FEDERAL FINANCIAL REPORT

	Igency and Org			h Report is Submitted	ist octors)		ency (To re		umber Assigned by nts, use FFR Attachment
				s including Zip code)		ASZUTUT	CARES		
	5		·	5 , ,					
ELECTIO	N OFFICE								
3970 TAF				96799, AS 96799					
4a. DUNS N		4b.		5. Recipient Account N	lumber or Ide	entifying Num	ber 6. Rep	ort Type	7. Basis of Accounting
				(To report multiple grai	nts, use FFR	Attachment)		arterly	Cash
							Se 🖾 An	mi-Annual nual	Accural
3.1.2			-0000 E.G.S.	1005 I			🗌 Fir		
8. Project/G	rant Period (Mo	onth, Day,	Year)				9. Reporti	ng Period End D	ate (Month, Day, Year)
From: Mai	rch 28, 2020			To: December 31,	2020		Decemt	per 31, 2020	
10. Transac									Cumulative
(Use lines a	-c for single or	combined	multiple grant rep	orting)					
Federal Ca	sh (To report i	multiple g	rants separately,	also use FFR Attachme	nt):			4	
a. Cash F	Receipts								\$600,000.00
b. Cash E	Disbursements								\$600,000.00
c. Cash o	n Hand (line a	minus b)							\$0.00
<u>-</u>	l-o for single gr		07						
Federal Exp	penditures and	d Unobliga	ated Balance:					,	
d. Total F	ederal funds a	uthorized							\$600,000.00
e. Federa	I share of expe	enditures							\$600,000.00
	share of unliq		0						\$0.00
g. Total F	ederal share (s	sum of line	s e and f)						\$600,000.00
h. Unoblig	gated balance	of Federal	funds (line d minu	s g)					\$0.00
Recipient S	Share:								
	cipient share re								\$0.00
	nt share of exp								\$0.00
	<u> </u>	hare to be	provided (line i mi	nusj)					\$0.00
Program In			· · ·					1	8 0.00
	ederal share of								\$0.00
	· · ·			e deduction alternative					\$0.00
				addition alternative					\$0.00
		r`	ne I minus line m				1.		\$0.00
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base		e. Amou	nt Charged	f. Federal Share
Lypense			-		-				
-	<u></u>			g. Totolo:		00.00		0.00	¢0.00
	• • • •		· ·	g. Totals:		\$0.00	<u> </u>	\$0.00	\$0.00
12. Remark	s: Attach any e	xplanation	s deemed necessa	ary or information required	d by Federal	sponsonng a	gency in c	ompliance with g	overning legislation:
		•	• • •	he best of my knowledg					
				for the purposes and in to criminal, civil, or adr					
			f Authorized Certif				,		ber, and extension)
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Saelua, L						u. 1		655	
	oordinator	Cadif in	Official				ata Dara	4. Cubing 144 45 - 4	
-	of Authorized	Certifying	Unicial					t Submitted (Mo	nın, Day, Year)
Saelua, L	aloifi						arch 5, 2		
.						Nur	idard Form 42 iber: 4040-00 e: 02/28/2022		
Paperwork Bu	rden 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 tor this collection of information is estimated to average 1 hours 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	: AS20101CARES
Recipient Organization	ELECTION OFFICE
	3970 TAFUNA AIRPORT ROAD, PAGO PAGO 96799, AS 96799
DUNS Number	
EIN	2
Reporting Period End Date	: December 31, 2020
Status	: Awarding Agency Approval
Remarks	1

		Federal Ag
Reviewer Name	:	
Phone #	:	
Email	:	
Review Date	:	
Review Comments	8	

Federal Agency Review

EAC Progress Report

Response ID:257 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:

American Samoa

2. Grant Number:

AS20101CARES

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

12/31/2020

7. DUNS/UEI:

8. EIN:

9. Recipient Organization:

Organization Name

American Samoa Election Office

Street Address			
3970 Tafuna Airport	Road		
City			
Pago Pago			
State			
AS			
Zip			
96799			

4. Progress and Narrative

10. CARES Grant Specific:

Describe how you used the funds to address the pandemic.

The funds were used to purchase sanitary supplies to equip all polling stations with. Sanitation supplies for our central were purchased as well. Extra security personnel, emergency staff and additional election official personnel were trained and hired to ensure the election itself was administered in accordance with local government mandates in response to the pandemic. Equipment and office supplies were purchased to accommodate the additional staff, as well as the newly formed (temporary) election Covid-19 task force.

