# AR Election Security 2024 Annual FFR SECTION I. DETAILS

#### FFR

FFR ID	Status	Report Type
11122	Approved	Annual
Due Date	Reporting Period From	Reporting Period To
12/29/2024	10/1/2023	9/30/2024

## PROJECT/GRANT PERIOD

Federal Grant Name	Basis of Accounting	
Election Security	Accrual	

#### RECIPIENT ORGANIZATION DETAILS

Organization Legal Name	Organization Type	UEI	EIN
SECRETARY OF STATE,	State	LHZLULA34A15	716007356
ARKANSAS OFFICE OF THE			
Street	City	State	Zip Code
500 Woodlane Ave Ste 256	LITTLE ROCK	AR	72201

# **SECTION II. TRANSACTIONS**

FEDERAL CASH	
10a. Cash Receipts	\$12,503,000.00
10b. Cash Disbursements	\$8,878,584.35
10c. Cash on Hand (line a minus b)	\$3,624,415.65
FEDERAL EXPENDITURES AND UNOBLIGATED BALANCE	
10d. Total Federal Funds Authorized	\$12,503,000.00
10e. Federal Share of Expenditures	\$0.00
10f. Federal Share of Unliquidated Obligations	\$8,878,584.35
10g. Total Federal Share (sum of line e plus line f)	\$8,878,584.35
10h. Unobligated Balance of Federal Funds (line d minus g)	\$3,624,415.65
RECIPIENT SHARE	
10i. Total Recipient Share Required	\$1,829,348.00
10j. Recipient Share of Expenditures	\$1,226,149.00
10k. Remaining Recipient Share to be Provided (line i minus j)	\$603,199.00
PROGRAM INCOME	
10l. Total Federal Program Income Earned	\$0.00
10m. Program Income Expended in Accordance with the Deduction Alternative	\$0.00
10n. Program Income Expended in Accordance with the Addition Alternative	\$0.00
10o. Unexpended Program Income (line I minus line m and line n)	\$0.00
FEDERAL INTEREST	
10p. Total Federal Interest Earned	\$404,532.07

10q. Federal Interest Expenditures	\$32,395.00
10r. Remaining Federal Interest to be Expended (line p minus q)	\$372,137.07

# **SECTION III. INDIRECT EXPENSES**

11a. Type	11b. Rate (%)	11c. Period From	11c. Period To	11d. Base	11e. Amount Charged	11f. Federal Share
AR Election Security 2024 Annual						
					false	
			11g. Total			

# **SECTION IV. STATE INTEREST**

12a. State Interest Earned	\$0.00
12b. State Interest Expended	\$0.00
12c. State Program Income Earned	\$0.00
12d. State Program Income Expended	\$0.00

# **SECTION V. CERTIFICATION**

Name	Title	Phone Number
Amy Rhinehelder	Accounting Manager	(501) 682-7008
Email	Certified On	
amy.rhinehelder@sos.arkansas.gov	1/2/2025 10:28 AM EST	

# **AR Election Security 2024 Annual PROGRESS REPORT**

#### **COVER PAGE**

#### PROGRESS REPORT

Progress Report ID	Status	Report Type
10796	Approved	Annual
Due Date	Reporting Period From	Reporting Period To
12/29/2024	10/1/2023	9/30/2024

#### **RECIPIENT ORGANIZATION DETAILS**

Organization Legal Name	Organization Type	UEI	EIN
SECRETARY OF STATE,	State	LHZLULA34A15	716007356
ARKANSAS OFFICE OF THE			
Street	City	State	Zip Code
500 Woodlane Ave Ste 256	LITTLE ROCK	AR	72201

#### **PROGRESS AND NARRATIVE**

#### **EXPENDITURES**

6. For each of the following categories, briefly describe the activities carried out during the reporting period and how you implemented the approved grant activities in accordance with your Program Narrative. If you provided subawards to local jurisdictions, please include those activities and expenditures (you will be required to provide subaward expenditures in Section III).

Category	Federal Amount	Match Amount	Description
Voting Equipment	\$2,906,812.35		This is for our Poll Books and voting systems.
Voting Processes			
Voter Registration Systems			
Election Auditing			
Cyber Security			
Physical Security			
Voter Education			
Accessibility			
Other ()			
TOTALS	\$2,906,812.35	\$0.00	

# **TRAINING** 7. Briefly describe any training including cyber security and other election-related training that occurred during the reporting period. N/A **MATCH** 8. Describe how you will or have made the match available and identify the source of your match. (Note: For Election Security grants there is a two-year deadline from the date of disbursement to make match funds available). N/A **SUBAWARD INFORMATION SUBAWARD DETAILS** 9a. Briefly describe your subaward program, including how many subawards were made and how your program reflects the needs of local communities. 9b. Identify whether the subgrants were provided as an advance or on a cost-reimbursement basis. If provided as an advance, confirm whether funds were deposited in an interest-bearing account per HAVA 254(b)(1)(d) and the Uniform Guidance §200.305(b)(7,8) and §200.332(a)(2,3). **SUBAWARD EXPENDITURES** 10. Provide a breakdown of aggregate subaward expenditures across major categories. Category Federal Amount Match Amount **Voting Equipment Voting Processes Voter Registration Systems Election Auditing** Cyber Security **Physical Security** Voter Education Accessibility Other () **TOTALS** \$0.00 \$0.00 **CHALLENGES & CHANGES ISSUES ENCOUNTERED** 11a. Describe any issues that arose during the implementation of the project.

11b. Describe how and whether the issues were resolved. Also, briefly discuss the implications of any unresolved issues or

concerns.

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

# **FINAL**

#### FINAL REMARKS

15. Self-Assessment - Assess whether the goals set out in your State Plan and/or Program Narrative were met as intended during the grant program. Highlight any needs that were not met, ongoing, or under-resourced.		
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, or used as a model for other state programs.		

# **CERTIFICATION**

## CERTIFICATION

Name	Title	Phone Number
Amy Rhinehelder	Accounting Manager	501-682-7008
Email	Certified On	
amy.rhinehelder@sos.arkansas.gov	1/2/2025 10:17 AM EST	