FEDERAL FINANCIAL REPORT

				(Follow form in:	structions)				
1. Federal A	gency and Or	ganizationa	I Element to Which I	Report is Submitted	,				umber Assigned by nts, use FFR Attachment
Election Assistance Commission UT20101C							port multiple gra		
			complete address ir	cluding Zin codo)		0120101	CARES		
5. Recipient	Organization	(Name and	complete address in						
Office of	the Lt Gove	rnor of U	tah						
State Car	oitol Comple	x Ste 220). SALT LAKE CI	ΓY, UT 841141202					
4a. DUNS N		4b.		5. Recipient Account N	umber or Ide	ntifying Num	ber 6. Rep	ort Type	7. Basis of Accounting
				(To report multiple gran	its, use FFR	Attachment)	🗆 Qu		🖾 Cash
							Se 🛛 Se	mi-Annual	Accural
							□ Fin		
8. Project/Gr	rant Period (M	onth, Day,	Year)				9. Reportir	ng Period End D	ate (Month, Day, Year)
From: Mar	rch 28, 2020			To: December 31, 2	2020		Decemb	oer 31, 2020	
10. Transac	tions								Cumulative
-			multiple grant report						
Federal Cas	sh (To report i	multiple g	rants separately, al	so use FFR Attachmer	nt):			1	
a. Cash R	Receipts								\$4,321,708.00
b. Cash D)isbursements								\$1,848,848.22
	n Hand (line a								\$2,472,859.78
	-o for single gr		-						
Federal Exp	penditures an	d Unobliga	ated Balance:					1	
	ederal funds a								\$4,334,714.00
	I share of expe								\$1,848,848.22
	share of unliq		0						\$0.00
g. Total F	ederal share (s	sum of line	s e and f)						\$1,848,848.22
h. Unoblig	gated balance	of Federal	funds (line d minus g	a)					\$2,485,865.78
Recipient S	hare:								
	cipient share r								\$866,942.00
<u> </u>	nt share of exp								\$398,072.30
		share to be	provided (line i minu	is j)					\$468,869.70
Program Inc								1	<u> </u>
	deral share of								\$13,517.11
			ccordance with the c						\$0.00
			cordance with the a						\$0.00
· ·		· · · · ·	ne I minus line m an	,					\$13,517.11
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base		e. Amour	nt Charged	f. Federal Share
Expense									
				g. Totals:		\$0.00		\$0.00	\$0.00
10 . Do mo el m				3	 				
			s deemed necessary	or information required	by Federal s	sponsoring a	gency in co	ompliance with g	overning legislation:
	rest Earned:	,							
expenditure	es, disbursem	ents and	cash receipts are fo	e best of my knowledge or the purposes and into o criminal, civil, or adm	tent set fort	h in the awa	rd docum	ents. I am awar	e that any false,
a. Typed or	Printed Name	and Title o	f Authorized Certifyir	ng Official		c. 7	elephone	Area code, num	ber, and extension)
Evans, Di	uncan					d.	Email Addr	ess	
Budget M	lanager								
b. Signature	of Authorized	Certifying	Official			e. [Date Repor	t Submitted (Mo	nth, Day, Year)
Evans, D	uncan						ebruary 2		
							ndard Form 42 B Approval Nu	5 mber: 4040-0014	
Deserved Des	idan Statamant						piration Date: 0		

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 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

	(Additional Page)
Federal Agency & Organization	: Election Assistance Commission
Federal Grant ID	: UT20101CARES
Recipient Organization	: Office of the Lt Governor of Utah
	State Capitol Complex Ste 220, SALT LAKE CITY, UT841141202 :
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 (this is not Federal Interest): \$0. Program Income Expended: \$0.

EAC Progress Report

Response ID:176 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:

Utah

2. Grant Number:

UT20101CARES

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

Office Of The Lieutenant Governor

Street Address		
Utah State Capitol #220		
City		
Salt Lake City		
State		
UT		
Zip		
84114		

4. Progress and Narrative

10. CARES Grant Specific:

Describe how you used the funds to address the pandemic.

(1) Voting processes, including providing prepaid return postage on mail ballots (if the county has not previously provided prepaid postage) or associated costs due to the increased volume of mail ballots. Ballot Envelopes (Reprinting, Stickers, Seals, Additional Envelopes)

(2) Personal Protective Equipment (PPE) and cleaning supplies.

(3) Ballot Drop Box Purchase and Installation to increase availability.

(4) Communications to notify, educate, and inform voters of new election procedures due to COVID-19, including the following:

- Advertisements (Radio, Digital, TV, billboard)

- Notices Newspaper Advertisement
- Notices Letter/Postcard to Voters to Notify of Changes
- Notices Letter to Unaffiliated Voters
- Notices Ballot Inserts
- Notices Misc. or Uncategorized

(5) Pay associated costs for conducting drive-up voting including:

- Drive-Up Voting Safety and Traffic Management
- Voting Location IT or Voting Equipment
- Polling Location Misc. Expenses (tents, coolers, portable toilets, etc)
- Facility Rental or Expenses
- Signage for drive-up locations, drop boxes, etc
- (6) Increased poll workers/temporary employees and/or additional pay and training.

(7) Make accommodations to voters who may not be able to vote by mail.

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

Most challenges were a continuation of challenges mentioned in the previous report, including how a major challenge for county election officials and the state was procuring enough PPE for election workers and poll workers. Although it was a challenge, county election officials were able to work with their county emergency department and the state to obtain enough PPE for their workers.

Another significant challenge for some county election officials was the logistics of drive-up voting, as it has never been done in the state before. The counties will be reimbursed for supplies used to stage a large outdoor voting area that accommodated vehicles.

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

This report consists of the remaining reimbursements and expenditures that were made in regards to the General Election.

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 grant funds supported preparation for and competition of the June 30, 2020 primary election and the November 3, 2020 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.

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.

Not applicable

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.

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.

Funds were made available to counties in Utah to cover costs that were necessary to conduct the primary and general election in a COVID-19 environment, including the following:

(1) Providing prepaid return postage on mail ballots (if the county has not previously provided prepaid postage) or associated costs due to the increased volume of mail ballots. Ballot Envelopes (Reprinting, Stickers, Seals, Additional Envelopes)

- (2) Personal Protective Equipment (PPE) and cleaning supplies.
- (3) Ballot Drop Box Purchase and Installation to increase availability.
- (4) Communications to notify, educate, and inform voters of new election procedures due to COVID-19.
- (5) Pay associated costs for conducting drive-up voting.
- (6) Increased poll workers/temporary employees and/or additional pay and training.
- (7) Make accommodations to voters who may not be able to vote by mail.

19. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

The state provided a \$398,072 match by conducting a statewide marketing campaign in late May and June to encourage voters to vote by mail and communicate coronavirus-related changes to the election process. The campaign utilized radio, online advertisements, and billboards.

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.

Not Applicable.

5. Expenditures

22. Current Period Amount Expended and Unliquidated Obligations

CARES COST CATEGORIES

	Federal	Match
Voting Processes:	\$1,544,491.95	
Staffing:		
Security and Training:		
Communications:	\$304,151.78	\$398,072.30
Supplies:	\$204.49	
Total	\$1,848,848.22	\$398,072.30

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Duncan

Last Name

Evans

Title

Budget Manager, Governor's Office of Management and Budget

Phone Number

Email Address

Signature of Certifying Official:



Signature of: Duncan Evans

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.