FEDERAL FINANCIAL REPORT

(Follow form instructions)

Federal Agency and Organizational Element to Which Report is Submitted						Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)					
ELECTION ASSISTANCE COMMISSION											
3. Recipient Organization (Name and complete address including Zip code)							AS20101001				
o. recorpione	organization (Traine and	r complete address	morading Zip Godo)							
ELECTIO	N OFFICE										
3970 TAF	UNA AIRPO	RT ROAI	D. PAGO PAGO	96799, AS 96799							
4a. UEI	0.0, 1, 1, 1, 1	4b.	•	5. Recipient Account Number or Identifying Number 6. I			per 6. Rep	eport Type 7. Basis of Accounting			
				(To report multiple gran	ants, use FFR Attachment)		□ Qi	☐ Quarterly ☐ Cash			
							⊠ Se	mi-Annual			
							Fir				
8. Project/Grant Period (Month, Day, Year)							9. Reporti	ng Period End D	ate (Month, Day, Year)		
From: March 28, 2018				To: September 30,	0, 2099 March 3			31, 2022			
10. Transactions								Cumulative			
(Use lines a	-c for single or	combined	multiple grant repo	rting)							
Federal Cas	sh (To report i	multiple g	rants separately, a	also use FFR Attachmen	nt):						
a. Cash F	Receipts								\$1,200,000.00		
b. Cash E	Disbursements						\$848,458.28				
c. Cash o	n Hand (line a	minus b)							\$351,541.72		
(Use lines d	l-o for single gr	ant reportii	ng)								
Federal Exp	penditures and	d Unobliga	ated Balance:								
d. Total Federal funds authorized								\$1,200,000.00			
e. Federal share of expenditures							\$848,458.28				
f. Federal	share of unlique	uidated ob	ligations				\$0.00				
g. Total F	ederal share (s	sum of line	s e and f)						\$848,458.28		
h. Unobliç	gated balance	of Federal	funds (line d minus	g)					\$351,541.72		
Recipient S	Share:										
i. Total re	cipient share re	equired							\$0.00		
j. Recipie	nt share of exp	enditures					\$0.00				
k. Remair	ning recipient s	hare to be	provided (line i mir	nus j)					\$0.00		
Program In	come:										
I. Total Fe	ederal share of	program i	ncome earned						\$0.00		
m. Progra	am income exp	ended in a	ccordance with the	deduction alternative			\$0.00				
n. Progra	m income expe	ended in a	ccordance with the	addition alternative					\$0.00		
			ine I minus line m a				,		\$0.00		
	а. Туре	b. Rate	c. Period From	Period To	d. Base		e. Amou	nt Charged	f. Federal Share		
Expense											
				g. Totals:		\$0.00		\$0.00	\$0.00		
12. Remark	s: Attach any e	xplanation	s deemed necessa	ry or information required	l by Federal s	ponsoring ag	gency in co	ompliance with g	governing legislation:		
"Please p	rovide the fol	lowing inf	ormation:								
13. Certifica	ation: By sign	ing this re	port, I certify to th	ne best of my knowledge	e and belief	that the repo	ort is true	complete, and	l accurate, and the		
				for the purposes and int to criminal, civil, or adm							
a. Typed or	Printed Name	and Title o	f Authorized Certify	ring Official		c. T	elephone	(Area code, num	nber, and extension)		
Saelua, Laloifi							d. Email Address				
Grants C	oordinator										
b. Signature of Authorized Certifying Official						e. D	e. Date Report Submitted (Month, Day, Year)				
Saelua, Laloifi							May 3, 2022 Standard Form 425				
							3 Approval Nu	25 Imber: 4040-0014			

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 hours 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 : AS20101001

Recipient Organization : ELECTION OFFICE

3970 TAFUNA AIRPORT ROAD, PAGO PAGO 96799, AS 96799

UEI

UEI Status when Certified :

EIN :

Reporting Period End Date : March 31, 2022

Status : Awarding Agency Approval

Remarks : "Please provide the following information:

State interest earned (current fiscal year): \$
State interest expended (current fiscal year): \$
Program income earned (current fiscal year): \$

