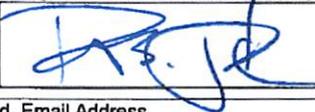


# Federal Financial Report

(Follow form instructions)

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

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> Election Assistance Commission		<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)</b> R118101001	
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Recipient Organization Name: State of Rhode Island Street1: 217 State House Street2: City: Providence County: State: RI: Rhode Island Province: Country: USA: UNITED STATES ZIP / Postal Code: 02903-1120			
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	
<b>6. Report Type</b> <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<b>7. Basis of Accounting</b> <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	<b>8. Project/Grant Period</b> From: 03/23/2018 To: 03/22/2023	<b>9. Reporting Period End Date</b> 09/30/2018
<b>10. Transactions</b>			<b>Cumulative</b>
<i>(Use lines a-c for single or multiple grant reporting)</i>			
<b>Federal Cash (To report multiple grants, also use FFR attachment):</b>			
a. Cash Receipts			0.00
b. Cash Disbursements			0.00
c. Cash on Hand (line a minus b)			0.00
<i>(Use lines d-o for single grant reporting)</i>			
<b>Federal Expenditures and Unobligated Balance:</b>			
d. Total Federal funds authorized			3,000,000.00
e. Federal share of expenditures			429,906.60
f. Federal share of unliquidated obligations			154,220.80
g. Total Federal share (sum of lines e and f)			584,127.40
h. Unobligated balance of Federal Funds (line d minus g)			2,415,872.60
<b>Recipient Share:</b>			
i. Total recipient share required			150,000.00
j. Recipient share of expenditures			0.00
k. Remaining recipient share to be provided (line i minus j)			150,000.00
<b>Program Income:</b>			
l. Total Federal program income earned			0.00
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)			0.00

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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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:						
<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="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:	<input type="text"/>	First Name:	<input type="text" value="Rob"/>	Middle Name:	<input type="text"/>	
Last Name:	<input type="text" value="Rock"/>			Suffix:	<input type="text"/>	
Title:	<input type="text" value="Director of Elections, RI Department of State"/>					
b. Signature of Authorized Certifying Official				c. Telephone (Area code, number and extension)		
				<input type="text"/>		
d. Email Address				e. Date Report Submitted		14. Agency use only:
<input type="text"/>				<input type="text" value="12/31/2018"/>		