

FOX McKEITHEN
SECRETARY OF STATE

STATE OF LOUISIANA
SECRETARY OF STATE
P.O. BOX 94125
BATON ROUGE, LA. 70804-9125
www.sos.louisiana.gov



April 1, 2004

FILE COPY

Mr. Stephen Kulenguski
Office of the Chief Financial Officer
U.S. General Services Administration
1800 F. Street, NW
Washington, DC 10405-0002

Via Facsimile (202) 501-1124

Re: Reporting by Louisiana on State Funding under HAVA

Dear Mr. Kulenguski:

Pursuant to our conversation this date, find attached two "Financial Status Reports" for HAVA funds received by Louisiana. As may be gleaned from these reports, Louisiana has not yet spent any funds received.

If the attached is insufficient or does not for any reason comply with federal requirements, please feel free to contact me or my secretary, Jo Ann Pepper at (225) 922-0900 or jpepper@sos.louisiana.gov. We will be the points of contact for you here in Louisiana.

Thanking you for your assistance and patience in this matter, I am

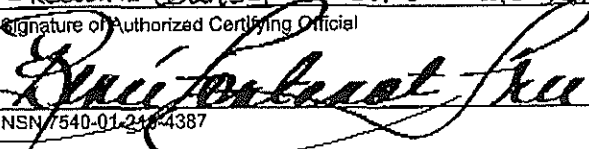
Sincerely,

A large, stylized handwritten signature in cursive script, reading "Rense Fontenot Free".

Rense Fontenot Free
Assistant Attorney General
Executive Counsel to
Secretary of State W. Fox McKeithen
Phone: (225) 922-2880
Fax: (225) 922-2003
rffree@sos.louisiana.gov

ORIGINAL**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 Public Law 107-252 October 29, 2002 | | OMB Approval No. 0348-0038 | Page of pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) State of Louisiana | | | | | |
| 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 type="checkbox"/> Cash <input type="checkbox"/> Accrual | | | | | |
| 8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) | | 9. Period Covered by this Report From: (Month, Day, Year) 4/28/2003 | | To: (Month, Day, Year) 1/31/2003 | |
| 10. Transactions: | | I Previously Reported | | II This Period | |
| a. Total outlays | | | | 0.00 | |
| b. Recipient share of outlays | | | | 0.00 | |
| c. Federal share of outlays | | | | 0.00 | |
| d. Total unliquidated obligations | | | | | |
| e. Recipient share of unliquidated obligations | | | | | |
| f. Federal share of unliquidated obligations | | | | | |
| g. Total Federal share(Sum of lines c and f) | | | | 0.00 | |
| h. Total Federal funds authorized for this funding period | | | | 7,351,684.00 | |
| i. Unobligated balance of Federal funds(Line h minus line g) | | | | 7,351,684.00 | |
| 11. Indirect Expense | | | | | |
| 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. 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. No Money has been spent at this time. | | | | | |
| 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 Brenda Fontenot Free, Assistant Attorney General Executive Counsel to Sec. of State Fox McKeithen | | | | Telephone (Area code, number and extension) (225) 922-2880 | |
| Signature of Authorized Certifying Official  | | | | Date Report Submitted April 1, 2004 | |