

FEDERAL FINANCIAL REPORT

(Follow form instructions)

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) AR11RP01			
3. Recipient Organization (Name and complete address including Zip code) Secretary of State, Arkansas Office of the 500 Woodlane Ave Ste 256, Little Rock, AR 722011036							
4a. DUNS Number 188450779	4b. EIN 1716007356A1	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) E7642B1		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
8. Project/Grant Period (Month, Day, Year) From: April 16, 2003 To: September 30, 2009			9. Reporting Period End Date (Month, Day, Year) September 30, 2020				
10. Transactions					Cumulative		
(Use lines a-c for single or combined multiple grant reporting)							
Federal Cash (To report multiple grants separately, also use FFR Attachment):							
a. Cash Receipts					\$24,245,457.00		
b. Cash Disbursements					\$24,245,457.00		
c. Cash on Hand (line a minus b)					\$0.00		
(Use lines d-o for single grant reporting)							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized					\$24,245,457.00		
e. Federal share of expenditures					\$24,245,457.00		
f. Federal share of unliquidated obligations					\$0.00		
g. Total Federal share (sum of lines e and f)					\$24,245,457.00		
h. Unobligated balance of Federal funds (line d minus g)					\$0.00		
Recipient Share:							
i. Total recipient share required					\$1,785,344.00		
j. Recipient share of expenditures					\$1,785,344.00		
k. Remaining recipient share to be provided (line i minus j)					\$0.00		
Program Income:							
l. Total Federal share of program income earned					\$2,542,278.00		
m. Program income expended in accordance with the deduction alternative					\$0.00		
n. Program income expended in accordance with the addition alternative					\$2,542,278.00		
o. Unexpended program income (line l minus line m and line n)					\$0.00		
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:					\$0.00	\$0.00	\$0.00
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 intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official Muir, Jordan Assistant Business Director				c. Telephone (Area code, number, and extension) +1 (501) 682-3504 d. Email Address jordan.muir@sos.arkansas.gov			
b. Signature of Authorized Certifying Official Muir, Jordan				e. Date Report Submitted (Month, Day, Year) December 11, 2020			

Standard Form 425
 OMB Approval Number: 4040-0014
 Expiration Date: 02/28/2022

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 4040-0014. Public reporting burden for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: US Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PRA Reports Clearance Officer

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(Additional Page)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : AR11RP01

Recipient Organization : Secretary of State, Arkansas Office of the
500 Woodlane Ave Ste 256, Little Rock, AR 722011036

DUNS Number : 188450779

DUNS Status when Certified :

EIN : 1716007356A1

Reporting Period End Date : September 30, 2020

Status : Awarding Agency Approval

Remarks :

Federal Agency Review

Reviewer Name : Rosenberry, Margaret

Phone # : +1 (202) 570-9888

Email : prosenberry@eac.gov

Review Date : January 21, 2021

Review Comments : We have completed our review of your FFR and will initiate the closeout process on this grant. We note that you did not complete the Remarks section correctly, but will address that on your other FFRs that will not close this year.

EAC Progress Report

Response ID:46 Data

1. Login

Please enter your userword and password to begin the Progress Narrative. If you require assistance or have any questions, please contact grants@eac.gov

2. Verification

reCAPTCHA

reCAPTCHA answered

3. EAC Progress Report

1. State or Territory:

Arkansas

2. Grant Number:

AR11RP01

3. Report:

Final (Start of Grant - End)

4. Grant:

Please select only one.

251

5. Reporting Period Start Date

04/16/2003

6. Reporting Period End Date

09/30/2020

7. DUNS/UEI:

8. EIN:

9. Recipient Organization:

Organization Name

Arkansas Secretary Of State

Street Address

500 Woodlane Avenue Suite 12

City

Little Rock

State

AR

Zip

72201

4. Progress and Narrative

Final Progress Report:

The final report is your opportunity to share the significant features of your project and present information about the results your project achieved.

It should be written as if the reader has no previous knowledge of your project's activities. The report should cover the entire period of performance.

Review and Self-Assessment:

Review and highlight all activities that occurred during the implementation of the project, including an assessment of your performance.

The purpose of this award is to "improve the administration of elections for Federal office, including to enhance election technology and make elections security improvements". We began Federal fiscal year 2020 with a balance of \$11,806 in Section 251 grant funds. Interest earned during Federal fiscal year 2020 on Section 251 funds totaled \$109. There were \$11,915 in expenditures under section 251 during this fiscal year and there were no residual funds remaining as of September 20, 2020. These funds were used towards purchases of equipment for Lawrence, Saline and Stone counties. All previous award amounts were under prior administration.

10. Describe in detail what happened during this reporting period and explain how you implemented the approved grant activities.

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11. Provide a timeline and description of project activities funded to meet HAVA requirements. Provide an analysis of how such activities conform to the submitted State Plan or Program Narrative as applicable.

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12. Describe any significant changes to your program during the course of the project, or if the project was implemented

differently than described in your original State Plan or Program Narrative.

Otherwise enter - no significant changes during this period.

No significant changes during the period.

13. Describe any favorable developments which enabled meeting time schedules and objectives sooner or at less cost than anticipated or producing more or different beneficial results than originally planned.

Otherwise enter N/A.

N/A

14. Report on the number and type of articles of voting equipment obtained with the funds. Include the amount expended on the expenditure table.

Otherwise enter - No articles of voting equipment purchased during this period.

All funds were used on voting equipment.

15. Provide a description of any security training conducted and the number of participants.

Otherwise enter - no security training conducted during this period.

No security training conducted during this period.

16. Subgrants (if applicable):

Describe how you made funds available to local jurisdictions.

Provide a description of the major categories of subgrant activities local voting districts will accomplish with the funds.

Otherwise enter N/A.

N/A

17. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

Match was paid from regular SOS operating funds towards the equipment purchased.

18. Issues Encountered:

Describe all major issues that arose during the implementation of the project and the reasons why established goals were not met, if appropriate. Address each issue separately in its own section, and describe whether and how the issues were resolved. Also, briefly discuss the implications of any unresolved issues or concerns.

Otherwise enter - no issues encountered.

No issues encountered.

Impact:

Write an assessment of how your project has impacted the problems you were trying to solve. Were there unexpected benefits? Shortfalls?

The equipment helped assure the smooth election Arkansas just experienced.

Lessons Learned:

Provide a review of your successes and suggest ways that your experience may be helpful to others. Did you make permanent changes to your processes?

The primary advice of our office is to listen to counties' needs and then find the best way to address them, rather than trying to plan for them.

5. Expenditures

19. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES

	Federal	Match
Voting Equipment:	\$11,706.00	\$691.00
Post-Election Auditing:		
Voter Registration Systems:		
Cyber Security:		
Communications:		
Total		

OMB CONTROL NUMBER: 3265-0020

6. Certification

Name and Contact of the authorized certifying official of the recipient.

First Name

Jordan

Last Name

Muir

Title

Assistant Budget Director

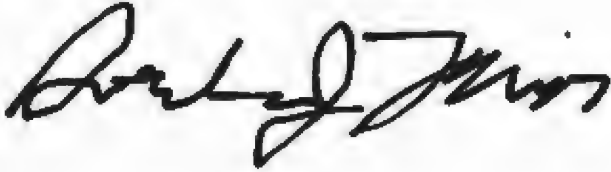
Phone Number

15016823504

Email Address

jordan.muir@sos.arkansas.gov

Signature of Certifying Official:



Signature of: Jordan J Muir

7. Report Submitted to EAC



Thank you, your progress report has been submitted to EAC. Please keep the PDF download of your submission as grant record.