

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) VT20101CARES			
3. Recipient Organization (Name and complete address including Zip code) Secretary of State, Vermont 128 State St, MONTPELIER, VT 056330006							
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: 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				\$3,000,000.00			
b. Cash Disbursements				\$2,106,301.18			
c. Cash on Hand (line a minus b)				\$893,698.82			
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized				\$3,000,000.00			
e. Federal share of expenditures				\$2,104,519.47			
f. Federal share of unliquidated obligations				\$0.00			
g. Total Federal share (sum of lines e and f)				\$2,104,519.47			
h. Unobligated balance of Federal funds (line d minus g)				\$895,480.53			
Recipient Share:							
i. Total recipient share required				\$526,575.29			
j. Recipient share of expenditures				\$526,575.29			
k. Remaining recipient share to be provided (line i minus j)				\$0.00			
Program Income:							
l. Total Federal share of program income earned				\$1,781.71			
m. Program income expended in accordance with the deduction alternative				\$0.00			
n. Program income expended in accordance with the addition alternative				\$1,781.71			
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: program income earned total: \$0							
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 Drinkwine, Stacey Administrative Services Director IV					c. Telephone (Area code, number, and extension)		
b. Signature of Authorized Certifying Official Drinkwine, Stacey					d. Email Address		
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/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 : VT20101CARES

Recipient Organization : Secretary of State, Vermont
128 State St, MONTPELIER, VT 056330006

DUNS Number

EIN

Reporting Period End Date : December 31, 2020

Status : Report Certified/Pending Agency Approval

Remarks : program income earned total: \$0
program income earned breakdown: \$0
source: N/A
program income expended: \$0

Federal Agency Review

Reviewer Name :

Phone # :

Email :

Review Date :

Review Comments :

EAC Progress Report

Response ID:223 Data

3. EAC Progress Report

1. State or Territory:

Vermont

2. Grant Number:

VT20101CARES

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

Secretary Of State, Vermont

Street Address

128 State Street

City

Montpelier

State

VT

Zip

05633

4. Progress and Narrative

10. CARES Grant Specific:

Describe how you used the funds to address the pandemic.

The State of Vermont is reporting a total of \$2,632,876.47 in CARES Act expenses of which 2,106,301.18 are federal expenditures and \$526,575.29 are State of Vermont match expenditures.

A total of \$44,425.26 is reported in administrative costs.

A total of \$6,500.00 was spent on translation services for non-English speaking voters to produce videos and other informational material on how to return the early ballot that was mailed to all active voters before the election.

A total of \$370,431.40 was spent on the direct purchase of supplies for and reimbursement payments for costs incurred to the individual town and city clerks in response to COVID-19. These direct purchases and reimbursement costs include postage costs used to mail ballots to voters, personal protective equipment (PPE) kits for each of the approximately 260 polling places in the State, installation of ballot drop boxes, tabulators in towns choosing to use them due to concerns over COVID-19 transmission when hand-counting ballots, and letter openers for the 25 largest towns and cities in Vermont for processing of an unprecedented number of early ballots returned by mail. These essential, allowable costs were only those that would not have been incurred if the virus were not present.

A total of \$376,818.84 is reported for the cost of additional ballots for in-person voting that were ordered in addition to the ballots mailed to all active registered voters and for additional ballots ordered by certain towns and cities who saw a smaller percentage of their voters take advantage of the ballot mailing by voting early. We initially ordered a much smaller than normal number of ballots for the polling places but made it clear to the clerks they would be able to request additional ballots for polling places if deemed necessary. A small number requested additional ballots.

Last, a total of \$1,834,700.67 was spent to pay for the cost of mailing service and postage to send the ballots to all active registered voters in Vermont for the General Election and for the postcard mailing for the Primary Election. These were the primary procedures put in place to mitigate the risk of the spread of the virus on election day. The effort was very successful, leading to approximately 75% of the total ballots cast for the General election being cast early by mail. Clerks reported a level of traffic at the polling places on election day that was small enough that they could operate their polling places safely without risk of transmission of the virus. We are not aware of any cases of COVID-19 that have been traced back to transmission at a polling place.

