

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) ME20101001		
3. 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		5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	
7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input 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) September 30, 2020		
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						\$6,643,743.00	
b. Cash Disbursements						\$277,290.00	
c. Cash on Hand (line a minus b)						\$6,366,453.00	
(Use lines d-o for single grant reporting)							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized						\$6,643,743.00	
e. Federal share of expenditures						\$277,290.00	
f. Federal share of unliquidated obligations						\$0.00	
g. Total Federal share (sum of lines e and f)						\$277,290.00	
h. Unobligated balance of Federal funds (line d minus g)						\$6,366,453.00	
Recipient Share:							
i. Total recipient share required						\$859,102.00	
j. Recipient share of expenditures						\$0.00	
k. Remaining recipient share to be provided (line i minus j)						\$859,102.00	
Program Income:							
l. Total Federal share of program income earned						\$105,859.00	
m. Program income expended in accordance with the deduction alternative						\$0.00	
n. Program income expended in accordance with the addition alternative						\$0.01	
o. Unexpended program income (line l minus line m and line n)						\$105,858.99	
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Provisional	6.62	October 1, 2019	June 30, 2020	\$0.00		
	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					c. Telephone (Area code, number, and extension) d. Email Address		
b. Signature of Authorized Certifying Official Flynn, Julie					e. Date Report Submitted (Month, Day, Year) December 22, 2020		

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	:	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	:

EAC Progress Report

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

Street Address

101 State House Station Cross Ofc Bldg

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

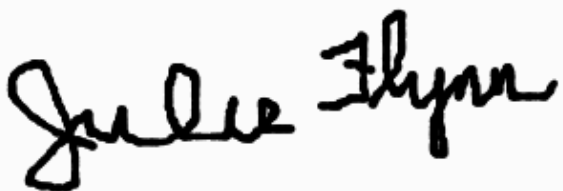
Title

Deputy Secretary of State

Phone Number

Email Address

Signature of Certifying Official:



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.