# Federal Financial Report

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

Election Assistance Commission

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

K118101001

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

**Recipient Organization Name:** State of Rhode Island

**Street1:** 217 State House

**City:** Providence

**State:** RI: Rhode Island

**Country:** USA: UNITED STATES

**ZIP / Postal Code:** 02903-1120

**4a. DUNS Number**

**4b. EIN**

**5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)**

**6. Report Type**

- [ ] Quarterly
- [ ] Semi-Annual
- [ ] Annual
- [ ] Final

**7. Basis of Accounting**

- [ ] Cash
- [ ] Accrual

**8. Project/Grant Period**

From: 03/23/2018

To: 03/22/2023

**9. Reporting Period End Date**

09/30/2018

**10. Transactions**

(Use lines a-c for single or multiple grant reporting)

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

- a. Cash Receipts
  
  Cumulative
  
  0.00

- b. Cash Disbursements
  
  Cumulative
  
  0.00

- c. Cash on Hand (line a minus b)
  
  Cumulative
  
  0.00

(Use lines d-o for single grant reporting)

**Federal Expenditures and Unobligated Balance:**

- d. Total Federal funds authorized
  
  3,000,000.00

- e. Federal share of expenditures
  
  429,906.60

- f. Federal share of unliquidated obligations
  
  154,220.80

- g. Total Federal share (sum of lines e and f)
  
  584,127.40

- h. Unobligated balance of Federal Funds (line d minus g)
  
  2,415,872.60

**Recipient Share:**

- i. Total recipient share required
  
  150,000.00

- j. Recipient share of expenditures
  
  0.00

- k. Remaining recipient share to be provided (line i minus j)
  
  150,000.00

**Program Income:**

- i. Total Federal program income earned
  
  0.00

- m. Program Income expended in accordance with the deduction alternative
  
  0.00

- n. Program income expanded in accordance with the addition alternative
  
  0.00

- o. Unexpended program income (line l minus line m or line n)
  
  0.00
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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| g. Totals: |         |         |         |         |                  |                 |

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

Add Attachment  Delete Attachment  View Attachment

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:         First Name: Rob         Middle Name:         
Last Name: Rock         Suffix:         
Title: Director of Elections, RI Department of State

b. Signature of Authorized Certifying Official

d. Email Address

e. Date Report Submitted  12/31/2018

14. Agency use only:

Standard Form 425