

**FEDERAL FINANCIAL REPORT**

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>ELECTION ASSISTANCE COMMISSION</b>				2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)			
3. Recipient Organization (Name and complete address including Zip code)  <b>Secretary Of State, New Mexico</b> <b>325 Don Gaspar Capital Ste 300, santa fe, NM 875030001</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 <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
8. Project/Grant Period (Month, Day, Year) From: <b>March 28, 2020</b>				9. Reporting Period End Date (Month, Day, Year) <b>September 30, 2021</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					\$3,889,527.00		
b. Cash Disbursements					\$3,889,527.00		
c. Cash on Hand (line a minus b)					\$0.00		
<i>(Use lines d-o for single grant reporting)</i>							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized					\$3,889,527.00		
e. Federal share of expenditures					\$3,889,527.00		
f. Federal share of unliquidated obligations					\$0.00		
g. Total Federal share (sum of lines e and f)					\$3,889,527.00		
h. Unobligated balance of Federal funds (line d minus g)					\$0.00		
<b>Recipient Share:</b>							
i. Total recipient share required					\$777,905.48		
j. Recipient share of expenditures					\$777,905.48		
k. Remaining recipient share to be provided (line i minus j)					\$0.00		
<b>Program Income:</b>							
l. Total Federal share of program income earned					\$5,243.99		
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)					\$5,243.99		
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:							
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>Albin, Veronica</b> <b>CFO</b>					d. Email Address		
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year)		
<b>Albin, Veronica</b>					<b>December 8, 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)

---

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID

Recipient Organization

DUNS Number

DUNS Status when Certified

EIN

Reporting Period End Date : September 30, 2021

Status : Awarding Agency Approval

Remarks :

---

**Federal Agency Review**

Reviewer Name

Phone #

Email

Review Date

Review Comments

# 2021-2022 EAC Progress Report

## 3. EAC Progress Report

---

**1. State or Territory:**

New Mexico

**2. Grant Number:**

NM20101CARES

**3. Report:**

Final (Start of Grant - End)

**4. Grant:**

CARES

**5. Reporting Period Start Date**

03/28/2020

**6. Reporting Period End Date**

09/30/2021

## 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.**

During this period, the state of NM oversaw the 2020 Primary Election, the 2020 General Election and 2021 Special CD1 Election. The performance of the Agency considering the challenging circumstances that the Pandemic brought about was exemplary. Although most staff were remotely working, the Agency still oversaw 3 successful elections, educated voters on safe voting practices, managed the increase of mail-in ballots effectively, provided PPE to all of the counties during the early voting and voting periods.

---

**7. CARES Grant Specific:**

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

The NMSOS utilized the CARES funding to promote safe-voting practices using statewide advertising through local radio, tv, billboard and social media campaigns which described and outlined the procedures to vote safely in person at the polls. Secondly, the Agency used the funds for printing and postage for the mailing of additional absentee ballots used in the Primary, General and CD1 elections due to the massive increase in absentee and mail-in ballot volume. This is classified as "Voter Registration Systems". Thirdly, the agency purchased personal protective equipment in vast quantity for in person voters and county election staff at the polls; such equipment included liquid sanitizer, disinfectant wipes, sanitizing spray, disposable gloves, personal face masks, and face shields.

---

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

N/A - no significant challenges. The fund accounting of CARES and HAVA were combined to reallocate funds to CARES; although a significant procedural change, this did not hinder reporting ability.

---

**9. Provide a description of any training conducted, including security training.**

N/A

---

**10. Subgrants:**

**Did your office provide subawards to local jurisdictions during this reporting period?**

No

---

**11. Match:**

**Describe how you are meeting or have met the matching requirement.**

The full 20% State match was met using a grant from the non-profit Center of Election Innovation & Research which was expended during the reporting period. In addition to CEIR grant, the agency also obligated operating funds for COVID-safe voting advertisements.

---

**12. Report on the number and type of articles of voting equipment obtained with the funds. Include the amount expended on the expenditure table.**

N/A

---

**13. Impact:**

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

This project has positively impacted the problems the Agency faced during the pandemic. Without the disbursement of the CARES funds, the Agency would be faced with the daunting task of finding supplementary funding sources through grants or other emergency funding requests. The funds allowed the agency to quickly and effectively purchase and provide the New Mexico counties with the the equipment necessary to conduct multiple elections during the pandemic.

#### 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? What are some areas of potential improvement?**

During the overall duration of this project, the Agency faced multiple hurdles and challenges to overcome. The CARES funding award was critical in the ability of the Agency to conduct multiple successful and efficient elections. As an Agency and a team, we have used the opportunities provided by the CARES grant as a learning experience in the continued federal/state relationship as well as in the reporting efficiency. One area to improve as an Agency would be such reporting; our tracking system at time renders reporting difficult as it doesn't provide the data exactly correlated to what a certain narrative report requires. Through the regular CARES reporting opportunities, we have made improvements to our internal processes and look forward for more opportunities to showcase in the future.

#### 5. Expenditures

##### 15. CARES COST CATEGORIES - FEDERAL

Voter Registration Systems: : \$1275832

Voter Education/Communications: : \$493501

Supplies: : \$2017827

Other (Specify below) : \$102367

---

Total : \$3889527

**Comments:** 'Other' costs were professional services cost for advertising project management and sanitation services for native voting sites.

##### 16. CARES COST CATEGORIES - MATCH

Voter Education/Communications: : \$777905

---

Total : \$777905

**Comments:**

#### 7. Expenditures

##### 17. Confirm Total CARES Expenditure Amounts

Federal : \$3889527

Match : \$777905

---

Total : \$4667432

**OMB CONTROL NUMBER: 3265-0020**

#### 8. Certification

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

**First Name**

Justin

**Last Name**

O'Shea

**Title**

CPO, Contracts & Assets Manager

**Phone Number**

**Email Address**

**18. Add another contact to send a copy of submission confirmation and edit link?**

Yes!

**19.**

**First Name**

Veronica

**Last Name**

Albin

**Title**

CFO

**Email Address**

**Signature of Certifying Official:**

A handwritten signature in black ink, appearing to be 'Justin P. O'Shea', written over a horizontal dotted line.

Signature of: Justin P. O'Shea

**9. Report Submitted to EAC**

---



**Thank you. Your Final (Start of Grant - End) progress report for CARES has been submitted to the EAC. Please keep the PDF download of your submission as grant record.**

---