

**FEDERAL FINANCIAL REPORT**

(Follow form instructions)

|   |         |   |                |  |  |                   |                  |
|---|---------|---|----------------|--|--|-------------------|------------------|
| 1. Federal Agency and Organizational Element to Which Report is Submitted<br><br><b>ELECTION ASSISTANCE COMMISSION</b>  |         |   |                | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)<br><br><b>WA20101CARES</b>         |  |                   |                  |
| 3. Recipient Organization (Name and complete address including Zip code)<br><br><b>Secretary of State, Washington</b><br><b>416 Sid Snyder Ave SW, Olympia, WA 985011347</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<br><input type="checkbox"/> Semi-Annual<br><input checked="" type="checkbox"/> Annual<br><input type="checkbox"/> Final | <input type="checkbox"/> Cash<br><input checked="" type="checkbox"/> Accrual |                   |                  |
| 8. Project/Grant Period (Month, Day, Year)<br>From: <b>March 28, 2020</b>   |         |   |                | 9. Reporting Period End Date (Month, Day, Year)<br><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  |         |   |                |  | \$8,343,778.00   |                   |                  |
| b. Cash Disbursements   |         |   |                |  | \$5,626,093.43   |                   |                  |
| c. Cash on Hand (line a minus b)  |         |   |                |  | \$2,717,684.57   |                   |                  |
| <i>(Use lines d-o for single grant reporting)</i>   |         |   |                |  |  |                   |                  |
| <b>Federal Expenditures and Unobligated Balance:</b>  |         |   |                |  |  |                   |                  |
| d. Total Federal funds authorized   |         |   |                |  | \$8,343,778.00   |                   |                  |
| e. Federal share of expenditures  |         |   |                |  | \$5,626,093.43   |                   |                  |
| f. Federal share of unliquidated obligations  |         |   |                |  | \$0.00   |                   |                  |
| g. Total Federal share (sum of lines e and f)   |         |   |                |  | \$5,626,093.43   |                   |                  |
| h. Unobligated balance of Federal funds (line d minus g)  |         |   |                |  | \$2,717,684.57   |                   |                  |
| <b>Recipient Share:</b>   |         |   |                |  |  |                   |                  |
| i. Total recipient share required   |         |   |                |  | \$1,692,951.56   |                   |                  |
| j. Recipient share of expenditures  |         |   |                |  | \$1,138,704.00   |                   |                  |
| k. Remaining recipient share to be provided (line i minus j)  |         |   |                |  | \$554,247.56   |                   |                  |
| <b>Program Income:</b>  |         |   |                |  |  |                   |                  |
| l. Total Federal share of program income earned   |         |   |                |  | \$44,353.90  |                   |                  |
| 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)   |         |   |                |  | \$44,353.90  |                   |                  |
| 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:<br><br>State Interest Earned: \$4,196.56   |         |   |                |  |  |                   |                  |
| 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>Holmes, Stuart</b>   |         |   |                | d. Email Address   |  |                   |                  |
| <b>Deputy Director of Elections</b>   |         |   |                |  |  |                   |                  |
| b. Signature of Authorized Certifying Official  |         |   |                | e. Date Report Submitted (Month, Day, Year)  |  |                   |                  |
| <b>Holmes, Stuart</b>   |         |   |                | <b>March 12, 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

**FEDERAL FINANCIAL REPORT**

(Additional Page)

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Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : WA20101CARES

Recipient Organization : Secretary of State, Washington  
416 Sid Snyder Ave SW, Olympia, WA985011347 :

DUNS Number

EIN

Reporting Period End Date : December 31, 2020

Status : Report Certified/Pending Agency Approval

Remarks : State Interest Earned: \$4,196.56  
State Interest Expended: \$0.00  
Program Income Earned: \$0.00  
Program Income Earned Breakdown: \$0.00  
Program Income Expended: \$0.00

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**Federal Agency Review**

Reviewer Name :

Phone # :

Email :

Review Date :

Review Comments :

# EAC Progress Report

Response ID:227 Data

## 1. Login

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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

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## 3. EAC Progress Report

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### 1. State or Territory:

Washington

### 2. Grant Number:

WA20101CARES

### 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

Washington State - Office Of The Secretary Of State

**Street Address**

520 Union Ave Se

**City**

Olympia

**State**

WA

**Zip**

98501-1429

## 4. Progress and Narrative

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### 10. CARES Grant Specific:

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

Federal Award \$8,343,778

State match \$1,688,755

Total \$10,032,533

To respond to, prepare for and help prevent COVID19 we used CARES grant funds to:

- Purchased PPE
- Increase sanitization
- Plastic barriers installed
- Easily sanitized workspaces and seats were added
- Reduced amount of touching of ballots by adding tabulators, envelope folders, scanners and other automation
- Windows, cameras, large screens, and live streaming of processes were added
- Mobile Kiosks and voting stations were added
- Drive through and curbside services were implemented
- Traffic plans were drafted
- Spaces were enlarged, redeveloped or rented to allow for proper social distancing
- HVAC systems were modified and flushed
- Improvements to allow contactless options such as temperature taking and lockers for temporary staff belongings were made
- Peel and stick envelopes were purchased
- Online waitlist apps were subscribed to
- Wi-Fi was extended to accommodate services outside of buildings
- Drop off site hours were extended and additional sites added
- Hazard pay was offered
- Shift working was necessary
- Telecommuting was implemented
- Laptops and WebEx were purchased
- Additional educational communications were sent because of changes in services

