

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) OR20101CARES				
3. Recipient Organization (Name and complete address including Zip code) Secretary Of State, Oregon 255 Capitol St NE Ste 151, Salem, OR 973101304								
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					\$5,656,663.00			
b. Cash Disbursements					\$0.00			
c. Cash on Hand (line a minus b)					\$5,656,663.00			
<i>(Use lines d-o for single grant reporting)</i>								
Federal Expenditures and Unobligated Balance:								
d. Total Federal funds authorized					\$5,656,663.00			
e. Federal share of expenditures					\$0.00			
f. Federal share of unliquidated obligations					\$0.00			
g. Total Federal share (sum of lines e and f)					\$0.00			
h. Unobligated balance of Federal funds (line d minus g)					\$5,656,663.00			
Recipient Share:								
i. Total recipient share required					\$1,131,332.00			
j. Recipient share of expenditures					\$0.00			
k. Remaining recipient share to be provided (line i minus j)					\$1,131,332.00			
Program Income:								
l. Total Federal share of program income earned					\$20,987.64			
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)					\$20,987.63			
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: Interest Earned between May to September 2020 \$20,987.64. Was forced to put 0.01 in column N or M even though we have no								
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 Hickam, Michael Financial Services Manager					c. Telephone (Area code, number, and extension)			
					d. Email Address			
b. Signature of Authorized Certifying Official Hickam, Michael					e. Date Report Submitted (Month, Day, Year) December 9, 2020			

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 : OR20101CARES

Recipient Organization : Secretary Of State, Oregon
255 Capitol St NE Ste 151, Salem, OR973101304:

DUNS Number

EIN

Reporting Period End Date : December 31, 2020

Status : Report Certified/Pending Agency Approval

Remarks : Interest Earned between May to September 2020 \$20,987.64. Was forced to put 0.01 in column N or M even though we have no expenditure for this grant.

Federal Agency Review

Reviewer Name :

Phone # :

Email :

Review Date :

Review Comments :

EAC Progress Report

Response ID:144 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:

Oregon

2. Grant Number:

OR20101CARES

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, Oregon

Street Address

255 Capitol St Ne Ste 151

City

Salem

State

OR

Zip

97310

4. Progress and Narrative

10. CARES Grant Specific:

Describe how you used the funds to address the pandemic.

The Secretary will not be spending these funds because there will not be a match for use.

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

N/A

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

N/A

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.

N/A

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.

N/A

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.

No articles of voting equipment purchased during this period.

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

Otherwise enter - no security training conducted during this period.

no security training conducted during this period.

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.

N/A

19. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

The Secretary does not have the funds to 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.

N/A

5. Expenditures

22. Current Period Amount Expended and Unliquidated Obligations

CARES COST CATEGORIES

	Federal	Match
Voting Processes:	\$0.00	\$0.00
Staffing:	\$0.00	\$0.00
Security and Training:	\$0.00	\$0.00
Communications:	\$0.00	\$0.00
Supplies:	\$0.00	\$0.00
Total	\$0.00	\$0.00

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Brenda

Last Name

Bayes

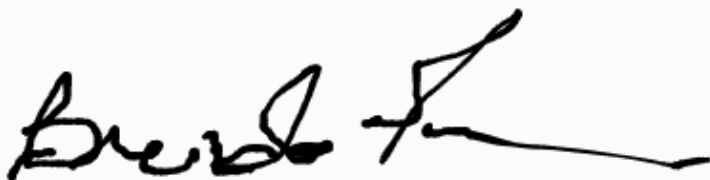
Title

Interim Elections Director

Phone Number

Email Address

Signature of Certifying Official:



Signature of: Brenda Bayes

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.