

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) AR20101CARES				
3. Recipient Organization (Name and complete address including Zip code) Secretary of State, Arkansas Office of the 500 Woodlane Ave Ste 256, Little Rock, AR 722011036									
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 type="checkbox"/> Annual <input checked="" type="checkbox"/> Final		7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" 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) March 31, 2021			
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								\$1,407,917.00	
b. Cash Disbursements								\$1,407,917.00	
c. Cash on Hand (line a minus b)								\$0.00	
<i>(Use lines d-o for single grant reporting)</i>									
Federal Expenditures and Unobligated Balance:									
d. Total Federal funds authorized								\$4,719,034.00	
e. Federal share of expenditures								\$1,407,917.00	
f. Federal share of unliquidated obligations								\$0.00	
g. Total Federal share (sum of lines e and f)								\$1,407,917.00	
h. Unobligated balance of Federal funds (line d minus g)								\$3,311,117.00	
Recipient Share:									
i. Total recipient share required								\$943,806.80	
j. Recipient share of expenditures								\$527,078.00	
k. Remaining recipient share to be provided (line i minus j)								\$416,728.80	
Program Income:									
l. Total Federal share of program income earned								\$23,541.00	
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)								\$23,541.00	
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: Please provide the following information:									
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 Muir, Jordan Assistant Business Director						c. Telephone (Area code, number, and extension) d. Email Address			
b. Signature of Authorized Certifying Official Muir, Jordan						e. Date Report Submitted (Month, Day, Year) July 28, 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	:	AR20101CARES
Recipient Organization	:	Secretary of State, Arkansas Office of the 500 Woodlane Ave Ste 256, Little Rock, AR 722011036
DUNS Number	:	
DUNS Status when Certified	:	
EIN	:	
Reporting Period End Date	:	March 31, 2021
Status	:	Awarding Agency Approval
Remarks	:	Please provide the following information: State interest earned (current fiscal year): \$0 State interest expended (current fiscal year): \$0 Program income earned (current fiscal year): \$0 Program income earned breakdown (current fiscal year): \$0 Program income expended (current fiscal year): \$0

Federal Agency Review

Reviewer Name	:
Phone #	:
Email	:
Review Date	:
Review Comments	:

EAC Progress Report

1. Login

3. EAC Progress Report

1. State or Territory:

Arkansas

2. Grant Number:

AR20101CARES

3. Report:

Final (Start of Grant - End)

4. Grant:

Please select only one.

CARES

5. Reporting Period Start Date

03/28/2020

6. Reporting Period End Date

06/30/2021

7. Recipient Organization:

Organization Name

Arkansas Secretary Of State

Street Address

500 Woodlane Avenue Suite 256

City

Little Rock

State

AR

Zip

72201

4. Progress and Narrative

Final Progress Report:

The final report is your opportunity to share the significant features of your project and present information about the results your project achieved.

It should be written as if the reader has no previous knowledge of your project's activities. The report should cover the entire period of performance.

Review and Self-Assessment:

Review and highlight all activities that occurred during the implementation of the project, including an assessment of your performance.

These funds were used to provide personal protection equipment and supplies to all seventy-five (75) counties to ensure the safe conduct of the November 2020 presidential election, purchase two (2) DS-450 machines to assist larger counties in processing of increased numbers of absentee ballots as a result of the coronavirus, and pay for media costs associated with public messaging regarding election processes during the COVID-19 pandemic.

Safety measures of following guidelines from CDC required mass purchasing that was difficult given the shortages in the world of necessary supplies. Safe and timely delivery of said supplies was also difficult.

Given the timeline and supply line difficulties of the pandemic, the Secretary of State's office feels that an adequate job of meeting the needs of each county and polling station was performed and the use of the CARES funding led to an overall successful election cycle.

8. CARES Grant Specific:

Describe in detail how you used the funds to address the pandemic and explain how you implemented the approved grant activities.

