#### FEDERAL FINANCIAL REPORT

3. Recipient Organization (Name and complete address including Zip code) SECRETARY OF STATE, GEORGIA 237 COLISEUM DR, MACON, GA 312173805 4a. DUNS Number 4b. EIN 4b. EIN 5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 5. Recipient Account Number or Identifying Number 6. Report Type 7. Basis of Accounting Counterly Semi-Annual 7. Basis of Accounting 7. Basis of Accounting 8. Project/Grant Period (Month, Day, Year) From: March 28, 2020 10. To: December 31, 2020 10. Transactions 10. Cumulative 10. Recipient Semi-Annual 10. Cumulative 10. Cumulative 10. Cumulative 10. Cash 10. Cash Receipts 10. Comport multiple grant reporting) Federal Cash (To report multiple grant separately, also use FFR Attachment): 10. Cash Receipts 10. Cash						2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) GA20101CARES				
SECRETARY OF STATE, GEORGIA 237 COLISEUM DR, MACON, GA 312173805 4. UNIS Number 4. DE 5. Repioner Account Number or Mentfying Number 5. Report Type 7. Basis of Accounting 7. Basis 7. Basis of Accounting 7.					cludina Zip code)		GAZUTU	CARES		
237 COLISEUM DR, MACON, GA 312173805       6. Recipitent Account Number or Identifying Number of Receive and the second of the sec		- 0	X .	•	51,					
4a. DUNS Number       4b. EIN              5. Recipient Account Number or Identifying Number (a. Report Type)	SECRET	ARY OF STA	TE, GEO	RGIA						
4a. DUNS Number       4b. EIN              5. Recipient Account Number or Identifying Number (a. Report Type)	237 COLI	ISEUM DR. N	ACON. C	GA 312173805						
8. Project/Grant Period (Month, Day, Year)       Program       Brandal         10. Transactions       Cumulative         (Waring in the second of the second o					5. Recipient Account N	umber or Ide	entifying Num	ber 6. Re	port Type	7. Basis of Accounting
8. Project/Grant Period (Month, Day, Year)       To: December 31, 2020       9. Reporting Period End Date (Month, Day, Year)         10. Transactions       Cumulative       Cumulative         (Use lines a-c for single or combined multiple grant neporting)       Edecamber 31, 2020       Cumulative         7. Canadity in the set of a single or combined multiple grant neporting)       Edecamber 31, 2020       Cumulative         6. Cash on Hand (line a minus b)       \$10,875,912.00       \$10,875,912.00         6. Cash on Hand (line a minus b)       \$10,875,912.00       \$10,875,912.00         7. Ederal Edera funds authorized       \$10,875,912.00       \$10,875,912.00         8. Cash on Hand (line a minus b)       \$10,875,912.00       \$10,875,912.00         9. Cash on Hand (line a minus b)       \$10,875,912.00       \$10,875,912.00         9. Tedara Ederand funds authorized       \$10,875,912.00       \$10,875,912.00         9. Table Federal Share (sum of lines e and f)       \$10,875,912.00       \$10,875,912.00         9. Table Federal Share (sum of lines e and f)       \$2,175,642.00       \$2,175,642.00         9. Total Federal Share (sum of lines e and f)       \$2,275,642.00       \$2,275,642.00         9. Total Federal Share of program lincome earned       \$2,287.20       \$2,827.20         1. Total Federal Share of program lincome earned aucordance with the deduction alternative					(To report multiple gran	its, use FFR	Attachment)		uarterly	
8. Project/Grant Period (Month, Day, Year)       9. Reporting Period End Date (Month, Day, Year)         From: March 28, 200       To: December 31, 2020       December 31, 2020         IV: Transactions       Cumulative         (Use lines 6-c for single or combined multiple grant separately, also use FFR Attachment):       a. Cash Receipts       \$10,875,912.00         a. Cash Receipts       \$10,875,912.00       \$0,8075,912.00       \$0,8075,912.00         b. Cash Dibutrsements       \$10,875,912.00       \$0,8075,912.00         c. Cash on Hand (line a minus b)       \$10,875,912.00       \$0,0075,912.00         Use lines 6- for single grant reporting)       \$10,875,912.00       \$0,0075,912.00         e. Total Forderal Indons authorized       \$10,875,912.00       \$10,875,912.00         d. Total Forderal Indons authorized       \$10,875,912.00       \$10,875,912.00         c. Total Forderal Indons authorized       \$10,875,912.00       \$10,875,912.00         c. Total receiptent share of unpolytiquetad oblagations       \$10,875,912.00       \$10,875,912.00         c. Total receiptent share of unpolytiquetad oblagations       \$10,875,912.00       \$10,875,912.00         c. Total receiptent share of period End funds (line d minus g)       \$10,875,912.00       \$10,807,912.00         p. Total Forderal Share (sum of the accordance with the doduction alternative       \$2,287.20       \$2,								🖾 A	nnual	Accural
