**ELECTION ASSISTANCE COMMISSION**

361303024

**Secretary of State, Alabama**

600 Dexter Ave Ste S-105, Montgomery, AL 361303024

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### Federal Financial Report (Follow form instructions)

<table>
<thead>
<tr>
<th>1. Federal Agency and Organizational Element to Which Report is Submitted</th>
<th>2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Secretary of State, Alabama</strong></td>
<td>AL20101001</td>
</tr>
</tbody>
</table>

3. Recipient Organization (Name and complete address including Zip code)

**Secretary of State, Alabama**

600 Dexter Ave Ste S-105, Montgomery, AL 361303024

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4. DUNS Number | 4b. EIN  
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5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)

6. Report Type

<table>
<thead>
<tr>
<th>Quarterly</th>
<th>Semi-Annual</th>
<th>Annual</th>
<th>Final</th>
</tr>
</thead>
</table>

7. Basis of Accounting

<table>
<thead>
<tr>
<th>Cash</th>
<th>Accrual</th>
</tr>
</thead>
</table>

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8. Project/Grant Period (Month, Day, Year)  
From: March 28, 2018  
To: September 30, 2099  
9. Reporting Period End Date (Month, Day, Year)  
September 30, 2020

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10. Transactions  
Cumulative  
(Use lines a-c for single or combined multiple grant reporting)

**Federal Cash (To report multiple grants separately, also use FFR Attachment):**

<table>
<thead>
<tr>
<th>a. Cash Receipts</th>
<th>$13,088,416.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Cash Disbursements</td>
<td>$2,789,878.34</td>
</tr>
<tr>
<td>c. Cash on Hand (line a minus b)</td>
<td>$10,298,537.66</td>
</tr>
</tbody>
</table>

(Use lines d-o for single grant reporting)

**Federal Expenditures and Unobligated Balance:**

| d. Total Federal funds authorized | $13,088,416.00 |
| e. Federal share of expenditures | $3,353,652.77 |
| f. Federal share of unliquidated obligations | $0.00 |
| g. Total Federal share (sum of lines e and f) | $3,353,652.77 |
| h. Unobligated balance of Federal funds (line d minus g) | $9,734,763.23 |

**Recipient Share:**

| i. Total recipient share required | $1,693,624.00 |
| j. Recipient share of expenditures | $308,020.00 |
| k. Remaining recipient share to be provided (line i minus j) | $1,385,604.00 |

**Program Income:**

| l. Total Federal share of program income earned | $219,235.96 |
| 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) | $219,235.95 |

11. Indirect Expense

<table>
<thead>
<tr>
<th>a. Type</th>
<th>b. Rate</th>
<th>c. Period From</th>
<th>Period To</th>
<th>d. Base</th>
<th>e. Amount Charged</th>
<th>f. Federal Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>g. Totals</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:  
State Interest Earned: $126,538.53 State Interest Expended: $0.00 Program Income Earned Total: $0.00 Program Income Expended:  

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 intent set forth in the award documents. 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)

**Merrill, John**  
Secretary of State  
December 29, 2020

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**Paperwork 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 is 4040-0014. Public reporting burden for this collection of information is estimated to average 1 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. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: US Department of Health & Human Services, OS/OCI/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PRA Reports Clearance Officer

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**Merrill, John**  
Secretary of State  
December 29, 2020

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Standard Form 425  
OMB Approval Number: 4040-0014  
Expiration Date: 02/28/2022

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Report Status: Awarding Agency Approval  
Printed Date: Apr 21, 2021
**Federal Financial Report**

Federal Agency & Organization: **ELECTION ASSISTANCE COMMISSION**

Federal Grant ID: **AL20101001**

Recipient Organization: **Secretary of State, Alabama**

DUNS Number:  

DUNS Status when Certified:  

EIN:  

Reporting Period End Date: **September 30, 2020**

Status: **Awarding Agency Approval**

Remarks: **State Interest Earned: $126,538.53 State Interest Expended: $0.00 Program Income Earned Total: $0.00 Program Income Expended: $0.00**

