

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)				
3. Recipient Organization (Name and complete address including Zip code) EXECUTIVE OFFICE OF THE STATE OF KANSAS 120 SW 10TH AVE FL 1, TOPEKA, KS 666121226									
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 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 (Month, Day, Year) From: March 28, 2018 To: September 30, 2099						9. Reporting Period End Date (Month, Day, Year) September 30, 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								\$9,308,516.00	
b. Cash Disbursements								\$3,671,184.18	
c. Cash on Hand (line a minus b)								\$5,637,331.82	
(Use lines d-o for single grant reporting)									
Federal Expenditures and Unobligated Balance:									
d. Total Federal funds authorized								\$9,308,516.00	
e. Federal share of expenditures								\$3,671,184.18	
f. Federal share of unliquidated obligations								\$0.00	
g. Total Federal share (sum of lines e and f)								\$3,671,184.18	
h. Unobligated balance of Federal funds (line d minus g)								\$5,637,331.82	
Recipient Share:									
i. Total recipient share required								\$1,206,027.02	
j. Recipient share of expenditures								\$0.00	
k. Remaining recipient share to be provided (line i minus j)								\$1,206,027.02	
Program Income:									
l. Total Federal share of program income earned								\$105,858.37	
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)								\$105,858.37	
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 Tompkins, Sandy Deputy Asst. SOS - Administration						c. Telephone (Area code, number, and extension) d. Email Address			
b. Signature of Authorized Certifying Official Tompkins, Sandy						e. Date Report Submitted (Month, Day, Year) December 17, 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/OCIO/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PRA Reports Clearance Officer

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(Additional Page)

Federal Agency & Organization

Federal Grant ID

Recipient Organization

DUNS Number

DUNS Status when Certified

EIN

Reporting Period End Date

Status

Remarks

Awarding Agency Approval

"Please provide the following information:

State interest earned (current fiscal year): \$ 675.70

State interest expended (current fiscal year): \$

Program income earned (current fiscal year): \$

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

Program income expended (current fiscal year): \$

"

FFY21 report includes a correction for interest income. FFY19 included \$1,722.25 in interest income that was reported in FFY18.

Federal Agency Review

Reviewer Name

Phone #

Email

Review Date

Review Comments

2021-2022 EAC Progress Report

1. Login

Please enter the username and password provided by the EAC to begin the Progress Report. If you require assistance or have any questions, please contact Grants@eac.gov.

2. Verification

EAC Progress Report

1. State or Territory:

Kansas

2. Grant Number:

3. Report:

Annual (Oct 1 - Sept 30)

4. Grant:

Election Security

5. Reporting Period Start Date

10/01/2020

6. Reporting Period End Date

09/30/2021

4. Progress and Narrative

7. Describe in detail what happened during this reporting period and explain how you implemented the approved grant activities in accordance with your State Plan/Program Narrative. (Note: Your activities should align with your Grant Cost Categories Table.)

The security grant funds were used to enhance network security across the state of Kansas.

8. 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.

N/A

9. 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.

N/A

10. Provide a description of any training conducted, including security training.

N/A

11. Subgrants:

Did your office provide subawards to local jurisdictions during this reporting period?

No

12. Match:

Describe how you are meeting or have met the matching requirement.

The Secretary of State made a formal request for the full state match to be appropriated via State General Fund (SGF) dollars. The Legislature and Governor approved the request and said funds have been allocated to the Secretary of State.

13. Report on the number and type of articles of voting equipment obtained with the funds. Include the amount expended on the expenditure table.

N/A

Login Capture

1 2 3 4 5 6 7 8 9 10 11 12

Expenditures

14 Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES - FEDERAL

Voting Equipment and Processes:: \$0

Post-Election Auditing:: \$0

Voter Registration Systems: :\$0

Cyber Security: \$3651984

Voter Education/Communications:: \$0

Accessibility:: \$0

Staffing:: \$0

Training: :\$0

Subgrants: :\$0

Indirect Costs (If applicable, FFR Line 11): :\$0

Unliquidated Obligations (If applicable, FFR Line 10f): :\$0

Other (Specify below) :\$0

Other (Specify below) :\$0

Other (Specify below) :\$0

Total :\$3651984

Comments:

15. GRANT COST CATEGORIES - MATCH

Voting Equipment and Processes: : \$0

Post-Election Auditing: : \$0

Voter Registration Systems: : \$0

Cyber Security: : \$0

Voter Education/Communications: : \$0

Accessibility: : \$0

Staffing: : \$0

Training: : \$0

Subgrants: : \$0

Indirect Costs (If applicable, FFR Line 11): : \$0

Unliquidated Obligations (If applicable, FFR Line 10f): : \$0

Other (Specify below) : \$0

Other (Specify below) : \$0

Other (Specify below) : \$0

Total : \$0

Comments:

6. Hidden Script Page

Federal Sum

3651984

Match Sum

0

Fed CARES Sum

0

Match CARES Sum

0

7. Expenditures

16. Confirm Total Grant Expenditure Amounts

Federal : \$3651984

Match : \$0

Total : \$3651984

8. Certification

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

First Name

Amanda

Last Name

Entress

Title

Budget and Finance Director

Phone Number

(408) 438-4444

Email Address

entress@cityofsanjose.org

17. Add another contact to send a copy of submission confirmation and edit link?

Yes!

18.

First Name

Sandy

Last Name

Tompkins

Title

Deputy Asst. SOS - Administration

Email Address

sandy.tompkins@cityofsanjose.org

Signature of Certifying Official:

A handwritten signature in black ink, appearing to read "Amanda Entress", with a stylized flourish at the end.

Signature of: Amanda Entress