

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

ORIGINAL

1. Federal Agency and Organizational Element to Which Report is Submitted General Services Administration 1800 F Street, NW, RM 2140 Washington, DC 20405-0002		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <p style="text-align: center; font-size: 1.2em;">HAVA Title I, Sec. 101</p>		OMB Approval No. 0348-0039	of	1	1	pages	
3. Recipient Organization (Name and complete address, including ZIP code) North Carolina State Board of Elections PO Box 27255 Raleigh, NC 27611									
4. Employer Identification Number [REDACTED]			5. Recipient Account Number or Identifying Number [REDACTED]			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) <p style="text-align: center;">06/16/03</p>			To: (Month, Day, Year) <p style="text-align: center;">N/A</p>		9. Period Covered by this Report From: (Month, Day, Year) <p style="text-align: center;">06/16/03</p>		To: (Month, Day, Year) <p style="text-align: center;">12/31/03</p>		
10. Transactions					I Previously Reported	II This Period	III Cumulative		
a. Total outlays							1,260,559.19		
b. Recipient share of outlays							0.00		
c. Federal share of outlays							1,260,559.19		
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)							1,260,559.19		
h. Total Federal funds authorized for this funding period							7,900,000.00		
i. Unobligated balance of Federal funds (Line h minus line g)							6,639,440.81		
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 Gary O. Bartlett, Director						Telephone (Area code, number and extension) <p style="text-align: center;">(919) 733-7173</p>			
Signature of Authorized Certifying Official 						Date Report Submitted <p style="text-align: center;">01/15/04</p>			



ORIGINAL

STATE BOARD OF ELECTIONS

6400 Mail Service Center • Raleigh, NC 27699-6400

GARY O. BARTLETT
Director

Mailing Address:

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January 16, 2004

Deborah J. Schilling
General Services Administration
1800 F Street, NW, Room 2140
Washington, DC 20405-0002

Dear Director Schilling,

The North Carolina State Board of Elections respectfully submits the enclosed HAVA Title I, Sec. 101 & 102 financial status reports. If you have any questions please contact Scott Logan at (919) 715-1792. Thank you for your assistance and cooperation.

Sincerely,

Gary O. Bartlett

Gary O. Bartlett
Director