

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 checked="" type="checkbox"/> Semi-Annual <input 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, 2099						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								\$6,643,743.00	
b. Cash Disbursements								\$52,396.00	
c. Cash on Hand (line a minus b)								\$6,591,347.00	
(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								\$52,396.00	
f. Federal share of unliquidated obligations								\$0.00	
g. Total Federal share (sum of lines e and f)								\$52,396.00	
h. Unobligated balance of Federal funds (line d minus g)								\$6,591,347.00	
Recipient Share:									
i. Total recipient share required								\$859,102.00	
j. Recipient share of expenditures								\$60,000.00	
k. Remaining recipient share to be provided (line i minus j)								\$799,102.00	
Program Income:									
l. Total Federal share of program income earned								\$128,378.00	
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)								\$128,378.00	
11. Indirect Expense		a. Type Provisional	b. Rate 6.7	c. Period From October 1, 2020	Period To June 30, 2021	d. Base \$19,196.00	e. Amount Charged \$1,286.13	f. Federal Share \$1,286.13	
g. Totals:						\$19,196.00	\$1,286.13	\$1,286.13	
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 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) June 14, 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/OIG/PHR, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PHR 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 : ACTIVE (as of 06/14/2021)

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): \$ 0

Program income expended (current fiscal year): \$ 0

Note: Expenditures that were originally reported on the Election Security Grant FFY20 FFR for the one-time lease of additional tabulating equipment for the Nov. 2020 General Election (\$229,950 for the tabulators and \$15,406.65 in indirect costs) were re-coded after the FFY20 reporting period to be expended from CARES Act funds. Accordingly, this report shows a decrease in the cumulative funds spent due to the return of these funds to the HAVA Security Grant. The amount charged in Item 11e as calculated based on the rate of 6.70 is slightly less than the actual amount charged of \$1,288, because the actual rate is 6.709.

Federal Agency Review

Reviewer Name :

Phone # :

Email :

Review Date :

Review Comments :

EAC Progress Report

Response ID:363 Data

1. Login

2. Verification

3. EAC Progress Report

1. State or Territory:

Maine

2. Grant Number:

ME20101001-01

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

Secretary Of State, Maine Department Of The

Street Address

101 State House Station, Cross Ofc Bldg

City

Augusta

State

ME

Zip

04333-0101

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.

We used federal funds to reimburse municipalities for the purchase of absentee ballot drop boxes used for the November 2020 General Election. Most of the municipalities that purchased absentee ballot drop boxes before the November 2020 election submitted their requests for reimbursement before the end of 2020 and were reimbursed from the CARES Act. The Election Security funds were spent during this period on reimbursements for municipalities whose reimbursement requests were not submitted until 2021.

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.**

During the last reporting period (annual FFR for FFY20), we expended \$245,377, which included \$229,950 for the one-time lease of additional tabulating equipment plus \$15,427 in indirect cost charges. After the reporting period, we determined that we could pay these costs from the CARES Act grant, and re-coded the expenditure. This resulted in a credit back to the Election Security fund of \$245,377 (\$229,950 for the lease cost and \$15,427 for the indirect costs). Accordingly, this report shows a net negative expenditure of funds during the reporting period.

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.

During this six-month period, we have been developing a plan for the replacement of the central voter registration system, but have not yet expended any federal funds towards this project. We also have made progress towards implementation of an Automatic Voter Registration system, but also have not expended federal funds on this project during this reporting period.

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.

N/A

13. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

We expended state general funds on the 2021 Service/Maintenance Agreement for the software/service that generates and provides blank ballots for UOCAVA voters for all federal and state elections.

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:	\$0.00	\$60,000.00
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	-\$224,894.00	\$60,000.00
State Program Overhead (indirect costs)	\$1,288.00	\$0.00
Voting Processes (Abs. Ballot Drop Off Boxes)	\$19,196.00	\$0.00
Voting Processes (Voting Equipment Lease)	-\$229,950.00	\$0.00
Reimbursement of State Program Overhead	-\$15,427.00	\$0.00

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

Julie

Last Name

Flynn

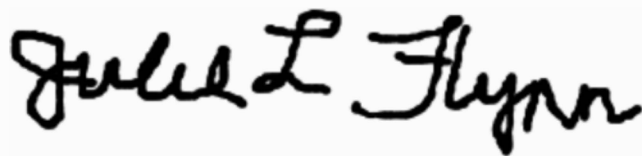
Title

Deputy Secretary of State

Phone Number

Email Address

Signature of Certifying Official:

A handwritten signature in black ink that reads "Julie L. Flynn". The signature is written in a cursive, flowing style.

Signature of: Julie L. Flynn

7. Report Submitted to EAC

By: [Signature] Date: [Date]

Signature of [Name] Date: [Date]