Federal Financial Report

(U.S. ELECTION ASSISTANCE COMMISSION)

1. Federal Agency and Organizational Element to Which Report is Submitted

2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)

Title I, Sec 101 2016 Ele Sec

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

Recipient Organization Name: State of Alaska, Division of Elections

Street1: PO Box 110017

Street2: 240 Main Street, Suite 400

City: Juneau

State: AK: Alaska

Province:

Country: USA: UNITED STATES

ZIP / Postal Code: 99811-0017

4a. DUNS Number

4b. EIN

5. Recipient Account Number or Identifying Number

(To report multiple grants, use FFR Attachment)

CIDA #90.404

6. Report Type

- Quarterly
- Semi-Annual
- Annual
- Final

7. Basis of Accounting

- Cash
- Accrual

8. Project/Grant Period

From: 03/23/2018
To: 03/23/2023

9. Reporting Period End Date

09/30/2018

10. Transactions

(Cumulative)

Federal Cash (To report multiple grants, also use FFR attachment):

a. Cash Receipts

b. Cash Disbursements

c. Cash on Hand (line a minus b)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized

3,000,000.00

e. Federal share of expenditures

0.00

f. Federal share of unliquidated obligations

0.00

g. Total Federal share (sum of lines e and f)

0.00

h. Unobligated balance of Federal Funds (line d minus g)

3,000,000.00

Recipient Share:

i. Total recipient share required

1,627,783.00

j. Recipient share of expenditures

0.00

k. Remaining recipient share to be provided (line i minus j)

1,627,783.00

Program income:

l. Total Federal program income earned

10,578.03

m. Program Income expended in accordance with the deduction alternative

0.00

n. Program Income expended in accordance with the addition alternative

0.00

o. Unexpended program income (line l minus line m or line n)

10,578.00
11. Indirect Expense

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<tr>
<th>a. Type</th>
<th>b. Rate</th>
<th>c. Period From</th>
<th>Period To</th>
<th>d. Base</th>
<th>e. Amount Charged</th>
<th>f. Federal Share</th>
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12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

a. Name and Title of Authorized Certifying Official
   Prefix: Mrs.  First Name: Gail  Middle Name:  
   Last Name: Fenumiai  Suffix:  
   Title: Elections Director

b. Signature of Authorized Certifying Official
   
   

c. Telephone (Area code, number and extension)


d. Email Address


e. Date Report Submitted  14. Agency use only:
   01/15/2019