

Federal Financial Report
(Follow form instructions)

OMB Number: 4040-0014
Expiration Date: 01/31/2019

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Elections Assistance Commission		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 90.404 2018 Election Security	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: Iowa Secretary of State Street1: 321 East 12th Street Street2: City: Des Moines County: Polk State: IA: Iowa Province: Country: USA: UNITED STATES ZIP / Postal Code: 50319			
4a. DUNS Number _____	4b. EIN _____	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) IA18101001	
6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> 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)			Cumulative
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			_____
b. Cash Disbursements			_____
c. Cash on Hand (line a minus b)			_____
(Use lines d-o for single grant reporting)			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			4,608,084.00
e. Federal share of expenditures			170,051.90
f. Federal share of unliquidated obligations			24,127.46
g. Total Federal share (sum of lines e and f)			194,179.36
h. Unobligated balance of Federal Funds (line d minus g)			4,413,904.64
Recipient Share:			
i. Total recipient share required			230,404.00
j. Recipient share of expenditures			0.00
k. Remaining recipient share to be provided (line i minus j)			230,404.00
Program Income:			
l. Total Federal program income earned			7,199.60
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)			7,199.60

11. Indirect Expense

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
<input type="text"/>						
<input type="text"/>						
g. Totals:					<input type="text"/>	<input type="text"/>

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 that it is true, complete, and accurate to the best of my knowledge. 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. Name and Title of Authorized Certifying Official

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

b. Signature of Authorized Certifying Official

c. Telephone (Area code, number and extension)

d. Email Address

e. Date Report Submitted

14. Agency use only