

**FEDERAL FINANCIAL REPORT**

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>ELECTION ASSISTANCE COMMISSION</b>				2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  <b>IL20101CARES</b>			
3. Recipient Organization (Name and complete address including Zip code)  <b>Illinois State Board Of Elections</b> <b>2329 S Macarthur Blvd, Springfield, IL 627044503</b>							
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 type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
8. Project/Grant Period (Month, Day, Year) From: <b>March 28, 2020</b>				9. Reporting Period End Date (Month, Day, Year) <b>December 31, 2020</b>			
To: <b>December 31, 2020</b>							
<b>10. Transactions</b>					Cumulative		
<i>(Use lines a-c for single or combined multiple grant reporting)</i>							
<b>Federal Cash (To report multiple grants separately, also use FFR Attachment):</b>							
a. Cash Receipts				\$13,966,097.00			
b. Cash Disbursements				\$13,966,097.00			
c. Cash on Hand (line a minus b)				\$0.00			
<i>(Use lines d-o for single grant reporting)</i>							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized				\$13,966,097.00			
e. Federal share of expenditures				\$13,966,097.00			
f. Federal share of unliquidated obligations				\$0.00			
g. Total Federal share (sum of lines e and f)				\$13,966,097.00			
h. Unobligated balance of Federal funds (line d minus g)				\$0.00			
<b>Recipient Share:</b>							
i. Total recipient share required				\$2,793,220.00			
j. Recipient share of expenditures				\$7,738,370.00			
k. Remaining recipient share to be provided (line i minus j)				\$0.00			
<b>Program Income:</b>							
l. Total Federal share of program income earned				\$45,535.00			
m. Program income expended in accordance with the deduction alternative				\$0.00			
n. Program income expended in accordance with the addition alternative				\$45,535.00			
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: \$-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)			
<b>Kirk, Jeremy</b>							
<b>Director of Administrative Services/CFO</b>				d. Email Address			
b. Signature of Authorized Certifying Official				e. Date Report Submitted (Month, Day, Year)			
<b>Kirk, Jeremy</b>				<b>March 22, 2021</b>			

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)

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Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : IL20101CARES

Recipient Organization : Illinois State Board Of Elections  
2329 S Macarthur Blvd, Springfield, IL 627044503

DUNS Number :

DUNS Status when Certified :

EIN :

Reporting Period End Date : December 31, 2020

Status : Awarding Agency Approval

Remarks : State Interest Earned: \$-0-  
State Interest Expended: \$-0-  
Program Income Earned \$-0-  
Program Income Earned Breakdown: N/A  
Program Income Expended: N/A

Recipient Share of Expenditures: Includes direct cash deposit into the federal fund of \$2,779,887 + in-kind contributions of \$4,964,212 - \$5,729 worth of in-kind contributions that are being applied toward our federal award expenditures to account for debt offset of the original award, per EAC approval/guidance.  
Total Federal Program Income earned: Cumulative total of interested earned on original award and matching funds deposited into the federal fund.

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# EAC Progress Report

Response ID:200 Data

## 1. Login

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Please enter your userword and password to begin the Progress Narrative. If you require assistance or have any questions, please contact [grants@eac.gov](mailto:grants@eac.gov)

## 2. Verification

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### reCAPTCHA

reCAPTCHA answered

### 2. New Hidden Value

## 3. EAC Progress Report

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### 1. State or Territory:

Illinois

### 2. Grant Number:

IL20101CARES

### 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**

Illinois State Board Of Elections

**Street Address**

2329 South Macarthur Blvd.

**City**

Springfield

**State****Zip**

## 4. Progress and Narrative

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

The State Board of Elections determined that all CARES act federal dollars the 20% state match would be distributed to all 108 local election authorities through an established subgrant program. The EAs would use the funds to prevent, prepare for and respond to the pandemic. The Illinois General Assembly passed legislation to protect the health and safety of Illinois voters during the General Election. (Public Acts 101-641 and 642). Provisions in the PA's required the implementation and expansion of vote by mail related procedures and mailings, allowed for the use of ballot drop boxes, increased early voting options and permanent polling place hours, and complying with Illinois Department of Public Health Guidelines for safety and health practices established for election workers and polling locations

