FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal A	ganizationa	I Element to Which R	eport is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)				
FI ECTIO	NCE COM	IMISSION			MP20101CARES				
BLECTION ASSISTANCE COMMISSION 3. Recipient Organization (Name and complete address including Zip code)					1411	201010	AILE		
		`	•	0 1 ,					
OFFICE C	OF THE GOV	ERNOR							
ISLA DRI	VE, SAIPAN	, MP 9695	509997						
4a. DUNS N		4b. I	ΞIN	5. Recipient Account Number or Identifying Number			6. Report Type	7. Basis of Accounting	
				(To report multiple grants, use FFR Attachme		chment)	′ ∐ Quarterly ∐ Cash		
							☐ Semi-Annual ☐ Annual	□ Accural	
							Final		
8. Project/G	rant Period (M	onth, Day,	Year)			9.	Reporting Period End I	Date (Month, Day, Year)	
From: Mar	rch 28, 2020		-	To: December 31, 2020		1	December 31, 2020		
10. Transac			1	, =====================================		Cumulative			
(Use lines a	-c for single or	combined	multiple grant reporti	ng)			•		
Federal Cas	sh (To report	multiple gi	ants separately, als	o use FFR Attachmen	t):				
a. Cash R	Receipts							\$600,000.00	
b. Cash D	Disbursements							\$374,790.24	
c. Cash o	n Hand (line a	minus b)						\$225,209.76	
(Use lines d	o for single gr	ant reportir	ng)						
	penditures an								
d. Total F	ederal funds a	uthorized						\$600,000.00	
e. Federa	l share of expe	enditures						\$374,790.24	
f. Federal	share of unliq	uidated obl	igations					\$104,117.27	
	ederal share (s							\$478,907.51	
	•		funds (line d minus g)				\$121,092.49	
Recipient S			9	<u>'</u>				· ,	
	cipient share re	equired						\$0.00	
	nt share of exp	<u> </u>						\$0.00	
_ ·			provided (line i minus	; i)				\$0.00	
Program In	<u> </u>		p. 6 11 40 4 (11 11 11 11 11 11 11 11 11 11 11 11 11	- 1)				40.00	
	ederal share of	program ir	ncome earned					\$0.00	
			ccordance with the de	eduction alternative				\$0.00	
	· · · · · · · · · · · · · · · · · · ·		cordance with the ad					\$0.00	
			ne I minus line m and					\$0.00	
			c. Period From		d. Base		e. Amount Charged	f. Federal Share	
Expense	Fixed	9.42	March 28, 2020	September 30, 2020		7,271.76	\$9,163.00	\$9,163.00	
	Fixed	9.23	October 1, 2020	December 31, 2020	\$24	5,677.14	\$22,676.00	\$22,676.00	
				g. Totals:	\$34	2,948.90	\$31,839.00	\$31,839.00	
12 Remarks	s: Attach anv e	xplanation	s deemed necessary	or information required				* /	
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	rovide the fol			h		41	4.1-4	d a a sumate and the	
expenditure	es, disbursem	ents and o	ash receipts are fo	best of my knowledge r the purposes and int criminal, civil, or adm	ent set forth in t	he award	documents. I am awa	re that any false,	
a. Typed or Printed Name and Title of Authorized Certifying Official						c. Telephone (Area code, number, and extension)			
Dolog!ss	Downselit-					d E~	nail Address		
Executive	Bernadita Director					u. Lii	iali Audiess		
b. Signature of Authorized Certifying Official						e. Date Report Submitted (Month, Day, Year)			
Palacios, Bernadita						April 23, 2021			
							ard Form 425 Approval Number: 4040-0014		
							tion Date: 02/28/2022		

Panarwork Burdon 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 : MP20101CARES

Recipient Organization : OFFICE OF THE GOVERNOR

ISLA DRIVE, SAIPAN, MP 969509997:

DUNS Number

DUNS Status when Certified

EIN

Reporting Period End Date : December 31, 2020

Status : Awarding Agency Approval : "Please

Remarks provide the following information:

State interest earned (current fiscal year): \$
State interest expended (current fiscal year): \$
Program income earned (current fiscal year): \$

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

registration list

Program income expended (current fiscal year): \$

"cash on hand is due to grantors reimbursement of \$600,000 upfront.

