FILE COPY

FINANCIAL STATUS REPORT
(Short 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	0348-0039	1	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	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
05 6000522	RI HAVA Election Fund	☐ 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)
04/30/2003	OPEN	04/30/2003	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) ☐ 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.
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	Telephone (Area code, number and extension)
Marianne J. Beirne, Director of Personnel & Finance	401/222-2299
Signature of Authorized Certifying Official	**Date Report Submitted**
Marianne J. Beirne	01/21/2004

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110