

**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)
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3. Recipient Organization (Name and complete address including Zip code)
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4a. DUNS	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
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8. Project/Grant Period (Month, Day, Year) From: <b>March 28, 2020</b> To: <b>December 31, 2020</b>	9. Reporting Period End Date (Month, Day, Year) <b>September 30, 2021</b>
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<b>10. Transactions</b>	Cumulative
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*(Use lines a-c for single or combined multiple grant reporting)*

<b>Federal Cash (To report multiple grants separately, also use FFR Attachment):</b>	
a. Cash Receipts	\$8,010,789.79
b. Cash Disbursements	\$8,010,789.79
c. Cash on Hand (line a minus b)	\$0.00

*(Use lines d-o for single grant reporting)*

<b>Federal Expenditures and Unobligated Balance:</b>	
d. Total Federal funds authorized	\$8,013,610.00
e. Federal share of expenditures	\$8,010,789.79
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$8,010,789.79
h. Unobligated balance of Federal funds (line d minus g)	\$2,820.21

<b>Recipient Share:</b>	
i. Total recipient share required	\$1,602,722.05
j. Recipient share of expenditures	\$1,602,722.05
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	\$8,715.05
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)	\$8,715.05

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

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:  
 "Please provide the following information:

**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  <b>Phelps, Jay</b> <b>Director of Elections Modernization</b>	c. Telephone (Area code, number, and extension)  d. Email Address
b. Signature of Authorized Certifying Official  <b>Phelps, Jay</b>	e. Date Report Submitted (Month, Day, Year)  <b>April 20, 2022</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 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

DUNS

DUNS Status when Certified

EIN

Reporting Period End Date

Status

Awarding Agency Approval

Remarks

"Please provide the following information:

State interest earned (current fiscal year): \$0

State interest expended (current fiscal year): \$0

Program income earned (current fiscal year): \$0

Program income earned breakdown (current fiscal year): \$ Source: e.g. Sale of registration list

Program income expended (current fiscal year): \$0

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**Federal Agency Review**

Reviewer Name

Phone #

Email

Review Date

Review Comments

# 2021-2022 EAC Progress Report

## 1. Login

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Please enter the username and password provided by the EAC to begin the Progress Report. If you require assistance or have any questions, please contact [Grants@eac.gov](mailto:Grants@eac.gov).

## 2. Verification

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## 3. EAC Progress Report

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### 1. State or Territory:

Indiana

### 2. Grant Number:

### 3. Report:

Final (Start of Grant - End)

### 4. Grant:

CARES

### 5. Reporting Period Start Date

03/28/2020

### 6. Reporting Period End Date

12/31/2020

## 4. Progress and Narrative

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### 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.**

During the implementation of this project, the INSOS assisted the Indiana Counties with PPE procurement and other supply costs and county reimbursement.

Total expenditures: \$8,010,789.79

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**7. CARES Grant Specific:**

**Describe in detail how you used the funds to address the pandemic.**

During the implementation of this project, the INSOS assisted the Indiana Counties with PPE procurement. These supplies included: Cases of Twist Top Cap, Fine Mist Sprayers, Mini Trigger Sprayer 16oz Bottles Spray Bottles 32oz as well as Exam Gloves Ear Loop Masks, Microfiber Cloths, Surgical Masks, Microfiber Cloths, Lashing Strap, N95 Masks, Gloves Hand Sanitizer, Face Shield, Sneeze Guards, 70% Alcohol, and Boxes for delivery and all associated shipping costs. The total PPE cost was \$3,492,882.98.

Other supply costs and county reimbursement included FireEye Deployment, County CDC Posters, Postcard Mailers: Solicit Poll workers (Printing and Processing), County CDC Posters, COVID-19: ABS, Early Voting, Voter Outreach, and Voter List Printing. Additionally, a PPE Supplies Calculator was developed and use to determine how much of what supplies were needed and where as well as methods for dispersment. Masking Tape Reimbursement, Nylon Cargo Strap Reimbursement, Packaging Supplies, National Guard Truck Rental, Additional PPE Shipping, and Reimbursement for UPS fees for ABS General Election Ballots. The total for other supply costs and county reimbursement was \$4,517,906.81.

