



STATE OF MICHIGAN
TERRI LYNN LAND, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

January 22, 2007

Mr. Edgardo Cortés
Election Assistance Commission
Amended 102 Reports
1225 New York Avenue, N.W., Suite 1100
Washington, DC 20005

Dear Mr. Cortés:

Enclosed please find a revised 2004 and 2005 financial status report (SF269) for Help America Vote Act (HAVA), Title I, Section 102 funds. As requested, the original reports submitted were amended as follows:

Accrual was selected as the method used to account for our federal appropriation in Box 7. This method will be maintained on succeeding reports for each calendar year until all funds are expended.

Final charges for indirect costs are included in Box 11, a, b, c and d.

If you have any questions regarding these reports, please contact Cindy Paradine, Michigan Department of State, Grants Management Section at (517) 373-7941.

Sincerely,

Brian DeBano
Chief of Staff and Chief Operating Officer

Enclosures


pc: Christopher Thomas
Joseph Pavona
Gena Hyde
Cindy Paradine

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FINANCIAL STATUS REPORT (Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Election Assistance Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency Title I, 102		OMB Approval No. 0348-0039	Page of 1 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) State of Michigan, Michigan Department of State Treasury Building, Fourth Floor, 430 West Allegan, Lansing, MI 48918					
4. Employer Identification Number [REDACTED]		5. Recipient Account Number or Identifying Number CFDA #39.011		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 4/30/2003		To: (Month, Day, Year) 8/8/2006		9. Period Covered by this Report From: (Month, Day, Year) 1/1/2004 To: (Month, Day, Year) 12/31/2004	
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays		0.00	874,668.28	874,668.28	
b. Refunds, rebates, etc.		0.00	0.00	0.00	
c. Program income used in accordance with the deduction alternative		0.00	0.00	0.00	
d. Net outlays (Line a, less the sum of lines b and c)		0.00	874,668.28	874,668.28	
Recipient's share of net outlays, consisting of:					
e. Third party (in-kind) contributions		0.00	0.00	0.00	
f. Other Federal awards authorized to be used to match this award		0.00	0.00	0.00	
g. Program income used in accordance with the matching or cost sharing alternative		0.00	0.00	0.00	
h. All other recipient outlays not shown on lines e, f or g		0.00	0.00	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	874,668.28	874,668.28	
k. Total unliquidated obligations				0.00	
l. Recipient's share of unliquidated obligations				0.00	
m. Federal share of unliquidated obligations				0.00	
n. Total Federal share (sum of lines j and m)				874,668.28	
o. Total Federal funds authorized for this funding period				6,635,864.66	
p. Unobligated balance of Federal funds (Line o minus line n)				5,761,196.38	
Program income, consisting of:					
q. Disbursed program income shown on lines c and/or g above				0.00	
r. Disbursed program income using the addition alternative				0.00	
s. Undisbursed program income				0.00	
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) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input checked="" type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate 17.02%	c. Base 0.00	d. Total Amount 0.00	e. Federal Share 0.00	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. \$104,580.66 of interest was earned during this report period and is included in line o.					
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 Joseph P. Pavona, Chief Financial Officer, Michigan Department of State			Telephone (Area code, number and extension) (517) 241-4500		
Signature of Authorized Certifying Official 			Date Report Submitted January 18, 2007		

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