Prior:     March 28, 2020     To:     December 31, 2020       10. Transactions     Cumulative       (Use lines ac: for single or combined multiple grant reporting)     Foderal Cash (To report multiple grant separately, also use FFR Attachment):     a. Cash Receipts       a. Cash Receipts     \$10,876,912.00     \$10,876,912.00       b. Cash Disbursements     \$10,876,912.00       c. Cash on Hand (line a minus b)     \$10,876,912.00       Use lines 4: of or single arr reporting)     \$10,875,912.00       Federal share of supporting reporting     \$10,875,912.00       c. Gash Disbursements     \$10,875,912.00       c. Gash and funct a suthorized     \$10,875,912.00       e. Federal share of supporting reporting)     \$10,875,912.00       Federal share of supporting     \$10,875,912.00       g. Total Federal share of uniquicated obligations     \$10,875,912.00       g. Total Federal share of uniquicated obligations     \$10,875,912.00       h. Unobligated balance of Federal funds (line d minus g)     \$2,175,642.00       Program income     \$2,2175,642.00       j. Receipient Share     \$2,2175,642.00       n. Program income expended in accordance with the dduction alternative     \$2,227.20       i. Total receipient share of program income earned     \$2,227.20       i. Total receipient share of program income earned (une ninus g)     \$0.00       m. Program income expend	8. Proiect/G	rant Period (Mo	onth. Dav. `	Year)						ate (Month. Dav. Year)
10. Transactions         Cumulative           Use lines a-c for single or combined multiple grant separately, also use FFR Attachment):         Still action also also also also also also also also	-			,	To: December 31 3	2020		-	-	
Federal Cash (Fo report multiple grants separately, also use FFR Attachment):       \$10.875,912.00         a. Cash Receipts       \$10.875,912.00         b. Cash Dibusements       \$10.875,912.00         c. Cash on Hand (line a minus b)       \$10.875,912.00         b. Cash Dibusements       \$10.875,912.00         c. State Industry and Property and Propropreperty and Property and Property and Prop					To: December 01, 2	Decemination Decemination				Cumulative
Federal Cash (Fo report multiple grants separately, also use FFR Attachment):       \$10.875,912.00         a. Cash Receipts       \$10.875,912.00         b. Cash Dibusements       \$10.875,912.00         c. Cash on Hand (line a minus b)       \$10.875,912.00         b. Cash Dibusements       \$10.875,912.00         c. State Industry and Property and Propropreperty and Property and Property and Prop	(Use lines a	-c for single or	combined	multiple grant report	ing)					
b. Cash Disbursements () () () () () () () () () () () () ()	-					nt):				
b. Cash Disbursements \$ 10. Gash on Hand (line a minus b) 10. Cash on Hand (line a minus b) 10. Gash on Hand (line a minus b) 10. Federal Expenditures and Unobligated Balance: 10. Total Federal funds authorized 10. Total Federal share of expenditures 10. Total Federal share of expenditures 10. Total Federal share of expenditures 10. Total Federal funds (line d minus g) 10. Unobligated balance of Federal funds (line d minus g) 10. Cash response to the provided (line i minus g) 10. Cash response to the provided (line i minus g) 10. Cash response to the provided (line i minus g) 11. Total Federal share of program income expended in accordance with the addition alternative 11. Total Federal share of program income expended in accordance with the addition alternative 11. Total Federal share of program income expended in accordance with the addition alternative 11. Total Federal share of program income expended in accordance with the addition alternative 11. Total Federal share of program income expended in accordance with the addition alternative 11. Total Federal share of program income expended in accordance with the addition alternative 11. Total Federal share of program income expended in accordance with the addition alternative 11. Total Federal share of program income expended in accordance with the addition alternative 11. Total Federal share of program income expended in accordance with the addition required by Federal sponsoring agency in compliance with governing legislation: 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in complete, and accurate, and the exponditures, disbursements and Cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fielditous, or fraudulent linformation may subject me to criminal, civil, or administrative penaties, CLS. Code, Tite 18, S	a. Cash F	Receipts		• • •						\$10,875,912.00
