

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) IL20101001				
3. Recipient Organization (Name and complete address including Zip code) Illinois State Board Of Elections 2329 S Macarthur Blvd, Springfield, IL 627044503									
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, 2019						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								\$28,132,931.00	
b. Cash Disbursements								\$0.00	
c. Cash on Hand (line a minus b)								\$28,132,931.00	
(Use lines d-o for single grant reporting)									
Federal Expenditures and Unobligated Balance:									
d. Total Federal funds authorized								\$28,132,931.00	
e. Federal share of expenditures								\$5,687,663.00	
f. Federal share of unliquidated obligations								\$0.00	
g. Total Federal share (sum of lines e and f)								\$5,687,663.00	
h. Unobligated balance of Federal funds (line d minus g)								\$22,445,268.00	
Recipient Share:									
i. Total recipient share required								\$3,641,743.00	
j. Recipient share of expenditures								\$3,627,672.00	
k. Remaining recipient share to be provided (line i minus j)								\$14,071.00	
Program Income:									
l. Total Federal share of program income earned								\$590,510.00	
m. Program income expended in accordance with the deduction alternative								\$0.00	
n. Program income expended in accordance with the addition alternative								\$590,510.00	
o. Unexpended program income (line l minus line m and line n)								\$0.00	
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 Kirk, Jeremy Director of Administrative Services/CFO						c. Telephone (Area code, number, and extension) d. Email Address			
b. Signature of Authorized Certifying Official Kirk, Jeremy						e. Date Report Submitted (Month, Day, Year) April 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

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(Additional Page)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : IL20101001

Recipient Organization : Illinois State Board Of Elections
2329 S Macarthur Blvd, Springfield, IL 627044503 :

DUNS Number

DUNS Status when Certified : ACTIVE (as of 04/29/2021)

EIN :

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): \$ Source: N/A
Program income expended (current fiscal year): \$-0-

Debt offset of \$17,221 on original award amount will be recouped and considered a federal expenditure by future recipient share expenditures.

Federal Agency Review

Reviewer Name :

Phone # :

Email :

Review Date :

Review Comments :

EAC Progress Report

Response ID:302 Data

1. Login

When the user logs in, the system will check the user's credentials against the database. If the credentials are correct, the user will be logged in and the system will display the user's profile information.

2. Verification

The user will be prompted to enter their email address and password. The system will then verify the user's identity by sending a verification code to the user's email address.

3. EAC Progress Report

1. State or Territory:

Illinois

2. Grant Number:

IL20101001

3. Report:

Semi-Annual (Oct 1 - March 31)

4. Grant:

Please select only one.

Election Security

Grant:

Please select only one.

CARES

5. Reporting Period Start Date

10/01/2020

6. Reporting Period End Date

03/31/2021

7. Recipient Organization:

Organization Name

Illinois State Board Of Elections

Street Address

2329 South Macarthur Blvd.

City

Springfield

State

IL

Zip

62704

4. Progress and Narrative

Final Progress Report:

The final report is your opportunity to share the significant features of your project and present information about the results your project achieved.

It should be written as if the reader has no previous knowledge of your project's activities. The report should cover the entire period of performance.

Review and Self-Assessment:

Review and highlight all activities that occurred during the implementation of the project, including an assessment of your performance.

CARES Grant Specific:

Describe in detail how you used the funds to address the pandemic and explain how you implemented the approved grant activities.

Describe the major issues you faced in dealing with the pandemic and how you addressed or resolved those issues.

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

Illinois continues to use the Election Security funding to support the efforts of the Cyber Navigator Program and the required components of the program along with offering sub-grants to the 108 local election officials to support their efforts to increase security of election related systems and networks. Additionally, funds have been utilized to support the increased security of networks and systems of the Illinois State Board of Elections through contractual support, and software and hardware purchases. Funds were also spent to offer a program for voters with disabilities to utilize in completing their vote by mail ballots for the November General Election.

Cyber Security Equipment-\$84,905.66

Cyber Security Subgrants-\$1,421,282.19

Other Cyber Security Costs-\$220,491.95

Other ADA Program-\$66,150.00

Total funds spent during reporting period-\$1,792,829.80

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.

n/a

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

Provide a description of any training conducted.

Otherwise enter 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.

The SBE awarded each local jurisdiction grants based on an approved formula using voting age population and a minimum. The major categories of subgrant categories include purchases in the following:
Hardware, Website security, Monthly costs associated with the ICN, software, services, personnel, and physical security upgrades.

13. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

Direct state funds deposits into designated HAVA fund for Illinois in the amount of \$3,627,665.00 was made in 2019

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

Otherwise enter N/A.

Impact:

Write an assessment of how your project has impacted the problems you were trying to solve. Were there unexpected benefits? Shortfalls? *

Lessons Learned:

Provide a review of your successes and suggest ways that your experience may be helpful to others. Did you make permanent changes to your processes?

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:		
Cyber Security:	\$1,726,679.80	
Communications:		
Total	\$1,792,829.80	
ADA Program	\$66,150.00	

Current Period Amount Expended and Unliquidated Obligations

CARES COST CATEGORIES

	Federal	Match
Voting Processes:		
Staffing:		
Security and Training:		
Communications:		
Supplies:		
Total		

6. Certification

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

First Name

Amy

Last Name

Kelly

Title

Asst. to the Executive Director

Phone Number

(714) 241-1111

Email Address

akelly@eac.org

Signature of Certifying Official:

A handwritten signature in black ink, appearing to read "Amy Kelly", is written on a light gray background.

Signature of: Amy Kelly

7. Report Submitted to EAC

Did the project manager submit a report to the EAC?

Yes/No (If Yes, please provide a brief description of the report.)

Did the project manager submit a report to the EAC?

Yes/No (If Yes, please provide a brief description of the report.)