

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) STATE, LOUISIANA DEPARTMENT OF 8585 ARCHIVES AVE, BATON ROUGE, LA 708090206							
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type	7. Basis of Accounting		
				<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		
8. Project/Grant Period (Month, Day, Year) From: March 28, 2018				9. Reporting Period End Date (Month, Day, Year) September 30, 2020			
To: September 30, 2019							
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					\$12,512,099.00		
b. Cash Disbursements					\$0.00		
c. Cash on Hand (line a minus b)					\$12,512,099.00		
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized					\$12,512,099.00		
e. Federal share of expenditures					\$0.00		
f. Federal share of unliquidated obligations					\$0.00		
g. Total Federal share (sum of lines e and f)					\$0.00		
h. Unobligated balance of Federal funds (line d minus g)					\$12,512,099.00		
Recipient Share:							
i. Total recipient share required					\$1,618,997.00		
j. Recipient share of expenditures					\$0.00		
k. Remaining recipient share to be provided (line i minus j)					\$1,618,997.00		
Program Income:							
l. Total Federal share of program income earned					\$196,808.00		
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)					\$196,808.00		
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
					\$0.00		\$0.00
					\$0.00		\$0.00
	g. Totals:					\$0.00	\$0.00
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: Due to state guidelines and regulations regarding Request for Proposals, the department has not yet secured a contract for the pro.....							
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					c. Telephone (Area code, number, and extension)		
Thibodeaux, Melissa					d. Email Address		
Budget Administrator							
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year)		
Thibodeaux, Melissa					April 22, 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 : LA20101001

Recipient Organization : STATE, LOUISIANA DEPARTMENT OF
8585 ARCHIVES AVE, BATON ROUGE, LA 708090206

DUNS Number

DUNS Status when Certified

EIN

Reporting Period End Date : September 30, 2020

Status :

Remarks :

Federal Agency Review

Reviewer Name :

Phone # :

Email :

Review Date :

Review Comments :

EAC Progress Report

Response ID:73 Data

1. Login

Please enter your userword and password to begin the Progress Narrative. If you require assistance or have any questions, please contact grants@eac.gov

2. Verification

3. EAC Progress Report

1. State or Territory:

Louisiana

2. Grant Number:

LA2010100-01

3. Report:

Annual (Oct 1 - Sept 30)

4. Grant:

Please select only one.

Election Security

Grant:

Please select only one.

CARES

5. Reporting Period Start Date

10/01/2019

6. Reporting Period End Date

09/30/2020

7. DUNS/UEI:

8. EIN:

9. Recipient Organization:

Organization Name

Louisiana Department Of State

Street Address

P.o. Box 94125

City

Baton Rouge

State

LA

Zip

70804

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.

Describe the major issues you faced in dealing with the pandemic in the election cycle.

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

Due to state guidelines and regulations regarding Request for Proposals, the department has not yet secured a contract for the procurement of a new electronic voting system; therefore, no expenditures have been made during the reporting period ending on September 30, 2020.

11. Provide a timeline and description of project activities funded to meet HAVA requirements. Provide an analysis of how such activities conform to the submitted State Plan or Program Narrative as applicable.

While the timeline of our Program Narrative has changed due to a delay in securing a contract for the procurement of a new voting system, the objectives presented in the project narratives are still valid. The department is currently working with the Office of State Procurement on the final draft of the Request for Proposals; the goal is to release the RFP in January 2021.

12. Describe any significant changes to your program during the course of the project, or if the project was implemented differently than described in your original State Plan or Program Narrative.

Otherwise enter - no significant changes during this period.

Other than the delay mentioned above, there have been no significant changes during this reporting period.

13. Describe any favorable developments which enabled meeting time schedules and objectives sooner or at less cost than anticipated or producing more or different beneficial results than originally planned.

Otherwise enter N/A.

N/A

14. 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 - No articles of voting equipment purchased during this period.

No articles of voting equipment purchased during this period.

15. Provide a description of any security training conducted and the number of participants.

Otherwise enter - no security training conducted during this period.

No security training conducted during this period.

16. 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

17. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

The State of Louisiana has secured the match which will help fund the acquisition through purchase or lease of a new electronic voting system. We have \$1,618,997 in our existing budget authority - \$1,324,522 is in a Statutory Dedication and the remaining \$294,474 is in Fees and Self-Generated Revenue that is collected from the locals for their cost share of the elections.

18. Issues Encountered:

Describe all major issues that arose during the implementation of the project and the reasons why established goals were not met, if appropriate. Address each issue separately in its own section, and describe whether and how the issues were resolved. Also, briefly discuss the implications of any unresolved issues or concerns.

Otherwise enter - no issues encountered.

No issues encountered.

19. Upcoming Activities:

Provide a timeline and description of upcoming activities.

The department is currently working with the Office of State Procurement on the final draft of the Request for Proposals; the goal is to release the RFP in January 2021. Once a contract is secured, the department will procure a new voting system for use in the State of Louisiana.

5. Expenditures

20. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES

	Federal	Match
Voting Equipment:		
Post-Election Auditing:		
Voter Registration Systems:		
Cyber Security:		
Communications:		
Total	\$0.00	\$0.00

6. Certification

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

First Name

Melissa

Last Name

Thibodeaux

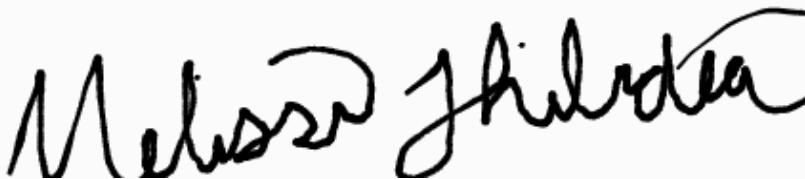
Title

Budget Administrator

Phone Number

Email Address

Signature of Certifying Official:



Signature of: Melissa Thibodeaux

7. Report Submitted to EAC



Thank you, your progress report has been submitted to EAC. Please keep the PDF download of your submission as grant record.