

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) CT20101CARES		
3. Recipient Organization (Name and complete address including Zip code) Connecticut, State of 210 Capitol Ave Ste 1, Hartford, CT 061061568							
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 type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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		
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						\$5,400,677.00	
b. Cash Disbursements						\$5,400,677.00	
c. Cash on Hand (line a minus b)						\$0.00	
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized						\$5,400,677.00	
e. Federal share of expenditures						\$5,400,677.00	
f. Federal share of unliquidated obligations						\$0.00	
g. Total Federal share (sum of lines e and f)						\$5,400,677.00	
h. Unobligated balance of Federal funds (line d minus g)						\$0.00	
Recipient Share:							
i. Total recipient share required						\$1,080,135.00	
j. Recipient share of expenditures						\$1,080,135.00	
k. Remaining recipient share to be provided (line i minus j)						\$0.00	
Program Income:							
l. Total Federal share of program income earned						\$108,013.00	
m. Program income expended in accordance with the deduction alternative						\$0.00	
n. Program income expended in accordance with the addition alternative						\$108,013.00	
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: State Interest Earned: Enter the current year amount earned or enter \$108,013.							
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 Bromley, Theodore Director of Elections					c. Telephone (Area code, number, and extension)		
					d. Email Address		
b. Signature of Authorized Certifying Official Bromley, Theodore					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

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(Additional Page)

Federal Agency & Organization : Election Assistance Commission

Federal Grant ID : CT20101CARES

Recipient Organization : Connecticut, State of
210 Capitol Ave Ste 1, Hartford, CT 061061568

DUNS Number :

EIN :

Reporting Period End Date : December 31, 2020

Status : Awarding Agency Approval

Remarks : State Interest Earned: Enter the current year amount earned or enter \$108,013.
State Interest Expended: Enter the current year amount expended or enter \$108,013
Program Income Earned: \$0.
Program Income Expended: \$0.

EAC Progress Report

Response ID:210 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:

Connecticut

2. Grant Number:

CT20101CARES

3. Report:

Final (Start of Grant - End)

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

Office Of The Secretary Of The State

Street Address

165 Capitol Avenue

City

Hartford

State

CT

Zip

06106

4. Progress and Narrative

Final Progress Report:

The final report is your opportunity to share the significant features of your project and present information about the results your project achieved.

It should be written as if the reader has no previous knowledge of your project's activities. The report should cover the entire period of performance.

Review and Self-Assessment:

Review and highlight all activities that occurred during the implementation of the project, including an assessment of your performance.

The Office of the Secretary of the State successfully used the Cares Act Funding to ensure that all voters are able to vote in a safe manner for both the Presidential Preference Primary in August and the November Election. We secured ballot drop boxes, PPE supplies and enhanced our absentee ballot system.

To accomplish this success the office created a grant program for Safe Polls and Absentee Ballots to ensure that each municipality has sufficient funds to administer a safe primary and election.

10. CARES Grant Specific:**Describe how you used the funds to address the pandemic.**

The Office of the Secretary of the State created a grant program for Safe Polls. This required each municipality to create a safe polls plan that included poll workers, back up poll workers, safety supplies and emergency contingency plans.

As a result of these plans the Secretary of the State provided grants to the municipalities to carry out these plans for both the primary and the election.

In addition, the office procured poll worker safety materials such as masks, sanitizer, face shields, and cleaning supplies for each polling place in the state.

In order to ensure that all voters did not have to risk their health to cast a ballot, the office engaged a vendor to mail an absentee ballot application to every eligible voter in the state for both the primary and general election.

In addition, the office engaged a vendor to assist municipal clerks with the issuance of the ballots for the August Primary.

Finally, the office established grants to assist each municipality in the issuance of absentee ballots and for the associated

postage for the general election.

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

The major issued faced by Connecticut was the ability to shift our election administration plans in a efficient manner to accommodate the fast changing landscape of the pandemic. Our Presidential Preference Primary was delayed twice due to the increased risk of the pandemic. In addition, we had to build an absentee ballot infrastructure in a very short timeframe and ensure that each of our 169 municipalities had sufficient resources and staff to accommodate the increase in ballot demand.

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

During this reporting period Connecticut ensured that over 600,000 voters were able to vote by absentee ballot. This is a rate of almost 30% compared to a non-pandemic election where the rate for absentee ballot voting is approximately 3-5%.

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.

Our project activities remained on target with our program narrative and funding request. We used the allocated funds to to prevent, prepare for, and respond to coronavirus, domestically or internationally, for the 2020 Federal election cycle. To address the effects of the coronavirus on the election we identified the following expenditure's as critical needs for immediate purchase: printing absentee ballots and envelopes, postage, additional machinery for ballot processing, cleaning supplies and protective equipment for poll workers, compensation for additional local election officials, costs associated with the relocation or addition of polling places and communication to notify voters of changes in the election process due to 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.

Connecticut encountered no significant changes or alterations to our program during the course of the project.

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.

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.

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.

Connecticut has met the matching requirement by allocating staff and associated cost of additional programs intended to assist with voting during a pandemic using state funds.

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 issues encountered

Impact:

Write an assessment of how your project has impacted the problems you were trying to solve. Were there unexpected benefits? Shortfalls?

The project was a success in Connecticut. The major benefit was the realization that an increase in absentee ballot usage can be accommodated with additional resources. We also realized that certain changes to our election law will assist with future election emergencies.

Lessons Learned:

Provide a review of your successes and suggest ways that your experience may be helpful to others. Did you make permanent changes to your processes?

The success of the project was due in large part to our local election officials. Working together and providing the necessary resources was the most important factor. The largest realization was that additional funding for elections is necessary. Using the CARES Act funding allowed Connecticut to carry out a successful 2020 election during the pandemic while most of society was working remotely.

5. Expenditures

21. Current Period Amount Expended and Unliquidated Obligations

CARES COST CATEGORIES

	Federal	Match
Voting Processes:	\$4,900,677.00	\$480,135.00
Staffing:		\$450,000.00
Security and Training:		
Communications:		\$150,000.00
Supplies:	\$500,000.00	
Total	\$5,400,677.00	\$1,080,135.00

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Denise

Last Name

Merrill

Title

Secretary of the State

Phone Number

Email Address

Signature of Certifying Official:



Signature of: Denise W Merrill

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.