

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) ELECTIONS, KENTUCKY STATE BOARD OF 140 WALNUT ST, FRANKFORT, KY 406013240 | | | | | | | | | |
| 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, 2019 | | | | 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 | | | | | | \$12,265,189.00 | | | |
| b. Cash Disbursements | | | | | | \$5,479,954.76 | | | |
| c. Cash on Hand (line a minus b) | | | | | | \$6,785,234.24 | | | |
| (Use lines d-o for single grant reporting) | | | | | | | | | |
| Federal Expenditures and Unobligated Balance: | | | | | | | | | |
| d. Total Federal funds authorized | | | | | | \$12,265,189.00 | | | |
| e. Federal share of expenditures | | | | | | \$5,479,954.76 | | | |
| f. Federal share of unliquidated obligations | | | | | | \$0.00 | | | |
| g. Total Federal share (sum of lines e and f) | | | | | | \$5,479,954.76 | | | |
| h. Unobligated balance of Federal funds (line d minus g) | | | | | | \$6,785,234.24 | | | |
| Recipient Share: | | | | | | | | | |
| i. Total recipient share required | | | | | | \$1,587,024.00 | | | |
| j. Recipient share of expenditures | | | | | | \$970,277.36 | | | |
| k. Remaining recipient share to be provided (line i minus j) | | | | | | \$616,746.64 | | | |
| Program Income: | | | | | | | | | |
| l. Total Federal share of program income earned | | | | | | \$33,683.09 | | | |
| 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) | | | | | | \$33,683.09 | | | |
| 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 Sellers, Karen Executive Director | | | | | | c. Telephone (Area code, number, and extension) | | | |
| b. Signature of Authorized Certifying Official Sellers, Karen | | | | | | d. Email Address | | | |
| e. Date Report Submitted (Month, Day, Year) December 29, 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

FEDERAL FINANCIAL REPORT

(Additional Page)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID

Recipient Organization : ELECTIONS, KENTUCKY STATE BOARD OF
140 WALNUT ST, FRANKFORT, KY 406013240

DUNS Number :

DUNS Status when Certified :

EIN :

Reporting Period End Date :

Status :

Remarks : "Please provide the following information:

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

*The Agency experienced negative Federal interest during this reporting period.
Federal expenditures went down in an effort to conserve Federal Dollars and make up
ground on state match.

Federal Agency Review

Reviewer Name
Phone #
Email
Review Date
Review Comments

2021-2022 EAC Progress Report

3. EAC Progress Report

1. State or Territory:

Kentucky

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.)

During this reporting period the State Board of Elections continued to maintain and develop the Voter Registration System (VRS) platform in order to sustain the integrity and security of the election system and processes. The Agency received Coronavirus Relief Funds from the Department of Treasury in October 2020 which resulted in some expenses that were incurred in September 2020, during the previous reporting period, were eligible to be moved to Coronavirus Relief Funding. This caused a

negative total of Federal Expenditures on our Federal Financial Report.

Expenditures that were made were for the IT staff, data storage measures, and the continued maintenance and support of the epoll books.

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 State Board of Elections had extra Agency funding at the end of the last Fiscal Year due to the relief funds that have been distributed during the pandemic. At that time the Agency conserved as much Federal Funding as possible and used the funding granted by the Legislature to make up ground in state match. Going forward, Agency General and Restricted funds will be used for the remaining balance.

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

5. Expenditures

14. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES - FEDERAL

Voter Registration Systems: : \$383142

Voter Education/Communications: : -\$97023

Staffing: : -\$569277

Total : \$-283158

Comments:

15. GRANT COST CATEGORIES - MATCH

Voter Registration Systems: : \$97086

Voter Education/Communications: : \$2125

Staffing: : \$662369

Other (Specify below) : \$2099

Total : \$763679

Comments: Other costs include the purchase and distribution of Federal Inventory tags to complete compliance findings.

7. Expenditures

16. Confirm Total Grant Expenditure Amounts

Federal : -\$283,158.00

Match : \$763,679.00

Total : \$480521

OMB CONTROL NUMBER: 3265-0020

8. Certification

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

First Name

Rachel

Last Name

Poynter

Title

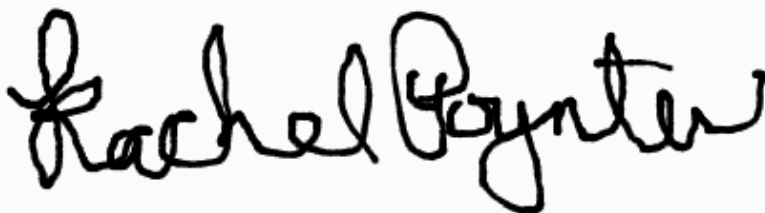
Staff Assistant

Phone Number

Email Address

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

Signature of Certifying Official:



Signature of: Rachel Poynter

9. Report Submitted to EAC



Thank you. Your Annual (Oct 1 - Sept 30) progress report for Election Security has been submitted to the EAC. Please keep the PDF download of your submission as grant record.