

Federal Financial Report

Program Name: Requirements Payment 251

Grantee Name: Minnesota Secretary Of State

Report Name: Federal Financial Report

Funding/Grant Period: EAC-REQPY22MN

Report Period: 10/01/2021 to 09/30/2022

Report Status: Submission Accepted by CO

U.S. Election Assistance Commission		OMB Number: 3265-0022 Expires 04/30/2025	
FEDERAL FINANCIAL REPORT (EACFFR)			
1. Federal Agency and Org. Element to Which Report is Submitted U.S. Election Assistance Commission		2. Federal Grant or Other Identifying Number Assigned By Fed. Agency (To report multiple grants, use FFR Attachment) EAC-REQPY22MN	
3. Recipient Organization (Name and complete address including Zip code)			
Recipient Organization Name: Minnesota Secretary Of State			
Street1: 100 Rev Martin Luther King Jr			
Street2:			
City: Saint Paul		County: RAMSEY	
State: MN			Province:
Country: United States		Zip 5: 55155	Zip +4: 0001
4a. UEI HMPJT7G2YKJ1	4b. EIN 416007162	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input type="radio"/> Quarterly <input type="radio"/> Semi-Annual <input checked="" type="radio"/> Annual <input type="radio"/> Final
7. Basis of Accounting <input checked="" type="radio"/> Cash <input type="radio"/> Accrual	8. Project/Grant Period From: 08/20/2004 To: 09/30/2099		9. Reporting Period End Date (Month, Day, Year) 09/30/2022
10. TRANSACTIONS (Use lines a-c for single or multiple grant reporting)			Cumulative
Federal Cash: (To report multiple grants, also use FFR attachment)			
a. Cash Receipts			\$43,962,194.00
b. Cash Disbursements			\$43,962,194.00
c. Cash on hand (line a minus b)			\$0.00
Federal Expenditures and Unobligated Balance: Do not complete this section if reporting on multiple awards.			
d. Total Federal funds authorized			\$43,962,194.00
e. Federal share of expenditures			\$43,962,194.00
f. Federal share of unliquidated obligations			\$0.00
g. Total Federal share (sum of line e plus line f)			\$43,962,194.00
h. Unobligated balance of Federal funds (line d minus g)			\$0.00
Recipient Share: Do not complete this section if reporting on multiple awards.			
i. Total recipient share required			\$2,325,277.95
j. Recipient share of expenditures			\$2,325,277.95
k. Remaining recipient share to be provided (line i minus j)			\$0.00
Program Income: Do not complete this section if reporting on multiple awards.			
l. Total Federal program income earned			\$0.00
m. Program income expended in accordance with the deduction alternative			\$0.00

n. Program Income expended in accordance with the addition alternative	\$0.00
o. Unexpended program income (line l minus line m and line n)	\$0.00
Federal Interest:	
p. Total Federal interest earned	\$3,765,135.05
q. Federal interest expenditures	\$3,714,288.74
r. Remaining Federal interest to be expended (line p minus q)	\$50,846.31

11. Indirect Expense

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	0.00%			\$0.00	\$0.00	\$0.00
g. Total				\$0.00	\$0.00	\$0.00

12. Remarks:


a. State Interest Earned: Enter the current year amount earned (not cumulative)	\$0.00
b. State Interest Expended: Enter the current year amount expended (not cumulative)	\$0.00
c. Program Income Earned: Enter the current year amount earned. (not cumulative)	\$0.00
d. Program Income Expended: Enter the amount of Program Income expended in the current year (not cumulative)	\$0.00

e. Program Income Earned Breakdown: List each source of program income individually next to each amount (federal interest earned is not program income).

Source of program income		Amount	Delete
e.		\$0.00	
Total:		\$0.00	

f. Comments: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

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 objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

a. Typed or Printed Name and Title of Authorized Certifying Official Bibi Black	c. Telephone (Area code, number and extension)
Certification Title General Counsel	d. Email address bibi.black@state.mn.us
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 12/29/2022

Report Attachment (For reporting multiple grants)

14. List Information below for each grant covered by this report.

Federal Grant Number	Recipient Account Number	Cumulative Federal Cash Disbursement
		\$0.00
TOTAL (Should correspond to the amount on Line 10b on Page 1)		\$0.00