Use lines d- for single grant reporting)         Federal Expenditures and Unobligated Balance:         d. Total Federal funds authorized       \$10,875,912.00         e. Federal share of expenditures       \$10,875,912.00         g. Total Federal share of expenditures       \$10,875,912.00         g. Total Federal share of inlese a and f)       \$10,875,912.00         h. Unobligated balance of Federal funds (line d minus g)       \$0.00         Recipient Share:       \$2,175,642.00         j. Recipient share to be provided (line i minus j)       \$2,175,642.00         k. Remaining recipient share to be provided (line i minus j)       \$2,297.20         m. Program Income expended in accordance with the deduction alternative       \$2,297.20         m. Program income expended in accordance with the deduction alternative       \$2,297.20         m. Program income expended in accordance with the addition alternative       \$2,297.20         m. Program income expended in accordance with the addition alternative       \$2,297.20         1. Indirect       a. Type       b. Rate       c. Period From         g. Totals:       \$0.00       \$0.00         11. Indirect       a. Type       b. Rate       c. Period From         g. Totals:       \$0.00       \$0.00       \$0.00         12. Remarks: Attach any explanations deemed necessary or information	b. Cash D	Disbursements								\$10,875,912.00
Federal Expenditures and Unobligated Balance: <ul> <li>I Total Federal funds authorized</li> <li>S10,875,912.00</li> <li>I. Federal share of expenditures</li> <li>S10,875,912.00</li> <li>I. Federal share of unliquidated obligations</li> <li>S10,875,912.00</li> <li>I. Federal share of unliquidated obligations</li> <li>S10,875,912.00</li> <li>I. Federal share of unliquidated obligations</li> <li>S10,875,912.00</li> <li>N. Unobligated balance of Federal funds (line d minus g)</li> <li>Recipient Share is expenditures</li> <li>S2,175,642.00</li> <li>I. Total recipient share of expenditures</li> <li>S2,175,642.00</li> <li>K. Remaining recipient share to be provided (line i minus j)</li> <li>Program income expended in accordance with the deduction alternative</li> <li>S2,297.20</li> <li>O. Unexpended program income expended in accordance with the addition alternative</li> <li>S2,297.20</li> <li>O. Unexpended program income (ine I minus line m and line n)</li> <li>S0.00</li> <li></li></ul>	c. Cash o	on Hand (line a	minus b)							\$0.00
d. Total Federal share of expenditures       \$10,875,912.00         e. Federal share of uniquidated obligations       \$10,875,912.00         g. Total Federal share (sum of lines e and f)       \$10,875,912.00         h. Unobligated balance of Federal funds (line d minus g)       \$0.00         Recipient Share (sum of lines e and f)       \$10,875,912.00         h. Unobligated balance of Federal funds (line d minus g)       \$0.00         Recipient Share required       \$2,175,642.00         j. Recipient share to be provided (line i minus j)       \$0.00         Program Income       \$2,297.20         i. Total recipient share of program income earned       \$2,297.20         m. Program income expended in accordance with the doduction alternative       \$0.00         n. Program income expended in accordance with the addition alternative       \$0.00         o. Unexpended program income (line I minus line m and line n)       \$0.00         11. Indirect       a. Type       b. Rate       c. Period From       Period To       d. Base       e. Amount Charged       f. Federal Share         Expense       g. Totals:       \$0.00       \$0.00       \$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	(Use lines d	l-o for single gr	ant reportir	ng)					-	
e. Federal share of expenditures       \$10,875,912.00         1. Federal share of unliquidated obligations       \$0.00         g. Total Federal share (sum of lines e and f)       \$10,875,912.00         N. Unobligated balance of Federal funds (line d minus g)       \$0.00         Recipient Share:         I. Total recipient share to expenditures       \$2,175,642.00         K. Remaining recipient share to be provided (line i minus j)       \$0.00         Program income         Program income expended in accordance with the addition alternative         m. Program income expended in accordance with the addition alternative       \$2,297.20         m. Program income expended in accordance with the addition alternative       \$2,297.20         m. Program income expended in accordance with the addition alternative       \$2,297.20         n. Program income expended in accordance with the addition alternative       \$0.00         1. Indirect       a. Type       b. Rate       c. Period To       d. Base       e. Amount Charged       f. Federal Share         Expense       g. Totals:       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00 <td>Federal Exp</td> <td>penditures and</td> <td>d Unobliga</td> <td>ated Balance:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Federal Exp	penditures and	d Unobliga	ated Balance:						
