FINANCIAL STATUS REPORT

(Long Form)

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

8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year) **5/1/2003**	To: (Month, Day, Year) **UNTIL DISBURSED**	9. Period Covered by this Report From: (Month, Day, Year) **1/1/2006**	To: (Month, Day, Year) **12/31/2006**

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			53,742.83
p. Unobligated balance of Federal funds (line o minus line n)			52,823.53
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 $2,666.83

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 **Beth Chapman, Secretary of State** **State of Alabama**	Telephone (Area code, number and extension) **334 242 7220**
Signature of Authorized Certifying Official Beth Chapman	Date Report Submitted: **3/15/2006**

Title I, Section 102 Annual Narrative Report for Calendar Year 2006

During Calendar Year 2006, the Secretary of State's office expended no Section 102 funds.

TITLE I - SECTION 102 REPORTING WORKSHEET
1/1/2006 - 12/31/2006

	PREVIOUSLY REPORTED	CURRENT EXPEND	TOTAL
A. TOTAL OUTLAYS	919.30	-	919.30
H. RECIIPIENT OUTLAYS		-	-
I. TOTAL RECIPIENT SHARE	-	-	-
J. FED SHARE OF OUTLAYS	919.30	-	919.30
N. TOTAL FED SHARE	919.30	0.00	919.30
TOTAL FED FUNDS AUTHORIZED			
O. TOTAL FED FUNDS AUTHORIZED			53,742.82
P. UNOBLIGATED BALANCE			52,823.52