### Election Assistance Commission

**State Library, Archives & Public Records, Arizona**

**1700 W Washington St Fl 7, Phoenix, AZ 850072808**

#### Federal Financial Report

- **Cumulative**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Federal Cash</td>
<td>$7,874,848.00</td>
</tr>
<tr>
<td>Cash Receipts</td>
<td>$7,874,848.00</td>
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<tr>
<td>Cash Disbursements</td>
<td>$0.00</td>
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<tr>
<td>Cash on Hand</td>
<td>$7,874,848.00</td>
</tr>
<tr>
<td>Federal Expenditures and Unobligated Balance</td>
<td>$7,874,848.00</td>
</tr>
<tr>
<td>Total Federal funds authorized</td>
<td>$7,874,848.00</td>
</tr>
<tr>
<td>Federal share of expenditures</td>
<td>$0.00</td>
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<tr>
<td>Federal share of unliquidated obligations</td>
<td>$0.00</td>
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<tr>
<td>Total Federal share</td>
<td>$0.00</td>
</tr>
<tr>
<td>Unobligated balance of Federal funds</td>
<td>$7,874,848.00</td>
</tr>
<tr>
<td>Recipient Share</td>
<td>$1,574,970.00</td>
</tr>
<tr>
<td>Total recipient share required</td>
<td>$1,574,970.00</td>
</tr>
<tr>
<td>Recipient share of expenditures</td>
<td>$0.00</td>
</tr>
<tr>
<td>Remaining recipient share to be provided</td>
<td>$1,574,970.00</td>
</tr>
<tr>
<td>Program Income</td>
<td>$16,605.40</td>
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<tr>
<td>Total Federal share of program income earned</td>
<td>$16,605.40</td>
</tr>
<tr>
<td>Program income expended in accordance with the deduction alternative</td>
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</tr>
<tr>
<td>Program income expended in accordance with the addition alternative</td>
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<tr>
<td>Unexpended program income</td>
<td>$16,605.40</td>
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</table>

#### Indirect Expense

<table>
<thead>
<tr>
<th>Type</th>
<th>Rate</th>
<th>Period From</th>
<th>Period To</th>
<th>Base</th>
<th>Amount Charged</th>
<th>Federal Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>g. Totals</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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<td></td>
</tr>
</tbody>
</table>

#### Remarks

Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

- **State interest earned (current fiscal year): $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)

- **Schnupp, Sarah**
  - **Chief Financial Officer**

#### Signature of Authorized Certifying Official

- **Schnupp, Sarah**
  - **February 26, 2021**

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**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 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/OClO/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PRA Reports Clearance Officer.
Federal Agency & Organization: Election Assistance Commission

Federal Grant ID: AZ20101CARES

Recipient Organization: State Library, Archives & Public Records, Arizona
1700 W Washington St Fl 7, Phoenix, AZ 850072808

DUNS Number: 

EIN: 

Reporting Period End Date: December 31, 2020

Status: Awarding Agency Approval

Remarks: State interest earned (current fiscal year): $0
State interest expended (current fiscal year): $0
Program income earned (current fiscal year): $16,605.40
Program income earned breakdown (current fiscal year): $16,605.40 interest
Program income expended (current fiscal year): $0
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

reCAPTCHA

reCAPTCHA answered

3. EAC Progress Report

1. State or Territory:
   Arizona

2. Grant Number:
   AZ20101CARES

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
   Arizona Secretary Of State
4. Progress and Narrative

10. CARES Grant Specific:

Describe how you used the funds to address the pandemic.

Arizona statute requires that grants received by the Secretary of State from the federal government be appropriated by the legislature before the funding is spent. The legislature never appropriated the funds so we were unable to use them.

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

Pollworker recruitment, handling increased customer service demand (larger than usual volume of emails and phone calls), procuring and distributing PPE for voting locations and ballot drop boxes to increase safe ballot return options, procuring and deploying mobile voting units to increase the # of available voting locations, coordinating ways to help voters get signed up to vote by mail (particularly rural and tribal communities), educating voters on how to safely vote during the pandemic, administering grants to counties to help fund their own COVID related initiatives, supporting counties in securing and adequately sanitizing voting locations.

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

We did not use the HAVA CARES funds at all, but we were able to address all of the major issues we faced using other coronavirus relief funds made available to us through the Governor's office.

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.

Not applicable, since we did not use the HAVA grant.

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.

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.

No favorable developments to report.

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.
Not applicable, since we did not use the HAVA grant

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

Otherwise enter - no security training conducted during this period.
Not applicable, since we did not use the HAVA grant

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.
Not applicable, since we did not use the HAVA grant

19. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.
Not applicable, since we did not use the HAVA grant

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.
The biggest obstacle in the way of implementation of the project was that the Arizona legislature did not appropriate our HAVA CARES funds, so we could not use them. We resolved this by working with the Governor's office to create a program titled AZVoteSafe for pandemic related costs and activities for the 2020 federal election cycle using other coronavirus relief funds.

21. Upcoming Activities:

Provide a timeline and description of upcoming activities.
None anticipated

5. Expenditures

22. Current Period Amount Expended and Unliquidated Obligations

CARES COST CATEGORIES
<table>
<thead>
<tr>
<th></th>
<th>Federal</th>
<th>Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voting Processes:</td>
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<td>$0.00</td>
</tr>
<tr>
<td>Staffing:</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Security and Training:</td>
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<td>$0.00</td>
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<tr>
<td>Communications:</td>
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<td>$0.00</td>
</tr>
<tr>
<td>Supplies:</td>
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<td>$0.00</td>
</tr>
<tr>
<td>Total</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
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</table>

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Sarah</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>Schnupp</td>
</tr>
<tr>
<td>Title</td>
<td>Chief Financial Officer</td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

Signature of Certifying Official:

[Signature]

Signature of: Sarah Schnupp
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.