

2020 EAC Progress Report

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

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Verification

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EAC Progress Report

State or Territory:

Enter the name of the state or territory that received the grant and is submitting this report.

-- Please Select -- ▾

Grant Number:

Enter the grant agreement number from the Notice of Grant Award (NGA)

Characters used: 0 out of 12.

Report:

- Annual (Oct 1 - Sept 30)
- Semi-Annual (Oct 1 - March 31)
- Final (Start of Grant - End)
- Other (Use for CARES 20 Day Only)
- Other - Write In

Reporting Period Start Date

Enter the start date and end date of the reporting period (MM/DD/YYYY)



Reporting Period End Date

Enter the start date and end date of the reporting period (MM/DD/YYYY)



DUNS/UEI:

Enter the recipient organization's Data Universal Numbering System (DUNS) number or System for Award Management (SAM) extended DUNS Number or the Unique Entity Identifier.

EIN:

Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Services.

Recipient Organization:

Enter the name of the recipient organization and address, including zip code.

Organization Name

Street Address

City

State

 ▼

Zip

Background:

Include a description of the landscape of the current needs of your state with regard to improving federal elections as related to your State Plan or Program Narrative.

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

Provide a timeline and description of project activities.

If there have been 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, please describe those changes here.

Were there 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? Please describe those, if applicable.

Problems Encountered:

Describe any and all major issues that arose during the implementation of the project. 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.

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Expenses

Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES

* Match: The territories of American Samoa, Guam, the Northern Mariana Islands, and the Virgin Islands, are exempt from match.

	Federal	Match
Voting Equipment: Including replacing voting equipment that only records a voter's intent electronically with equipment that utilizes a voter verified paper record; and improving, modifying, and replacing systems.	<input type="text"/>	<input type="text"/>
Post-Election Auditing: Implement / conduct a post-election audit system that provides a high level of confidence in the accuracy of the final vote tally.	<input type="text"/>	<input type="text"/>
Voter Registration Systems	<input type="text"/>	<input type="text"/>
Cyber Security: Including implementing established cybersecurity best practices for election systems; upgrading computer systems to address cyber vulnerabilities identified by the Department of Homeland Security or other similar scans or assessments.	<input type="text"/>	<input type="text"/>
Communications: Including educating voters about voting procedures, voting rights, voting technology.	<input type="text"/>	<input type="text"/>
Establish toll-free hotlines to report voter fraud/violations to report voting irregularities and to obtain election information	<input type="text"/>	<input type="text"/>

Accessibility-related services:
Including improving accessibility
and quantity of polling places.

Train election officials, poll
workers, and election volunteers.

Others (describe)

Others (describe)

Others (describe)

Others (describe)

OMB CONTROL NUMBER: 3265-0020

If you need additional rows for the summary table, please upload an Excel document with the same layout.

Browse...

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Certification

Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all expenditures and unliquidated obligations are for the purposes set forth in the Help America Vote Act.

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

First Name

Last Name

Title

Phone Number

Characters used: 0 (minimum 10).

Email Address

Signature of Certifying Official:

Sign name using mouse or touch pad

Signature of

2020 EAC Progress Report

Please review your response to ensure accuracy and completeness before submission to EAC.
Download and keep this PDF submission as grant record..

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Signature of Certifying Official:

Signature of:

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