

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) WV20101CARES		
3. Recipient Organization (Name and complete address including Zip code) Secretary Of State, West Virginia 1900 KANAWHA BLVD E RM 1, CHARLESTON, WV 253050001							
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
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		
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						\$3,807,691.00	
b. Cash Disbursements						\$1,522,814.00	
c. Cash on Hand (line a minus b)						\$2,284,877.00	
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized						\$3,807,691.00	
e. Federal share of expenditures						\$1,522,814.00	
f. Federal share of unliquidated obligations						\$0.00	
g. Total Federal share (sum of lines e and f)						\$1,522,814.00	
h. Unobligated balance of Federal funds (line d minus g)						\$2,284,877.00	
Recipient Share:							
i. Total recipient share required						\$761,538.00	
j. Recipient share of expenditures						\$761,538.00	
k. Remaining recipient share to be provided (line i minus j)						\$0.00	
Program Income:							
l. Total Federal share of program income earned						\$8,231.00	
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)						\$8,231.00	
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: State Interest Earned:\$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 Barker, Delilah CFO					c. Telephone (Area code, number, and extension)		
					d. Email Address		
b. Signature of Authorized Certifying Official Barker, Delilah					e. Date Report Submitted (Month, Day, Year) March 19, 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

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(Additional Page)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : WV20101CARES

Recipient Organization : Secretary Of State, West Virginia
1900 KANAWHA BLVD E RM 1, CHARLESTON, WV 253050001

DUNS Number :

EIN :

Reporting Period End Date : December 31, 2020

Status : Report Certified/Pending Agency Approval

Remarks : State Interest Earned:\$0.
State Interest Expended: \$0.

Program Income Earned (this is not Federal Interest): \$0.

Program Income Earned Breakdown: N/A
Program income earned breakdown: N/A Source: N/A

Program Income Expended: \$0.

Federal Agency Review

Reviewer Name : Rosenberry, Margaret

Phone # :

Email :

Review Date : March 18, 2021

Review Comments : Approved as revised.

EAC Progress Report

Response ID:191 Data

3. EAC Progress Report

1. State or Territory:

West Virginia

2. Grant Number:

WV20101CARES

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:

809928856

8. EIN:

1556000798A2

9. Recipient Organization:

Organization Name

Secretary Of State, West Virginia

Street Address

1900 Kanawha Blvd. East; Room 1

City

Charleston

State

WV

Zip

25314

4. Progress and Narrative

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

The West Virginia Secretary of State's Office has used its CARES funding to secure the primary election by direct sub-grants to counties to focus on absentee ballots and related printing needs, postage for absentee-related mailings, PPE, and additional labor necessary to process increased absentee ballots.

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

West Virginia did not face any unanticipated challenges; expected challenges (e.g. increased absentee ballot volume) were handled very well at the county clerk level with appropriate support from the Secretary of State's office.

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

West Virginia processed county CARES grant applications in support of the November 3, 2020 General Election pursuant to state laws and rules whereby a state HAVA Board provides recommendation to the State Election Commission for ultimate approval. All federal funds were disbursed to all counties.

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 state HAVA Board and State Election Commission met approximately twice per month to consider applications. The CARES funding allowed the counties to effectuate a safe and fair election in West Virginia. A plurality of approved CARES grant funds were focused on the provision and processing of additional absentee ballots necessary, where the additional ballots were necessitated by the Covid pandemic. Additional CARES funds were allocated to the counties to purchase PPE where the state facilitated a central distribution network to provide the majority of PPE ordered by the counties. The centralized distribution resulted in logistical efficiencies and cost savings for the counties.

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.**

The donation of hand sanitizer by Anheuser-Busch was a favorable and generous development that reduced PPE spend. Additionally, the targeted delivery locations facilitated distribution.

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 were purchased with CARES funds 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 was purchased with CARES funds 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.

Counties were encouraged to apply for CARES subgrants to purchase ballots, postage, PPE, and Labor, where each of the categories were limited to volumes over and above what would have been expected in a non-Covid year.

19. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

Matching requirements have largely been met through in-kind donations.

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.

West Virginia has completed approval of all Primary and General expenses reimbursable under the CARES Act. A small percentage of grant agreements are still in-process and expect to be finalized in the short term.

5. Expenditures

22. Current Period Amount Expended and Unliquidated Obligations

CARES COST CATEGORIES

	Federal	Match
Voting Processes:		
Staffing:		
Security and Training:		
Communications:		
Supplies:		
Total	\$1,522,814.00	\$304,562.80
Subgrants to counties	\$1,522,814.00	\$304,562.80

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Chris

Last Name

Alder

Title

Assistant General Counsel

Phone Number

Email Address

Signature of Certifying Official:



Signature of: Chris Alder

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.