Program income earned breakdown (current fiscal year): \$ Source: e.g. Sale of

registration list

Program income expended (current fiscal year): \$

,,

Federal Agency Review

Reviewer Name

Phone #

Email

Review Date

Review Comments

Report Status: Awarding Agency Approval Page 2 of 2 Printed Date: Jun 9, 2022

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CASOLIC CONTRACTOR CON	
3. EAC Progress Report	
1. State or Territory:	
American Samoa	
2. Grant Number:	
AS20101001	
3. Report:	
Semi-Annual (Oct 1 - March 31)	
4. Grant:	
Election Security	
5. Reporting Period Start Date	
10/01/2021	
6. Reporting Period End Date	
03/31/2022	

4. Progress and Narrative

7. Describe in detail what happened during this reporting period and explain how you implemented the approved grant activities in accordance with your State Plan/Program Narrative. (*Note: Your activities should align with your Grant Cost Categories Table.*)

In the timeline of this reporting period, the American Samoa Election Office continue post General Election 2020 data review as well as initial Midterm Election 2022 preparations. In the latter part of the timeline of this reporting period, American Samoa experienced its first Covid-19 Community outbreak spread and therefore the government shut down operations and government and private employees worked from home. Utilization of the technology purchased with Security funds came into major use

during this time and has since been a vital part of continuing the work of the office remotely. The utilization of all forms of Media was detrimental to the continuation of the Outreach program and advertising the Special Needs Assistance program launch for the 2022 Midterm Election. Work in preparation for the upcoming election continues as do daily operations.

Post Election Auditing & Staffing: As part of our office's efforts to conduct and execute an effective outreach program for the 2022 Midterm Election, it is crucial to analyze data. Data helps our office to realize causes for changes or decreases in turnouts in any particular voting district if any. The outreach team conducted territory-wide surveys before the reporting period and temporary analysts were staffed to help analyze data and formulate an effective outreach plan for the upcoming Election. In January of this year, the outreach plan was implemented which required temporary hires.

In addition to staffing, the position of the HAVA Manager at the beginning of the fiscal year was transferred to be paid under HAVA funding/Election Security Grant. Additional staff was hired for the positions of Security Officer, and two Outreach Specialists and are funded by the Election Security Grant.

8. Describe any significant changes to your program during the project, including changes to your original State Plan/Program Narrative or favorable developments that improved program efficiency and/or service delivery.

No significant changes have been made to the original state plan and program narrative other than the ways we are going about executing them. However, the goal remains the same.

9. Issues Encountered:

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

N/A

10. Provide a description of any training conducted, including security training.

2 separate trainings took place during the timeline of this reporting period. Both trainings were for the Election Office staff and how to safely and securely conduct and continue election/program related work remotely.

Aside from the 2 trainings, the leadership team of the American Samoa Election Office conducted a strategic planning workshop to formulate the best plan of action for the office and for the upcoming election.

11. Subgrants:

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

No

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

Voting Equipment: The voting equipment purchased include standard pens for polling stations and voting booths, replacement covers for voting booths and repair work to slightly damaged voting booths. Approximately 34 voting booths were repaired and equipped with new covers and 20 voting booths were equipped with new covers without any other repairs. The voting pens were purchased for voting as well as part of the outreach efforts to encourage exercising people's rights to vote. The pens are customized with the American Samoa flag, and printed on the pen is "I Voted in 2022". These pens will be distributed at the polling stations and will be handed out with their ballots.

5. Expenditures

13. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES - FEDERAL
Voting Equipment and Processes:: \$4367
Post-Election Auditing: : \$399
Voter Education/Communications: : \$4843
Accessibility:: \$1724
Staffing:: \$90376
Training:: \$3323
Total: \$105032
Comments: Expenditures accrued for the 2018 Election Security Grant and the 2020 Election Security grant for the reporting
period.
7. Evpanditures
7. Expenditures
14. Confirm Total Grant Expenditure Amounts
Federal: \$135708
Match: \$0.00
Total: \$135708
OMB CONTROL NUMBER: 3265-0020
OMB CONTROL NOMBER: 3203-0020
8. Certification
Name and Contact of the authorized certifying official of the recipient.
First Name
Laloifi
Laioiii
Last Name
Saelua
Title
Grants Coordinator
Phone Mountain
Phone Number
Email Address
15. Add another contact to send a copy of submission confirmation and edit link?
13. Add another contact to send a copy of submission communication and call link:
Signature of Certifying Official:



Signature of: Laloifi Saelua

9. Report Submitted to EAC



Thank you. Your Semi-Annual (Oct 1 - March 31) progress report for Election Security has been submitted to the EAC. Please keep the PDF download of your submission as grant record.