

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)			
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	7. Basis of Accounting		
				<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		
8. Project/Grant Period (Month, Day, Year) From: March 28, 2020				9. Reporting Period End Date (Month, Day, Year) September 30, 2021			
To: 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				\$0.00			
c. Cash on Hand (line a minus b)				\$3,807,691.00			
<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				\$2,556,729.00			
f. Federal share of unliquidated obligations				\$0.00			
g. Total Federal share (sum of lines e and f)				\$2,556,729.00			
h. Unobligated balance of Federal funds (line d minus g)				\$1,250,962.00			
Recipient Share:							
i. Total recipient share required				\$761,538.09			
j. Recipient share of expenditures				\$761,538.09			
k. Remaining recipient share to be provided (line i minus j)				\$0.00			
Program Income:							
l. Total Federal share of program income earned				\$9,234.00			
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)				\$9,234.00			
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 Barker, Delilah Chief Financial Officer				c. Telephone (Area code, number, and extension)			
b. Signature of Authorized Certifying Official Barker, Delilah				d. Email Address			
e. Date Report Submitted (Month, Day, Year) December 14, 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

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(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 : "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 Source: N/A

Program income expended (current fiscal year): \$0

"

Federal Agency Review

Reviewer Name

Phone #

Email

Review Date

Review Comments

2021-2022 EAC Progress Report

3. EAC Progress Report

1. State or Territory:

West Virginia

2. Grant Number:

WV20101CARES

3. Report:

Annual (Oct 1 - Sept 30)

4. Grant:

CARES

5. Reporting Period Start Date

10/01/2020

6. Reporting Period End Date

09/30/2021

4. Progress and Narrative

7. CARES Grant Specific:**Describe in detail how you used the funds to address the pandemic.**

Funds were made available to the counties through a subgrant application process to secure the 2020 Federal primary and general elections during the Covid pandemic. For a variety of reasons, certain grant applications took longer to be submitted and approved, so certain payouts have been more recently made despite the expenses having been accrued on or near the 2020 Election Days.

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

The Covid pandemic was a challenging backdrop in which to hold an election. Through judicious use of PPE and prospective education of county election administrators, not a single Covid infection was reported in WV at any of our statewide election precincts.

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?**

Yes

11. Describe the activities carried out by your subgrantees during the reporting period.

None. All activities funded during the reporting period occurred during the 2020 Primary and General Federal Election. Expenses incurred during this reporting period were payments for those 2020 Election activities.

Provide a breakdown of aggregate subawards expenditures across major categories.

Other (Specify above) : \$303,094.00

Total : \$303094

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

In-kind contributions more than satisfied match requirement.

13. 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

5. Expenditures

14. CARES COST CATEGORIES - FEDERAL

Other (Specify below) : \$303094

Total : \$303094

Comments: PPE

15. CARES COST CATEGORIES - MATCH

Other (Specify below) : \$60619

Total : \$60619

Comments: In-kind contributions of PPE

7. Expenditures

16. Confirm Total CARES Expenditure Amounts

Federal : \$303094

Match : \$60619

Total : \$363713

8. Certification

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

First Name

Chris

Last Name

Alder

Title

Dept. Gen. Counsel

Phone Number

Email Address

Signature of Certifying Official:

A handwritten signature in black ink, appearing to be 'S. Alder', written on a white background.

Signature of: Chris Alder

9. Report Submitted to EAC



Thank you. Your Annual (Oct 1 - Sept 30) progress report for CARES has been submitted to the EAC. Please keep the PDF download of your submission as grant record.
