

**FEDERAL FINANCIAL
REPORT**

1. Federal Agency and Organizational Element to Which Report is Submitted (Form instructions)				2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)			
Election Assistance Commission				IA20101CARES			
3. Recipient Organization (Name and complete address including Zip code)							
SECRETARY OF STATE, IOWA State Capitol Rm 105, Des Moines, IA 50319							
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)				9. Reporting Period End Date (Month, Day, Year)			
From: March 28, 2020				To: December 31, 2020		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						\$4,859,545.00	
b. Cash Disbursements						\$4,157,630.32	
c. Cash on Hand (line a minus b)						\$701,914.68	
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized						\$4,859,545.00	
e. Federal share of expenditures						\$4,157,630.32	
f. Federal share of unliquidated obligations						\$140,033.71	
g. Total Federal share (sum of lines e and f)						\$4,297,664.03	
h. Unobligated balance of Federal funds (line d minus g)						\$561,880.97	
Recipient Share:							
i. Total recipient share required						\$971,909.00	
j. Recipient share of expenditures						\$859,533.00	
k. Remaining recipient share to be provided (line i minus j)						\$112,376.00	
Program Income:							
l. Total Federal share of program income earned						\$10,472.78	
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)						\$10,472.78	
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 \$0. (not in Interest bearing account)							
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)		
Basnet, Samita Accountant 3							
b. Signature of Authorized Certifying Official					d. Email Address		
Basnet, Samita							
					e. Date Report Submitted (Month, Day, Year)		
					March 2, 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/OIG/PHR, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PHR Reports Clearance Officer

FEDERAL FINANCIAL REPORT

(Additional Page)

Federal Agency & Organization : Election Assistance Commission

Federal Grant ID : IA20101CARES

Recipient Organization : SECRETARY OF STATE, IOWA
State Capitol Rm 105, Des Moines, IA 50319

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 \$0. (not in Interest bearing account)
State Interest Expended: Enter the current year amount expended or enter \$0.

Program Income Earned (this is not Federal Interest): Enter the current year amount earned or enter \$0.

Program Income Earned Breakdown: N/A
Program income earned breakdown: N/A

Program Income Expended: Enter the amount of Program Income expended in the current year or enter \$0.

Federal Agency Review

Reviewer Name :

Phone # :

Email :

Review Date :

Review Comments :

EAC Progress Report

Response ID:234 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

3. EAC Progress Report

1. State or Territory:

Iowa

2. Grant Number:

IA20101001

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

12/30/2020

7. DUNS/UEI:

8. EIN:

9. Recipient Organization:

Organization Name

Iowa Secretary Of State

Street Address

321 E 12th Street

City

Des Moines

State

IA

Zip

50319

4. Progress and Narrative

10. CARES Grant Specific:

Describe how you used the funds to address the pandemic.

Iowa had a non-presidential Primary Election on June 2, 2020. The narrative for that election is contained within our earlier report.

Following the record-breaking success of Iowa's Primary Election, the Iowa Secretary of State's Office utilized similar tactics to adapt Iowa's election processes in light of the COVID-19 pandemic.

Encourage Voters to Utilize Absentee Voting

Based on CDC and Election Assistance Commission (EAC) guidance to "[e]ncourage mail-in methods of voting if allowed in the jurisdiction", and our state's experience from the June Primary, it was clear that in order to protect the health and wellness of Iowa's voters and election officials there would need to be a second statewide campaign to encourage voters to utilize absentee voting.

As a part of the campaign to promote the use of absentee voting by mail, the Secretary of State's Office sent a mailing, which included an absentee ballot request form and instructions, to active registered voters. This mailing was in direct response to the global COVID-19 pandemic and the extremely unique circumstances we found ourselves in, and was unanimously approved by Iowa's bi-partisan Legislative Council.

In addition to the statewide mailing, the Secretary of State's Office focused their statewide media campaign to include additional calls to voters to utilize absentee voting. This campaign sought to educate voters on the 3R's of no-excuse absentee voting: Request an absentee ballot. Receive your ballot. Return your ballot. Request. Receive. Return.

Provide Grants to County Auditors to Purchase PPE and Cleaning Supplies

All of Iowa's 99 County Auditors were provided with the opportunity to apply for a second HAVA COVID-19 grant to purchase protective and hygienic materials, including but not limited to: masks, gloves, disinfectant wipes for election equipment, cleaning supplies for voting booths and other surfaces, protective plexiglass or acrylic shields for PEOs, other sanitizing materials, PEO recruitment and incentives, a pen for every voter, floor stickers and signs to encourage social distancing and control voter flow, and preparing the County Auditor's office for in-person absentee voting. County Auditors could also use these funds to disinfect a polling place before and/or after election day in order to encourage a building to serve as polling places. Some counties were also able to source items such as envelope stuffers, ballot folders, envelope openers and high-speed central count machines to help accommodate the increased demand for absentee ballots.

The Secretary of State's Office granted County Auditors \$10,000, plus \$600 for every precinct in their county.

Based on reports filed by the counties, the funds were expended on voting processes (31%), staffing (22%), security and training (10%), communications (4%), supplies (31%) and other (6%). Unexpended funds are in the process of being return to the state.

Recruit lowans to Serve as Precinct Election Officials (PEOs)

The average PEO in Iowa is over the age of 60, which places them at high risk for contracting and experiencing complications related to COVID-19.

In response to concerns expressed by County Auditors and our long-serving PEOs, the Iowa Secretary of State's Office launched a statewide campaign to recruit more lowans to serve as PEOs. This campaign focused on voters who are under 60 years of age with a primary focus on voters aged 17-35. We partnered with County Auditors, as well as other stakeholder groups, to help encourage voters to come forward and help Iowa move towards recovery by serving as a PEO. Additionally, we launched a new website, <https://pollworker.iowa.gov/>, to provide a central location for interested lowans to sign up to receive more information about serving as a PEO in their county.

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

See above.

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

See above.

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.

See above.

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.

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.

In Iowa, voting equipment is purchased at the county level. If a county utilized funds to purchase voting equipment, those costs are accounted for in the "Subgrant" category on the expenditure table. Counties that purchased election equipment, purchased additional tabulators for their Absentee and Special Voters Precinct Board to use.

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

Otherwise enter - no security training conducted during this period.

HAVA CARES funds were not utilized to implement security training. Please see Iowa's report on HAVA Security funds.

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.

For the June Primary Election, each county was eligible to receive \$300 per base precinct, and an extra \$300 for the Auditor's Office/Absentee and Special Voters Precinct.

For the General Election, each county was eligible to receive \$10,000, plus \$600 per base precinct +1 for their Absentee and Special Voters Precinct.

19. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

The matching requirement was met via the value of earned media and the provision of subgrants to local jurisdictions.

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.

Grant period has ended.

5. Expenditures

22. Current Period Amount Expended and Unliquidated Obligations

CARES COST CATEGORIES

	Federal	Match
Voting Processes:		
Staffing:		
Security and Training:	\$18,574.01	
Communications:	\$2,157,791.34	\$655,525.71
Supplies:	\$81,225.76	
Total	\$4,297,664.03	\$859,533.00
Subgrants	\$2,040,072.92	\$204,007.29

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Molly

Last Name

Widen

Title

Legal Counsel

Phone Number

Email Address

Signature of Certifying Official:



Signature of: Molly Widen

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.