# FEDERAL FINANCIAL REPORT

(Follow form instructions)

## ELECTION ASSISTANCE COMMISSION

1. Federal Agency and Organizational Element to Which Report is Submitted
   - Connecticut, State of
   - 210 Capitol Ave Ste 1, Hartford, CT 061061568

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)
   - 210 Capitol Ave Ste 1, Hartford, CT 061061568

4a. DUNS
   - [420x638]□ □

4b. EIN
   - [494x576]Cumulative

5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)
   - g. Totals: $0.00

6. Report Type
   - Quarterly
   - Semi-Annual
   - Annual
   - Final

7. Basis of Accounting
   - Cash
   - 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, 2022

## Transactions

(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: $8,333,644.00
- c. Cash on Hand (line a minus b): $2,542,654.00

### Federal Expenditures and Unobigated Balance:

- d. Total Federal funds authorized: $10,876,298.00
- e. Federal share of expenditures: $8,333,644.00
- f. Federal share of unliquidated obligations: $0.00
- g. Total Federal share (sum of lines e and f): $8,333,644.00
- h. Unobligated balance of Federal funds (line d minus g): $2,542,654.00

### Recipient Share:

- i. Total recipient share required: $1,407,176.00
- j. Recipient share of expenditures: $1,407,176.00
- k. Remaining recipient share to be provided (line i minus j): $0.00

### Program Income:

- l. Total Federal share of program income earned: $283,616.00
- 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): $283,616.00

### Indirect Expense

<table>
<thead>
<tr>
<th>a. Type</th>
<th>b. Rate</th>
<th>c. Period From</th>
<th>Period To</th>
<th>d. Base</th>
<th>e. Amount Charged</th>
<th>f. Federal Share</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

11. Totals: $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

- b. Signature of Authorized Certifying Official
  - Bromley, Theodore

- c. Telephone (Area code, number, and extension)
- d. Email Address

- e. Date Report Submitted (Month, Day, Year)
  - March 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 hours 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

Report Status: Awarding Agency Approval

Page 1 of 2

Printed Date: Jun 9, 2022
Federal Agency & Organization: ELECTION ASSISTANCE COMMISSION

Federal Grant ID: CT20101001
Recipient Organization: Connecticut, State of
210 Capitol Ave Ste 1, Hartford, CT 061061568

DUNS
DUNS Status when Certified
EIN

Reporting Period End Date: March 31, 2022
Status: Awarding 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
Program income expended (current fiscal year): $0

---

Federal Agency Review

Reviewer Name
Phone #
Email
Review Date
Review Comments

Report Status: Awarding Agency Approval
Page 2 of 2
Printed Date: Jun 9, 2022
3. EAC Progress Report

1. State or Territory:
   Connecticut

2. Grant Number:
   CT20101001

3. Report:
   Semi-Annual (Oct 1 - March 31)

4. Grant:
   Election Security

5. Reporting Period Start Date
   03/28/2018

6. Reporting Period End Date
   03/31/2022

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 of Connecticut enhanced and upgraded polling place accessibility by utilizing secure virtual translation programs and enhanced hardware to make our accessible voting equipment less vulnerable and more accessible to all voters.
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.

There were no significant changes to our program.

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.

There were no major issues that arose, in fact, by implementing the systems during this period we avoided several accessibility and vulnerability factors that may have occurred in 2022.

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

Our local officials were trained in the proper use of the new equipment to ensure access for all voters and to ensure all proper security processes were followed.

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.

Connecticut met the requirement match by using state funds to contribute to many of the new projects and initiatives implemented using the security funds during the 2020 general election.

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

Connecticut did not acquire new voting equipment. However, Connecticut did acquire additions to our accessible voting equipment such as "Sip n Puff" and "Jelly Bean" pads to create even greater accessibility for our equipment.

5. Expenditures


GRANT COST CATEGORIES - FEDERAL

Voting Equipment and Processes: $487450
Accessibility: $74250
Total: $561700
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:

7. Expenditures

16. Confirm Total Grant Expenditure Amounts
   Federal : $561700
   Match : $0
   Total : $561700

OMB CONTROL NUMBER: 3265-0020

8. Certification

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Theodore</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>Bromley</td>
</tr>
<tr>
<td>Title</td>
<td>Election Director</td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Certifying Official:
9. Report Submitted to EAC

Thank you. Your Semi-Annual (Oct 1 - March 27) progress report for Election Security has been submitted to the EAC. Please keep the PDF download of your submission as grant record.