MARYLAND

STATE BOARD OF ELECTIONS

P.O. BOX 6486, ANNAPOLIS, MD 21401-0486 PHONE (410) 269-2840

Gilles W. Burger, Chairman
Thomas Fleckenstein, Vice Chairman
Joan Beck
Bobbie S. Mack
A. Susan Widerman

Linda H. Lamone
Administrator

Ross Goldstein
Deputy Administrator

ORIGINAL

FILE COPY

February 28, 2006

State HAVA Funding Reports
U.S. Election Assistance Commission
1225 New York Avenue, NW – Suite 1100
Washington, DC 20005

To Whom It May Concern:

I am pleased to submit to the Election Assistance Commission the Financial Status Report (Form 269) for the Maryland State Board of Elections detailing the use of the Help American Vote Act (HAVA) grant money. Four reports are being submitted—Title 1 Section 101, Title 1 Section 102, Title 2 Section 251, and a corrected Title 1 Section 101 for 2004.

The corrected report for 2004 is submitted in response to an error made in the reporting last year. Federal funds spent on voter outreach activities were counted twice. All accounting records have been changed to reflect this correction.

Title 1 Section 102 funds for the replacement of lever machines were distributed in 2005 to all eligible Maryland counties. Detail sheets are provided for Title 1 Section 101 and Title 2 Section 251 that show both federal expenditures as well as expenditures from other funding sources.

Please do not hesitate to contact me at (410) 269-2848 should you have any questions.

Sincerely,

Jessica E. Jordan
Budget Officer

Attachments

FAX (410) 974- 2019
MD Relay Service (800) 735-2258

Toll Free Phone Number (800) 222-8683
http://www.elections.state.md.us

151 West Street Suite 200
Annapolis, Maryland 21401

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	39.011, Title 1, Section 102	0348-0039	pages

3. Recipient Organization (Name and complete address, including ZIP code)
Maryland State Board of Elections
151 West Street, Suite 200, Annapolis, MD 21401

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
526002033	003938705283	☒ 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)
6/16/2003		1/1/2005	12/31/2005

10. Transactions:	I Previously Reported	I This Period	III Cumulative
a. Total outlays	0.00	1,637,609.00	1,637,609.00
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	1,637,609.00	1,637,609.00
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	1,637,609.00	1,637,609.00
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)*			1,637,609.00
o. Total Federal funds authorized for this funding period			1,637,609.00
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			
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)
Jessica Jordan, Budget Officer	410-269-2848
Signature of Authorized Certifying Official	**Date Report Submitted**
	February 15, 2006