STATE OF COLORADO
Department of State
Civic Center Plaza
1560 Broadway, Suite 200
Denver, CO 80202-5169

Donetta Davidson
Secretary of State

Drew T. Durham
Director, Colorado HAVA

ORIGINAL

Consolidated Report on HAVA Title I, Section 102 Funds
Period January 1, 2004 through December 31, 2004
State of Colorado

For the period January 1, 2004 through December 31, 2004, the Department expended no Section 102 funds for punch card replacement. However, funds were obligated for the following counties for the amounts indicated, as indicated in our State Plan. Interagency agreements were prepared and are in process for four of the counties who have replaced their punch card voting systems. Funds are expected to be paid to the four counties as soon as the agreements are fully executed.

Jefferson County, 322 Precincts	$1,027,894.84
Boulder County, 249 Precincts	$ 794,862.78
Mesa County, 71 Precincts	$ 226,647.20
Pitkin County, 18 Precincts	$ 57,459.96

The fifth county for whom funds were received, Montrose County, has not replaced the punch card voting equipment, but will do so this year. Funds for 22 Precincts in the amount of $70,228.84 will be disbursed to Montrose County when decisions have been made as to the type of equipment they will purchase.

The interest earned on the Section 102 funds will be disbursed proportionately to the five counties to be applied toward the cost of the replacement equipment.

February 24, 2005

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ORIGINAL

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of
Election Assistance Commission	HAVA Title I, Section 102 CFDA #39.011	0348-0039	1 of 2 pages

3. Recipient Organization (Name and complete address, including ZIP code)

Colorado Department of State
1560 Broadway, Suite 200, Denver, CO 80202

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
84-0644739	20P-H01	☐ 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)
4/28/2003	OPEN	1/1/2004	12/31/2004

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays			0.00
b. Refunds, rebates, etc.			0.00
c. Program income used in accordance with the deduction alternative			0.00
d. Net outlays *(Line a, less the sum of lines b and c)*	0.00	0.00	0.00
Recipient's share of net outlays, consisting of: e Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award			0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00
h. All other recipient outlays not shown on lines e, f or g			0.00
i. Total recipient share of net outlays *(Sum of lines e, f, g and h)*	0.00	0.00	0.00
j. Federal share of net outlays *(line d less line i)*	0.00	0.00	0.00
k. Total unliquidated obligations			2,177,095.00
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			2,177,095.00
n Total Federal share *(sum of lines j and m)*			2,177,095.00
o. Total Federal funds authorized for this funding period			2,177,095.00
p. Unobligated balance of Federal funds *(Line o minus line n)*			0.00
Program income, consisting of: q. Disbursed program income shown on lines c and/or g above			
r. Disbursed program income using the addition alternative			
s. Undisbursed program income			110,111.00
t. Total program income realized *(Sum of lines q, r and s)*			110,111.00

11. Indirect Expense	a. Type of Rate *(Place "X" in appropriate box)* ☐ Provisional ☐ Predetermined ☐ 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.*

Program income is interest earned since beginning of funding period.

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)
Drew T. Durham, Colorado HAVA Director	303-894-2200, ext. 6314
Signature of Authorized Certifying Official	Date Report Submitted
	February 24, 2005