

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 <i>(To report multiple grants, use FFR Attachment)</i> EAC-REQPY22RI
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3. Recipient Organization (Name and complete address including Zip code)

Recipient Organization Name: Rhode Island Secretary Of State		
Street1: 82 Smith St STE 217		
Street2:		
City: Providence	County: PROVIDENCE	
State: RI		Province:
Country: United States	Zip 5: 02903	Zip +4: 1120

4a. UEI STLFUXD8RBR7	4b. EIN 056000522	5. Recipient Account Number or Identifying Number <i>(To report multiple grants, use FFR Attachment)</i> 7679B1	6. Report Type <input type="radio"/> Quarterly <input type="radio"/> Semi-Annual <input type="radio"/> Annual <input checked="" type="radio"/> Final
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7. Basis of Accounting <input type="radio"/> Cash <input checked="" type="radio"/> Accrual	8. Project/Grant Period From: 05/01/2003 To: 09/30/2099	9. Reporting Period End Date <i>(Month, Day, Year)</i> 09/30/2022
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10. TRANSACTIONS <i>(Use lines a-c for single or multiple grant reporting)</i>	Cumulative
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Federal Cash: (To report multiple grants, also use FFR attachment)	
a. Cash Receipts	\$13,028,257.00
b. Cash Disbursements	\$13,028,257.00
c. Cash on hand <i>(line a minus b)</i>	\$0.00
Federal Expenditures and Unobligated Balance: Do not complete this section if reporting on multiple awards.	
d. Total Federal funds authorized	\$13,028,257.00
e. Federal share of expenditures	\$13,028,257.00
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share <i>(sum of line e plus line f)</i>	\$13,028,257.00
h. Unobligated balance of Federal funds <i>(line d minus g)</i>	\$0.00
Recipient Share: Do not complete this section if reporting on multiple awards.	
i. Total recipient share required	\$1,440,540.01
j. Recipient share of expenditures	\$1,440,540.01
k. Remaining recipient share to be provided <i>(line i minus j)</i>	\$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 <i>(line l minus line m and line n)</i>	\$0.00
Federal Interest:	
p. Total Federal interest earned	\$494,486.64
q. Federal interest expenditures	\$494,486.64
r. Remaining Federal interest to be expended <i>(line p minus q)</i>	\$0.00

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)		\$5.83
b. State Interest Expended: Enter the current year amount expended (not cumulative)		\$5.83
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. 1		\$0.00
Total:		\$0.00
f. Comments: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:		
<p>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).</p>		
a. Typed or Printed Name and Title of Authorized Certifying Official Colleen Halloran-Villandry		c. Telephone (Area code, number and extension)
Certification Title		d. Email address cvillandry@sos.ri.gov
b. Signature of Authorized Certifying Official 		e. Date Report Submitted (Month, Day, Year) 01/17/2023

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

U.S. ELECTION ASSISTANCE COMMISSION	OMB CONTROL No.: 3265-0022 Expiration Date: 04/30/2025
<h3 style="margin: 0;">Progress Report</h3> <h4 style="margin: 0;">Section I: Cover Page</h4>	

Grant Information	
1. State or Territory Rhode Island Secretary Of State	2. Federal Grant or Other Identifying Number Assigned by Federal Agency EAC-REQPY22RI
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 type="radio"/> Annual <input checked="" 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.)

Check if no activity during this reporting period.

There were no regularly scheduled elections during the reporting period. During this time, state and local election offices conducted a cyber mapping project, continued to secure the election facilities and systems and provided cybersecurity training for election officials. Grant funds were used to maintain the cybersecurity of the Central Voter Registration System (CVRS) and the DS850 voting equipment.

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

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.

Check if no voting equipment purchased during this reporting period.

9. Subgrants (if applicable)

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)

Check if match not required.

Describe how you are meeting or have met the matching requirement.
 A portion of the DS850 maintenance contract for the voting equipment was paid for with state general revenue funds.

Section Section III: Challenges and Changes

12. Issues Encountered

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.

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.

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).

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	\$15,754.63	\$351.84
Voter Education	\$0.00	\$0.00
Accessibility	\$0.00	\$0.00
Other	\$0.00	\$0.00
TOTAL	\$15,754.63	\$351.84

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 Colleen Halloran-Villandry	Title
Phone Number	Email Address cvillandry@sos.ri.gov

19. Signature of Certifying Official
