Neil W. Kelleher
Co-Chair

Helena Moses Donohue
Commissioner

Peter S. Kosinski
Co-Executive Director

State of New York
STATE BOARD OF ELECTIONS

40 STEUBEN STREET
ALBANY, N.Y. 12207-2108
Phone: 518/474-6220
www.elections.state.ny.us

Douglas A. Kellner
Co-Chair

Evelyn J. Aquila
Commissioner

Stanley L. Zalen
Co-Executive Director

ORIGINAL

March 16, 2006

State HAVA Funding Reports
U.S. Election Assistance Commission
1225 New York Avenue, N.W, Suite 1100
Washington, C.D. 20005

Dear Sir/Madam:

The New York State Board of Elections is submitting Standard Form 269 for the Title II funds for the State of New York for the period covering June 10, 2005 through September 30, 2005.

If you have any questions, please do not hesitate to contact me at (518) 474-6336.

Sincerely,

Patricia L. Tracey

Patricia L. Tracey
Administrative Officer

Enc.

FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

ORIGINAL

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	90.401 Help America Vote Act Requirements Payments	0348-0039	1 of 1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
New York State Board of Elections, 40 Steuben Street, Albany, NY 12207

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
146013200	290VM	☐ 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)
6/10/2005		6/10/2005	9/30/2005

10. Transactions:	I Previously Reported	I 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			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share *(sum of lines j and m)*			0.00
o. Total Federal funds authorized for this funding period			155,041,174.97
p. Unobligated balance of Federal funds *(Line o minus line n)*			155,041,174.97
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.*
The state of New York has appropriated $7,700,000 for the five percent match. Line 10 o includes interest earned in the amount of $1.626,744.97.

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)
Peter S. Kosinski, Co-Executive Director	(518) 474-6236
Signature of Authorized Certifying Official	Date Report Submitted
	March 16, 2006