

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 <input style="width: 90%; height: 20px;" type="text" value="Elections Assistance Commission (EAC)"/>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <input style="width: 90%; height: 20px;" type="text" value="NM18101001, 90.404, 2018 HAVA"/>	
3. Recipient Organization (Name and complete address including Zip code)			
Recipient Organization Name: <input style="width: 95%;" type="text" value="State of New Mexico"/>			
Street1: <input style="width: 95%;" type="text" value="325 Don Gaspar, Suite 300"/>			
Street2: <input style="width: 95%;" type="text"/>			
City: <input style="width: 30%;" type="text" value="Santa Fe"/> County: <input style="width: 35%;" type="text" value="Santa Fe"/>			
State: <input style="width: 40%;" type="text" value="NM: New Mexico"/> Province: <input style="width: 40%;" type="text"/>			
Country: <input style="width: 40%;" type="text" value="USA: UNITED STATES"/> ZIP / Postal Code: <input style="width: 40%;" type="text" value="87501-4401"/>			
4a. DUNS Number <input style="width: 90%; height: 20px;" type="text" value="360737571"/>	4b. EIN <input style="width: 90%; height: 20px;" type="text" value="85-6000565"/>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <input style="width: 95%; height: 20px;" type="text"/>	
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: <input style="width: 40%;" type="text" value="03/23/2018"/> To: <input style="width: 40%;" type="text" value="03/22/2023"/>	9. Reporting Period End Date <input style="width: 90%; height: 20px;" type="text" value="09/30/2019"/>
10. Transactions			Cumulative
<i>(Use lines a-c for single or multiple grant reporting)</i>			
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			<input style="width: 80%;" type="text" value="3,699,470.00"/>
b. Cash Disbursements			<input style="width: 80%;" type="text" value="1,107,746.96"/>
c. Cash on Hand (line a minus b)			<input style="width: 80%;" type="text" value="2,591,723.04"/>
<i>(Use lines d-o for single grant reporting)</i>			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			<input style="width: 80%;" type="text" value="3,699,470.00"/>
e. Federal share of expenditures			<input style="width: 80%;" type="text" value="1,107,746.96"/>
f. Federal share of unliquidated obligations			<input style="width: 80%;" type="text" value="437,400.00"/>
g. Total Federal share (sum of lines e and f)			<input style="width: 80%;" type="text" value="1,545,146.96"/>
h. Unobligated balance of Federal Funds (line d minus g)			<input style="width: 80%;" type="text" value="2,154,323.04"/>
Recipient Share:			
i. Total recipient share required			<input style="width: 80%;" type="text" value="184,973.50"/>
j. Recipient share of expenditures			<input style="width: 80%;" type="text" value="0.00"/>
k. Remaining recipient share to be provided (line i minus j)			<input style="width: 80%;" type="text" value="184,973.50"/>
Program Income:			
l. Total Federal program income earned			<input style="width: 80%;" type="text" value="87,880.54"/>
m. Program Income expended in accordance with the deduction alternative			<input style="width: 80%;" type="text" value="0.00"/>
n. Program Income expended in accordance with the addition alternative			<input style="width: 80%;" type="text" value="0.00"/>
o. Unexpended program income (line l minus line m or line n)			<input style="width: 80%;" type="text" value="87,880.54"/>

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
g. Totals:				<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:						
<input style="width: 100%;" 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 style="width: 100px;" type="text" value="Ms."/> First Name: <input style="width: 200px;" type="text" value="Veronica"/> Middle Name: <input style="width: 150px;" type="text"/>						
Last Name: <input style="width: 300px;" type="text" value="Albin"/> Suffix: <input style="width: 100px;" type="text"/>						
Title: <input style="width: 250px;" type="text" value="Chief Financial Officer"/>						
b. Signature of Authorized Certifying Official				c. Telephone (Area code, number and extension)		
<input style="width: 100%; height: 40px;" type="text" value="Veronica Albin"/>				<input style="width: 100%;" type="text" value="505-827-3643"/>		
d. Email Address				e. Date Report Submitted		14. Agency use only:
<input style="width: 100%;" type="text" value="veronica.albin@state.nm.us"/>				<input style="width: 100%;" type="text" value="12/30/2019"/>		