

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) NY20101CARES				
3. Recipient Organization (Name and complete address including Zip code) STATE, NEW YORK DEPARTMENT OF 40 N PEARL ST STE 5, ALBANY, NY 122072729								
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual			
8. Project/Grant Period (Month, Day, Year) From: March 28, 2020				9. Reporting Period End Date (Month, Day, Year) December 31, 2020				
To: 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					\$20,567,088.00			
b. Cash Disbursements					\$20,023,179.67			
c. Cash on Hand (line a minus b)					\$543,908.33			
<i>(Use lines d-o for single grant reporting)</i>								
Federal Expenditures and Unobligated Balance:								
d. Total Federal funds authorized					\$20,567,088.00			
e. Federal share of expenditures					\$20,023,179.67			
f. Federal share of unliquidated obligations					\$103,077.88			
g. Total Federal share (sum of lines e and f)					\$20,126,257.55			
h. Unobligated balance of Federal funds (line d minus g)					\$440,830.45			
Recipient Share:								
i. Total recipient share required					\$4,113,417.00			
j. Recipient share of expenditures					\$3,821,634.02			
k. Remaining recipient share to be provided (line i minus j)					\$291,782.98			
Program Income:								
l. Total Federal share of program income earned					\$13,276.59			
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)					\$13,276.59			
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 expended \$0. Program income								
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 Brehm, Robert Co-Executive Director					c. Telephone (Area code, number, and extension)			
					d. Email Address			
b. Signature of Authorized Certifying Official Brehm, Robert					e. Date Report Submitted (Month, Day, Year) February 25, 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 : NY20101CARES

Recipient Organization : STATE, NEW YORK DEPARTMENT OF
40 N PEARL ST STE 5, ALBANY, NY 122072729

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 expended \$0. Program income in this section excludes interest
earned on federal funds.

EAC Progress Report

Response ID:196 Data

3. EAC Progress Report

1. State or Territory:

New York

2. Grant Number:

NY20101CARES

3. Report:

CARES (Off-cycle report only due February 28, 2021)

4. Grant:

Please select only one.

CARES

5. Reporting Period Start Date

10/01/2020

6. Reporting Period End Date

12/31/2020

7. DUNS/UEI:

8. EIN:

9. Recipient Organization:

Organization Name

New York State Board Of Elections

Street Address

40 N. Pearl Street

City

Albany

State

NY

Zip

12207

4. Progress and Narrative

10. CARES Grant Specific:**Describe how you used the funds to address the pandemic.**

New York State utilized the 2020 HAVA CARES funds to ensure that federal elections held in New York State were administered in a safe environment during the Coronavirus pandemic. Specifically, County Board of Elections utilized the federal HAVA funding to implement measures necessary for responsible, safe and fair elections during the COVID-19 pandemic. This was achieved by creating a grant program to provide our 62 County Board of Elections with funding to administer increased absentee voting, increased voter awareness of how to vote during the pandemic, and to ensure that early voting and election day sites implemented COVID-19 safety protocols.

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

Ensuring that all voters had safe access to vote was the major issue facing New York State. New York State increased absentee voting to all eligible voters and implemented safety protocols (sanitization, social distancing, provide PPE) at all early voting and election day poll sites. Communication to voters was also increased to make awareness of the three ways to vote and how to vote safely.

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

During this reporting period, September 30, 2020- December 31, 2020, Board of Elections were implementing voting by absentee to eligible voters due to an emergency COVID related Executive Order, preparing and administering early voting (October 17-October 24th) and election day voting, canvassing ballots, and certifying the election. County Board of Elections were able to utilize grant funds for authorized activities. Authorized activities included but were not limited to: purchasing ballot drop off boxes, more equipment and space and hiring additional staff to ensure sanitization and social distancing protocols, purchasing PPE, communications to voters, and hiring and training staff to process/canvass the increase of absentee ballots due to the emergency executive orders. Poll site training covers security protocols and was enhanced to include COVID-19 protocols.

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 HAVA Grant fund required that eligible expenses take place between March 28, 2020-December 31, 2020.

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 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.

Security training was conducted under the 2018/2020 Election Security grant and was reported on the Annual Report. It was not conducted utilizing this grant program (HAVA CARES).

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.

The New York State Board of Elections made 100% of the HAVA CARES grant funding directly available to our County Board of Elections in the form of a grant program. The NYSBOE allocated funding based on population utilizing the 2/21/2020 enrollment statistics.

19. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

New York State provided the 20% match of approximately \$4 million dollars in the State Fiscal Year (SFY) 2020-21 state budget.

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 NYSBOE has three unliquidated obligations as of 12/31/2020 for funds spent prior to 12/31/2020. The total value of these funds is \$103,077.88. The disbursement of those funds were made in January and February 2021.

5. Expenditures

22. Current Period Amount Expended and Unliquidated Obligations

CARES COST CATEGORIES

	Federal	Match
Voting Processes:	\$14,016,225.70	\$2,675,103.81
Staffing:	\$860,996.72	\$164,330.26
Security and Training:	\$740,857.65	\$141,440.46
Communications:	\$2,002,317.96	\$382,163.40
Supplies:	\$2,402,781.55	\$458,596.08
Total	\$20,023,179.67	\$3,821,634.02
Unliquidated Obligations	\$82,462.30	\$20,615.57

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Robert

Last Name

Brehm

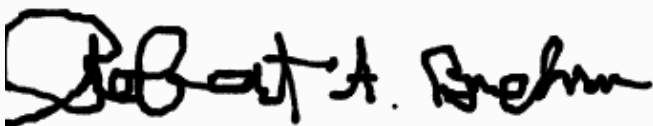
Title

Co-Executive Director

Phone Number

Email Address

Signature of Certifying Official:



Signature of: Robert A. Brehm

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.