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

The most difficult issues we have faced dealing with the pandemic during a federal election include:

- County sites are housed in small spaces
- Much of the ballot processing in the state is processed by hand
- Many people touching the same item multiple times and working side-by-side
- Small staffs and budgets have been cut because of the impacts of COVID19
- Difficult conditions accommodating staff and observers while processing ballots

- Voters often still come in person
- Shared office space and supplies
- Envelopes that had been licked
- Difficulty obtaining PPE
- "Stay at home" orders caused long lead times and/or shortages of equipment and vendors
- Additional response projects on top of 2020 National Federal Presidential Election, same staff
- Temporary election staff shortage
- Staff testing positive for COVID
- Social distancing constraints and organization
- Remote working
- Tight timelines

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

During the annual reporting period we received the Federal CARES Grant award and provided sub-grants to our County's. We spent the months of July – November approving and implementing requests from the sub-grantees for purchases and projects, to help implement pandemic safe federal elections. This included activities such as purchasing PPE; placing plexi-barriers; building improvements or renting temporary spaces; communications to the voters; automation, and all manner of prevention, response and preparedness to assist with safer voting conditions. November through the end of the grant period of December 31st were spent certifying the election and paying remaining invoices.

**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.**

Because this grant was implemented as a State of Emergency Response to the pandemic, the grant timeline itself was severely compact; with only July through early November to determine needs, purchase items or contract and implement projects. The process was impacted even more with "stay at home orders", leaving many vendors unavailable or timelines very slow. These conditions did not allow for much project management, most projects were implemented on the fly as needs were determined and the needs consistently changed. Everyone involved, (State and Counties), continued to try to be as flexible as possible to assure things were in place for the Primary and the November 3rd Federal election. All projects conformed to the program narrative as each was implement to help prevent, prepare for or respond to COVID19. As pandemic issues evolved so did our response. We believe we prepared for and responded to the constraints of the pandemic and helped prevent additional spread to the best of our abilities and as responsibly as possible.

**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

**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.**

| Type                                  | How many (Approx) | Total Spent  |
|---------------------------------------|-------------------|--------------|
| Letter openers / Extractors           | 9                 | \$103,972.08 |
| Portable / Mobile ADA Voting stations | 12                | \$51,495.25  |

Ballot Sorters (Runbeck Agilis, ) 7 \$1,221,648.88  
Folder / Inserter 2 \$76,150.98  
Ballot printers 2 \$24,994.90  
Ballot Tabulator /scanner (Hart, Runbeck, ES&S) 5 \$416,818.41  
Hardware, Software and storage N/A \$346,289.53

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**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.

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**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.**

Each county in the state was awarded \$125,000 and \$1.098 per registered voter, and kept their projects to the major categories of Voting Processes, Supplies, Staffing, Security & Training, and Communications.

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

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

**Otherwise enter - match not required.**

The legislature appropriated matching funds for the CARES grant in the amount of \$1,661,687.

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**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.**

Across the state we found ourselves asking existing staff to manage new projects responding to health threats in addition to their regular duties. Sub-grantees were asked to accomplish everything in less than six months, three of them during lock down. Given a historically unprecedented presidential election, and an increase in voter turnout of about 5% percent and this put immense pressure on elections staff throughout Washington. Our operations in 2020 were strained in ways we never could have imagined, and our staff were miracle workers. The short timeline and constraints related to vendor slowdowns meant that some projects attempted couldn't be completed, or had to be eliminated completely. This left a burden on a few of our Counties and meant we were unable to make full use of the funds awarded to us. The elections award was constrained by only allowing response to the pandemic as it relates to a Federal election, even though we continue to work in pandemic conditions. While the CARES funding was enormously beneficial, limiting the funding to a specific event ignores the continued need of safe elections facilities, staff and community members. The ability to continue to use the funding awarded to us until expended would have assisted us greatly in keeping everyone safe. The 2020 Election Cycle was, by all accounts, an extraordinarily daunting one for all involved. The CARES Grant funding award made answering this challenge successful. It is hard to imagine how much harder it would have been without the CARES funding.

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**21. Upcoming Activities:**

**Provide a timeline and description of upcoming activities.**

We will continue to collect turn back funds and move toward closeout.

## 5. Expenditures

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

#### CARES COST CATEGORIES

|                        | Federal        | Match          |
|------------------------|----------------|----------------|
| Voting Processes:      | \$3,258,778.02 | \$610,278.81   |
| Staffing:              | \$339,785.84   | \$59,682.78    |
| Security and Training: | \$446,478.29   | \$83,995.71    |
| Communications:        | \$206,085.61   | \$117,013.74   |
| Supplies:              | \$1,374,965.66 | \$267,732.97   |
| Total                  | \$5,626,093.43 | \$1,138,704.00 |
|                        |                |                |
|                        |                |                |
|                        |                |                |
|                        |                |                |

OMB CONTROL NUMBER: 3265-0020

## 6. Certification

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

**First Name**

Stuart

**Last Name**

Holmes

**Title**

Deputy Director of Elections

**Phone Number**

**Email Address**

Signature of Certifying Official:



Signature of: Stuart Holmes

## 7. Report Submitted to EAC

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Thank you, your progress report has been submitted to EAC. Please keep the PDF download of your submission as grant record.