Total expenditures: \$8,010,789.79

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

Due to the unprecedented COVID-19 Pandemic, the INSOS faced providing the necessary PPE equipment to counties that were needing to prepare for a Primary and General Election. Like others, due to the demand of these protective products, supplies were very limited. A PPE Supplies Calculator was developed and use to determine how much of what supplies were needed in which counties as well as methods for dispersment. The national guard was brought in to assist with delivery of PPE products. INSOS also faced the unprecedented demand for absentee mail in ballots and the significant associated increase in time, supplies, and costs.

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**9. Provide a description of any training conducted, including security training.**

N/A

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**10. Subgrants:**

**Did your office provide subawards to local jurisdictions during this reporting period?**

Yes

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**11. Describe the activities carried out by your subgrantees during the reporting period.**

All 92 Indiana counties submitted applications for reimbursement of the PPE and other supply needs and associated costs pertaining to the COVID-19 pandemic on the 2020 Primary and General Elections. The total cost of county reimbursement was \$2,011,824.67.

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**Provide a breakdown of aggregate subawards expenditures across major categories.**

Other (Specify above) : \$2,011,824.67

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Total : \$2011824.67

## 12. Match:

**Describe how you are meeting or have met the matching requirement.**

Match has been met.

## 13. Report on the number and type of articles of voting equipment obtained with the funds. Include the amount expended on the expenditure table.

Voting equipment was not obtained.

## 14. Impact:

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

All counties received what was needed to run the 2020 Primary and General elections safely.

## 15. 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? What are some areas of potential improvement?**

This office has learned how to act quickly, effectively, and safely, during a time of unprecedented crisis, assist counties during a time of election preparedness and voting was occurring.

## 5. Expenditures

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### 16. CARES COST CATEGORIES - FEDERAL

Supplies: : \$5998965

Subgrants: : \$2011825

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Total : \$8010790

**Comments:**

### 17. CARES COST CATEGORIES - MATCH

Voting Equipment and Processes: : \$0

Post-Election Auditing: : \$0

Voter Registration Systems: : \$0

Cyber Security: : \$911750

Voter Education/Communications: : \$315972

Accessibility: : \$375000

Staffing: : \$0

Supplies: : \$0

Training: : \$0

Subgrants: : \$0

Indirect Costs (If applicable, FFR Line 11): : \$0

Unliquidated Obligations (If applicable, FFR Line 10f): : \$0

Other (Specify below) : \$0

Other (Specify below) : \$0

Other (Specify below) : \$0

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Total : \$1602722

**Comments:** State Match Amount Total: \$1,602,722.00 Accessibility Category: BT \$375,000.00 Voter Education Communication Category: HIRONS: \$315,972.00 Cyber Security Category: PCC: \$734,200.00 Quest: \$74,031.00 Carahsoft: \$ \$103,519.00

## 7. Expenditures

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### 18. Confirm Total CARES Expenditure Amounts

Federal : \$8,010,789.79

Match : \$1,602,722.05

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Total : \$9613511.84

**OMB CONTROL NUMBER: 3265-0020**

## 8. Certification

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

**First Name**

Molly

**Last Name**

Timperman

**Title**

Deputy Director of Elections Modernization, Legislative Affairs, and HAVA Administration

**Phone Number**

**Email Address**

**19. Add another contact to send a copy of submission confirmation and edit link?**

**Signature of Certifying Official:**



Signature of: Molly Timperman

## 9. Report Submitted to EAC

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**Thank you. Your Final (Start of Grant - End) progress report for CARES has been submitted to the EAC. Please keep the PDF download of your submission as grant record.**