## U.S. Election Assistance Commission

OMB Number: 3265-0022 Expires 04/30/2025

# FEDERAL FINANCIAL REPORT

(EACFFR)

1. Federal Agency and Org. Element to Which Report is Submitted U.S. Election Assistance Commission		2. Federal Grant or Other Identifying Number Assigned By Fed. Agency (To report multiple grants, use FFR Attachment)  EAC-ELSEC22MP		
3. Recipient Organization (Name and con	mplete address including Zip code)	-11		
Recipient Organization Name: Commonwealth of the Northern Mariana Is	lands Election C			
Street1: 12306 ROTA PL, SUITE 201A				
Street2:INVASIVE SPECIES PROGRA	М			
City: SAIPAN		County:		
State: MP			Province:	
Country: United States		<b>Zip 5:</b> 96950	Zip +4:	
4a. UEI UGPNBVMJMEX7	4b. EIN 986019463	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) E7673B1	6. Report Type  Quarterly Semi-Annual Annual Final	
7. Basis of Accounting	8. Project/Grant Period		9. Reporting Period End Date	
Cash Accrual	From: 12/21/2019	To: 09/30/2023	(Month, Day, Year) 09/30/2022	
10. TRANSACTIONS (Use lines a-c for single or multiple grant	reporting)		Cumulative	
Federal Cash: (To report multiple grants	, also use FFR attachment)			
a. Cash Receipts			\$600,000.00	
b. Cash Disbursements			\$515,793.00	
c. Cash on hand (line a minus b)			\$84,207.00	
Federal Expenditures and Unobligated	Balance: Do not complete this section if r	reporting on multiple awards.	1	
d. Total Federal funds authorized			\$600,000.00	
e. Federal share of expenditures			\$515,793.00	
f. Federal share of unliquidated obliga			\$2,237.50	
g. Total Federal share (sum of line e pl	•		\$518,030.50	
h. Unobligated balance of Federal fun- Recipient Share: <i>Do not complete this se</i>			\$81,969.50	
i. Total recipient share required	cuon ij reporting on mutupte awaras.		\$0.00	
j. Recipient share of expenditures			\$0.00	
k. Remaining recipient share to be provided (line i minus j)			\$0.00	
Program Income: Do not complete this s	, , , , , , , , , , , , , , , , , , ,		1 40100	
l. Total Federal program income earno	<u> </u>		\$0.00	
m. Program income expended in accor	rdance with the deduction alternative		\$0.00	
n. Program Income expended in accor	dance with the addition alternative		\$0.00	
o. Unexpended program income (line	! minus line m and line n)		\$0.00	
Federal Interest:			11	
p. Total Federal interest earned			\$3,119.85	
q. Federal interest expenditures			\$0.00	
r. Remaining Federal interest to be ex	pended (line p minus q)		\$3,119.85	
11. Indirect Expense				

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Fixed	9.42%	10/01/2019	09/30/2020	\$24,594.48	\$2,411.00	\$2,411.00
Fixed	9.23%	10/01/2020	09/30/2021	\$197,388.95	\$18,219.00	\$18,219.00
g. Total \$221,983.43			\$221,983.43	\$20,630.00	\$20,630.00	

12. Remarks:				
a. State Interest Earned: Enter the current year amount earned (not cumulative)			\$0.00	
b. State Interest Expended: Enter the current year amount expended (not cumulative)			\$0.00	
c. Program Income Earned: Enter the current year amount earned. (not cumulative)			\$0.00	
d. Program Income Expended: Enter the amount of Program Income expended in the current year (not	cumulative)		\$0.00	
e. Program Income Earned Breakdown: List each source of program income individually next to each a	mount (federal interest earn	ed is not program income	).	
Source of program income		Amount	Delete	
e. 1		\$0.00		
		\$0.00		
f. Comments: Attach any explanations deemed necessary or information required by Federal sponsoring as Federal interest earned will be corrected upon completion of audit resolution.	gency in compliance with gov	verning legislation:		
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complet e, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set fo rth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent informat ion, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, f alse statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).				
	c. Telephone (Area code, number and extension) (202) 568-9970			
	d. Email address shirschfield@eac.gov			
	e. Date Report Submitted (N 08/11/2023	Month, Day, Year)		

