FEDERAL FINANCIAL REPORT

(Follow form instructions)

ELECTION ASSISTANCE COMMISSION Recipient Organization (Name and complete address including Zip code) SECRETARY OF STATE, MAINE DEPT OF THE 101 STATE HOUSE STATION CROSS OFC B, AUGUSTA, ME 043330101 4a. DUNS Number 4b. EIN S. Recipient Account Number or Identifying Number (D. Report Type organization) B. Project/Grant Period (Month, Day, Year) Primal 10. Transactions Cumulative Cumulative Country Count	1. Federal Agency and Organizational Element to Which Report is Submitted						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) SECRETARY OF STATE, MAINE DEPT OF THE 101 STATE HOUSE STATION CROSS OF C. B. AUGUSTA, ME 043330101 4a. DUNN Number 4b. EIN 5 Recipient Account Number or Identifying Number (G. Report Type (To report multiple grants, use FFR Attachment) 6 Report Type (To report multiple grants, use FFR Attachment) 7 Reporting Period End Date (Month, Day, Year) 8 ProjectiCrant Period (Month, Day, Year) 7 To Soptember 30, 2099 8 Reporting Period End Date (Month, Day, Year) 8 ProjectiCrant Period (Month, Day, Year) 9 Reporting Period End Date (Month, Day, Year) 10 Transactions 10 Cumulative 10 Cumulative 10 Cumulative 10 Cash The Crant Period (Month, Day, Year) 10 Transactions 10 Cumulative 10 Transactions 10 Cumulative 10 Cash (To report multiple grants separately, also use FFR Attachment): 10 Cash Recepts 10 September 30, 2020 10 Cash (In a minus b)	ELECTION ASSISTANCE COMMISSION										
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Provisional 6.7 July 1, 2020 September 30, 2020 \$229,950.00 \$15,406.65 \$245,377.35 g. Totals: \$229,950.00 \$15,406.65 \$245,377.35 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: Interest Earned: \$45,237; Interest expended: \$0; Program Income Earned: \$0; Program Income Breakdown: \$0; Program Income 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 Flynn, Julie Deputy Secretary of State b. Signature of Authorized Certifying Official e. Date Report Submitted (Month, Day, Year) December 22, 2020 Standard Form 425 OMB Approval Number: 4040-0014	11. Indirect					d. Base	40.00	e. Amour	nt Charged	f. Federal Share	
g. Totals: \$229,950.00 \$15,406.65 \$245,377.35 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: Interest Earned:\$45,237; Interest expended: \$0; Program Income Earned: \$0; Program Income Breakdown: \$0; Program Income 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) Flynn, Julie December 22, 2020 Standard Form 425 OMB Approval Number: 4040-0014	Expense						•		#1E 106 6E	¢04€ 277 25	
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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

FEDERAL FINANCIAL REPORT

(Additional Page)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : ME20101001

Recipient Organization : SECRETARY OF STATE, MAINE DEPT OF THE

101 STATE HOUSE STATION CROSS OFC B, AUGUSTA, ME 043330101

DUNS Number

DUNS Status when Certified

EIN : September 30, 2020

Reporting Period End Date

Status : Remarks :

Federal Agency Review

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

Report Status: Awarding Agency Approval Page 2 of 2 Printed Date: May 4, 2021

EAC Progress Report

Street Address

Response ID:76 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:
Maine
2. Grant Number:
ME20101001-01
3. Report:
Annual (Oct 1 - Sept 30)
4. Grant:
Please select only one. Election Security
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
Secretary Of State, Maine Dept Of The

1

101 State Hous	e Station Cross Ofc Bld	g		
City Augusta				
State				
ME				
Zip				
04333				

4. Progress and Narrative

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

We initially paid for the lease of 210 additional DS200 precinct tabulators for the November 3, 2020 election, to assist municipalities with processing the expected increase in absentee ballots. However, during the subsequent FFY we changed the payment source to the CARES Act grant. No other activities were carried out.

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.

Due to the pandemic, Maine did not make any progress in implementing planned Election Security grant activities. Instead, our focus was on providing PPE and cleaning supplies as well as absentee ballot drop off boxes to safely conduct the July Primary and November General elections, using CARES Act funds.

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.

No significant changes during this 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. Although we initially coded the payment for the lease of additional voting tabulators for absentee ballot processing from the Election Security Grant, in the next fiscal year we changed the coding to the CARES Act.

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 provided a cash match for the initial 2018 funds, but has yet to provide the 20% match for the 2020 funds. However, we have state general fund expenditures for annual maintenance of the central voter registration system that will likely be used to meet a significant portion of the outstanding state match.

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.

The global pandemic severely hampered our efforts to work on projects to be funded from the Election Security grants.

19. Upcoming Activities:

Provide a timeline and description of upcoming activities.

We hope to be able to implement planned upgrades to the central voter registration system in 2021, including projects such as automatic and online voter registration and multi-factor authentication protocols.

5. Expenditures

20. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES

	Federal	Match
Voting Equipment:	\$229,950.00	\$0.00
Post-Election Auditing:	\$0.00	\$0.00
Voter Registration Systems:	\$0.00	\$0.00
Cyber Security:	\$0.00	\$0.00
Communications:	\$0.00	\$0.00
Total	\$245,377.35	\$0.00
Indirect Cost (Program Overhead)	\$15,427.35	\$0.00

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Julie

Last Name

Flynn

Title

Deputy Secretary of State

Phone Number

Email Address

Signature of Certifying Official:

Julie Flynn

Signature of: Julie Flynn

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.