

CT Election Security 2024 Annual FFR

SECTION I. DETAILS

FFR

FFR ID	Status	Report Type
11102	Approved	Annual
Due Date	Reporting Period From	Reporting Period To
12/29/2024	10/1/2023	9/30/2024

PROJECT/GRANT PERIOD

Federal Grant Name	Basis of Accounting
Election Security	Cash

RECIPIENT ORGANIZATION DETAILS

Organization Legal Name	Organization Type	UEI	EIN
SECRETARY OF STATE CONNECTICUT	State	D9SNFDRCW3W7	66000798
Street	City	State	Zip Code
165 Capitol Ave	HARTFORD	CT	06106

SECTION II. TRANSACTIONS

FEDERAL CASH	
10a. Cash Receipts	\$13,876,298.00
10b. Cash Disbursements	\$13,060,597.00
10c. Cash on Hand <i>(line a minus b)</i>	\$815,701.00
FEDERAL EXPENDITURES AND UNOBLIGATED BALANCE	
10d. Total Federal Funds Authorized	\$13,876,298.00
10e. Federal Share of Expenditures	\$13,060,597.00
10f. Federal Share of Unliquidated Obligations	\$0.00
10g. Total Federal Share <i>(sum of line e plus line f)</i>	\$13,060,597.00
10h. Unobligated Balance of Federal Funds <i>(line d minus g)</i>	\$815,701.00
RECIPIENT SHARE	
10i. Total Recipient Share Required	\$2,007,177.00
10j. Recipient Share of Expenditures	\$4,482,931.05
10k. Remaining Recipient Share to be Provided <i>(line i minus j)</i>	(\$2,475,754.05)
PROGRAM INCOME	
10l. Total Federal Program Income Earned	\$0.00
10m. Program Income Expended in Accordance with the Deduction Alternative	\$0.00
10n. Program Income Expended in Accordance with the Addition Alternative	\$0.00
10o. Unexpended Program Income <i>(line l minus line m and line n)</i>	\$0.00
FEDERAL INTEREST	
10p. Total Federal Interest Earned	\$251,035.29

10q. Federal Interest Expenditures	\$37,484.62
10r. Remaining Federal Interest to be Expended (<i>line p minus q</i>)	\$213,550.67

SECTION III. INDIRECT EXPENSES

11a. Type	11b. Rate (%)	11c. Period From	11c. Period To	11d. Base	11e. Amount Charged	11f. Federal Share
CT Election Security 2024 Annual						
					false	
11g. Total						

SECTION IV. STATE INTEREST

12a. State Interest Earned	\$0.00
12b. State Interest Expended	\$0.00
12c. State Program Income Earned	\$0.00
12d. State Program Income Expended	\$0.00

SECTION V. CERTIFICATION

Name	Title	Phone Number
Michelle Provost	Interim Director of Program Monitoring and Fiscal Review	(860) 969-7025
Email	Certified On	
michelle.r.provost@ct.gov	1/21/2025 2:29 PM EST	

CT Election Security 2024 Annual PROGRESS REPORT

COVER PAGE

PROGRESS REPORT

Progress Report ID	Status	Report Type
10776	Approved	Annual
Due Date	Reporting Period From	Reporting Period To
12/29/2024	10/1/2023	9/30/2024

RECIPIENT ORGANIZATION DETAILS

Organization Legal Name	Organization Type	UEI	EIN
CONNECTICUT, STATE OF	State	D9SNFDRCW3W7	66000798
Street	City	State	Zip Code
165 Capitol Ave	HARTFORD	CT	06106

PROGRESS AND NARRATIVE

EXPENDITURES

6. For each of the following categories, briefly describe the activities carried out during the reporting period and how you implemented the approved grant activities in accordance with your Program Narrative. If you provided subawards to local jurisdictions, please include those activities and expenditures (you will be required to provide subaward expenditures in Section III).

Category	Federal Amount	Match Amount	Description
Voting Equipment			
Voting Processes			
Voter Registration Systems	\$184,299.00	\$0.00	Professional IT consultant services and support for the current, and the new, Central Voter Registration System (CVSR).
Election Auditing			
Cyber Security			
Physical Security			
Voter Education			
Accessibility			
Other (Employee Salaries - Election Officers, Staff Attorneys and Director of Elections Division)	\$0.00	3074399	Use of employee salaries - Election Officers, Staff Attorneys and Director of Elections Division towards recipient share of expenditures. Entering amount from prior years to align Progress Report cumulative expenditures with State financial system - Core cumulative expenditures.
TOTALS	\$184,299.00	\$3,074,399.05	

TRAINING

7. Briefly describe any training including cyber security and other election-related training that occurred during the reporting period.
Not applicable.

MATCH

8. Describe how you will or have made the match available and identify the source of your match. (Note: For Election Security grants there is a two-year deadline from the date of disbursement to make match funds available).
Effective 10/1/203: State funds used for employee salaries will be used for match purposes - Election Officers, Staff Attorneys and the Director of Elections Division.

SUBAWARD INFORMATION

SUBAWARD DETAILS

9a. Briefly describe your subaward program, including how many subawards were made and how your program reflects the needs of local communities.
9b. Identify whether the subgrants were provided as an advance or on a cost-reimbursement basis. If provided as an advance, confirm whether funds were deposited in an interest-bearing account per HAVA 254(b)(1)(d) and the Uniform Guidance §200.305(b)(7,8) and §200.332(a)(2,3).

SUBAWARD EXPENDITURES

10. Provide a breakdown of aggregate subaward expenditures across major categories.

Category	Federal Amount	Match Amount
Voting Equipment		
Voting Processes		
Voter Registration Systems		
Election Auditing		
Cyber Security		
Physical Security		
Voter Education		
Accessibility		
Other ()		
TOTALS	\$0.00	\$0.00

CHALLENGES & CHANGES

ISSUES ENCOUNTERED

11a. Describe any issues that arose during the implementation of the project.
11b. Describe how and whether the issues were resolved. Also, briefly discuss the implications of any unresolved issues or concerns.

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

FINAL

FINAL REMARKS

15. Self-Assessment - Assess whether the goals set out in your State Plan and/or Program Narrative were met as intended during the grant program. Highlight any needs that were not met, ongoing, or under-resourced.
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, or used as a model for other state programs.

CERTIFICATION

CERTIFICATION

Name	Title	Phone Number
Michelle Provost	Interim Director of Program Monitoring and Fiscal Review	860-969-7025
Email	Certified On	
michelle.r.provost@ct.gov	1/21/2025 2:35 PM EST	