

**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>KS20101CARES</b>			
3. Recipient Organization (Name and complete address including Zip code)  <b>EXECUTIVE OFFICE OF THE STATE OF KANSAS</b> <b>120 SW 10TH AVE FL 1, TOPEKA, KS 666121226</b>							
4a. DUNS Number		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 checked="" type="checkbox"/> Annual <input type="checkbox"/> Final				7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
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>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					\$4,622,500.00		
b. Cash Disbursements					\$4,477,003.27		
c. Cash on Hand (line a minus b)					\$145,496.73		
<i>(Use lines d-o for single grant reporting)</i>							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized					\$4,622,500.00		
e. Federal share of expenditures					\$4,477,003.27		
f. Federal share of unliquidated obligations					\$0.00		
g. Total Federal share (sum of lines e and f)					\$4,477,003.27		
h. Unobligated balance of Federal funds (line d minus g)					\$145,496.73		
<b>Recipient Share:</b>							
i. Total recipient share required					\$924,500.00		
j. Recipient share of expenditures					\$924,500.00		
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					\$3,947.76		
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)					\$3,947.76		
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  <b>Tompkins, Sandy</b> <b>Deputy Asst. SOS - Administration</b>					c. Telephone (Area code, number, and extension)		
b. Signature of Authorized Certifying Official  <b>Tompkins, Sandy</b>					d. Email Address		
e. Date Report Submitted (Month, Day, Year)  <b>March 1, 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

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(Additional Page)

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Federal Agency & Organization : Election Assistance Commission

Federal Grant ID : KS20101CARES

Recipient Organization : EXECUTIVE OFFICE OF THE STATE OF KANSAS  
120 SW 10TH AVE FL 1, TOPEKA, KS 666121226

DUNS Number :

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:

Program income earned breakdown: \$0 Source: Sale of registration list  
\$0 Source: N/A

Program Income Expended: \$0.

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# EAC Progress Report

Response ID:180 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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## 3. EAC Progress Report

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### 1. State or Territory:

Kansas

### 2. Grant Number:

KS20101 CARES-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

12/31/2020

### 7. DUNS/UEI:

361543317

### 8. EIN:

1481124839C6

### 9. Recipient Organization:

#### Organization Name

Executive Office Of The State Of Kansas

**Street Address**

120 Sw 10th Ave.

**City**

Topeka

**State**

KS

**Zip**

66612

## 4. Progress and Narrative

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### 10. CARES Grant Specific:

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

The funds were broken into two categories:

1. Secretary of State direct pandemic expenditures for elections in the state of Kansas.

Direct purchases of the following items for each polling site: PPE kits, Plexi-glass shields, Stylus pens, Ballot Drop Boxes

2. County Reimbursements.

Each county was designated a reimbursement amount to cover expenditures for pandemic related expenses.

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

Issues faced due to the pandemic were recruitment of poll workers, increase of mail in ballots and equipment to support the necessary changes due to social distancing.

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

The Kansas Secretary of State agency began early in the process of gathering bids for PPE items for polling locations. The agency directly procured the following: plexi-glass shields, hand sanitizer, face masks, gloves and ballot boxes for each county. The agency worked directly with each county in designating a set dollar amount that would be reimbursed for additional items needed related to the pandemic to run a smooth election process.

Security/Training was implemented with trainings for poll workers on sanitation procedures and guidance on socially distanced in-person voting.

Communication was a priority notifying the public by means of postcards/mailers to alert changes for registration, ballot request, drop box options and precautions at the polling locations in response to the pandemic. The purchase of signs and decals for notification of social distancing while at a polling location.

### 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.

April 2020 began an aggressive bid process in the procurement process of obtaining PPE items for the upcoming Primary and General Election. Items such as hand sanitizer, mask, gloves, stylus pens and plexi-shields were purchased and shipped to each county election office to be used at all polling locations. August 2020 the bid process of procuring ballot drop boxes for each county was in process. The drop boxes were shipped to each county and in place for the 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.

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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.**

Drop boxes for distribution of ballots and security cameras to monitor the boxes was purchased.

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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.**

We provided each of the 105 counties an amount of funds up to which we would reimburse acceptable Covid-related election expenditures. The amount was based on the county's voting age population, adjusted so that no county had an amount less than \$5000, and the four largest counties received a small proportional reduction to enable the smaller counties to reach \$5000.

Each county submitted invoices or receipts and after verifying if the amount was within their allotted amount and for an appropriate good or service a reimbursement check was sent.

Counties used the funds towards additional cost of printing and mailing ballots, scanners, drop boxes, additional staffing, cleaning of polling locations, PPE items and cleaning supplies.

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

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

**Otherwise enter - match not required.**

The full required amount of matching funds was met by third party contributions, including hand sanitizer, free media, and grants from Center for Technology and Civic Life direct to counties. The use of the CTCL grants were checked to ensure it was expended for appropriate election Covid-related goods or services between march and December 2020.

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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.

**21. Upcoming Activities:**

Provide a timeline and description of upcoming activities.

No upcoming activities

**5. Expenditures**

**22. Current Period Amount Expended and Unliquidated Obligations**

**CARES COST CATEGORIES**

	Federal	Match
Voting Processes:	\$1,734,299.51	\$496,826.23
Staffing:	\$366,733.20	\$161,003.54
Security and Training:	\$456,525.37	\$56,280.16
Communications:	\$347,221.60	\$173,587.87
Supplies:	\$1,572,223.59	\$36,802.20
Total	\$4,477,003.27	\$924,500.00

OMB CONTROL NUMBER: 3265-0020

**6. Certification**

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

**First Name**

Sandy

**Last Name**

Tompkins

**Title**

Deputy Assistant Secretary of State | Administration

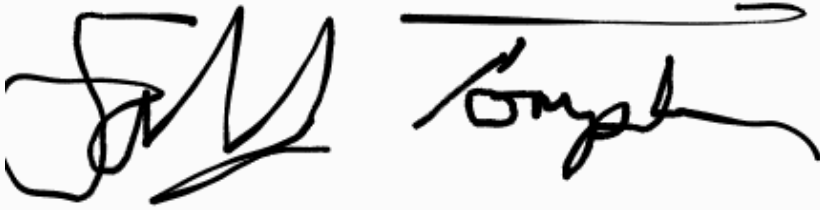
**Phone Number**

17852964580

**Email Address**

sandy.tompkins@ks.gov

**Signature of Certifying Official:**

A handwritten signature in black ink, appearing to read 'Sandy Tompkins', with a long horizontal line above the name.

Signature of: Sandy Tompkins

**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.