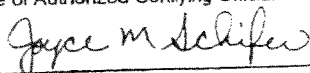


FINANCIAL STATUS REPORT

(Short Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of Justice Office of COPS		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 2009RKWX0668		OMB Approval No.	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Bucyrus Police Department 500 S. Sandusky Avenue Bucyrus, OH 44820						
4. Employer Identification Number 34-6400234		5. Recipient Account Number or Identifying Number OH01701		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 07/01/2009		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			-0-	-0-	-0-	
b. Recipient share of outlays			-0-	-0-	-0-	
c. Federal share of outlays			-0-	-0-	-0-	
d. Total unliquidated obligations			-	-	-0-	
e. Recipient share of unliquidated obligations			-	-	-0-	
f. Federal share of unliquidated obligations			-	-	-0-	
g. Total Federal share (Sum of lines c and f)			-	-	-0-	
h. Total Federal funds authorized for this funding period			-	-	187,068.00	
i. Unobligated balance of Federal funds (Line h minus line g)			-	-	187,068.00	
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	c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
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 Joyce M. Schifer, City Auditor				Telephone (Area code, number and extension) 419-562-6767 ext.228		
Signature of Authorized Certifying Official 				Date Report Submitted 12/17/2009		