DC 20531.

FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to which Report is Submitted U.S Dept. of Justice Office of Justice Programs (OJP)		2. Grant or Award Number Assigned by OJP 2007-DD-BX-K007		OMB Approval No. 1121-0264 Expires: 01/3/2006	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Maine State Police 45 Commerce Drive State House Station 42 Augusta, ME 04333-0042						
4. Vendor Number 016003001		5. Recipient Internal code or Identifying Number (if any)		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) To: (Month, Day, Year) 09/01/2007 06/30/2012			9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 10/01/2007 12/31/2007			
10. Transactions:		I Previously Reported	II This Period	III Cumulative		
a. Total outlays		\$0.00	\$0.00	\$0.00		
b. Recipient share of outlays		\$0.00	\$0.00	\$0.00		
c. Federal share of outlays		\$0.00	\$0.00	\$0.00		
d. Total unliquidated obligations				\$0.00		
e. Recipient share of unliquidated obligations				\$0.00		
f. Federal share of unliquidated obligations				\$0.00		
g. Total Federal share (Sum of Lines c and f)				\$0.00		
h. Total Federal funds authorized for this funding period				\$454,986.00		
i. Unobligated balance of Federal funds (Line h minus Line g)				\$454,986.00		
11. Indirect Expense	a. Type of Rate (place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate 0.00%		c. Base \$0.00		d. Total Amount \$0.00		e. Federal Share \$0.00
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
				PROGRAM INCOME:		
A. Block/Formula passthrough		\$0.00	C. Forfeited		\$0.00	D. Other
B. Federal Funds Subgranted		\$0.00	E. Expended		\$0.00	F. Unexpended
					\$0.00	
13. 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 set forth in the award documents.						
Typed or Printed Name and Title ██████████ Staff Accountant <i>bb</i>				Telephone (Area code, number and extension) ██████████ <i>bb</i>		
Signature of Authorized Certifying Official				Date Report Submitted 01/24/2008		

DOJ Standard Form 269a (REV 2002)

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. You can write to the Office of Justice Programs, US Department of Justice, 810 Seventh Street, NW, Washington, DC 20531.