REVISED

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

1. Federal Agency and Organizational Element to Which Report is Submitted: General Services Administration	2. Federal Grant or Other Identifying Number Assigned by Federal Agency: CSDA 39.001 SEC. 102	OMB Approval No. 0348-0039	Page 1 of 1 pages

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

NYS Board of Elections
40 Steuben Street
Albany, NY 12207-2108

4. Employer Identification Number: [redacted]	5. Recipient Account Number or Identifying Number	6. Final Report: ☐ Yes ☒ No	7. Basis: ☒ Cash ☐ Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 6/16/03	To: (Month, Day, Year) OPEN	9. Period Covered by this Report From: (Month, Day, Year) 5/2/03	To: (Month, Day, Year) 12/31/03

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	0	0	0
e. Recipient share of unliquidated obligations	0	0	0
f. Federal share of unliquidated obligations	0	0	0
g. Total Federal share (Sum of lines c and f)	0	0	0
h. Total Federal funds authorized for this funding period	0	0	$49,603,917
i. Unobligated balance of Federal funds (Line h minus line g)	0	0	$49,603,917

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.

State legislation has not enacted necessary appropriation legislation to permit expenditure of funds.

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: Ferar S. Kosinski	Telephone (Area code, number and extension): 518-474-6236
Signature of Authorized Certifying Official: [signature]	Date Report Submitted: 1/21/04

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