f. Federal share of unilquidated obligations       \$0.00         g. Total Federal share (sum of lines e and f)       \$10.875,912.00         h. Unobligated balance of Federal funds (line d minus g)       \$0.00         Recipient Share:       \$2,175,642.00         j. Total recipient share required       \$2,175,642.00         j. Recipient share of expenditures       \$2,175,642.00         k. Remaining recipient share to be provided (line i minus j)       \$0.00         Program Income expended in accordance with the deduction alternative       \$2,297.20         m. Program income expended in accordance with the deduction alternative       \$2,297.20         n. Program income expended program income expended in accordance with the addition alternative       \$2,297.20         o. Unexpended program income (spenditures line m and line n)       \$2,000         11. Indirect       a. Type       b. Rate       c. Period From         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 recipies are for the purposes and intent set forth in the award docurrent, an aware that any false, fictitiou	d. Total F	ederal funds a	uthorized							\$10,875,912.00
g. Total Federal share (sum of lines e and f)       \$10.875,912.00         h. Unobligated balance of Federal funds (line d minus g)       \$0.00         Recipient Share (sum of lines e and f)       \$2.175,642.00         i. Total recipient share required       \$2.175,642.00         j. Recipient share of expenditures       \$2.175,642.00         k. Remaining recipient share to be provided (line i minus j)       \$0.00         Program Income       \$2.297.20         m. Program income expended in accordance with the addition alternative       \$2.297.20         o. Unexpended program income expended in accordance with the addition alternative       \$2.297.20         o. Unexpended program income (line I minus line m and line n)       \$0.00         11. Indirect [a. Type]       b. Rate [c. Period From Period To]       d. Base       e. Amount Charged       f. Federal Share         Expense	e. Federa	al share of expe	enditures						\$10,875,912.00	
h. Unobligated balance of Federal funds (line d minus g)       \$0.00         Recipient Share:       \$2,175,642.00         J. Recipient share required       \$2,175,642.00         J. Recipient share of expenditures       \$2,175,642.00         R. Remaining recipient share to be provided (line i minus j)       \$0.00         Program Income:       \$2,297.20         I. Total Federal share of program income expended in accordance with the addition alternative       \$2,297.20         o. Unexpended program income expended in accordance with the addition alternative       \$2,297.20         o. Unexpended program income (line I minus line m and line n)       \$0.00         11. Indirect       a. Type       b. Rate       c. Period From         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, fietitious, 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       c. Telephon	f. Federal	l share of unliq	uidated obl	igations						\$0.00
Recipient Share:       i. Total recipient share required       \$2,175,642.00         j. Recipient share of expenditures       \$2,175,642.00         k. Remaining recipient share to be provided (line i minus j)       \$0.00         Program Income:       \$2,297.20         i. Total Federal share of program income earned       \$2,297.20         m. Program income expended in accordance with the addition alternative       \$2,297.20         o. Unexpended program income (line I minus line m and line n)       \$0.00         1. Indirect       a. Type       b. Rate       c. Period From         g. Totals:       \$0.00       \$0.00       \$0.00         11. Indirect       a. Type       b. Rate       c. Period From       \$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       \$0.00       \$0.00         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       c. Telephone (Area code, number, and extension)	g. Total Federal share (sum of lines e and f)						\$10,875,912.00			
i. Total recipient share required \$2,175,642.00 j. Recipient share of expenditures \$2,175,642.00 k. Remaining recipient share to be provided (line i minus j) \$0.00 Program Income : I. Total Federal share of program income earned \$2,297.20 m. Program income expended in accordance with the deduction alternative \$2,297.20 o. Unexpended program income (line I minus line m and line n) \$0.00 I. Indirect a. Type b. Rate c. Period From Period To d. Base e. Amount Charged f. Federal Share Expense g. Totals: \$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 Orange, Robert Controller b. Signature of Authorized Certifying Official Controller b. Signature of Authorized Certifying Official Controller b. Signature of Authorized Certifying Official Controller c. Date Report Submitted (Month, Day, Year) March 5, 2021 State and Cardon 425 OMB Approval Number: 4040-0014 Controller Controller c. Controller c. Controller c. Controller c. Date Report Submitted (Month, Card 25 Controller c. C	h. Unoblig	gated balance	of Federal t	funds (line d minus g	)					\$0.00