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

One of the major issues we faced was the local government's decision to close the territory's borders. Administering the election and making it possible for our registered voters who were stranded off-island to exercise their right to vote was a whole new obstacle our office had never before faced. Secondly, administering the election in compliance with the general mandates issued to the territory in the Governor's Covid-19 Proclamation made preparation very difficult. It was like trying to tie your shoelace with one had tied behind your back.

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

During this reporting period, most of the previous preparations for the Election had to be revisited and tailored to comply with the local government's Covid-19 mandates. Most of the approved grant activities included:

1. Outreach program activities and Disabled Voters Assistance Program were adjusted to be virtual and if necessary, home visits were no longer done in teams but in pairs. Face masks quickly became a work necessity and everywhere we went our facemasks were a priority, and hand sanitizer was essential. Instead of meeting with larger groups, our teams met with small groups and that required more personnel and small groups met separately to avoid crowds and gatherings.

2. The entire election office was supplied with facemasks, sanitizers, wipes and cleaning products in order to maintain the office's cleanliness before, during and after operational hours.

3. Emergency staff were hired to help in the election office's efforts and changes made to the original calendar of events for the election year.

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.

May 2020 - Begin hiring process for emergency hires and additional staff; Bill introduces in the House of Representatives to allow stranded residents to vote via absentee for local office election if borders are to remained closed until election day. June 2020 - Training of emergency hires, regular staff assigned to Outreach and Disabled Voters Assistance program begin scouting stages of programs.

July 2020 - Bulk purchasing of sanitation supplies, office equipment and polling station supplies. Begin advertising the steps

to vote during the pandemic in the newspaper, radio and television ads.

August 2020 - District sub-groups training begins and commences throughout October. Also, additional polling stations being scouted and inspected for Election Day use.

September 2020 - Training of Village Mayors, Department of Public Safety and others on their roles during election. October 2020 - Purchasing more sanitation supplies and contract cleaners to sanitize every polling station before and after election day set up. Presentation to the Governor's Cabinet and the Territory's Covid-19 Task Force on how Election will be administered. Advertisements continue to run in the local newspaper, radio and television.

November 3, 2020 - Election Day

December 2020 - Post Election Surveying

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.

The most significant changes happened in how we executed the implementation of the programs. The overall goal of covering the entire territory's population of registered voters remained the same, only instead of teams covering districts, we opted to execute our programs by partners in a more personal setting to comply with the Governor's proclamation regarding Covid-19.

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.

One of the biggest developments was being able to formulate an Action Plan to respond to times like these. Steps have been recorded and made into a section in our office's Standard Operating Procedures in the event we should experience anything like or similar to this pandemic.

Although the same goal was achieved as if programs were to have been executed as usual, unfortunately, amidst Covid-19, the program cost was not nearly equal to or less than usual. It was observed that careful navigation and execution costs more than if we were to operate in a normal atmosphere.

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.

No articles of voting equipment purchased during this period.

17. Provide a description of any security training conducted and the number of participants.

Otherwise enter - no security training conducted during this period.

Security Training - 4 training sessions; maximum number of participants per training was 20

Covid-19 Safety Training - 4 training sessions; maximum number of participants per training was 20

Covid-19 Election Day Protocols Training - 15 training sessions; maximum number of participants per training was 30

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 Not Required

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 mentionable issued encountered.

21. Upcoming Activities:

Provide a timeline and description of upcoming activities.

We have recently completed our Purge process of those inactive voters. Our office is currently compiling data for our Purge surveying. The goal is to gather data on those inactive or recently purged voters, to assess if their inactivity causing them to be purged from the election roll is Covid-19 related. This surveying will take place beginning in April and is expected to be completed by mid July.

5. Expenditures

22. Current Period Amount Expended and Unliquidated Obligations

CARES COST CATEGORIES

	Federal	Match
Voting Processes:	\$46,620.00	
Staffing:	\$388,696.15	
Security and Training:	\$24,572.37	
Communications:	\$48,609.65	
Supplies:	\$91,501.83	
Total	\$600,000.00	

OMB CONTROL NUMBER: 3265-0020

First Name	
Laloifi	
Last Name	
Saelua	
Title	
Grants Coordin	tor
Phone Number	
Email Address	

Jalva

Signature of: Laloifi Saelua

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.