



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

ORIGINAL

February 27, 2006

State HAVA Funding Reports
U.S. Election Assistance Commission
1225 New York Avenue, NW, Suite 1100
Washington, DC 20005

To Whom It May Concern:

Enclosed please find a financial status report (SF269) for the Help America Vote Act (HAVA), Title I, Section 101 funds. This report reflects activity from January 1, 2005 to December 31, 2005. Since the Department of State did not expend or obligate any Section 101 funds during this time period, no narrative report is included.

If you have any questions regarding these reports, please contact Carri Simon, Department of State, Financial Services Division, at (517) 373-7941.

Sincerely,

Brian DeBano
Chief of Staff and Chief Operating Officer

Enclosures


c: Christopher Thomas
Joseph Pavona
Gena Hyde
Carri Simon
Peggy Sims

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FINANCIAL STATUS REPORT
(Long Form)

(Follow instructions on the back)

ORIGINAL

| | | | | | |
|--|--|--|-------------------|--|---|
| 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 HAVA - CFDA 39.011, Title I, Section 101 | | 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 [REDACTED] | | 6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> 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) | |
| 10. Transactions: | | I Previously Reported | II This Period | III Cumulative | |
| a. Total outlays | | 2,194,720.22 | 0.00 | 2,194,720.22 | |
| 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) | | 2,194,720.22 | 0.00 | 2,194,720.22 | |
| 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) | | 2,194,720.22 | 0.00 | 2,194,720.22 | |
| 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) | | | | 2,194,720.22 | |
| o. Total Federal funds authorized for this funding period | | | | 9,529,194.89 | |
| p. Unobligated balance of Federal funds (Line o minus line n) | | | | 7,334,474.67 | |
| 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 checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input 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. Line o includes \$321,871.87 in interest income. Line 11b lists preliminary indirect rate. This rate is still under negotiation. | | | | | |
| 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 February 27, 2006 | |