Federal Financial Report

(Follow form Instructions)

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)
US Department of Health and Human Services US Elections Assistance Commission	IN18101001/2018 Election Sec

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

Recipient Organization Name: State of Indiana - Secretary of State

Street1:	201 State House
Street2:	200 West Washington Street
City:	Indianapolis County: Marion
State:	IN: Indiana Province:
Country:	USA: UNITED STATES ZIP / Postal Code: 46204-2731

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)

6. Report Type	7. Basis of Accounting	8. Project/Grant Period	9. Reporting Period End Date
☐ Quarterly	☒ Cash	From: 03/23/2018	09/30/2018
☐ Semi-Annual	☐ Accrual	To: 03/22/2023	
☒ Annual			
☐ Final			

10. Transactions	Cumulative
(Use lines a-c for single or multiple grant reporting)	
Federal Cash (To report multiple grants, also use FFR attachment):	
a. Cash Receipts	7,595,088.00
b. Cash Disbursements	0.00
c. Cash on Hand (line a minus b)	7,595,088.00
(Use lines d-o for single grant reporting)	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	7,595,088.00
e. Federal share of expenditures	0.00
f. Federal share of unliquidated obligations	218,953.02
g. Total Federal share (sum of lines e and f)	218,953.02
h. Unobligated balance of Federal Funds (line d minus g)	7,376,134.98
Recipient Share:	
i. Total recipient share required	379,754.00
j. Recipient share of expenditures	230,014.50
k. Remaining recipient share to be provided (line i minus j)	149,739.50
Program Income:	
l. Total Federal program income earned	29,819.16
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)	29,819.16

11. Indirect Expense

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
			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: Mr.　　First Name: Wade　　Middle Name:

Last Name: Stallings　　Suffix:

Title: Accounting Specialist

b. Signature of Authorized Certifying Official

c. Telephone (Area code, number and extension)

d. Email Address

e. Date Report Submitted

12/26/2018

14. Agency use only:

Standard Form 425