### FEDERAL FINANCIAL REPORT

		-	I Element to Which	Report is Submitted	sudcuons)	Federal Age	ency (T		umber Assigned by nts, use FFR Attachment)
	N ASSISTAN			aduding Zip anda)		FL20101	CARE	S	
3. Recipient	Organization (	Name and	complete address in	ncluaing Zip code)					
	orida Departı								
			ee, FL 323996504	E Desiniant Assount N	umbororldo	ntifuina Num	horle		
4a. DUNS N	lumber	4b. I	=IN	5. Recipient Account N (To report multiple gran	its, use FFR	Attachment)			7. Basis of Accounting
						,			☐ Cash ⊠ Accural
8. Project/G	rant Period (Me	onth, Day, `	Year)				9. Rep	orting Period End D	ate (Month, Day, Year)
From: Mai	rch 28, 2020			To: December 31, 2	2020		Dec	ember 31, 2020	
10. Transac				2000111001101,1			2000		Cumulative
(Use lines a	-c for single or	combined	multiple grant report	ting)				I	
Federal Cas	sh (To report i	multiple gr	ants separately, al	so use FFR Attachmer	nt):				
a. Cash F	Receipts								\$20,253,853.00
b. Cash D	Disbursements								\$0.00
c. Cash o	n Hand (line a	minus b)							\$20,253,853.00
(Use lines d	-o for single gr	ant reportir	ng)						
Federal Exp	penditures and	d Unobliga	ated Balance:						
d. Total F	ederal funds a	uthorized							\$20,253,853.00
e. Federa	I share of expe	enditures							\$16,559,031.00
f. Federal	share of unliq	uidated obl	igations						\$0.00
g. Total F	ederal share (s	sum of lines	s e and f)						\$16,559,031.00
h. Unoblig	gated balance	of Federal f	funds (line d minus ູ	g)					\$3,694,822.00
<b>Recipient S</b>	Share:								
i. Total re	cipient share re	equired							\$4,050,771.00
j. Recipie	nt share of exp	enditures							\$3,459,180.04
k. Remair	ning recipient s	hare to be	provided (line i minu	ıs j)					\$591,590.96
Program In									
	ederal share of	1 0							\$112,283.99
				deduction alternative					\$0.00
-	-		cordance with the a						\$0.00
· ·		L (	ne I minus line m an	,	1				\$112,283.99
11. Indirect Expense	а. Туре	b. Rate	c. Period From	Period To	d. Base		e. Ar	nount Charged	f. Federal Share
Lypense									
						<b>*</b> 0.00		<b>*</b> 0.00	<b>*</b> 0.00
	•		· · ·	g. Totals:		\$0.00		\$0.00	\$0.00
12. Remark	s: Attach any e	xplanation	s deemed necessary	<pre>/ or information required</pre>	by Federal	sponsoring a	gency	in compliance with g	overning legislation:
This is a (	Cumulative re	eport.							
expenditure	es, disbursem	ents and o	ash receipts are fo	e best of my knowledge or the purposes and in o criminal, civil, or adm	tent set fort	h in the awa	rd doc	uments. I am awar	e that any false,
a. Typed or	Printed Name	and Title of	f Authorized Certifyir	ng Official		c. 1	Felepho	one (Area code, num	ber, and extension)
Matthews	s, Maria					d.	Email A	Address	
Director	<b>6 A</b> 41	0.111							
	of Authorized	Certifying (	Jmcial			e. [	Jate Re	eport Submitted (Mo	nth, Day, Year)
Matthews	s, Maria							, 2021	
						OM		rm 425 /al Number: 4040-0014 ate: 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 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/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 Recipient Organization	<ul> <li>FL20101CARES</li> <li>State, Florida Department Of</li> <li>500 S Bronough St, Tallahassee, FL 323996504</li> </ul>
DUNS Number DUNS Status when Certified EIN	
Reporting Period End Date Status Remarks	<ul> <li>December 31, 2020</li> <li>Awarding Agency Approval</li> <li>This is a Cumulative report.</li> </ul>
	Income is Interest Earned: \$112,283.99 State Share Interest Earned: \$0 Program Income: \$0
	This is not the final report. The difference in reporting amount compared to progress report is due to a cash on hand error previously reported. This report will balance out said error.

Federal Agency Review							
Reviewer Name	:						
Phone #	:						
Email	:						
Review Date	:						
Review Comments	:						

# EAC Progress Report

# 1. Login

# 3. EAC Progress Report

### 1. State or Territory:

Florida

# 2. Grant Number:

FL20101CARES

### 3. Report:

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

#### 4. Grant:

Please select only one.

