

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				
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	7. Basis of Accounting			
				<input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Project/Grant Period (Month, Day, Year) From: March 28, 2018				9. Reporting Period End Date (Month, Day, Year) September 30, 2019				
				March 31, 2021				
10. Transactions					Cumulative			
<i>(Use lines a-c for single or combined multiple grant reporting)</i>								
Federal Cash (To report multiple grants separately, also use FFR Attachment):								
a. Cash Receipts					\$11,392,028.00			
b. Cash Disbursements					\$1,086,437.53			
c. Cash on Hand (line a minus b)					\$10,305,590.47			
<i>(Use lines d-o for single grant reporting)</i>								
Federal Expenditures and Unobligated Balance:								
d. Total Federal funds authorized					\$11,392,028.00			
e. Federal share of expenditures					\$1,086,493.16			
f. Federal share of unliquidated obligations					\$0.00			
g. Total Federal share (sum of lines e and f)					\$1,086,493.16			
h. Unobligated balance of Federal funds (line d minus g)					\$10,305,534.84			
Recipient Share:								
i. Total recipient share required					\$1,473,959.00			
j. Recipient share of expenditures					\$1,473,959.00			
k. Remaining recipient share to be provided (line i minus j)					\$0.00			
Program Income:								
l. Total Federal share of program income earned					\$358,106.46			
m. Program income expended in accordance with the deduction alternative					\$0.00			
n. Program income expended in accordance with the addition alternative					\$358,106.46			
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: 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 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)			

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)

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 : ACTIVE (as of 04/21/2021)

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): \$38,907.81
State interest expended (current fiscal year): \$38,907.81
Program income earned (current fiscal year): \$0.00
Program income earned breakdown (current fiscal year): \$ Source: e.g. Sale of registration list N/A
Program income expended (current fiscal year): \$0.00

Federal Agency Review

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

EAC Progress Report

Response ID:314 Data

1. Login

2. Verification

3. EAC Progress Report

1. State or Territory:

Oregon

2. Grant Number:

OR20101001

3. Report:

Semi-Annual (Oct 1 - March 31)

4. Grant:

Please select only one.

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5. Reporting Period Start Date

10/01/2020

6. Reporting Period End Date

03/31/2021

7. 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

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

Oregon provided the 36 county elections officials with a grant amount of \$30,000 for them to obtain and upgrade any security measures for their county.

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.

N/A

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

11. 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.

Security infrastructure activities such as security entrances, cameras, security lighting for dropsites, security window obstructions and some security upgrades to their sorting equipment and cybersecurity.

12. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

We used other and general fund dollars to provide our match.

5. Expenditures

13. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES

	Federal	Match
Voting Equipment and Processes:		\$195,490.00
Post-Election Auditing:		
Voter Registration Systems:		\$394,000.00
Cyber Security:	-\$166,049.05	\$616,320.00
Communications:		
Total	-\$166,049.05	\$1,205,810.00

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