### **FEDERAL FINANCIAL REPORT**

(Follow form instructions)

|  |                   |              |                        |   |              |               | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) |   |                         |  |  |
|--|-------------------|--------------|------------------------|---|--------------|---------------|---|---|-------------------------|--|--|
| ELECTION ASSISTANCE COMMISSION   |                   |              |                        |   |              |               | AR20101001  |   |                         |  |  |
| 3. Recipient Organization (Name and complete address including Zip code) |                   |              |                        |   |              |               |   |   |                         |  |  |
|  |                   | `            | ·                      | 0 1 ,   |              |               |   |   |                         |  |  |
| Secretary  | y of State, A     | rkansas C    | Office of the          |   |              |               |   |   |                         |  |  |
| 500 Wood   | dlane Ave St      | te 256. Lit  | tle Rock, AR 722       | 011036  |              |               |   |   |                         |  |  |
| 4a. DUNS N   |                   | 4b. E        | ΞIN                    | <ol><li>Recipient Account Nu</li></ol>            | umber or Ide | ntifying Num  | per 6. Rep  | ort Type                                    | 7. Basis of Accounting  |  |  |
| Ta. Borto Hambor   |                   |              |                        | (To report multiple grants, use FFR Attachment)   |              | Attachment)   | ☐ Quarterly   |   | ☐ Cash                  |  |  |
|  |                   |              |                        |   |              |               | □ Se<br>図 An  | mi-Annual                                   |                         |  |  |
|  |                   |              |                        |   |              |               | ☐ Fin   |   |                         |  |  |
| 8. Project/G   | rant Period (M    | onth, Day, ` | Year)                  |   |              |               | 9. Reportir   | ng Period End D                             | ate (Month, Day, Year)  |  |  |
| From: <b>March 28, 2018</b>  |                   |              |                        | To: September 30, 2099                            |              | Septem        | September 30, 2020  |   |                         |  |  |
| 10. Transactions   |                   |              |                        |   |              |               | •   | Cumulative                                  |                         |  |  |
| (Use lines a   | -c for single or  | combined     | multiple grant reporti | ng)   |              |               |   |   |                         |  |  |
| Federal Cas  | sh (To report i   | multiple gr  | ants separately, als   | so use FFR Attachmen                              | ıt):         |               |   |   |                         |  |  |
| a. Cash F  | Receipts          |              |                        |   |              |               |   |   | \$9,503,000.00          |  |  |
| b. Cash D  | Disbursements     |              |                        |   |              |               |   |   | \$5,304,268.00          |  |  |
| c. Cash o  | n Hand (line a    | minus b)     |                        |   |              |               |   |   | \$4,198,732.00          |  |  |
| (Use lines d   | l-o for single gr | ant reportin | ng)                    |   |              |               |   |   |                         |  |  |
| Federal Exp  | penditures an     | d Unobliga   | ted Balance:           |   |              |               |   |   |                         |  |  |
| d. Total Federal funds authorized  |                   |              |                        |   |              |               |   | \$9,503,000.00                              |                         |  |  |
| e. Federa  | l share of expe   | enditures    |                        |   |              |               |   | \$5,304,268.00                              |                         |  |  |
| f. Federal   | share of unliq    | uidated obl  | igations               |   |              |               |   |   | \$0.00                  |  |  |
| g. Total Federal share (sum of lines e and f)                            |                   |              |                        |   |              |               |   |   | \$5,304,268.00          |  |  |
| h. Unoblig   | gated balance     | of Federal f | funds (line d minus g  | )   |              |               |   |   | \$4,198,732.00          |  |  |
| Recipient S  | Share:            |              |                        |   |              |               |   |   |                         |  |  |
| i. Total re  | cipient share r   | equired      |                        |   |              |               |   |   | \$1,229,348.00          |  |  |
| j. Recipient share of expenditures                                       |                   |              |                        |   |              |               |   | \$1,226,149.00                              |                         |  |  |
| k. Remair  | ning recipient s  | share to be  | provided (line i minu  | s j)  |              |               |   |   | \$3,199.00              |  |  |
| Program In   | come:             |              |                        |   |              |               |   |   |                         |  |  |
|  | ederal share of   |              |                        |   |              |               |   |   | \$59,635.00             |  |  |
| m. Progra  | am income exp     | ended in a   | ccordance with the d   | eduction alternative                              |              |               |   | \$0.00                                      |                         |  |  |
| n. Progra  | m income expe     | ended in ac  | cordance with the ac   | ldition alternative                               |              |               |   | \$32,396.00                                 |                         |  |  |
|  | , ,               | `            | ne I minus line m and  |   |              |               | 1   | \$27,239.00                                 |                         |  |  |
|  | а. Туре           | b. Rate      | c. Period From         | Period To   | d. Base      |               | e. Amour  | nt Charged                                  | f. Federal Share        |  |  |
| Expense  |                   |              |                        |   |              |               |   |   |                         |  |  |
|  |                   |              |                        | <b>-</b>  |              | **            |   |   | **                      |  |  |
|  |                   |              |                        | g. Totals:  |              | \$0.00        |   | \$0.00                                      | \$0.00                  |  |  |
| 12. Remarks  | s: Attach any e   | explanations | s deemed necessary     | or information required                           | by Federal s | sponsoring ag | gency in co   | mpliance with g                             | overning legislation:   |  |  |
| State Inte   | rest Earned:      | \$0          |                        |   |              |               |   |   |                         |  |  |
|  |                   |              |                        | best of my knowledge                              |              |               |   |   |                         |  |  |
|  |                   |              |                        | r the purposes and int<br>criminal, civil, or adm |              |               |   |   |                         |  |  |
|  |                   |              | f Authorized Certifyin |   |              |               |   |   | ber, and extension)     |  |  |
| a. Typeu of  | i illiteu Naille  | and tille Of | Additionzed CertifyIII | y Onicial   |              | U. 1          | eiehiiniie (  | Alea Coue, Hulli                            | iber, ariu exterisioni) |  |  |
| Muir, Jordan d. Email Ad   |                   |              |                        |   |              |               |   |   | Idress                  |  |  |
| Assistant Business Director  |                   |              |                        |   |              |               |   |   |                         |  |  |
|  |                   |              | Official               |   |              |               | ate Rener   | t Submitted (Ma                             | nth Day Vear)           |  |  |
| b. Signature of Authorized Certifying Official                           |                   |              |                        |   |              |               |   | e. Date Report Submitted (Month, Day, Year) |                         |  |  |
| Muir, Jordan   |                   |              |                        |   |              |               | arch 5, 20  |   |                         |  |  |
|  |                   |              |                        |   |              | OMI           | 3 Approval Nu   | mber: 4040-0014                             |                         |  |  |
|  |                   |              |                        |   |              | Exp           | ration Date: 0  | 2/28/2022                                   |                         |  |  |

