

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) AR20101CARES
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3. Recipient Organization (Name and complete address including Zip code)
**Secretary of State, Arkansas Office of the
500 Woodlane Ave Ste 256, Little Rock, AR 722011036**

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, 2020 To: December 31, 2020	9. Reporting Period End Date (Month, Day, Year) December 31, 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	\$4,719,034.00
b. Cash Disbursements	\$1,409,214.00
c. Cash on Hand (line a minus b)	\$3,309,820.00

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	\$4,719,034.00
e. Federal share of expenditures	\$1,409,214.00
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$1,409,214.00
h. Unobligated balance of Federal funds (line d minus g)	\$3,309,820.00

Recipient Share:

i. Total recipient share required	\$943,807.00
j. Recipient share of expenditures	\$527,078.00
k. Remaining recipient share to be provided (line i minus j)	\$416,729.00

Program Income:

l. Total Federal share of program income earned	\$3,974.00
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)	\$3,974.00

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: \$0.

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 Muir, Jordan Assistant Business Director	c. Telephone (Area code, number, and extension) d. Email Address
b. Signature of Authorized Certifying Official Muir, Jordan	e. Date Report Submitted (Month, Day, Year) March 10, 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 : AR20101CARES

Recipient Organization : Secretary of State, Arkansas Office of the
500 Woodlane Ave Ste 256, Little Rock, AR 722011036

DUNS Number :

EIN :

Reporting Period End Date :
Status : December 31, 2020

Remarks : Report Certified/Pending Agency Approval
State Interest Earned: \$0.
State Interest Expended: \$0.

Program Income Earned: \$0.
Program Income Earned Breakdown: \$0 Source:
N/A Program Income Expended: \$0.

Federal Agency Review

Reviewer Name :

Phone # :

Email :

Review Date :

Review Comments :

EAC Progress Report

Response ID:147 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:

Arkansas

2. Grant Number:

AR20101CARES

3. Report:

CARES (Off-cycle report only due February 28, 2021)

4. Grant:

Please select only one.

CARES

5. Reporting Period Start Date

03/28/2020

6. Reporting Period End Date

12/31/2021

7. DUNS/UEI:

8. EIN:

9. Recipient Organization:

Organization Name

Arkansas Secretary Of State

Street Address

500 Woodlane Avenue Suite 256

City

Little Rock

State

AR

Zip

72201

4. Progress and Narrative

10. CARES Grant Specific:

Describe how you used the funds to address the pandemic.

These funds were used to provide personal protection equipment and supplies to all seventy-five (75) counties to ensure the safe conduct of the November 2020 presidential election, purchase two (2) DS-450 machines to assist larger counties in processing of increased numbers of absentee ballots as a result of the coronavirus, and pay for media costs associated with public messaging regarding election processes during the COVID-19 pandemic.

11. Describe the major issues you faced in dealing with the pandemic in the election cycle.

Safety measures of following guidelines from CDC required mass purchasing that was difficult given the shortages in the world of necessary supplies. Safe and timely delivery of said supplies was also difficult.

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

These funds were used to provide personal protection equipment and supplies to all seventy-five (75) counties to ensure the safe conduct of the November 2020 presidential election, purchase two (2) DS-450 machines to assist larger counties in processing of increased numbers of absentee ballots as a result of the coronavirus, and pay for media costs associated with public messaging regarding election processes during the COVID-19 pandemic.

The first several months after receiving the grant funds were spent identifying and securing vendors to supply the PPE needed for poll workers and stations, and beginning in June 2020 our office began receiving and stock piling these supplies for distribution in November. This process continued from June through October of 2020, at which time set up for various polling sites began and SOS staff drove across the state distributing the acquired PPE as needed.

In December of 2020, our office allowed counties to submit expense reports to SOS for costs associated with PPE and other supplies for the election that they had acquired personally, at which point SOS staff reviewed the submitted reports and identified allowable costs under the grant and then reimbursed these amounts to the counties.

13. 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.

Supplies and extra equipment was amassed at SOS facilities until it was deemed an appropriate time for delivery to various polling locations throughout the state for set up. Supplies began being purchased in June and continued through October before distribution in late October and early November prior to the election.

Additional equipment (mentioned in prior sections) was purchased in late October to assist larger counties in processing additional polling sites and with distancing of voters and polling locations.

The only variation from the states initial plan of use for the grant funding was the delay in acquiring PPE caused by the mass shortages in the face of the pandemic.

14. 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.

15. 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

16. 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.

Two DS450 high speed digital image scanners with start up kits, covers, printers and battery backups were purchased for large counties, to assist in distancing voters with extra polling stations, and to have extra equipment available should any equipment malfunction.

17. 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.

18. 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

19. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

Match was met by first expending a large amount of state funds on PPE supplies and equipment before expending any federal funds. All matching purchases occurred in June of 2020, at which time SOS began utilizing grant funds. By June 30, SOS had matched approximately two million dollars in grant funding, and the office planned to utilize the matched grant funds until expenditures exceeded the matched amount.

20. 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 major issues encountered outside of the delay in purchases of PPE due to shortages that have been previously described.

21. Upcoming Activities:

Provide a timeline and description of upcoming activities.

At this time, no further activities are planned by SOS.

5. Expenditures

22. Current Period Amount Expended and Unliquidated Obligations

CARES COST CATEGORIES

	Federal	Match
Voting Processes:	\$103,455.00	\$51,441.00
Staffing:		
Security and Training:		
Communications:	\$350,000.00	\$215,400.00
Supplies:	\$955,759.00	\$260,237.00
Total	\$1,409,214.00	\$527,078.00

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Jordan

Last Name

Muir

Title

Assistant Director of Business

Phone Number

Email Address

Signature of Certifying Official:



Signature of: Jordan J Muir

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.