

# The Gypsy Moth Slow the Spread Foundation, Inc.

## FINANCIAL STATUS REPORT

(Follow instructions on the back)

1. (For internal use)	2. Grant Number Assigned by GM STS Foundation Inc.	Approval No.	Page <b>1</b>	of Pages
3. Recipient Organization (Name and complete address, including ZIP code)				
4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)		To: (Month, Day, Year)
10. Transactions:				
	I Previously Reported	II This Period	III Cumulative	
a. Total Outlays			<b>0.00</b>	
b. Refunds, Rebates, etc.			<b>0.00</b>	
c. Program income used in accordance with the deduction alternative			<b>0.00</b>	
d. Net outlays (line a, less the sum of lines b and c)	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
<b>Recipient's share of net outlays, consisting of:</b>				
e. Third party (in-kind) contributions			<b>0.00</b>	
f. Other awards authorized to be used to match this award			<b>0.00</b>	
g. Program income used in accordance with the matching or cost sharing alternative			<b>0.00</b>	
h. All other recipient outlays not shown on lines e, f or g			<b>0.00</b>	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
j. Foundation share of net outlays (line d less line i)	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
k. Total unliquidated obligations				
l. Recipient's share of unliquidated obligations				
m. Foundation share of unliquidated obligations				
n. Total Foundation share (sum of lines j and m)			<b>0.00</b>	
o. Total Foundation funds authorized for this funding period				
p. Unobligated balance of Foundation funds (Line o minus line n)			<b>0.00</b>	
<b>Program income, consisting of:</b>				
q. Disbursed program income shown on lines c and/or g above				
r. Disbursed program income using the addition alternative				
s. Undisbursed program income				
t. Total program income realized (Sum of lines q, r and s)			<b>0.00</b>	
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	c. Base	d. Total Amount	e. Foundation Share
12. Remarks: Attach any explanations deemed necessary or information required by the Foundation or any federal agency in compliance with governing legislation.				
13. Certification: <b>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.</b>				
Typed or Printed Name and Title			Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official			Date Report Submitted	