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

Major issues faced by the local election authorities in Illinois included:

- poll worker recruitment
- establishing polling locations or relocating
- USPS delays due to increased VBM

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

During the reporting period the SBE established a subgrant program to distribute the CARES act funds and state match to the

local election authorities in Illinois. The allocation of those funds was based on a formula using a tiered minimum based on the number of voters and the 2010 census data. The funds were to be used to assist the EAs in purchases that would prevent, prepare for and respond to the pandemic for the 2020 General Election. The grant program allowed the EAs to seek reimbursement for approved expenditures that helped to protect the safety and health of Illinois voters and pollworkers.

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**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.**

As described in our submitted program narrative, the State of Illinois used the CARES funds and state match to establish a subgrant program to reimburse the local election authorities for the costs related to conducting a safe and secure General Election. The grant period established was May 1, 2020 - December 31, 2020. During that time EAs could request reimbursement for approved expenditures.

The funds were made available to all 108 local election authorities via an established subgrant program. The grant period for seeking reimbursement on allowable expenditures was May 1, 2020 - December 31, 2020. Examples of allowable categories of subgrant activities included but not limited to the following:

software and programming costs incurred to meet the requirements of PA 101-641 and 642

mail processing equipment

Public communication or outreach for new or expanded VBM policy and procedures

PPE/Sanitation supplies

Additional voting equipment for central count

Temporary or part staff/OT for staff

Online training services for pollworkers

purchase/installation and security for ballot drop boxes

expanded or increased VBM costs

Required mailings and postage

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**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

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**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

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**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.**

The State of Illinois did not purchase articles of voting equipment during this period. The local authorities via the subgrant program if needed could purchase additional voting equipment for central count to process VBM ballots. Inventory of those purchases is being recorded and maintained as established in required reporting practices.

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**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

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**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.**

The funds were made available to all 108 local election authorities via an established subgrant program. The grant period for seeking reimbursement on allowable expenditures was May 1, 2020 - December 31, 2020. Examples of allowable categories of subgrant activities included but not limited to the following:

software and programming costs incurred to meet the requirements of PA 101-641 and 642

mail processing equipment

Public communication or outreach for new or expanded VBM policy and procedures

PPE/Sanitation supplies

Additional voting equipment for central count

Temporary or part staff/OT for staff

Online training services for pollworkers

purchase/installation and security for ballot drop boxes

expanded or increased VBM costs

Required mailings and postage

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

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

**Otherwise enter - match not required.**

The State of Illinois met the 20% state match with direct cash payment into the federal fund in the amount of \$2,779,887.00. Additionally, in kind contributions in the amount of \$4,964,212.00 offered through a state funded postage grant to local election authorities to reimburse the costs of increase postage due to VBM increase and required mailings. This amount is less \$5,729.00 worth of in-kind contributions that are being applied toward our federal award expenditures to account for debt offset on the original award as approved by the EAC.

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**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

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**21. Upcoming Activities:**

**Provide a timeline and description of upcoming activities.**

No upcoming activities to report. The grant period ended on December 31, 2020 and the fund balance was \$0.00.

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## 5. Expenditures

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### 10. Current Period Amount Expended and Unliquidated Obligations

#### CARES COST CATEGORIES

	Federal	Match
Voting Processes:		
Staffing:		
Security and Training:		
Communications:		
Supplies:		
Total	\$14,011,632.00	\$7,738,370.00
Sub-grants to local election authorities	\$14,011,632.00	\$7,738,370.00

OMB CONTROL NUMBER: 3265-0020

## 6. Certification

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

**First Name**

Amy

**Last Name**

Kelly

**Title**

Assistant to the Executive Director

**Phone Number**

**Email Address**

Signature of Certifying Official:



Signature of: Amy Kelly

## 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.