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**Federal Agency Review**

Reviewer Name:  

Phone #:  

Email:  

Review Date:  

Review Comments:  

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Report Status: **Awarding Agency Approval**

Page 2 of 2

Printed Date: **Apr 21, 2021**
1. Login

Please enter your userword and password to begin the Progress Narrative. If you require assistance or have any questions, please contact grants@eac.gov

2. Verification

3. EAC Progress Report

1. State or Territory:
   Alabama

2. Grant Number:
   AL20101001

3. Report:
   Annual (Oct 1 - Sept 30)

4. Grant:
   Please select only one.
   Election Security

5. Reporting Period Start Date
   10/01/2019

6. Reporting Period End Date
   09/30/2020

9. Recipient Organization:

   Organization Name
   Secretary Of State's Office

   Street Address
   600 Dexter Ave

   City
   Montgomery
4. Progress and Narrative

10. Describe in detail what happened during this reporting period and explain how you implemented the approved grant activities.

The computerized voter registration system continued to be supported through HAVA monies in an effort to administer a secure, uniform voter registration system throughout the entire state. New funds dispersed were used to replace and upgrade outdated voting equipment in 7 counties and improve secure voter check-in on election day by providing twenty-six counties with electronic poll books.

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

Otherwise enter N/A.

No significant changes during this period.

18. Issues Encountered:

Describe all major issues that arose during the implementation of the project and the reasons why established goals were not met, if applicable. Address each issue separately and describe whether and how the issues were resolved. Also, briefly discuss the implications of any unresolved issues or concerns.

Otherwise enter N/A.

No issues encountered.

Provide a description of any training conducted.

Otherwise enter N/A.

15. Provide a description of any security training conducted.

Otherwise enter N/A.

No security training conducted during this period.

16. Subgrants (if applicable):

Describe how you made funds available to local jurisdictions.

Provide a description of the major categories of subgrant activities local voting districts will accomplish with the funds.

Otherwise enter N/A.

Funds from the new 2020 allotment of funds was made available to local jurisdictions for voting equipment replacement and upgrades and improving secure voter check-in protocols on election days. Our office identified counties who were using outdated voting machines and worked with the state's voting machine vendor ES&S to allow these counties to lease the more updated machines. These leases began for the November 2020 General Election. $157,841.00 was dispersed to 7 counties
to pay for these leases. Our office also worked to identify which counties in the state were not currently using electronic poll books and provide the funds for these counties to purchase the updated technology. Thirty-six counties were identified as being eligible these funds for improved secure voter check-in protocols and $1,667,940.68 was dispersed to twenty-six of the thirty-six counties.

17. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

No match requirements were made during this reporting period but the match will be made with existing budget authority.

14. Report on the number and type of articles of voting equipment obtained with the funds. Include the amount expended on the expenditure table.

Otherwise enter N/A.

191 new computers and necessary software and antivirus were purchased to replace outdated computers in all 67 Alabama counties.

5. Expenditures

20. Current Period Amount Expended and Unliquidated Obligations

<table>
<thead>
<tr>
<th>GRANT COST CATEGORIES</th>
<th>Federal</th>
<th>Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voting Equipment and Processes:</td>
<td>$157,841.00</td>
<td>$290,832.90</td>
</tr>
<tr>
<td>Post-Election Auditing:</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Voter Registration Systems:</td>
<td>$964,096.66</td>
<td>$0.00</td>
</tr>
<tr>
<td>Cyber Security:</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Communications:</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total</td>
<td>$2,898,064.74</td>
<td>$290,832.90</td>
</tr>
<tr>
<td>Others (Election Security)</td>
<td>$1,667,940.68</td>
<td>$0.00</td>
</tr>
<tr>
<td>Others (COVID-19 Related)</td>
<td>$108,186.40</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

OMB CONTROL NUMBER: 3265-0020

6. Certification

Name and Contact of the authorized certifying official of the recipient.

First Name
David
<table>
<thead>
<tr>
<th>Last Name</th>
<th>Brewer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Deputy Secretary of State</td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

**Signature of Certifying Official:**

Signature of: David Brewer