

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) KY20101001					
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 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			
<i>(Use lines a-c for single or combined multiple grant reporting)</i>									
Federal Cash (To report multiple grants separately, also use FFR Attachment):									
a. Cash Receipts						\$12,265,189.00			
b. Cash Disbursements						\$12,265,189.00			
c. Cash on Hand (line a minus b)						\$0.00			
<i>(Use lines d-o for single grant reporting)</i>									
Federal Expenditures and Unobligated Balance:									
d. Total Federal funds authorized						\$12,265,189.00			
e. Federal share of expenditures						\$5,742,090.79			
f. Federal share of unliquidated obligations						\$0.00			
g. Total Federal share (sum of lines e and f)						\$5,742,090.79			
h. Unobligated balance of Federal funds (line d minus g)						\$6,523,098.21			
Recipient Share:									
i. Total recipient share required						\$1,675,954.41			
j. Recipient share of expenditures						\$178,463.50			
k. Remaining recipient share to be provided (line i minus j)						\$1,497,490.91			
Program Income:									
l. Total Federal share of program income earned						\$35,235.27			
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)						\$35,235.27			
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 Assistant Director						c. Telephone (Area code, number, and extension) d. Email Address			
b. Signature of Authorized Certifying Official Sellers, Karen						e. Date Report Submitted (Month, Day, Year) April 30, 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 : KY20101001

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

DUNS Number

DUNS Status when Certified : ACTIVE (as of 04/30/2021)

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): \$0.00
State interest expended (current fiscal year): \$0.00
Program income earned (current fiscal year): \$22,051.04
Program income earned breakdown (current fiscal year): \$ Source: Sale of registration list
Program income expended (current fiscal year): \$0.00

*Both State and Federal expenditures show a decrease because the Agency received Coronavirus Relief Funds in October 2020. Some of the charges that hit in September 2020 to the grant qualified to be moved to Coronavirus Relief Fund and the Agency has been utilizing those funds during the pandemic and have not acquired new expenditures during this period.

*During this period we accrued a Federal interest of -\$251.91 on line 10I.

Federal Agency Review

Reviewer Name :
Phone # :
Email :
Review Date :
Review Comments :

EAC Progress Report

Response ID:353 Data

3. EAC Progress Report

1. State or Territory:

Kentucky

2. Grant Number:

ky20101001

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

Kentucky State Board Of Elections

Street Address

140 Walnut Street

City

Frankfort

State

KY

Zip

40601

4. Progress and Narrative

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

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 expenditures at this time for both Federal and State.

Positive expenditures did occur for the IT staff , data storage measures, and for the maintenance and support for epoll books but with the movement to Coronavirus Relief Fund the cumulative amount of the expenditures during this time were negative.

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.

With the issuance of CARES Act funding, the Agency is currently determining which categories contained in the original narrative will be affected moving forward.

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.

The State Board of Elections hopes to have extra Agency funding at the end of our Fiscal Year due to the relief funds that have been distributed to the Agency during the pandemic. The Agency hopes to conserve some of our Federal Funding that we will incur in the second half of the yearly reporting period to utilize these State funds to apply towards our State Match total.

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:	\$621,280.38	-\$28,885.97
Cyber Security:		
Communications:	-\$97,022.50	
Total	-\$21,022.12	-\$28,134.97
Others (describe)County assistance applicable for CRF	-\$545,280.00	
Others (describe)NASSED dues and conference fees		\$751.00

6. Certification

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

First Name

Rachel

Last Name

Poynter

Title

Executive Staff Advisor

Phone Number

Email Address

Signature of Certifying Official:



Signature of: Rachel Poynter