

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) OR20101001
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3. Recipient Organization (Name and complete address including Zip code)

Secretary Of State, Oregon
255 Capitol St NE Ste 151, Salem, OR 973101304

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 type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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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
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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	\$11,392,029.00
b. Cash Disbursements	\$933,343.56
c. Cash on Hand (line a minus b)	\$10,458,685.44

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	\$11,392,029.00
e. Federal share of expenditures	\$1,252,542.21
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$1,252,542.21
h. Unobligated balance of Federal funds (line d minus g)	\$10,139,486.79

Recipient Share:

i. Total recipient share required	\$1,473,959.00
j. Recipient share of expenditures	\$268,149.00
k. Remaining recipient share to be provided (line i minus j)	\$1,205,810.00

Program Income:

l. Total Federal share of program income earned	\$319,198.65
m. Program income expended in accordance with the deduction alternative	\$0.00
n. Program income expended in accordance with the addition alternative	\$319,198.65
o. Unexpended program income (line l minus line m and line n)	\$0.00

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

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:
 State Interest Earned: \$139,220.59

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 Hickam, Michael Financial Services Manager	c. Telephone (Area code, number, and extension) d. Email Address
b. Signature of Authorized Certifying Official Hickam, Michael	e. Date Report Submitted (Month, Day, Year) February 18, 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

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(Additional Page)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : OR20101001

Recipient Organization : Secretary Of State, Oregon
255 Capitol St NE Ste 151, Salem, OR 973101304

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:143 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:

Oregon

2. Grant Number:

OR20101001

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, Oregon

Street Address

255 Capitol St Ne Ste 151

City

Salem

State

OR

Zip

97310

4. Progress and Narrative

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

The Secretary provided the opportunity for the 36 county elections officials to use funds in the amount of \$30,000 to upgrade their elections security systems. However, not all counties have taken advantage of these funds at this time. Counties were required to submit request showing the improvements of security measures that they wanted to implement or have already implemented for reimbursement. Counties submitted their invoices to verify the purchases.

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.

The Secretary provided the opportunity for the 36 county elections officials to use funds in the amount of \$30,000 to upgrade their elections security systems. However, not all counties have taken advantage of these funds at this time.

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

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 voting equipment was purchased.

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 was 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 Secretary is currently using general and other fund sources for HAVA activity.

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 Secretary will be using these funds to replace and further secure the Oregon Centralized Voter Registration System. An RFP has been issued for responses and once a successful vendor has complied with all requirements we will move forward in replacing the system.

5. Expenditures

20. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES

	Federal	Match
Voting Equipment:	\$0.00	\$0.00
Post-Election Auditing:	\$0.00	\$0.00
Voter Registration Systems:	\$0.00	\$0.00
Cyber Security:	\$743,297.68	\$0.00
Communications:	\$0.00	\$0.00
Total	\$743,297.68	\$0.00

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Brenda

Last Name

Bayes

Title

Interim Elections Director

Phone Number

Email Address

Signature of Certifying Official:



Signature of: Brenda Bayes

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.