j. Recipient share of expenditures       \$2,175,642.00         k. Remaining recipient share to be provided (line i minus j)       \$0.00         Program Income:       \$2,297.20         I. Total Federal share of program income earned       \$2,297.20         m. Program income expended in accordance with the deduction alternative       \$2,000         n. Program income expended in accordance with the addition alternative       \$2,297.20         o. Unexpended program income (line I minus line m and line n)       \$0.00         11. Indirect       a. Type       b. Rate       c. Period From         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, fictituous, 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       c. Telephone (Area code, number, and extension)         Orange, Robert       d. Email Address       OMarch 5, 2021         Other best	Recipient S	Share:								
k. Remaining recipient share to be provided (line i minus j)       \$0.00         Program Income:       \$2,297.20         I. Total Federal share of program income earned       \$2,297.20         m. Program income expended in accordance with the addition alternative       \$2,297.20         o. Unexpended program income (line I minus line m and line n)       \$2,297.20         11. Indirect       a. Type       b. Rate       c. Period From       Period To       d. Base       e. Amount Charged       f. Federal Share         Expense       g. Totals:       \$0.00       \$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, 1 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       e. Date Report Submitted (Month, Day, Year)         Orange, Robert       March 5, 2021       Standard Form 425         Own printed Authorized Certifying Official       e. Date Report Submitted (Month, Day, Yea	i. Total re	cipient share re	equired							\$2,175,642.00
Program Income:	j. Recipie	nt share of exp	enditures							\$2,175,642.00
I. Total Federal share of program income earned       \$2,297.20         m. Program income expended in accordance with the addition alternative       \$0.00         n. Program income expended in accordance with the addition alternative       \$2,297.20         o. Unexpended program income (line I minus line m and line n)       \$0.00         11. Indirect       a. Type       b. Rate       c. Period From       Period To       d. Base       e. Amount Charged       f. Federal Share         Expense	k. Remair	ning recipient s	hare to be	provided (line i minu	s j)					\$0.00
m. Program income expended in accordance with the deduction alternative       \$0.00         n. Program income expended in accordance with the addition alternative       \$2,297.20         o. Unexpended program income (line 1 minus line m and line n)       \$0.00         11. Indirect       a. Type       b. Rate       c. Period From       Period To       d. Base       e. Amount Charged       f. Federal Share         Expense       g. Totals:       \$0.00       \$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       c. Telephone (Area code, number, and extension)         Orange, Robert       d. Email Address         Controller       e. Date Report Submitted (Month, Day, Year)         Drange, Robert       Standard Form 425         OMB Approval Number: 4040-0014       Exprinto Date: 0242022									-i	
n. Program income expended in accordance with the addition alternative \$2,297.20 o. Unexpended program income (line I minus line m and line n) \$0.00 11. Indirect a. Type b. Rate c. Period From Period To d. Base e. Amount Charged f. Federal Share Expense 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 Drange, Robert Controller b. Signature of Authorized Certifying Official Drange, Robert Drange, R										
o. Unexpended program income (line I minus line m and line n)       \$0.00         11. Indirect       a. Type       b. Rate       c. Period From       Period To       d. Base       e. Amount Charged       f. Federal Share         Expense       g. Totals:       \$0.00       \$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       c. Telephone (Area code, number, and extension)         Orange, Robert       d. Email Address         Controller       e. Date Report Submitted (Month, Day, Year)         b. Signature of Authorized Certifying Official       e. Date Report Submitted (Month, Day, Year)         Orange, Robert       Standard Form 425         OMB Approval Number: 4040-0014       Expiration Date: 02/28/2022		-								
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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	: GA20101CARES
Recipient Organization	: SECRETARY OF STATE, GEORGIA
	237 COLISEUM DR, MACON, GA 312173805
DUNS Number	:
EIN	:
Reporting Period End Date	: December 31, 2020
Status	: Awarding Agency Approval
Remarks	<ul> <li>State interest earned (current fiscal year): \$0</li> <li>State interest expended (current fiscal year): \$0</li> <li>Program income earned (current fiscal year): \$2,297.20</li> <li>income earned breakdown (current fiscal year): \$0</li> <li>Program income expended (current fiscal year): \$2,297.20</li> </ul>

