NANCY L. WORLEY
SECRETARY OF STATE

First Floor, State Capitol
Suite S-105
600 Dexter Avenue
P.O. Box 5616
Montgomery, Alabama 36103-5616

State of Alabama

February 28, 2006

State HAVA Funding Reports
U.S. Election Assistance Commission
1225 New York Avenue, NW Suite 1100
Washington, DC 20005

RE: HAVA Title I Reports

Dear Ms. Simms:

Please find enclosed the SF269a for the HAVA Title I Funds, Group 101 and 102, for the State of Alabama, for the coverage period 1/1/2005 through 12/31/2005.

Please contact me at 334 242 7220 or jeannie.price@sos.alabama.gov if you have questions or need additional information.

Sincerely,

Jeannie G. Price, CPA
Finance Director

FINANCIAL STATUS REPORT

(Long Form)

ORIGINAL

1. Federal Agency and Organizational Element to Which Report is Submitted **GSA**	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No. **0348-0038**	Page of **1** **1**

3. Recipient Organization (Name and complete address, including zip code)
State of Alabama
Office of the Secretary of State
P.O. Box 5616
Montgomery, AL 36103-5616

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
[redacted]	**HAVA Title I Group 102**	☐Yes ☑No	☑Cash ☐Accrual

8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
5/1/2003	**12/31/2005**	**1/1/2005**	**12/31/2005**

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total Outlays	919.30	-	919.30
b. Refunds, rebates, etc.			-
c. Program income used in accordance with the deduction alternative			-
d. Net outlays (Line a, less the sum of lines b and c)	919.30	-	919.30
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			-
f. Other Federal awards authorized to be used to match this award			-
g. Program income used in accordance with the matching or cost sharing alternative			-
h. All other recipient outlays not shown on lines e, f, or g			-
i. Total recipient share of net outlays (sum of lines e, f, g, and h)	-	-	-
j. Federal share of net outlays (line d less line i)	919.30	-	919.30
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share (sum of lines j and m)			919.30
o. Total Federal funds authorized for this funding period			52,644.38
p. Unobligated balance of Federal funds (line o minus line n)			51,725.08
Program income, consisting of:			
q. Disbursed program income shown on lines c and or g above			
r. Disbursed program income ussing the addition alternative			
s. Undisbursed program income			
t. Total program income realized (sum of lines q, r and s)			

11. Indirect Expense	a. Type of Rate *(Place "X" in appropriate box)* ☐Provisional ☐redetermined ☐Final ☐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.*
Line 10o includes cumulative interest earned in the amount of $1,568.38

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	Telephone (Area code, number and extension)
Nancy L. Worley, Alabama Secretary of State **c/o Jeannie G. Price, CPA, Finance Director**	**334 242 7220**
Signature of Authorized Certifying Official Nancy L. Worley	Date Report Submitted: **2/28/2006**