BBA Stephen

FILE COPY

SECRETARY OF STATE

KEVIN SHELLEY

STATE OF CALIFORNIA

January 21, 2004

Mr. Stephen Kulenguski
U.S. General Services Administration
1800 F Street, NW
Washington, DC 20405-0002

Subject: **FEDERAL REPORTS FOR TITLE I, SECTIONS 101 AND 102 OF HELP AMERICA VOTE ACT OF 2002**

Dear Mr. Kulenguski:

Attached are the original signed Financial Status Reports (FSR, SF269a) of Sections 101 and 102 of HAVA, Title I for the period ending as of December 31, 2003.

Please be advised that the Agency has elected to charge the grant indirect expense equal to ten percent (10%) of the actual direct personal service cost. This temporary rate allows the Agency to recover its fair share of indirect costs in lieu of a certified indirect cost rate. As soon as such rate, which is currently being developed, is established, any rate adjustment will be accounted for and adjusted for future indirect cost rate determination.

If you have any questions, please contact Dan Sabarillo at (916) 653-3357.

Sincerely yours,

Debra Jones

Debra Jones, Acting Chief
Management Services Division

Attachments

ORIGINAL

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
U.S. General Services Administration	HAVA of 2002, Title I, Sec 102	0348-0038	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)

State of California, Secretary of State, Management Services Division
1500 11th Street, 4th Floor Sacramento, California 95814

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
[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 From: (Month, Day, Year)	To: (Month, Day, Year)
3/1/2003	Open	3/1/2003	12/31/2003

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays		0.00	0.00
b. Recipient share of outlays		0.00	0.00
c. Federal share of outlays		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			57,322,707.00
i. Unobligated balance of Federal funds *(Line h minus line g)*			57,322,707.00

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)
Debra Jones, Acting CHief, Management Services Division	(916)653-9216
Signature of Authorized Certifying Official	**Date Report Submitted**
Debra Jones	January 16, 2004