

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>ELECTION ASSISTANCE COMMISSION</b>					2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  <b>NJ20101001</b>																										
3. Recipient Organization (Name and complete address including Zip code)  <b>STATE, NEW JERSEY DEPARTMENT OF CN 308, TRENTON, NJ 086250308</b>																															
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: <b>March 28, 2018</b> To: <b>September 30, 2099</b>					9. Reporting Period End Date (Month, Day, Year) <b>March 31, 2021</b>																										
<b>10. Transactions</b>						Cumulative																									
(Use lines a-c for single or combined multiple grant reporting)																															
<b>Federal Cash (To report multiple grants separately, also use FFR Attachment):</b>																															
a. Cash Receipts						\$20,740,674.00																									
b. Cash Disbursements						\$20,740,674.00																									
c. Cash on Hand (line a minus b)						\$0.00																									
(Use lines d-o for single grant reporting)																															
<b>Federal Expenditures and Unobligated Balance:</b>																															
d. Total Federal funds authorized						\$20,740,674.00																									
e. Federal share of expenditures						\$6,544,411.06																									
f. Federal share of unliquidated obligations						\$8,133.38																									
g. Total Federal share (sum of lines e and f)						\$6,552,544.44																									
h. Unobligated balance of Federal funds (line d minus g)						\$14,188,129.56																									
<b>Recipient Share:</b>																															
i. Total recipient share required						\$2,684,517.00																									
j. Recipient share of expenditures						\$2,684,517.00																									
k. Remaining recipient share to be provided (line i minus j)						\$0.00																									
<b>Program Income:</b>																															
l. Total Federal share of program income earned						\$383,460.72																									
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)						\$383,460.71																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">11. Indirect Expense</td> <td style="width: 10%;">a. Type</td> <td style="width: 10%;">b. Rate</td> <td style="width: 10%;">c. Period From</td> <td style="width: 10%;">Period To</td> <td style="width: 10%;">d. Base</td> <td style="width: 10%;">e. Amount Charged</td> <td style="width: 10%;">f. Federal Share</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">g. Totals:</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> <td style="text-align: right;">\$0.00</td> </tr> </table>								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
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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  <b>Kemery, Jacqueline Chief Financial Officer</b>					c. Telephone (Area code, number, and extension)  d. Email Address																										
b. Signature of Authorized Certifying Official  <b>Kemery, Jacqueline</b>					e. Date Report Submitted (Month, Day, Year)  <b>July 21, 2021</b>																										

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)

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**Federal Agency & Organization** : ELECTION ASSISTANCE COMMISSION**Federal Grant ID** : NJ20101001**Recipient Organization** : STATE, NEW JERSEY DEPARTMENT OF  
CN 308, TRENTON, NJ 086250308**DUNS Number** :**DUNS Status when Certified** : ACTIVE (as of 07/21/2021)**EIN** :**Reporting Period End Date** : March 31, 2021**Status** : Awarding 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): \$ Source: e.g. Sale of  
registration list

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

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**Federal Agency Review****Reviewer Name** :**Phone #** :**Email** :**Review Date** :**Review Comments** :

# EAC Progress Report

Response ID:304 Data

## 1. Login

## 2. Verification

## 3. EAC Progress Report

### 1. State or Territory:

New Jersey

### 2. Grant Number:

NJ20101001-01

### 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

Office Of The Secretary Of State

**Street Address**

Po Box 300

**City**

Trenton

**State**

NJ

**Zip**

08625

#### 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 engaged with the NJ Department of Homeland Security as the grant funds three FTEs to conduct Cyber and Physical Security reviews at all county election facilities. NJ also created "to go boxes" for each county to have on hand in case of an emergency. These "to go boxes" include laptops, wifi and printers for remote access as a contingency plan during Election cycles if there were an emergency.

**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.**

There were no significant changes to our program plan.

**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

**Provide a description of any training conducted.**

**Otherwise enter N/A.**

**11. Provide a description of any security training conducted.**

**Otherwise enter N/A.**

No security training was conducted during this period.

**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.**

Sub grants are given on a rolling basis over the next five year to upgrade it cyber and physical security as well as ADA compliance issues.

**13. Match (if applicable):**

**Describe how you are meeting the matching requirement.**

**Otherwise enter - match not required.**

The NJ Division of Elections has meant it match by doing a Voter Education Campaign.

The campaign messaging evolved with changing market conditions, addressing:

- Voter registration deadlines
- Vote-by-mail deadlines
- Importance of timely mailing of vote by mail ballots
- Awareness of the multiple ways to vote
- Myths surrounding the voting process
- The CEIR Grant enabled the NJ Division of Elections effort to:
  - Reach registered voters throughout all 21 counties of New Jersey to educate and inform them regarding the general election, procedures and requirements.
  - Design the NEW JERSEY VOTES campaign using an integrated media strategy—PR, TV, radio, digital, outdoor and print.
  - Afford a media plan that delivered nearly 700 million impressions, reaching each NJ resident an estimated 75 times.
  - Fund a PR campaign that yielded 5 press releases, 30 interviews, 50+ stories and over 85 million impressions.
  - Engage residents with a social media presence that generated over 7.8 million impressions.
  - Educate and explain how to register to vote, how to obtain a mail-in ballot, how to complete it and, if mailed, when it must be postmarked—increasing the percentage of NJ registered voters and the number who voted.
  - Identify and provide resources regarding the several ways to vote during this election.

CEIR Grant Summary

- Educate regarding COVID-19 safety procedures and behavior requirements to be adhered to at in-person polling locations.

- Indicate need to connect to local election officials for polling and ballot drop box locations, forms, questions and any information or procedural updates.
- Provide messaging in English, Chinese, Korean, Spanish, Portuguese, Hindi, Haitian, Creole and Gujarati.
- Provided educational information to the New Jersey ethnic communities, including, but not limited to, African American, LatinX, South Asian/Indian and Jewish.

## Results

New Jersey saw a record-breaking number of ballots cast for the 2020 general election according to the New Jersey Department of State. The 2020 Safe. Simple. Secure. campaign helped inspire more than 4.6 million Garden State voters among the State's over 6.4 million registered voters (76.6% of active registered voters and 72.3% of total registered voters) to cast ballots in the 2020 election, significantly exceeding the 2016 General Election turnout.

**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:		
Post-Election Auditing:		
Voter Registration Systems:		
Cyber Security:	\$213,155.91	
Communications:		
Total	\$5,158,324.81	
Others (describe) Reimbursement to Counties for Primary Election for Covid Related Expenses to Run the election	\$4,707,385.18	
Others (describe) Equipment	\$277,645.38	
Others (describe) Physical Security	\$149,561.48	
Others (describe) Training/ADA Compliance	\$88,222.24	

## 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**

Jacqueline

**Last Name**

Kemery

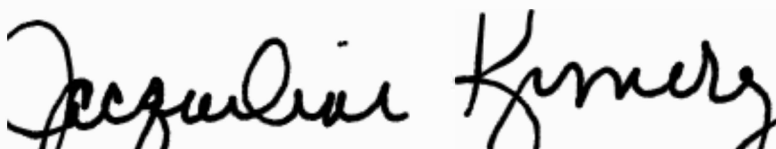
**Title**

Chief Financial Officer/Grant Manager

**Phone Number**

**Email Address**

Signature of Certifying Official:



Signature of: Jacqueline Kemery

## 7. Report Submitted to EAC