Progress Report

Program Name: Requirements Payment 251

Grantee Name: Minnesota Secretary Of State

Report Name: Progress Report

Funding/Grant Period: EAC-REQPY22MN

Report Period: 10/01/2021 to 09/30/2022

Report Status: Submission Accepted by CO

U.S. ELECTION ASSISTANCE COMMISSION		OMB CONTROL No.: 3265-0022 Expiration Date: 04/30/2025	
Progress Report Section I: Cover Page			
Grant Information			
1. State or Territory Minnesota Secretary Of State		2. Federal Grant or Other Identifying Number Assigned by Federal Agency EAC-REQPY22MN	
3. Grant Type: <input type="radio"/> 101 <input checked="" type="radio"/> 251 <input type="radio"/> Election Security <input type="radio"/> Other [e.g., CARES]			
Describe Other			
Report Information			
4. Report Type: <input type="radio"/> Semi-Annual <input checked="" type="radio"/> Annual <input type="radio"/> Final <input type="radio"/> Other			
Describe Other			
5. Report Period			
Start Date (Month, Day, Year) 10/01/2021		End Date (Month, Day, Year) 09/30/2022	
Section II: Progress and Narrative			
Instructions: Reports due for the period ending March 31 should describe the activities of the previous six-month period and reports due for the period ending September 30 should cover the previous 12- month period. Final reports should cover the entire performance period from the start of the grant. Additional guidance can be found on our website: https://www.eac.gov/payments-and-grants/financial-progress-reporting			
EAC grants reports will be made publicly available. Therefore, your report narrative should: * Be written in clear, concise, and plain language * Not include sensitive confidential information			
6. 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 category expenditures in Section IV and you may use those categories as headings in your response as applicable.)			
<input type="checkbox"/> Check if no activity during this reporting period.			
During this time period, funds were held only by counties and expenditures were made only by counties. The expenditures during the reporting period were for operating costs related to voting machines purchased over the entire life of this grant, including storage, insurance, and similar items, in the amount of \$30,863.13. A total of \$887.54 in interest was reported as earned by counties. One of the four counties holding funds at the beginning of this period expended their last funds during the program year. There are still three counties reporting funds, so there will continue to be reports until those funds are expended.			
7. Provide a description of any training conducted, including security training.			
<input checked="" type="checkbox"/> Check if no training was conducted during this reporting period.			
8. Report on the number and type of articles of voting equipment obtained with the funds. Include the amount expended on the expenditure chart.			
<input checked="" type="checkbox"/> Check if no voting equipment purchased during this reporting period.			
9. Subgrants (if applicable)			

<input checked="" type="checkbox"/> Check if no subgrants were made during this reporting period.		
Describe the activities carried out by your subgrantees during the reporting period.		
10. Provide a breakdown of aggregate sub-award expenditures across major categories. If you do not have expenses for a particular category please populate the field with \$0.00 Total expenses will automatically calculate. Please verify totals prior to submission.		
Category	Subaward Federal Expenditures	
Voting Equipment		\$0.00
Voting Processes		\$0.00
Voter Registration Systems		\$0.00
Election Auditing		\$0.00
Cyber and Physical Security		\$0.00
Voter Education		\$0.00
Accessibility		\$0.00
Other:		\$0.00
Total		\$0.00
11. Match (if applicable)		
<input type="checkbox"/> Check if match not required.		
Describe how you are meeting or have met the matching requirement.		
The match for these funds was met long ago, well over a decade past, through a combination of state general fund dollars appropriated to the HAVA Account in addition to in-kind HAVA compliant election equipment purchases.		
Section Section III: Challenges and Changes		
12. Issues Encountered		
<input checked="" type="checkbox"/> Check if no major issues encountered during this reporting period.		
Describe how and whether the issues were resolved. Also, briefly discuss the implications of any unresolved issues or concerns.		
13. Describe any significant changes to your program during the reporting period, including changes to your original State Plan/Program Narrative or favorable developments that improved program efficiency and/or service delivery.		
<input checked="" type="checkbox"/> Check if no significant changes were made during this reporting period.		
Section IV: Expenditures		
14. Fill out the table below with both the Federal and State Match expenditures for the current reporting period. Include federal and state interest expenditures and write-in any cost areas that do not fit into the predefined program categories. Subaward expense totals identified in section #10 should also be populated and rolled into the appropriate expense categories for #14. If you do not have expenses for a particular category please populate the field with \$0.00 Total expenses will automatically calculate. Please verify totals prior to submission.		
<i>Expenditures should be consistent with the activities described in your narrative and with the amounts in your financial reports. (EAC uses the difference between your current and previous period FFR to calculate current period expenditures).</i>		
Categories	Federal	State Match
Voting Equipment	\$0.00	\$0.00
Voting Processes	\$0.00	\$0.00
Voter Registration Systems	\$0.00	\$0.00
Election Auditing	\$0.00	\$0.00
Cyber and Physical Security	\$0.00	\$0.00
Voter Education	\$0.00	\$0.00
Accessibility	\$0.00	\$0.00
OtherOperating Costs	\$30,863.13	\$0.00
TOTAL	\$30,863.13	\$0.00
Section V: Final Assessment		
The final progress report is your opportunity to share the significant successes of your project and present information about the results your project achieved. The report should cover the entire period of performance.		
15. Self-Assessment - Assess whether the goals set out in your State plan/Narrative were met as intended during the grant program. Highlight any needs that were not met or ongoing/under resourced areas for future consideration.		
16. Impact and Achievements - Describe how this grant program impacted elections in your state/territory. Highlight your accomplishments and successes.		

17. Lessons Learned - Describe any lessons learned during the grant that may be replicated, expanded and/or help others.

Section VI: Certification

18. Name and Contact of the authorized certifying official.

First and Last Name

Bibi Black

Title

General Counsel

Phone Number

Email Address

bibi.black@state.mn.us

19. Signature of Certifying Official

The logo for E-sign, featuring the word "E-sign" in a stylized, blue, cursive font with a red underline.