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

The biggest challenge we faced was putting the pieces in place to mail a ballot to all active voters for the General Election in a period of less than 5 months. Having never mailed ballots to all active voters, we essentially needed to stand up every piece of this process in a matter of months. This was a nearly impossible task, especially with our entire Division working remotely from home due to the virus, and we are proud that we were able to do so successfully.

As far as specific issues, for the August Primary, due to time constraints, Vermont towns and cities were not able to all install secure ballot drop boxes. As an alternative, to give voters a quick option for returning their early/absentee ballots in person both before the election and on Election Day (enabling them to greatly reduce their exposure in the process of returning their ballot) the Vermont SOS agreed to reimburse towns for the purchase of convenient indoor ballot boxes. These ballot boxes were also critical in assisting the clerks to securely handle the significant increase in volume of ballots returned early.

For the General Election, shortly after the ballot mailing commenced, it was brought to our attention by the USPS that there was an error with the barcodes that had been printed on the envelopes, allowing the ballots to be forwarded. The USPS responded on the ground by implementing a manual process to ensure ballot mailings were not forwarded, and we worked quickly with our mailing house and print vendors to produce new envelopes with the correct barcode. The response to this issue took a quick, coordinated effort on the part of the SOS, the USPS, and our vendors to ensure the ballots were delivered efficiently and as we had intended.

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

Please see responses to #1 and #2 above.

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.

For a timeline and description of project activities, please see the responses to questions 1 and 2, above. Conformance to the

State Plan or Program Narrative is not applicable to this grant.

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.

During the month of July, officials from the State Emergency Operations Center reached out to our office to assess whether there was need for PPE for election officials. We had ordered PPE kits for our polling places from a trusted vendor but were already hearing requests from clerks that more was needed. We worked with the SEOC to secure additional masks, hand sanitizer, and gloves, to supplement what we had already purchased, at no additional cost other than minimal shipping costs. This allowed us to supply all of the PPE necessary for polling places for both the August Primary and November General Election at significantly less cost than we would have otherwise.

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.

N/A

19. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

State match funds totaling \$526,575.29 were spent on postage expenditures incurred between June and December 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 procedural changes we made were not permanent and expired at the end of 2020. However, there is a bill making its way through the Vermont legislature this session that would make many of the reforms we implemented last year permanent – most importantly the mailing of a ballot to all active voters for each General Election in Vermont going forward. The Vermont SOS would be pleased to assist any other states that are considering the policy of mailing a ballot proactively to all active voters by sharing our experiences and lessons learned from 2020. The proactive mailing of ballots to voters was very well-received by Vermonters, and polling has already shown that a large majority are in favor of making the process permanent.

5. Expenditures

22. Current Period Amount Expended and Unliquidated Obligations

CARES COST CATEGORIES

	Federal	Match
Voting Processes:	\$1,950,745.72	\$526,575.29
Staffing:	\$51,562.90	\$0.00
Security and Training:	\$0.00	\$0.00
Communications:	\$0.00	\$0.00
Supplies:	\$103,992.56	
Total	\$2,106,301.18	

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Michelle

Last Name

Eno

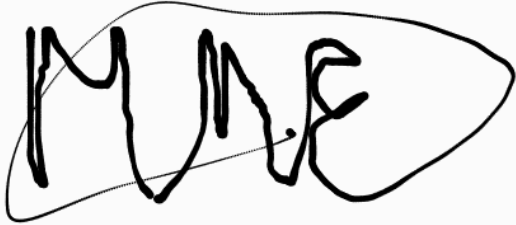
Title

Administrative Services Manager III

Phone Number

Email Address

Signature of Certifying Official:

A handwritten signature in black ink, appearing to read "MNE", enclosed within a hand-drawn oval shape.

Signature of: Michelle M Eno

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.