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/OCIO/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PRA Reports Clearance Officer

# FEDERAL FINANCIAL REPORT

(Additional Page)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : AR20101001

Recipient Organization : Secretary of State, Arkansas Office of the

500 Woodlane Ave Ste 256, Little Rock, AR 722011036

DUNS Number

DUNS Status when Certified

EIN

Reporting Period End Date

Status : September 30, 2020

Remarks :

**Federal Agency Review** 

Reviewer Name

Phone #

Email

**Review Date** 

Review Comments :

Report Status: Awarding Agency Approval Page 2 of 2 Printed Date: May 4, 2021

# EAC Progress Report

Response ID:47 Data

| 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:  |  |
| Arkansas  |  |
| 2. Grant Number:  |  |
| AR20101001  |  |
| 3. Report:  |  |
| Annual (Oct 1 - Sept 30)  |  |
| 4. Grant: Please select only one.   |  |
| Election Security   |  |
| 5. Reporting Period Start Date  |  |
| 03/28/2018  |  |
| 6. Reporting Period End Date  |  |
| 09/30/2020  |  |
| 7. DUNS/UEI:  |  |
| 8. EIN:   |  |
| 9. Recipient Organization:  |  |
| Organization Name   |  |
| Arkansas Secretary Of State   |  |

# 4. Progress and Narrative

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

Additional equipment needs were identified in working with Carroll, Chicot, Hot Spring, and Lawrence Counties and the Secretary of State used grant funds to purchase additional voting equipment in line with these needs, and the equipment was provided to the counties.

Additional equipment needs were identified in working with Lee, Monroe, Scott and Stone Counties and the Secretary of State used grant funds to purchase additional voting equipment in line with these needs, and the equipment was provided to the counties. Additionally, funds were expended to purchase equipment by the Secretary of State's office to upgrade and update voting registration systems and management to help ensure the timely and accurate reporting of voting administration throughout the state.