## EAC Progress Report

Response ID:199 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:

Georgia

#### 2. Grant Number:

GA20101CARES-01

#### 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

02/28/2021

#### 7. DUNS/UEI:

8. EIN:

#### 9. Recipient Organization:

#### **Organization Name**

Georgia Office Of Secretary Of State

Street Address			
State Capitol, Ro	)111 2 1 4		 
City			
Atlanta			
State			
GA			
Zip			
30334			

### 4. Progress and Narrative

#### 10. CARES Grant Specific:

#### Describe how you used the funds to address the pandemic.

The CARES funding Georgia received to deal with voting in the middle of the Covid pandemic was used in several ways to protect voting processes and voters themselves.

First, for the merged Presidential Preference and General Primaries, the state sent pre-filled absentee ballot applications to all active voters. The request forms were also printed with a bar code to allow for easier processing of the requests once filled out by the voter and received by the county.

Then the state contracted with our voting system vendor, Dominion Voting Systems (DVS), to craft a centralized absentee ballot fulfillment program. This program took the work off of counties that were short staffed due to the Covid outbreak. This system mailed approximate 800,000 ballots to voters, the balance of about 150,000 ballots fulfilled by the counties themselves.

In the primary and the general election, there was a voter education program to help voters understand how to request and return their absentee ballots. This was necessary because historically absentee by mail is the least used way to vote at normally 5% or less, with 95%+ choosing to vote in person, either in the three weeks of advanced voting or on the 12 hours of Election Day.

Moving towards the general election, the state election board passed an emergency rule to allow for dropboxes for safe delivery of absentee ballots. To help counties, the state allocated a portion of the CARES dollars to a matching grant program (up to \$3000.00) that would aid in the purchase and installation of absentee ballot drop boxes. The match was 3-1.

The state developed a similar matching grant program to help counties locally source Personal Protective Equipment (PPE). That program was also for up to \$3,000, but with a 9-1 match. The state also directly sourced re-usable masks and hand sanitizer that was then distributed to the counties based on voter population.

To prepare for the volume of absentee by mail ballots, the state purchased additional high-speed, high-capacity scanners. These are the ICCs supplier from the state's voting vendor DVS.

Also, for the General Election, the state used CARES dollars to establish an online absentee ballot request portal. The portal used the Drivers License Number as the identifier and tied back to the state's eNet Voter Registration System. This made it easy for voters to request ballots, easier for counties to process, and cut down on entry errors by county workers as all entry of information was done by the voter themselves.

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

The biggest issue at the beginning of the pandemic was postponing and merging the Presidential Preference Primary and the General Primary. We did that while simultaneously standing up the centralized absentee balloting system.

A large challenge was getting the requests turned around quickly enough to allow voters to return and then counties to process. Luckily, because of the pandemic large companies that do a lot of print advertising cancelled their planned mailings and the state was able to pick up that press time quickly. The CARES dollars allowed us to move quickly and from announcement of the request program to the requests going in the mail was only 6 days.

