

**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>NM20101CARES</b>			
3. Recipient Organization (Name and complete address including Zip code)  <b>Secretary Of State, New Mexico</b> <b>325 Don Gaspar Capital Ste 300, santa fe, NM 875030001</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 checked="" type="checkbox"/> Annual <input 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					\$3,889,527.00		
b. Cash Disbursements					\$3,710,066.94		
c. Cash on Hand (line a minus b)					\$179,460.06		
<i>(Use lines d-o for single grant reporting)</i>							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized					\$3,889,527.00		
e. Federal share of expenditures					\$3,710,066.94		
f. Federal share of unliquidated obligations					\$179,460.06		
g. Total Federal share (sum of lines e and f)					\$3,889,527.00		
h. Unobligated balance of Federal funds (line d minus g)					\$0.00		
<b>Recipient Share:</b>							
i. Total recipient share required					\$777,905.00		
j. Recipient share of expenditures					\$597,324.66		
k. Remaining recipient share to be provided (line i minus j)					\$180,580.34		
<b>Program Income:</b>							
l. Total Federal share of program income earned					\$127,646.63		
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)					\$127,646.63		
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: Additional reimbursements to counties will be paid out after December 31, 2020.							
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>Albin, Veronica</b>							
<b>CFO</b>					d. Email Address		
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year)		
<b>Albin, Veronica</b>					<b>March 24, 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 : NM20101CARES

Recipient Organization : Secretary Of State, New Mexico  
325 Don Gaspar Capital Ste 300, santa fe, NM 875030001

DUNS Number :

DUNS Status when Certified :

EIN :

Reporting Period End Date : December 31, 2020

Status : Awarding Agency Approval

Remarks : Additional reimbursements to counties will be paid out after December 31, 2020.  
State Interest Earned: \$0  
State Interest Expended: \$0  
Program Income Earned \$0  
Program Income Earned Breakdown: N/A  
Program Income Expended: \$0

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**Federal Agency Review**

Reviewer Name : Garza, Risa

Phone #

Email

Review Date : March 24, 2021

Review Comments :

# EAC Progress Report

Response ID:205 Data

## 3. EAC Progress Report

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**1. State or Territory:**

New Mexico

**2. Grant Number:**

NM20101CARES

**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**

Nm Secretary Of State

**Street Address**

325 Don Gaspar Ave Ste 300

**City**

Santa Fe

**State**

NM

**Zip**

87501

## 4. Progress and Narrative

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## **10. CARES Grant Specific:**

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

During this period the state spent \$3.71 million through the reporting period of December 31 on all of the activity items in support of the 2020 Election cycle. The office used the CARES funding to support the counties through reimbursement in the purchase of PPE items, equipment for poll workers on Election Day/early voting periods as well as additional county level staff during the absentee voting period to accommodate the vast influx of mail-in ballots. Some additional items used with CARES funding included media buys aimed at informing public on safe voting practices during the COVID-19 pandemic, additional postage costs for mail-in ballots, touchpads for voting machines, and additional pens at polling stations.

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

One major issue the state faced in dealing with the pandemic in the primary election was the timing of getting PPE coordinated and delivered to counties in a short period of time. Additional challenges were faced as changing circumstances of COVID-safe protocols and PPE evolved during the period. For example, legislation passed by the NM State Legislature during a special session in the summer made created additional requirements to fulfill in very short time as well as resulted in significant additional postage for absentee applications and mail-in ballots. Another issue was the logistical challenges that came with the distribution of the PPE to the counties there were challenges coordinating with vendors and DHS to get the appropriate number of items to the right places.

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

There were two major CARES spending events during this reporting period; the Primary Election in June and the General Election in November. The SOS Office implemented the approved grant activities by ensuring that the polls were a safe environments for citizens to vote and providing the additional ballots and postage required for the surge in absentee and mail in voting. Most of the PPE used by the counties was purchased using CARES funds through 3rd party vendors and distributed with the assistance and resources of the Department of Homeland Security. The counties requested additional reimbursement for CARES-relevant costs. Submissions were reviewed by the SOS leadership team for applicability and relevance. The items requested to be reimbursed to the counties included, but were not limited to, 1) additional PPE: including masks, disposable gloves, sanitizer, face shields and disinfectant spray, 2) additional absentee poll workers, 3) postage for additional mailed ballots, 4) additional touchpads for the tabulator machines, and 5) single use writing instruments.

### **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.**

The areas of increased cost occurred from June-November for the two elections which included voter outreach through media to encourage absentee voting, printing and postage to compensate for increased absentee voting, additional election staff, sanitation and hygiene supplies, sanitation services for NAEV sites and additional election officials to help conduct curbside voting, support to counties to keep necessary polling places and ballot drop of stations clean and germ free with PPE and sanitizing materials. Purchasing of PPE and media spots for the general election began in August and continued through September. The state used both internal data from prior elections and data from the counties to project the PPE required for in person voting on Election Day.

### **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 voting equipment was purchased 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.**

N/A

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

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

**Otherwise enter - match not required.**

The SOS is meeting the 20% matching requirement by utilizing a grant from a non profit, Center for Election Innovation & Research (CEIR), which authorized a grant in the amount of \$778 thousand for initiatives that help provide voter education, information, and communication to ensure a safe and secure General Election in 2020.

**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.**

The state will continue to reimburse counties that have yet to submit or need to submit additional COVID-related reimbursement claims for the 2020 Election that will be processed after the December 31st period.

## 5. Expenditures

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

#### CARES COST CATEGORIES

	Federal	Match
Voting Processes:	\$1,158,725.04	
Staffing:	\$465,211.96	
Security and Training:		
Communications:	\$80,370.13	\$597,324.66
Supplies:	\$2,005,759.81	
Total	\$3,710,066.94	\$597,324.66

OMB CONTROL NUMBER: 3265-0020

## 6. Certification

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

**First Name**

Veronica

**Last Name**

Albin

**Title**

CFO

**Phone Number**

**Email Address**

Signature of Certifying Official:



Signature of: Veronica Albin

