TITLE I - SECTION 102

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
EAC	107-252	0348-0039	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
KY STATE BOARD OF ELECTIONS
140 WALNUT STREET, FRANKFORT, KY 40601

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
61-0600439	1200-185-FE0	☐ 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)
4/10/2003		1/1/2004	12/31/2004

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	239,416.50	0.00	239,416.50
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)*	239,416.50	0.00	239,416.50
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)*	239,416.50	0.00	239,416.50
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)*			239,416.50
o. Total Federal funds authorized for this funding period			469,256.00
p. Unobligated balance of Federal funds *(Line o minus line n)*			229,839.50
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			
t. Total program income realized *(Sum of lines q, r and s)*			0.00

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.*

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)
SARAH BALL JOHNSON	502/573-7100
Signature of Authorized Certifying Official	Date Report Submitted
X Sarah Ball Johnson	February 25, 2005

ORIGINAL

DETAILED REPORT OF EXPENDITURES
HAVA – TITLE I (SECTION 102)
PERIOD: 01/01/2004 – 12/31/2004

No financial expenditures for period beginning January 1, 2004 and ending December 31, 2004.