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

When the health emergency was declared, the state had just completed the second of three weeks of early/advanced voting in the Presidential Preference Primary (PPP). The decision was made to merge the PPP with the General Primary set for May. The state quickly moved to redesign and mailout 7 million absentee ballot requests, pre-filled with voters' data and bar coded for processing. This was accomplished with a single large vendor, RR Donnelley, in 6 days.

Knowing that the volume of absentees would be unprecedented, the state moved to procure more high-speed, high-capacity Central Scanning Devices (CSDs) from DVS, their ICC units.

Heading into the Spring, the state worked with DVS to find a sub-contractor to handle the anticipated volume of absentee ballots to be fulfilled. Counties were stretched thin losing personnel to Covid and fear of Covid. DVS worked out an agreement with Runbeck Election Services out of Arizona to fulfill absentee requests submitted by voters to counties.

An advertising program was launched on television and online to teach Georgians how to both request and return their absentee mail ballots, as it was a historically little used way of Georgians casting their votes.

The May Primary was approaching and the Secretary of State, using the powers granted from the health emergency declared by the President and Governor, moved the election once again to June 19. It was the latest date available under Georgia law to meet all deadlines to certify the November Presidential Election.

Nearly 1 million voted were cast by mail in the June Primaries. That was approximately 50% of all votes cast.

Learning from issues discovered from the June primary, the decision was made to build an online absentee request portal. Working with our voter registration vendor, the portal was built, tested and launched by the end of August.

In the General Election, 409,312 voters requested absentee ballots through the portal and for the January runoff 465,142 voters utilized the absentee portal to make requests.

CARES along with some HAVA dollars were used to fulfill the nearly 600,000 rollover ballots of those 65 and over or with disabilities, who requested to have mail in ballots in each election in the cycle.

# 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.

March: Redesign and mailing of pre-filled absentee ballot request forms to active voters April: Retain DVS to subcontract Runbeck for Ballot fulfillment May: Procure additional high-speed, high-capacity scanners for absentee ballot in higher population counties Voter Education media campaign to teach voters to request and return absentee ballots PPE distributed and grant program launched June: Primary Elections August: Development and launch of absentee ballot request portal September: Runbeck mails approximately 600,000 rollover ballots to voters Voter Education program resumes September-October: Counties opt-in for absentee fulfillment November: General Election

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.

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.

The absentee request portal was launched just under the original schedule and was adopted much faster than anticipated by voters and made processing easier for counties and reduced human input errors as all data entry was done by the voter themselves.

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.

Fifty high-speed, high-capacity Central Scanning Devices (CSDs), ICC from DVS were purchased as part of these programs.

#### 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 under this program

#### 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.

Two different categories of subgrants; drop boxes and PPE.

The dropbox program allowed for up to \$3,000 to counties for purchase and installation of absentee dropboxes. It was a matching grant program. For every dollar the county spent, they would receive three dollars. It was done as a reimbursement grant. The counties had to make the purchases, supply an application, a narrative, and receipts to receive the grant funding. The Personal Protective Equipment (PPE) program allowed for up to \$3,000 to counties for purchase and distribution of PPE. It was a matching grant program. For every dollar the county spent, they would receive nine dollars. It was done as a reimbursement grant. The counties had to make the purchases, supply an application, a narrative, and receipts to receive the grant funding.

#### 19. Match (if applicable):

#### Describe how you are meeting the matching requirement.

#### Otherwise enter - match not required.

The match has been achieved in two areas. The match of the counties from the grant program and the purchase of the Absentee Ballot scanners.

#### 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

#### 21. Upcoming Activities:

## Provide a timeline and description of upcoming activities.

No upcoming activities all CARES dollars expended

## 22. Current Period Amount Expended and Unliquidated Obligations

## **CARES COST CATEGORIES**

	Federal	Match
Voting Processes:	\$8,703,775.12	\$2,087,579.14
Staffing:		
Security and Training:		
Communications:	\$1,488,804.39	
Supplies:	\$685,629.71	\$88,062.70
Total	\$10,878,209.22	\$2,175,641.84

#### OMB CONTROL NUMBER: 3265-0020

### 6. Certification

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

First Name

Robert

#### Last Name

Orange

Title

Controller

**Phone Number** 

Email Address

Signature of Certifying Official:

Colient Y. Orige.

Signature of: Robert K Orange

## 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.