

FILE COPY

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Election Assistance Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency HAVA Title I		OMB Approval No. 0348-0039	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) State of Rhode Island and Providence Plantations Office of the Secretary of State Matthew A. Brown 217 State House Providence, Rhode Island 02903						
4. Employer Identification Number [REDACTED]		5. Recipient Account Number or Identifying Number RI HAVA Election Fund		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) 04/30/2003		To: (Month, Day, Year) OPEN		9. Period Covered by this Report From: (Month, Day, Year) 04/30/2003		To: (Month, Day, Year) 12/31/2003
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						35,413.17
e. Recipient share of unliquidated obligations						0
f. Federal share of unliquidated obligations						35,413.17
g. Total Federal share (Sum of lines c and f)						35,413.17
h. Total Federal funds authorized for this funding period						5,000,000.00
i. Unobligated balance of Federal funds (Line h minus line g)						4,964,586.83
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. Interest earned this period on the fund balance is \$23,656.00.						
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 Marlanne J. Belne, Director of Personnel & Finance				Telephone (Area code, number and extension) 401/222-2299		
Signature of Authorized Certifying Official 				Date Report Submitted 01/21/2004		