

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) MT20101CARES | | | |
| 3. Recipient Organization (Name and complete address including Zip code) SECRETARY OF STATE, MONTANA 1301 E 6th ave state capitol, helena, MT 596203875 | | | | | | | |
| 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 type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual | | |
| 8. Project/Grant Period (Month, Day, Year) From: March 28, 2020 | | | | 9. Reporting Period End Date (Month, Day, Year) December 31, 2020 | | | |
| 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 | | | | | \$3,000,000.00 | | |
| b. Cash Disbursements | | | | | \$136,825.13 | | |
| c. Cash on Hand (line a minus b) | | | | | \$2,863,174.87 | | |
| <i>(Use lines d-o for single grant reporting)</i> | | | | | | | |
| Federal Expenditures and Unobligated Balance: | | | | | | | |
| d. Total Federal funds authorized | | | | | \$3,000,000.00 | | |
| e. Federal share of expenditures | | | | | \$136,825.13 | | |
| f. Federal share of unliquidated obligations | | | | | \$81,396.27 | | |
| g. Total Federal share (sum of lines e and f) | | | | | \$218,221.40 | | |
| h. Unobligated balance of Federal funds (line d minus g) | | | | | \$2,781,778.60 | | |
| Recipient Share: | | | | | | | |
| i. Total recipient share required | | | | | \$600,000.00 | | |
| j. Recipient share of expenditures | | | | | \$43,644.31 | | |
| k. Remaining recipient share to be provided (line i minus j) | | | | | \$556,355.69 | | |
| Program Income: | | | | | | | |
| l. Total Federal share of program income earned | | | | | \$7,562.90 | | |
| m. Program income expended in accordance with the deduction alternative | | | | | \$0.00 | | |
| n. Program income expended in accordance with the addition alternative | | | | | \$0.01 | | |
| o. Unexpended program income (line l minus line m and line n) | | | | | \$7,562.89 | | |
| 11. Indirect Expense | a. Type | b. Rate | c. Period From | Period To | d. Base | e. Amount Charged | f. Federal Share |
| | Provisional | 32.4 | January 1, 2020 | December 31, 2021 | | | \$31,716.93 |
| g. Totals: | | | | | \$0.00 | \$0.00 | \$31,716.93 |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: State Interest Earned: \$0 | | | | | | | |
| 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 Lake , Julie COO | | | | | c. Telephone (Area code, number, and extension) | | |
| | | | | | d. Email Address | | |
| b. Signature of Authorized Certifying Official Lake , Julie | | | | | e. Date Report Submitted (Month, Day, Year) February 26, 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 : MT20101CARES

Recipient Organization : SECRETARY OF STATE, MONTANA
1301 E 6th ave state capitol, Helena, MT 596203875

DUNS Number :

EIN :

Reporting Period End Date : December 31, 2020

Status : Report Certified/Pending Agency Approval

Remarks : State Interest Earned: \$0
State interest expended: \$0
Program income earned total: \$0
Program income earned breakdown: \$0
Program income expended: \$ 0

Federal Agency Review

Reviewer Name :

Phone # :

Email :

Review Date :

Review Comments :

EAC Progress Report

Response ID:245 Data

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

2. Verification

3. EAC Progress Report

1. State or Territory:

Montana

2. Grant Number:

MT201010CARES

3. Report:

CARES (Off-cycle report only due February 28, 2021)

4. Grant:

Please select only one.

CARES

5. Reporting Period Start Date

03/28/2020

6. Reporting Period End Date

12/31/2020

7. DUNS/UEI:

8. EIN:

9. Recipient Organization:

Organization Name

Secretary Of State

Street Address

1301 E 6th Avenue

City

Helena

State

MT

Zip

59620

4. Progress and Narrative

10. CARES Grant Specific:

Describe how you used the funds to address the pandemic.

The Montana Secretary of State's Office offered the available CARES funding to help the counties during the pandemic. The counties have used the funds on voting processes, staffing, security, supplies and communications. Each county that receives funding provides a 20% match.

11. Describe the major issues you faced in dealing with the pandemic in the election cycle.

In response to the pandemic, the Governor of Montana issued two election directives allowing counties to choose whether to conduct a mail ballot election or conduct a polling place election. Counties choosing to conduct a mail ballot election had increased costs of envelopes, printing additional ballots, letter openers, informational signage and secured drop boxes. Counties, regardless of the type of election, also needed to order protection and sanitation supplies for election offices and incurred additional labor costs including election judges, unbudgeted overtime of staff and hiring temporary employees. The duties they performed were assisting with ballots packets, issuing ballots and processing ballots.

12. Describe in detail what happened during this reporting period and explain how you implemented the approved grant activities.

All Montana counties had the opportunity to submit request for CARES funds. Once the proper documentation was received, counties received the funds to use on approved allowable CARES expenses.

13. Provide a timeline and description of project activities funded to meet HAVA requirements. Provide an analysis of how such activities conform to the submitted State Plan or Program Narrative as applicable.

All the CARES grant that Montana Secretary of State received was allocated to the county election offices as stated in our Program Narrative

14. Describe any significant changes to your program during the course of the project, or if the project was implemented differently than described in your original State Plan or Program Narrative.

Otherwise enter - no significant changes during this period.

No significant changes during this period.

15. Describe any favorable developments which enabled meeting time schedules and objectives sooner or at less cost than anticipated or producing more or different beneficial results than originally planned.

Otherwise enter N/A.

N/A

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

Otherwise enter - No articles of voting equipment purchased during this period.

Printing, mailing, equipment and software costs the counties used the CARES funding for totaled \$49,336.39

17. Provide a description of any security training conducted and the number of participants.

Otherwise enter - no security training conducted during this period.

Security costs included costs for video surveillance for drop boxes.

18. 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.

The state of Montana made the CARES funds available to Montana counties. The counties used the CARES funds to cover an increase in costs for postage, printing, security, labor and safety and sanitation supplies directly associated with the pandemic.

19. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

Montana made the CARES funds available to counties, and the counties were charged with providing the 20% match.

20. Issues Encountered:

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

Otherwise enter - no issues encountered.

No issues encountered.

21. Upcoming Activities:

Provide a timeline and description of upcoming activities.

No upcoming activities planned.

5. Expenditures

22. Current Period Amount Expended and Unliquidated Obligations

CARES COST CATEGORIES

| | Federal | Match |
|------------------------|--------------|-------------|
| Voting Processes: | \$49,336.39 | \$9,867.28 |
| Staffing: | \$26,948.58 | \$5,389.72 |
| Security and Training: | \$1,359.98 | \$272.00 |
| Communications: | \$4,798.42 | \$959.68 |
| Supplies: | \$22,664.83 | \$4,532.97 |
| Total | \$136,825.13 | \$27,365.03 |
| Indirect Costs | \$31,716.93 | \$6,343.39 |
| | | |
| | | |
| | | |

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Casey

Last Name

McInerney

Title

Accounting/Budget

Phone Number

Email Address

Signature of Certifying Official:



Signature of: Casey McInerney

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.