U.S. Election Assistance Commission OMB Number: 3265-0022 Expires 04/30/2025 FEDERAL FINANCIAL REPORT (EACFFR) 2. Federal Grant or Other Identifying Number Assigned By Fed. Agency 1. Federal Agency and Org. Element to Which Report is Submitted (To report multiple grants, use FFR Attachment) U.S. Election Assistance Commission EAC-REQPY22PA 3. Recipient Organization (Name and complete address including Zip code) **Recipient Organization Name:** Pennsylvania Department of State 401 North St RM 308 N OFC BLDG Street2: City: County: DAUPHIN Harrisburg State: Province: Zip 5: 17120 Country: Zip +4: United States 6. Report Type 5. Recipient Account Number or Identifying Nu Quarterly 4a. UEI 4b. EIN 🧖 Semi-Annual RZDGMG4BW1L8 236003081 (To report multiple grants, use FFR Attachment) Annual S80710-S80760:S80780 C Final 7. Basis of Accounting 8. Project/Grant Period 9. Reporting Period End Date (Month, Day, Year) Cash To: From: 06/17/2004 09/30/2099 09/30/2022 Accrual 10. TRANSACTIONS (Use lines a-c for single or multiple grant reporting) Cumulative Federal Cash: (To report multiple grants, also use FFR attachment) \$112,821,809.00 a. Cash Receipts \$112,475,481.69 b. Cash Disbursements \$346,327.31 c. Cash on hand (line a minus b) Federal Expenditures and Unobligated Balance: Do not complete this section if reporting on multiple awards. \$112,821,809.00 d. Total Federal funds authorized e. Federal share of expenditures \$112,475,481.69 f. Federal share of unliquidated obligations g. Total Federal share (sum of line e plus line f) \$112,475,481.69 h. Unobligated balance of Federal funds (line d minus g) \$346,327.31 Recipient Share: Do not complete this section if reporting on multiple awards. i. Total recipient share required \$5,937,989.95 \$5,937,989.95 j. Recipient share of expenditures 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. \$0.00 l. Total Federal program income earned m. Program income expended in accordance with the deduction alternative \$0.00 n. Program Income expended in accordance with the addition alternative \$0.00 \$0.00 o. Unexpended program income (line l minus line m and line n) Federal Interest: \$17,703,600.93 p. Total Federal interest earned \$17,041,238.64 q. Federal interest expenditures \$662,362.29 r. Remaining Federal interest to be expended (line p minus q) 11. Indirect Expense e. Amount Charged a. Type Period From Federal Share Rate Period To Base \$0.00 0.00% \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 g. Total 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 earn	ed 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:		

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complet e, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set fo rth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent informat ion, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, f alse statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

- 1	,	
	a. Typed or Printed Name and Title of Authorized Certifying Official Alfredo Rivera	c. Telephone (Area code, number and extension)
		d. Email address alfrivera@pa.gov
		e. Date Report Submitted (Month, Day, Year) 01/09/2023

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 Cas h Disbursement
		\$0.00
	TOTAL (Should correspond to the amount on Line 10b on Page 1)	\$0.00

2/17/23, 1:48 PM Progress Report

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 Pennsylvania Department of State	2. Federal Grant or Other Identifying Number Assigned by Federal Agency EAC-REQPY22PA	
3. Grant Type:		
C 101 C 251 C Election Security C Other [e.g., CARES]		
Describe Other		
Report In	formation	
4. Report Type: Semi-Annual Annual		
C Final		
Describe Other		
5. Report Period		
Start Date (Month, Day, Year) 10/01/2021	End Date (Month, Day, Year) 09/30/2022	
Section II: Progre	ess and Narrative	
Instructions: Reports due for the period ending March 31 should describe the activi ber 30 should cover the previous 12- month period. Final reports should cover the e Additional guidance can be found on our website: https://www.eac.gov/payments-au	ntire performance period from the start of the grant.	
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.		
Voting Equipment – (\$10,215.07): During the reporting period the Department has contracted to provide three (3) separate state certifications of voting systems. At the onset of e ach exam, the vendor is required to provide a \$15,000 retainer to be billed against the work as it is completed. The credit shown is due to the costs expended not reaching the tota 1 \$45,000 retainer deposited. If funds are remaining from the retainer at the completion of the exam, the dollars are either returned to the vendor or reallocated to a new exam. Vot ing Processes – \$12,907.82: Pennsylvania continues to use remaining Original HAVA grant funds to support some of the day-to-day operations of the Federal Elections team and those working on grant activities at the PA Department of State. This includes salary and benefit costs for staff as applicable. While the Department did expend \$66,2439.28 in personnel and benefit costs for staff through the available grant dollars, there was also a large credit to the grant totaling \$80,026.46 for staff who did not appropriately allocate time in the Department's timesheet system. Staff costs were moved to the grant outside of the normal process. Staff were assigned to the ongoing efforts surrounding the modernization of the Statewide Uniform Registry of Electors. This reallocation was completed with approval through verbal conversation with affected staff. Additionally, over the same timefra me, the Department was engaged in an audit of CARES, Election Security, and Original 251 grant funds in which these transactions were considered an audit finding. To ensure the Pennsylvania remains in compliance, these dollars were removed from the grant fund and expended through available state general funds resulting in an overall credit to this category. Lastly, \$30,495.00 in interest was expended to purchase desktop hardware, including laptops, monitors, docks, keyboard/mouse for newly hired election staff that were hired as part of SURE Modernization within the Department. Voter Outreach - \$153,315.		
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.		
No voting equipment was purchased during this period, only certification exams as noted previously.		
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.

Section Section III: Challenges and Changes

12. Issues Encountered

Check if no major issues encountered during this reporting period.

As mentioned previously, staff salary and benefit costs associated with the efforts surrounding SURE Modernization in PA were moved outside of the normal timesheet allocation methods. Due to the move not following proper protocol through the Commonwealth's accounting system, the expenses were deemed an audit finding and subsequently moved to be expended through Pennsylvania state fund dollars.

Describe how and whether the issues were resolved. Also, briefly discuss the implications of any unresolved issues or concerns. Issues were resolved by reallocating the expense to PA state funded dollars.

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 wr ite-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 cal culate. 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 calcula te current period expenditures).

1 /		
Categories	Federal	State Match
Voting Equipment	-\$10,215.07	\$0.00
Voting Processes	\$12,907.82	\$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	\$153,315.04	\$0.00
Accessibility	\$0.00	\$0.00
Other	\$0.00	\$0.00
TOTAL	\$156,007.79	\$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 rep ort 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

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.		
	Title N/A	
	Email Address kmattis@pa.gov	

2/17/23, 1:48 PM Progress Report

