

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) KS20101CARES		
3. Recipient Organization (Name and complete address including Zip code) EXECUTIVE OFFICE OF THE STATE OF KANSAS 120 SW 10TH AVE FL 1, TOPEKA, KS 666121226							
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						\$4,477,003.27	
b. Cash Disbursements						\$4,477,003.27	
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						\$4,622,500.00	
e. Federal share of expenditures						\$4,477,003.27	
f. Federal share of unliquidated obligations						\$0.00	
g. Total Federal share (sum of lines e and f)						\$4,477,003.27	
h. Unobligated balance of Federal funds (line d minus g)						\$145,496.73	
Recipient Share:							
i. Total recipient share required						\$924,500.18	
j. Recipient share of expenditures						\$924,500.18	
k. Remaining recipient share to be provided (line i minus j)						\$0.00	
Program Income:							
l. Total Federal share of program income earned						\$3,947.76	
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)						\$3,947.76	
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 Tompkins, Sandy Deputy Asst. SOS - Administration					c. Telephone (Area code, number, and extension)		
					d. Email Address		
b. Signature of Authorized Certifying Official Tompkins, Sandy					e. Date Report Submitted (Month, Day, Year) June 25, 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

FEDERAL FINANCIAL REPORT

(Additional Page)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : KS20101CARES

Recipient Organization : EXECUTIVE OFFICE OF THE STATE OF KANSAS
120 SW 10TH AVE FL 1, TOPEKA, KS 666121226

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): \$
Program income earned (current fiscal year): \$
Program income earned breakdown (current fiscal year): \$ Source: e.g. Sale of registration list
Program income expended (current fiscal year): \$
"

Federal Agency Review

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

EAC Progress Report

1. Login

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

3. EAC Progress Report

1. State or Territory:

Kansas

2. Grant Number:

KS20101 CARES-01

3. Report:

Final (Start of Grant - End)

4. Grant:

Please select only one.

CARES

5. Reporting Period Start Date

04/01/2021

6. Reporting Period End Date

06/30/2021

7. Recipient Organization:

Organization Name

Executive Office Of The State Of Kansas

Street Address

120 Sw 10th Ave.

City

Topeka

State

KS

Zip

66612

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.

On initial receipt of funds the Secretary of State (SOS) agency procured PPE items to be distributed to each of the 105 counties of Kansas to be used for each polling location for the primary and general elections. Items procured: PPE kits, Plexi-glass shields, stylus pens and ballot drop boxes.

Additional funds were awarded to each county as a reimbursement basis to cover expenditures related to pandemic expenses. As counties submitted qualified receipts the SOS agency issued reimbursements to cover said expenses.

As a final assessment the agency performed in an aggressive manner to support the counties in assuring the elections were conducted in a safe environment. The SOS staff and county election offices maintained direct communication throughout the pandemic to assure confidence in the established procedures for a secure election.

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.

The funds were used for PPE items to assure that poll workers and voters had in their possession the proper items needed during the pandemic. The funds allowed the procurement of PPE kits which included hand sanitizer, masks, gloves, disinfectant wipes and cleaning agents. In addition, plexi-glass shields, stylus pens and ballot drop boxes were procured for each polling location.

Counties found additional needs for funds as a direct result of the pandemic such as additional postcard mailers supplying communication regarding pandemic safeguards for polling locations, advising change of polling locations due to the pandemic, purchase of decals communicating 6 feet separation, and other pandemic related communication items.

The Secretary of State agency implemented a program with the counties of a designated reimbursement dollar amount that would be issued to the counties on receipt of approved expenses.

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

Issues faced due to the pandemic were recruitment of poll workers which was met by strong communication through social

media and through the press. The communication was successful, as many counties received a strong number of poll workers needed to conduct the election. Additionally, the increase of mail-in ballots required additional equipment and support.

10. Provide a description of any training conducted.

Otherwise enter N/A.

N/A

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.

The full required amount of matching funds was met by third party contributions which included hand sanitizer, free of charge media, and grants from Center for Technology and Civic Life (CTCL) direct to counties. The use of the CTCL grants were reviewed to ensure they were expended for appropriate election COVID-related goods or services between March 2020 and December 2020.

13. Impact:

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

The goal of supplying local jurisdictions with the proper items needed to prevent outbreaks of the virus and to maintain a safe environment to voters was successful. The state of Kansas was able to assure voters that precautions were taken due to the pandemic in order to relieve fears of going to the polls or by submitting a mail ballot by using designated ballot drop boxes.

No shortfalls.

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?

The successes experienced was the prompt reaction of quickly securing necessary PPE items for the elections. With a dedicated staff and quick response efforts, the state was able to procure large quantity of needed items for polling locations at competitive pricing. The SOS agency maintained a strong line of communication with local jurisdictions to fill the needs to administer a safe election.

5. Expenditures

15. Current Period Amount Expended and Unliquidated Obligations

CARES COST CATEGORIES

	Federal	Match
Voting Processes:	\$1,734,299.51	\$496,826.23
Staffing:	\$366,733.20	\$161,003.54
Security and Training:	\$456,525.37	\$56,280.16
Communications:	\$347,221.60	\$173,587.87
Supplies:	\$1,572,223.59	\$36,802.20
Total	\$4,477,003.27	\$924,500.00

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Sandy

Last Name

Tompkins

Title

Deputy Assistant Secretary of State | Administration

Phone Number

Email Address

Signature of Certifying Official:



Signature of: Sandy Tompkins

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.