

## FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

REVISED

1. Federal Agency and Organizational Element to Which Report is Submitted  General Services Administration 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 Stauben Street Albany, NY 12207-2108						
4. Employer Identification Number  146013200		5. Recipient Account Number or Identifying Number  1000		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
(See instructions) From: (Month, Day, Year) 6/16/03		To: (Month, Day, Year) OPEN		8. Period Covered by this Report From: (Month, Day, Year) 5/2/03		To: (Month, Day, Year) 12/31/03
10. Transactions		Previously Reported	This Period	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 Expenses	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
	b. Rate	c. Basis	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  FARAT S. KOSINSKI Authorized Official				Telephone (Area code, Number and extension)  518-474-6236		
				Date Report Submitted 1/21/04		