

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) AZ20101CARES				
3. Recipient Organization (Name and complete address including Zip code) State Library, Archives & Public Records, Arizona 1700 W Washington St Fl 7, Phoenix, AZ 850072808								
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 type="checkbox"/> Semi-Annual <input checked="" 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, 2020				9. Reporting Period End Date (Month, Day, Year) December 31, 2020				
To: December 31, 2020								
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					\$7,874,848.00			
b. Cash Disbursements					\$0.00			
c. Cash on Hand (line a minus b)					\$7,874,848.00			
<i>(Use lines d-o for single grant reporting)</i>								
Federal Expenditures and Unobligated Balance:								
d. Total Federal funds authorized					\$7,874,848.00			
e. Federal share of expenditures					\$0.00			
f. Federal share of unliquidated obligations					\$0.00			
g. Total Federal share (sum of lines e and f)					\$0.00			
h. Unobligated balance of Federal funds (line d minus g)					\$7,874,848.00			
Recipient Share:								
i. Total recipient share required					\$1,574,970.00			
j. Recipient share of expenditures					\$0.00			
k. Remaining recipient share to be provided (line i minus j)					\$1,574,970.00			
Program Income:								
l. Total Federal share of program income earned					\$16,605.40			
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)					\$16,605.40			
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 (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)								
a. Typed or Printed Name and Title of Authorized Certifying Official Schnupp, Sarah Chief Financial Officer					c. Telephone (Area code, number, and extension)			
					d. Email Address			
b. Signature of Authorized Certifying Official Schnupp, Sarah					e. Date Report Submitted (Month, Day, Year) February 26, 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

FEDERAL FINANCIAL REPORT

(Additional Page)

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

EAC Progress Report

Response ID:212 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

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

Street Address

1700 W Washington, 7th Floor

City

Phoenix

State

AZ

Zip

85007

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.

Not applicable, since we did not use the HAVA grant

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

	Federal	Match
Voting Processes:	\$0.00	\$0.00
Staffing:	\$0.00	\$0.00
Security and Training:	\$0.00	\$0.00
Communications:	\$0.00	\$0.00
Supplies:	\$0.00	\$0.00
Total	\$0.00	\$0.00

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Sarah

Last Name

Schnupp

Title

Chief Financial Officer

Phone Number

Email Address

Signature of Certifying Official:



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.