

# EAC CARES Progress Narrative Report

Response ID:167 Data

## 1. EAC-CARES Progress Narrative Report Login

Please enter your userword and password to begin the CARES Funding Progress Narrative. If you require assistance or have any questions, please contact CARESFunding@eac.gov.

## 2. Not a Bot Verification

reCAPTCHA answered

## 3. EAC CARES Progress Narrative Report

### 1. State:

Enter the name of the state or territory that received the grant and is submitting this report.

Connecticut

### 2. Grant Number:

Enter the grant agreement number from the notice of grant award.

CT20101Cares

### 3. Report:

November 23 after general election

### 4. DUNS/UEI:

Enter the recipient organization's Data Universal Numbering System (DUNS) number or System for Award Management (SAM) extended DUNS Number or the Unique Entity Identifier.

### 5. EIN:

Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Services.

### 6. Recipient Organization:

Enter the name of the recipient organization and address, including zip code.

#### Organization Name

Office Of The Secretary Of The State

#### Street Address

165 Capitol Avenue

#### City

Hartford

#### State

CT

Zip

06106

## 7. Progress Narrative:

### Progress During Reporting Period

The CARES Act requires states to submit a report after each primary and general election that includes a “full accounting of the State’s uses of the payment and an explanation of how such uses allowed the State to prevent, prepare for, and respond to coronavirus.” Please provide a narrative report that describes how you used the funds to address the pandemic, the challenges you faced in responding to it and how you are meeting the state match requirement. Describe the major issues you faced in dealing with the pandemic in the election cycle and how you made funds available to local jurisdictions. Complete the cost table below describing your major expenditures under the grant. Add additional cost areas as needed that do not fit into the other categories.

The Office of the Secretary of the State used and will use the Cares Act Funding to ensure that all voters are able to vote in a safe manner for both the Presidential Preference Primary in August and the November Election. To accomplish this objective the office did the following:

Creation of a grant program for Safe Polls. This required each municipality to create a safe polls plan that included poll workers, back up poll workers, safety supplies and emergency contingency plans. As a result of these plans the Secretary of the State provided grants to the municipalities to carry out these plans for both the primary and the election.

In addition, the office procured poll worker safety materials such as masks, sanitizer, face shields, and cleaning supplies for each polling place in the state.

In order to ensure that all voters did not have to risk their health to cast a ballot, the office engaged a vendor to mail an absentee ballot application to every eligible voter in the state for both the primary and general election.

In addition, the office engaged a vendor to assist municipal clerks with the issuance of the ballots for the August Primary.

Finally, the office established grants to assist each municipality in the issuance of absentee ballots and for the associated postage for the general election.

## FINAL PROGRESS NARRATIVE REPORT

### PROGRESS DURING REPORTING PERIOD

The CARES Act requires states to submit a report after each primary and general election that includes a “full accounting of the State’s uses of the payment and an explanation of how such uses allowed the State to prevent, prepare for, and respond to coronavirus.” Please provide a narrative report that describes how you used the funds to address the pandemic, the challenges you faced in responding to it and how you are meeting the state match requirement. Describe the major issues you faced in dealing with the pandemic in the election cycle and how you made funds available to local jurisdictions. Complete the cost table below describing your major expenditures under the grant. Add additional cost areas as needed that do not fit into the other categories.

The final report is your opportunity to share the significant features of your activities and present information about the results you achieved. The document should be written as if the reader has no previous knowledge of your activities. EAC would like to share the final reports with all states. The report should cover the entire period of performance. Review and highlight all activities that occurred during the period of the grant. Include the table of expenditures with cumulative expenditures for the entire project period.

### CONCLUSIONS AND RECOMMENDATIONS

Summarize your entire project and the lessons learned during its implementation. Include a review of your successes and an assessment of how your activities addressed the pandemic. What did you learn about dealing with and preparing for a major crisis during an election year that can be helpful to other states? Did you make permanent changes to your processes? Were there unexpected benefits? Shortfalls?

## 8. 2020 HAVA CARES GRANTS

### Current Period Amount Expended and Unliquidated Obligations

#### PANDEMIC GRANT COST CATEGORIES

	Federal	Match
Voting Processes, including additional costs for printing and mailing ballots, ballot tracking software, high speed scanners and letter opening equipment, mail drop boxes, hardware and software associated with signature comparison of returned ballots	\$4,881,732.00	
Staffing: Additional poll workers, election office staff diverted to pandemic response, temporary staff		
Security and Training: Security for additional absentee or mail drop-boxes, pre- and post-election cleaning of polling places, staff and poll worker training on prevention processes		
Communications: Notifying public of changes in registration, ballot request options, precautions or voting procedures)		
Supplies: Additional laptops, mobile IT equipment, cleaning supplies, masks	\$500,000.00	

If you need additional rows for the summary table, please upload an Excel document with the same layout.

## 4. Certification

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

**First Name**

Denise

**Last Name**

Merrill

**Title**

Secretary of the State

**Phone Number**

860-509-6100

**Email Address**

denise.merrill@ct.gov

2. Signature of Certifying Official:

A handwritten signature in black ink, appearing to read 'Denise W Merrill', with a long, sweeping flourish extending upwards and to the right.

Signature of: Denise W Merrill

## 5. Report Submitted to EAC

---

### CARES Funding Progress Narrative Submission

Nov 12, 2020 15:34:49 Success: Email Sent to: denise.merrill@ct.gov