

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted ELECTION ASSISTANCE COMMISSION					2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) CT20101001				
3. Recipient Organization (Name and complete address including Zip code) Connecticut, State of 210 Capitol Ave Ste 1, Hartford, CT 061061568									
4a. DUNS Number		4b. EIN		5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final		7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Project/Grant Period (Month, Day, Year) From: March 28, 2018 To: September 30, 2099						9. Reporting Period End Date (Month, Day, Year) March 31, 2021			
10. Transactions								Cumulative	
(Use lines a-c for single or combined multiple grant reporting)									
Federal Cash (To report multiple grants separately, also use FFR Attachment):									
a. Cash Receipts								\$10,876,298.00	
b. Cash Disbursements								\$7,384,734.00	
c. Cash on Hand (line a minus b)								\$3,491,564.00	
(Use lines d-o for single grant reporting)									
Federal Expenditures and Unobligated Balance:									
d. Total Federal funds authorized								\$10,876,298.00	
e. Federal share of expenditures								\$7,384,734.00	
f. Federal share of unliquidated obligations								\$0.00	
g. Total Federal share (sum of lines e and f)								\$7,384,734.00	
h. Unobligated balance of Federal funds (line d minus g)								\$3,491,564.00	
Recipient Share:									
i. Total recipient share required								\$1,407,176.00	
j. Recipient share of expenditures								\$1,075,345.00	
k. Remaining recipient share to be provided (line i minus j)								\$331,831.00	
Program Income:									
l. Total Federal share of program income earned								\$170,677.00	
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 and line n)								\$170,677.00	
11. Indirect Expense		a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share	
g. Totals:						\$0.00	\$0.00	\$0.00	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: Please provide the following information:									
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 intent set forth in the award documents. 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. Typed or Printed Name and Title of Authorized Certifying Official Bromley, Theodore Director of Elections						c. Telephone (Area code, number, and extension) d. Email Address			
b. Signature of Authorized Certifying Official Bromley, Theodore						e. Date Report Submitted (Month, Day, Year) June 1, 2021			

Standard Form 425
OMB Approval Number: 4040-0014
Expiration Date: 02/28/2022

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 4040-0014. Public reporting burden for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: US Department of Health & Human Services, OS/OIG/PHR, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PHR Reports Clearance Officer

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(Additional Page)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION**Federal Grant ID** : CT20101001**Recipient Organization** : Connecticut, State of
210 Capitol Ave Ste 1, Hartford, CT 061061568**DUNS Number** : 111457420**DUNS Status when Certified** : ACTIVE (as of 06/01/2021)**EIN** : 06-0000000**Reporting Period End Date** : March 31, 2021**Status** : Report Certified/Pending Agency Approval**Remarks** : Please provide the following information:

State interest earned (current fiscal year): \$0

State interest expended (current fiscal year): \$0

Program income earned (current fiscal year): \$0

Program income earned breakdown (current fiscal year): \$0 Source: e.g. Sale of
registration list

Program income expended (current fiscal year): \$0

Federal Agency Review**Reviewer Name** :**Phone #** :**Email** :**Review Date** :**Review Comments** :

EAC Progress Report

Response ID:332 Data

3. EAC Progress Report

1. State or Territory:

Connecticut

2. Grant Number:

CT20101001

3. Report:

Semi-Annual (Oct 1 - March 31)

4. Grant:

Please select only one.

Election Security

5. Reporting Period Start Date

10/01/2020

6. Reporting Period End Date

03/31/2021

7. Recipient Organization:

Organization Name

Office Of The Secretary Of The State

Street Address

165 Capitol Avenue

City

Hartford

State

CT

Zip

06106

4. Progress and Narrative

8. Describe in detail what happened during this reporting period and explain how you implemented the approved grant activities.

Connecticut will use the remaining security funding to upgrade our Voter Registry System. Funding used during this period was used for the preparation and ongoing project management of the Voter Registry System and Election Management System upgrade.

9. Describe any significant changes to your program during the project, including changes to your original State Plan/Program Narrative or favorable developments that improved program efficiency and/or service delivery.

Otherwise enter N/A.

There has been no change to the schedule or plan for the funds.

10. Issues Encountered:

Describe all major issues that arose during the implementation of the project and the reasons why established goals were not met, if applicable. Address each issue separately and describe whether and how the issues were resolved. Also, briefly discuss the implications of any unresolved issues or concerns.

Otherwise enter N/A.

N/A

11. Provide a description of any security training conducted.

Otherwise enter N/A.

N/A

12. Subgrants (if applicable):

Describe how you made funds available to local jurisdictions.

Provide a description of the major categories of subgrant activities local voting districts will accomplish with the funds.

Otherwise enter N/A.

N/A

13. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

Connecticut will be matching using state expenditures on election related activities.

5. Expenditures

14. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES

	Federal	Match
Voting Equipment and Processes:		
Post-Election Auditing:		
Voter Registration Systems:	\$1,550,778.00	
Cyber Security:		
Communications:		
Total	\$1,550,778.00	
Election Management Security		

6. Certification

Name and Contact of the authorized certifying official of the recipient.

First Name

Theodore

Last Name

Bromley

Title

Director of Elections

Phone Number

(314) 222-2222

Email Address

theodore.bromley@state.gov

Signature of Certifying Official:



Signature of: Theodore Bromley