CARES

## 5. Reporting Period Start Date

03/01/2020

# 6. Reporting Period End Date

12/31/2020

### 7. Recipient Organization:

### **Organization Name**

Department Of State - Division Of Elections

### Street Address

500 South Bronough Street Rm 316

<b>City</b> Tallahassee				
State FL				
<b>Zip</b> 32399				

# 4. Progress and Narrative

### 8. CARES Grant Specific:

Describe in detail how you used the funds to address the pandemic and explain how you implemented the approved grant activities.

Under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act)(Public Law 116-136) Florida was awarded a total of \$20,253,853 with a \$4,050,771 match requirement (20%).

Consistent with our formal request for CARES funds dated May 15, 2021 to the U.S. EAC, the funds were used to "offset and to help cover allowable COVID-19 related expenses to be incurred for federal elections in 2020."

The award occurred outside of the regularly scheduled legislative session. Once special legislative authority was granted, funds became available on July 1, 2020. The State made the entirety of these funds (\$20,253,853) through a subgrant program to the local election officials. (see details below regarding subgrant program.)

#### 9. Describe the major issues you faced in dealing with the pandemic and how you addressed or resolved those issues.

To the extent issues arose dealing with the pandemic, CARES funds were used to "to prevent, prepare for, and respond to coronavirus, domestically or internationally, for the 2020 Federal election cycle.

### 10. Provide a description of any training conducted.

#### Otherwise enter N/A.

N/A

11. 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.

The Department of State made the entirety of its award (\$20,253,853) was made available to local election officials in the 67 county jurisdictions. Once special legislative authority to disburse the federal award was obtained (which occurred outside of the regularly scheduled legislative session), the funds became available on July 1, 2020 for the subgrant program. The subgrant program was administered in the most expeditious manner possible considering the compressed timeframe. A distribution formula was developed to maximize the full benefit of these funds to meet identified areas of specific county and collective critical need and support consistent with the intent and purpose of the CARES Act. Each of the 67 counties was eligible to receive a flat base of \$50,000 plus an additional amount based on the number of registered voters as of the book closing for the 2020 Presidential Preference Primary Election in their respective counties.

Multiple submissions were allowed up to the maximum subgrant award. Local election officials had to track all election related COVID-19 expenditures. Local election officials were provided guidance on the allowable expenses and included as major categories on the CARES plan template when submitting reimbursement and/or advancement requests. Allowable expenses included, but were not limited to, the categories of allowable expenses set forth on the U.S. Elections Assistance Commission's website at: https://www.eac.gov/election-officials/guidance-use-havafunds-expenses-related-covid-19, and those categories of expenses also included in the non-exhaustive list provided within the Notice of Awards Package that the EAC sent to states.

### 12. Match (if applicable):

Describe how you are meeting the matching requirement.

#### Otherwise enter - match not required.

The subgrant award required the county to meet the 20% match up to the maximum amount of the subgrant. Local election officials were required to execute a memorandum of agreement and provide a detailed plan for use of the CARES funds which acted as either an advance and/or a reimbursement application for the subgrant.

The Department of State also worked to identify and obtain pandemic related resources through donations and to track election related COVID-19 expenditures to assist counties in meeting or offsetting the local match requirement through in-kind contribution. For example, the state worked with the Division of Emergency Management and outside stakeholders to obtain sources of personal protective equipment such as hand sanitizers and dispensers for distribution to local election officials for the upcoming general elections. Additionally, expenses associated with an incentive program for state employees to serve as poll workers that were permitted through an executive order 2020-149, to promote the recruitment, hiring and retention of poll

workers, will used to offset the county match.

# 5. Expenditures

13. Current Period Amount Expended and Unliquidated Obligations

CARES COST CATEGORIES

	Federal	Match
Voting Processes:	\$6,931,754.36	\$1,553,815.59
Staffing:	\$3,188,108.61	\$147,593.46
Security and Training:		
Communications:	\$1,523,916.28	\$273,868.89
Supplies:	\$4,675,398.92	\$1,474,497.64
Total	\$16,457,338.00	\$3,459,180.04
Registration List Maintenance	\$17,939.69	\$4,080.60
Polling Sites-Additional Leasing Space	\$120,220.14	\$5,323.86
OMB CONTROL NUMBER: 3265-0020		

# 6. Certification

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

**First Name** 

Maria

### Last Name

Matthews

## Title

Director, Division of Elections

**Phone Number** 

**Email Address** 

Signature of Certifying Official:

+1 turs

Signature of: Maria Matthews

