## HELP AMERICA VOTE ACT 2012 EAC ANNUAL REPORT ON THE DELAWARE STATE PLAN

TITLE I, SECTION 101

STATE OF DELAWARE
DEPARTMENT OF ELECTIONS
OFFICE OF THE COMMISSIONER



Natural and Associated Services Services

THE REPORT OF THE PROPERTY OF

## MEETING THE REQUIREMENTS OF TITLE I

VOTING SYSTEMS STANDARDS	0.00
No funds were expended for this purpose during this period	
PROVISIONAL VOTING AND VOTING INFORMATION	0.00
No funds were expended for this purpose during this period.	
COMPUTERIZED STATEWIDE VOTER REGISTRATION LIST	0.00
No funds were expended for this purpose during this period.	
IMPROVING THE ADMINISTRATION OF ELECTIONS FOR FEDERAL OFFICE —	
No funds were expended for this purpose during this period.	
EDUCATING VOTERS CONCERNING VOTING PROCEDURES, VOTING RIGHTS, AND VOTING TECHNOLOGY	201.00
Delaware State Fair Outreach and Training Program	291.00
TRAINING ELECTION OFFICIALS, POLL WORKERS, AND ELECTION OFFICIALS	0.00
No funds were expended for this purpose during this period	
Amount Reporting from HAVA Title I Repayment Funds	
IMPROVING, ACQUIRING, LEASING, MODIFYING OR REPLACING VOTING SYSTEMS AND TECHNOLOGY AND METHODS FOR CASTING VOTES	0.00
No funds were expended for this purpose during this period	0.00
Amount Reporting from HAVA Title I Repayment Funds	
POLLING PLACE ACCESSIBILITY	0.00
No funds were expended for this purpose during this period.	
ESTABLISHING TOLL FREE HOTLINE FOR VOTER ACCESS	
No funds were expended for this purpose during this period.	
TOTAL	291.00

DATE		CATEGORY	EXPENDITUR	EXPENDITURES/INT SUB TOTAL	B TOTAL		DESCRIPTION	TOTAL
INTEREST		2004-4500						
				1206.39				
07/27/2012 CICNIATI	SOUNTI DE CTITO	2004-4200		201.43	100	43	STOLIS GIAN NIVO IGAAN	
	ONE SILICHES			791.47	74.167	7+	EINIPLOTEE FAIR SHIKIS	27 700
						551.7	551.70 TOTAL EXPENDITURES TITLE II	74.1.42

0.00 TOTAL ENCUMBRANCES

## FEDERAL FINANCIAL REPORT

(Follow form instructions)

2. Federal Grant or Other Identifying Number Assigned by Federal Agency Page 1. Federal Agency and Organizational Element to Which Report is Submitted Election Assistance Commission HAVA Title I, Section 101 pages 3. Recipient Organization (Name and complete address including Zip code) State of Delaware, Commissioner of Elections, 905 S. Governors Avenue, Dover, DE 19904 4a. DUNS Number 4b. EIN 5. Recipient Account Number or Identifying Number 6. Report Type 7. Basis of Accounting 56-60000279 4500 62-747-0412 □ Quarterly ☐ Semi-Annual X Annual ☐ Final X Cash Accrual 8. Project/Grant Period 9. Reporting Period End Date (Month, Day, Year) To: (Month, Day, Year) From: (Month, Day, Year) 9/30/2012 Until Disbursed 4-Jun-03 10. Transactions Cumulative (Use lines a-c for single or multiple grant reporting) Federal Cash a. Cash Receipts b. Cash Disbursements c. Cash on Hand (line a minus b) (Use lines d-o for single grant reporting) Federal Expenditures and Unobligated Balance: d. Total Federal funds authorized \$5,000,000.00 e. Federal share of expenditures \$5,000,000.00 \$0.00 f. Federal share of unliquidated obligations \$5,000,000.00 g. Total Federal share (sum of lines e and f) \$0.00 h. Unobligated balance of Federal funds (line d minus g) Recipient Share: \$0.00 i. Total recipient share required \$0.00 j. Recipient share of expenditures \$0.00 k. Remaining recipient share to be provided (line i minus j) Program Income: I. Total Federal program income earned \$438,440.06 m. Program income expended in accordance with the deduction alternative n. Program income expended in accordance with the addition alternative \$437,524.67 o. Unexpended program income (line I minus line m or line n) \$915.39 b. Rate Amount Charged Federal Share a. Type 11 Indirect Expense g. Totals: 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing tegislation: 13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. 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) c. Telephone (Area code, number and extension) a. Typed or Printed Name and Title of Authorized Certifying Official 302-739-4277 Elaine Manlove, Commissioner of Elections elaine.manlove@state.de.us b. Signature of Authorized Certifying Official e. Date Report Submitted (Month, Day, Year) 14. Agency use only:

Paperwork Burden Statement

Properwork 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 in 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 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. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011