# Report Attachment (For reporting multiple grants)

14. List Information below for each grant covered by this report.		
Federal Grant Number	Recipient Account Number	Cumulative Federal Cas h Disbursement
		\$0.00
	TOTAL (Should correspond to the amount on Line 10b on Page 1)	\$0.00

# U.S. ELECTION ASSISTANCE COMMISSION

	OMB CONTROL No.: 3265-0022 Expiration Date: 04/30/2025
Progress Report Section I: Cover Page	
Grant Information	

Commonwealth of the Northern Mariana Islands Election C    Commonwealth of the Northern Mariana Islands Election C   Commonwealth of the Northern Mariana Islands Election C   Commonwealth of the Northern Mariana Islands Election C   Commonwealth of the Northern Mariana Islands Election C   Commonwealth of the Northern Mariana Islands Election C   Commonwealth of the Northern Mariana Islands Election Commonwealth of the Northern Mariana Islands and the Island	Commonwealth of the Northern Mariana Islanda Election C  Seriest Type:  C 101  251  Report Information  A. Report Information  C Semi-Acadasi  C Final  C Other  Describe Other  Seriest (Month, Day, Year)  Seriest (Month, Day, Year)  Serie	Grant In	formation		
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	Other: \$0.00				
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1		 Total			

11. Match (if applicable)
Check if match not required.
Describe how you are meeting or have met the matching requirement.

## **Section Section III: Challenges and Changes**

12. Issues Encountered

Check if no major issues encountered during this reporting period.

Describe how and whether the issues were resolved. Also, briefly discuss the implications of any unresolved issues or concerns.

13. Describe any significant changes to your program during the reporting period, including changes to your original State Plan/Program Narrative or favorable developments that improved program efficiency and/or service delivery.

Check if no significant changes were made during this reporting period.

## Section IV: Expenditures

14. Fill out the table below with both the Federal and State Match expenditures for the current reporting period. Include federal and state interest expenditures and wr ite-in any cost areas that do not fit into the predefined program categories. Subaward expense totals identified in section #10 should also be populated and rolled into th e appropriate expense categories for #14. If you do not have expenses for a particular category please populate the field with \$0.00 Total expenses will automatically cal culate. Please verify totals prior to submission.

Expenditures should be consistent with the activities described in your narrative and with the amounts in your financial reports. (EAC uses the difference between your current and previous period FFR to calcula te current period expenditures).

Categories	Federal	State Match	
Voting Equipment	\$0.00	\$0.00	
Voting Processes	\$30,376.00	\$0.00	
Voter Registration Systems	\$0.00	\$0.00	
Election Auditing	\$0.00	\$0.00	
Cyber and Physical Security	\$0.00	\$0.00	
Voter Education	\$0.00	\$0.00	
Accessibility	\$0.00	\$0.00	
Other	\$0.00	\$0.00	
TOTAL	\$30,376.00	\$0.00	

### Section V: Final Assessment

The final progress report is your opportunity to share the significant successes of your project and present information about the results your project achieved. The rep ort should cover the entire period of performance.

15. Self-Assessment - Assess whether the goals set out in your State plan/Narrative were met as intended during the grant program. Highlight any needs that were not met or ongoing/under resourced areas for future consideration.

16. Impact and Achievements - Describe how this grant program impacted elections in your state/territory. Highlight your accomplishments and successes.

17. Lessons Learned - Describe any lessons learned during the grant that may be replicated, expanded and/or help others.

## **Section VI: Certification**

18. Name and Contact of the authorized certifying official.

First and Last Name Summer Hirschfield Grants Specialist Email Address Phone Number (202) 568-9970 shirschfield@eac.gov

19. Signature of Certifying Official

