

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted Election Assistance Commission				2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) MS20101CARES					
3. Recipient Organization (Name and complete address including Zip code) SECRETARY OF STATE, MISSISSIPPI 401 MISSISSIPPI ST, JACKSON, MS 392011004									
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: March 28, 2020 To: December 31, 2020				9. Reporting Period End Date (Month, Day, Year) 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						\$4,728,037.00			
b. Cash Disbursements						\$1,456,888.00			
c. Cash on Hand (line a minus b)						\$3,271,149.00			
<i>(Use lines d-o for single grant reporting)</i>									
Federal Expenditures and Unobligated Balance:									
d. Total Federal funds authorized						\$4,728,037.00			
e. Federal share of expenditures						\$1,456,888.00			
f. Federal share of unliquidated obligations						\$236,978.00			
g. Total Federal share (sum of lines e and f)						\$1,693,866.00			
h. Unobligated balance of Federal funds (line d minus g)						\$3,034,171.00			
Recipient Share:									
i. Total recipient share required						\$338,773.00			
j. Recipient share of expenditures						\$211,364.00			
k. Remaining recipient share to be provided (line i minus j)						\$127,409.00			
Program Income:									
l. Total Federal share of program income earned						\$20,687.00			
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)						\$20,687.00			
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; State Interest Expended = \$0; Program Income Earned = \$0; Program Income Breakdown = N/A; Program									
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 Tschiffely, Emily Finance Director					c. Telephone (Area code, number, and extension) d. Email Address				
b. Signature of Authorized Certifying Official Tschiffely, Emily					e. Date Report Submitted (Month, Day, Year) February 28, 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/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 : MS20101CARES

Recipient Organization : SECRETARY OF STATE, MISSISSIPPI
401 MISSISSIPPI ST, JACKSON, MS 392011004

DUNS Number :

EIN :

Reporting Period End Date : December 31, 2020

Status : Report Certified/Pending Agency Approval

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

We did not deposit matching funds into the State Election fund for this CARES grant. This is why there is no state interest reported.

Basis of accounting should be Accrual, though had previously been Cash. This change allows us to better represent unliquidated obligations as per our State's accounting system.

Federal Agency Review

Reviewer Name :

Phone # :

Email :

Review Date :

Review Comments :

EAC Progress Report

Response ID:203 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:

Mississippi

2. Grant Number:

MS20101CARES

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

Ms Secretary Of State

Street Address

401 Mississippi Street

City

Jackson

State

MS

Zip

39205

4. Progress and Narrative

10. CARES Grant Specific:

Describe how you used the funds to address the pandemic.

HAVA CARES funds and corresponding matching funds have been used by the MS Office of Secretary of State to prevent, prepare for, and respond to COVID-19 during the 2020 Federal election cycle in the following ways:

1. Staff travel to counties to deliver PPE for the June 23, 2020 Congressional District 2 Runoff.
2. Staff travel to counties on November 3rd to observe polling places' operations and ensure that proper safety measures were being taken.
3. Design, production and mailing of a snail mail postcard to every registered voter in the state to alert them of the changes they would encounter at their polling place due to COVID-19. This card also included information about how to obtain an absentee ballot, if eligible, due to being under a physician-imposed quarantine due to COVID-19.
4. Personal protective equipment including hand sanitizer, masks, gloves, face shields and cleaning supplies that was procured by the Office and then organized, packed onto pallets, and distributed to all 82 counties for use on November 3rd.
5. Reimbursement to counties for their own purchase of personal protective equipment, cleaning supplies and for the materials and construction of plastic barriers and other environmental safety solutions to keep people socially distanced.
6. Reimbursement to counties for additional staffing. These costs were contained in three buckets: additional poll managers, hazard pay for election commissioners and hourly pay for temporary staff needed to process the unusually high volume of absentee ballots.

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

The Office faced challenges in procuring hand sanitizer and personal protective equipment, as global demand during the Summer and early Fall was very high. We were also challenged by the volume of phone calls received at the Office's elections hotline after mailing the postcards alerting voters about COVID-19 safety measures that they would encounter at their polling place.

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

The Office addressed the pandemic firstly by engaging all elections officials throughout the Spring and Summer to ensure that communication channels were open and functioning. The June 23rd Congressional District 2 Runoff allowed the Office an extra opportunity to prepare for the Nov. 3rd election.

We also leaned on other state agencies including the MS Department of Agriculture and Commerce, that allowed the Office to maintain a staging area at the State's Trademart convention complex where PPE was received, unpacked and re-packed for distribution to the counties. Additionally, the MS Emergency Management Agency donated hand sanitizer and the National Guard picked up the pallets from the Trademart and delivered them to 9 centers across the state where the counties picked them up.

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.

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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.

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.

No articles of voting equipment purchased with these funds during this period.

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.

Reimbursements for PPE, staffing costs for Nov. 3rd election day.

19. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

General funds are being used to reimburse counties for elections staffing costs and to pay for Office staff travel costs incurred for the election on Nov. 3rd. Also, the personal protective equipment and environmental safety expenditures for which the Office reimbursed the counties was at a rate of 80% - allowing these expenditures to be matched directly by the counties themselves, as they were incurred.

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 further activities.

5. Expenditures

22. Current Period Amount Expended and Unliquidated Obligations

CARES COST CATEGORIES

	Federal	Match
Voting Processes:		
Staffing:	\$502,024.00	\$145,537.00
Security and Training:		
Communications:	\$280,715.00	
Supplies:	\$674,149.00	\$65,827.00
Total	\$1,456,888.00	\$211,364.00

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Emily

Last Name

Tschiffely

Title

Finance Director

Phone Number

Email Address

Signature of Certifying Official:



Signature of: Emily Tschiffely

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.