These funds were used to provide personal protection equipment and supplies to all seventy-five (75) counties to ensure the safe conduct of the November 2020 presidential election, purchase two (2) DS-450 machines to assist larger counties in processing of increased numbers of absentee ballots as a result of the coronavirus, and pay for media costs associated with public messaging regarding election processes during the COVID-19 pandemic.

The first several months after receiving the grant funds were spent identifying and securing vendors to supply the PPE needed for poll workers and stations, and beginning in June 2020 our office began receiving and stock piling these supplies for distribution in November. This process continued from June through October of 2020, at which time set up for various polling sites began and SOS staff drove across the state distributing the acquired PPE as needed.

In December of 2020, our office allowed counties to submit expense reports to SOS for costs associated with PPE and other supplies for the election that they had acquired personally, at which point SOS staff reviewed the submitted reports and identified allowable costs under the grant and then reimbursed these amounts to the counties.

9. Describe the major issues you faced in dealing with the pandemic and how you addressed or resolved those issues.

Safety measures of following guidelines from CDC required mass purchasing that was difficult given the shortages in the world of necessary supplies. Safe and timely delivery of said supplies was also difficult. We tried to fulfill orders from multiple vendors and supply lines where was possible and also began working to stockpile necessary supplies months in advance to combat these timing issues. SOS's team of election coordinators, in conjunction with our Government Affairs team, were essential in coordinating with counties to have supplies delivered in the few weeks leading up to the election.

Issues Encountered:

Describe all major issues that arose during the implementation of the project and the reasons why established goals were not met, if applicable. Address each issue separately and describe whether and how the issues were resolved. Also, briefly discuss the implications of any unresolved issues or concerns.

Otherwise enter N/A.

10. Provide a description of any training conducted.

Otherwise enter N/A.

No security training conducted during this period.

11. 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

12. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

Match was met by first expending a large amount of state funds on PPE supplies and equipment before expending any federal funds. All matching purchases occurred in June of 2020, at which time SOS began utilizing grant funds. By June 30,

SOS had matched approximately two million dollars in grant funding, and the office planned to utilize the matched grant funds until expenditures exceeded the matched amount.

13. Impact:

13. Impact:

Write an assessment of how your project has impacted the problems you were trying to solve. Were there unexpected benefits? Shortfalls? *

SOS successfully distributed safety PPE and extra equipment to spread out voters and ensure the safety of the public during the election. The supply issues experienced by our office were expected from the beginning, but an unexpected benefit of the project was the increase in teamwork and communication between SOS staff and counties as all parties worked diligently in a crisis environment to ensure the safety of everyone involved in the election process.

14. Lessons Learned:

Provide a review of your successes and suggest ways that your experience may be helpful to others. Did you make permanent changes to your processes?

Given that SOS was able to adequately obtain and distribute safety supplies and equipment, our office doesn't have any advice on how to adjust the process in the future. The grant process was straightforward thanks to the EAC staff, and the only challenges presented were due to global supply issues.

With this in mind, no permanent changes were made to our processes.

5. Expenditures

Current Period Amount Expended and Unliquidated Obligations

	Amount	Unliquidated Obligations
Salaries and Wages		
Travel		
Telephone		
Postage		
Printing		
Supplies		
Equipment		
Other		

13. Current Period Amount Expended and Unliquidated Obligations

CARES COST CATEGORIES

	Federal	Match
Voting Processes:	\$102,158.00	\$51,441.00
Staffing:		
Security and Training:		
Communications:	\$350,000.00	\$215,400.00
Supplies:	\$955,759.00	\$260,237.00
Total	\$1,407,917.00	\$527,078.00

6. Certification

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

First Name

Jordan

Last Name

Muir

Title

Assistant Business Director

Phone Number

(513) 443-1111

Email Address

jmuir@kentucky.gov

Signature of Certifying Official:



Signature of: Jordan J Muir

7. Report Submitted to EAC
