

# Federal Financial Report

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

(Follow form Instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">U.S. Election Assistance Commission</div>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">CFDA 99.404 2018 HAVA Security</div>
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3. Recipient Organization (Name and complete address including Zip code)

Recipient Organization Name: North Carolina State Board of Elections

Street1: P.O. Box 27255

Street2:

City: Raleigh County: Wake

State: NC: North Carolina Province:

Country: USA: UNITED STATES ZIP / Postal Code: 27611-7255

4a. DUNS Number <span style="border: 1px solid black; padding: 2px;">00 3406 050</span>	4b. EIN <span style="border: 1px solid black; padding: 2px;">56-19352148</span>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <span style="border: 1px solid black; padding: 2px;">28025-6001-2401-4011,40111905</span>
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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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	8. Project/Grant Period From: <span style="border: 1px solid black; padding: 2px;">10/01/2018</span> To: <span style="border: 1px solid black; padding: 2px;">3/22/2023</span>	9. Reporting Period End Date <span style="border: 1px solid black; padding: 2px;">09/30/2019</span>
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10. Transactions	Cumulative
<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	<span style="border: 1px solid black; padding: 2px;">0</span>
b. Cash Disbursements	<span style="border: 1px solid black; padding: 2px;">0</span>
c. Cash on Hand (line a minus b)	<span style="border: 1px solid black; padding: 2px;"></span>
<i>(Use lines d-o for single grant reporting)</i>	
<b>Federal Expenditures and Unobligated Balance:</b>	
d. Total Federal funds authorized	<span style="border: 1px solid black; padding: 2px;">\$10,373,237.00</span>
e. Federal share of expenditures	<span style="border: 1px solid black; padding: 2px;">\$1,788,129.46</span>
f. Federal share of unliquidated obligations	<span style="border: 1px solid black; padding: 2px;">0</span>
g. Total Federal share (sum of lines e and f)	<span style="border: 1px solid black; padding: 2px;">1,788,129.46</span>
h. Unobligated balance of Federal Funds (line d minus g)	<span style="border: 1px solid black; padding: 2px;">8,585,107.54</span>
<b>Recipient Share:</b>	
i. Total recipient share required	<span style="border: 1px solid black; padding: 2px;">\$528,409.74</span>
j. Recipient share of expenditures	<span style="border: 1px solid black; padding: 2px;">\$94,112.08</span>
k. Remaining recipient share to be provided (line i minus j)	<span style="border: 1px solid black; padding: 2px;">434,297.67</span>
<b>Program Income:</b>	
l. Total Federal program income earned	<span style="border: 1px solid black; padding: 2px;">\$185,207.10</span>
m. Program Income expended in accordance with the deduction alternative	<span style="border: 1px solid black; padding: 2px;">0</span>
n. Program Income expended in accordance with the addition alternative	<span style="border: 1px solid black; padding: 2px;">0</span>
o. Unexpended program income (line l minus line m or line n)	<span style="border: 1px solid black; padding: 2px;">185,207.10</span>

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"/>	<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 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:  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: