

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) VA20101CARES
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3. Recipient Organization (Name and complete address including Zip code)

Elections, Virginia State Department Of
1100 BANK ST, RICHMOND, VA 232193639

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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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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
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10. Transactions Cumulative
 (Use lines a-c for single or combined multiple grant reporting)

Federal Cash (To report multiple grants separately, also use FFR Attachment):

a. Cash Receipts	\$9,582,344.00
b. Cash Disbursements	\$9,582,344.00
c. Cash on Hand (line a minus b)	\$0.00

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	\$9,582,344.00
e. Federal share of expenditures	\$9,582,344.00
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$9,582,344.00
h. Unobligated balance of Federal funds (line d minus g)	\$0.00

Recipient Share:

i. Total recipient share required	\$1,916,468.00
j. Recipient share of expenditures	\$1,916,468.00
k. Remaining recipient share to be provided (line i minus j)	\$0.00

Program Income:

l. Total Federal share of program income earned	\$27,537.00
m. Program income expended in accordance with the deduction alternative	\$0.00
n. Program income expended in accordance with the addition alternative	\$27,537.00
o. Unexpended program income (line l minus line m and line n)	\$0.00

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:
 No state interest or 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 Hill, Kevin Business Manager	c. Telephone (Area code, number, and extension) d. Email Address
b. Signature of Authorized Certifying Official Hill, Kevin	e. Date Report Submitted (Month, Day, Year) March 10, 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/OIG/PHR, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PHR Reports Clearance Officer

FEDERAL FINANCIAL REPORT

(Additional Page)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : VA20101CARES

Recipient Organization : Elections, Virginia State Department Of 1100
BANK ST, RICHMOND, VA 232193639

DUNS Number :

EIN :

Reporting Period End Date : December 31, 2020

Status : Awarding Agency Approval

Remarks : No state interest or program income

Federal Agency Review

Reviewer Name : Rosenberry, Margaret

Phone # :

Email :

Review Date : March 11, 2021

Review Comments : Approved

EAC Progress Report

Response ID:240 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:

Virginia

2. Grant Number:

VA20101CARES

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

Virginia Department Of Elections

Street Address

1100 Bank Street

City

Richmond

State

VA

Zip

23219

4. Progress and Narrative

10. CARES Grant Specific:

Describe how you used the funds to address the pandemic.

CARES Act funds were used to purchase PPE supplies in Virginia for the Congressional Primary elections and the November Presidential election. For the Primary election the Virginia Department of Elections purchased the PPE supplies directly and distributed the items to local elections offices based on surveys conducted by ELECT. For this election no match funds were used.

The November election, ELECT distributed 84% of the federal award/match funding to all localities throughout the Commonwealth of Virginia. In addition to funding passed through to localities ELECT purchased PPE supplies, initiated a statewide public relations campaign to educate voters on voting during a pandemic and how to participate in the election. As of December 31, 2020 ELECT has spent 100% of the federal award and required state match

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

Major issues for Virginia was for the June Congressional primary's obtaining PPE supplies as Virginia was in competition with the nation to procure items needed for the election in a compressed timeframe. In addition to the supply issues the major effort required to get enough workers for offices and polling locations due to the fear of the pandemic.

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

During the period ELECT purchased PPE items to be used at the local level along with a state wide public relations campaign to educated votes during a pandemic. In addition to the direct assistance provided by ELECT a majority of the funding for the CARES act was passed through to local elections officers to help offset additional expenses to prepare and carry out federal elections based on what was needed at the local level.

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.

All activities related to the CARES Act funding were carried out based on grant requirements.

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.

Voting equipment obtained is currently not available. Information is being gathered as to usage of pass through funds. Once review of local expenditures is completed information will be available.

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.

ELECT made available to localities 84% of the total grant \$9,682,289 (\$11,498,812) to be used in compliance with grant requirements for additional expenses incurred at the local level to prepare and carry out the election. Localities were required to category usage of funds based on grant guidance.

19. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

The Commonwealth appropriated the required cash match for the federal award.

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.

ELECT is currently reviewing the submitted information from localities pass through funds to ensure compliance with grants requirements. Its anticipated that the review process will be completed by September 30,2021

5. Expenditures

22. Current Period Amount Expended and Unliquidated Obligations

CARES COST CATEGORIES

	Federal	Match
Voting Processes:		
Staffing:		
Security and Training:		
Communications:	\$92,644.00	\$89,045.00
Supplies:	\$945,056.00	\$689,778.00
Total	\$9,582,344.00	\$1,916,468.00
Others (Pass through)	\$8,544,644.00	\$1,137,645.00
Others (interest)	\$27,537.00	

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Kevin

Last Name

Hill

Title

Business Manager

Phone Number

Email Address

Signature of Certifying Official:



Signature of: Kevin A Hill

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.