11. Provide a timeline and description of project activities funded to meet HAVA requirements. Provide an analysis of how such activities conform to the submitted State Plan or Program Narrative as applicable.

In February 2020 additional equipment needs were identified in working with Carroll, Chicot, Hot Spring, and Lawrence Counties and the Secretary of State used grant funds to purchase additional voting equipment in line with these needs, and the equipment was provided to the counties.

In June 2020 further equipment needs were identified for Johnson, Stone, Monroe and Lee counties and the Secretary of State used grant funds to purchase additional voting equipment in line with these needs, and the equipment was provided to the counties.

In August and September of 2020 the Secretary of State's office purchased several computers, servers and switches to upgrade and update voting registration systems to help ensure the timely and accurate reporting of voting administration throughout the state.

All of these actions were taken in respect to the issues discussed under the "Voting Equipment Replacement and Upgrades" section of the program narrative.

12. Describe any significant changes to your program during the course of the project, or if the project was implemented differently than described in your original State Plan or Program Narrative.

Otherwise enter - no significant changes during this period.

No significant changes during this period.

13. Describe any favorable developments which enabled meeting time schedules and objectives sooner or at less cost than anticipated or producing more or different beneficial results than originally planned.

Otherwise enter N/A.

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 - No articles of voting equipment purchased during this period.

31 DS200 image scanners, 45 express poll tablets, 84 express vote units, 45 express vote printers, 84 express vote kiosks and 3 ERM laptops were purchased for use in Lawrence, Caroll, Hot Springs, Johnson, Chicot, Scott, Stone, Monroe and Lee counties.

15. Provide a description of any security training conducted and the number of participants.

Otherwise enter - no security training conducted during this period.

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.

N/A

## 17. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

Match for the original funds provided in FY18 has been previously met. Match provided on the new funds has been matched by purchasing election equipment from state funds.

#### 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 appropriate. Address each issue separately in its own section, and describe whether and how the issues were resolved. Also, briefly discuss the implications of any unresolved issues or concerns.

Otherwise enter - no issues encountered.

No issues encountered.

### 19. Upcoming Activities:

#### Provide a timeline and description of upcoming activities.

The Secretary of State's office plans to further continue the activities described in the "Voting Registration Systems and Management" section of the Program Narrative. This includes upgrading all hardware and software associated with voting registration data with our Elections division, integrating on-line voter registration systems (state legislation pending), working with internet service providers to increase accessibility to voter registration data in rural sections of the state. These projects are to commence during calendar year 2021 and efforts will be continued for the grant period thereafter.

In calendar years 2021-2023 the Secretary of State's information technology division plans to begin the plans described in the "Cyber Vulnerabilities" section of the Program Narrative. This includes implementation of multifactor-authentication for county election officials, installing new cybersecurity software to protect election activates and records, and providing cybersecurity

training to all state election officials to update them on modern cyber threats. Some training activities have been delayed due to the nature of the global coronavirus pandemic, but as vaccines come available we are looking at continuing to organize these efforts. The MFA set up and software installation is aimed for summer of 2021.

Other activities planned for calendar years 2021 and 2022 include replacing the state's Election Night Reporting System and constructing and implementing a new system to allow for online UOCAVA voting during the next election cycle. Bidding for the new system should be taking place by summer 2020.

# 5. Expenditures

# 20. Current Period Amount Expended and Unliquidated Obligations

## **GRANT COST CATEGORIES**

|                             | Federal      | Match          |
|-----------------------------|--------------|----------------|
| Voting Equipment:           | \$953,812.00 | \$1,002,398.00 |
| Post-Election Auditing:     |              |                |
| Voter Registration Systems: |              |                |
| Cyber Security:             |              |                |
| Communications:             |              |                |
| Total                       | \$953,812.00 | \$1,002,398.00 |
|                             |              |                |
|                             |              |                |
|                             |              |                |
|                             |              |                |

**OMB CONTROL NUMBER: 3265-0020** 

# 6. Certification

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

# First Name Jordan

## **Last Name**

Muir

# Title

Assistant Business Director

### **Phone Number**

## **Email Address**

Signature of Certifying Official:



Signature of: Jordan J Muir

# 7. Report Submitted to EAC



Thank you, your progress report has been submitted to EAC. Please keep the PDF download of your submission as grant record.