Federal Agency Review

Reviewer Name :
Phone # :
Email :
Review Date :
Review Comments :

Report Status: Awarding Agency Approval Page 2 of 2 Printed Date: Apr 27, 2021

EAC Progress Report

1. Login

3 = 1	AC Progress Report
	tte or Territory: thern Mariana Islands
	ant Number:
IVIP2	20101CARES
3. Rep	
CAF	RES (Off-cycle report only due February 28, 2021)
4. Gra	
CAF	se select only one.
	porting Period Start Date
	28/2020
	porting Period End Date
12/3	1/2020
7. DU	JNS/UEI:
8. EIN	l:
9. Red	cipient Organization:
	Organization Name
	Office Of The Governor - Commonwealth Election Commission

Street Address		
Caller Box 10007, Isa Drive		
City		
Saipan		
State		
MP		
Zip		
96950		

4. Progress and Narrative

10. CARES Grant Specific:

Describe how you used the funds to address the pandemic.

The additional funding stemming from the CARES Act helped the Commonwealth Election Commission with sanitation and cleaning services greatly needed as the Governor's Covid-19 Task had instructed the CEC to cleanse polling booths after each use. With the downturn in the state economy, the CNMI Central Government is unable to supply the CEC with needed supplies operations for face masks, PPEs, disinfectant sprays, temperature check units, and more. The CARES Act funded provided immediate relief and allowed all aspects of the voting process to be smooth and safe. New stalls had to be created for voter protection and privacy.. Cleaning crews were also hired for over a two week period for early voting and the actual election day.

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

For the most part, only anxiety and fear of contracting Covid-19 was the issue. Many staff members were reluctant to work; some slots were temporarily filled to address this challenge. The wait time at the lines were longer than normal because the voters had to get their temperatures checks and adhere to protocol policies. At one point, the CNMI could not get enough PPE's or sanitizing supplies in because mainland stores were sourcing the items faster than us. It takes time for those items to be shipped to parts of the western Pacific Ocean. One particular concern had been raised about foot items being purchased and according to the Director of the CEC, pre-packed lunch plates were ordered because poll workers could not leave the poll sites because they would not have enough workers to enforce social distancing protocols and to manage all the activities related to the election itself. By doing so, it provided a smooth election turnout with little to no hiccups.

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

By reviewing the fiscal activities of this Business Unit (Eo404B), a large portion of the funds (\$119,109) went to personnel salaries and fringe benefits. These staff members are responsible for the on-going Election itself and without their guidance and decision-making responsibilities, the Election will not occur. Again, additional polling workers were hired to direct voters and to enforce social distancing policies of the state. Vehicles were rented to assist those that have disabilities that needed to reach polling sites and to monitor the overall election with members of the Office of the Public Auditor. Cleaning activities amount to \$24,327 for the fumigation and cleansing of poll sites during the election period.

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.

By state law, voters on 3 different islands (Agrihan, Alamagan, and Pagan) had to given the opportunity to cast their votes, so funding from this grant paid for the transportation of Election officials to these islands to provide voter ballots and to collect them after they are done voting.

Again, for the most part, a majority of the grant funds were used for cleaning services, transportation, personnel, and operational supplies to address the security of the election and to conduct a safe and orderly 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.

I would like to add that due to Covid-19 particular emphasis was placed on voter safety and ensuring that voters felt safe to vote, so additional supply materials were purchased. No major changes were observed.

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 additional of poll workers temporarily employed allowed for smoother operations and enforcing Covid-19 protocols. The elderly received specialized treatment, if requested, for transport to the polling sites. This is to reduce the possibility of being infected by the virus.

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.

Majority of the Equipment were purchased under the HAVA Election Security Grant.

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.

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.

N/A: No subgrants were awarded.

19. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

Matching is not required for insular areas such as for the CNMI.

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.

The main challenges that arose was the Covid-19 pandemic and how it caused a significant economic slump in our islands. This caused over 550 government employees to go on furloughs and decimated the CEC ability to almost conduct the Election itself. Luckily, these funds afforded the State the opportunity to hold a safe and transparent election.

The State's Department of Finance also had questions regarded the extended use of these funds, so not all the activities were undertaken timely but because of the new message received only a few days ago, the CEC will proceed in expending the rest of the funds to ensure future election proceedings to be handled even smoother and with more safety.

21. Upcoming Activities:

Provide a timeline and description of upcoming activities.

More technical training is expected for staff members. Training will be done via Zoom or by other online platforms.

5. Expenditures

22. Current Period Amount Expended and Unliquidated Obligations

CARES COST CATEGORIES

	Federal	Match
Voting Processes:	\$172,741.00	\$0.00
Staffing:	\$207,527.00	\$0.00
Security and Training:		
Communications:	\$12,206.00	\$0.00
Supplies:	\$14,971.00	\$0.00
Total	\$440,935.00	\$0.00
Cleaning Services/PPEs	\$24,327.00	\$0.00
Indirect Costs	\$9,163.00	

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Epiphanio

Last Name

Cabrera Jr.

Title

State Administrator, Office of Grants Management

Phone Number

Email Address

Signature of Certifying Official:



Signature of: Epiphanio E. Cabrera Jr.

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.