REVISED

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on back)

1. Federal Agency and Organizational Element to which Report is Submitted	Federal Grant or Other Identifying Number Assigned by Federal Agency	OMB Approval Number	Page	of
General Services Administration	FY03 HAVA Section 102 Funding	0348-0039	1	1 pages

2. Recipient Organization (Name and complete address, including ZIP codes)
New Jersey Department of Law & Public Safety, P. O. Box 081, Trenton, New Jersey 08625

4. Employer Identification Number	5. Recipient Account Number or Identification Number	6. Final Report	7. Basis
[redacted]	[redacted]	☐ YES ☒ NO	☐ CASH ☒ Accrual

8. Funding/Grant Period *(see instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report *(see instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)
June 16, 2003	December 31, 2006	June 16, 2003	December 31, 2003

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	$0.00	$0.00	$0.00
b. Recipient share of outlays	$0.00	$0.00	$0.00
c. Federal share of outlays	$0.00	$0.00	$0.00
d. Total unliquidated obligations			$0.00
e. Recipient share of unliquidated obligations			$0.00
f. Federal share of unliquidated obligations			$0.00
g. Total federal share (Sum of lines c and f)			$0.00
h. Total federal funds authorized for this funding period			$8,695,609.00
i. Unobligated balance of Federal funds (line h minus line g)			$8,695,609.00

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)
Robert Sacharczuk, OAG Fiscal	(609) 292-8158
Signature of Authorized Certifying Official	Date Report Submitted

Previous Editions not Usable

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