

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>ELECTION ASSISTANCE COMMISSION</b>					2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  <b>FL20101001</b>				
3. Recipient Organization (Name and complete address including Zip code)  <b>State, Florida Department Of</b> <b>500 S Bronough St, Tallahassee, FL 323996504</b>									
4a. DUNS Number		4b. EIN		5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final		7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Project/Grant Period (Month, Day, Year) From: <b>March 28, 2018</b> To: <b>September 30, 2019</b>						9. Reporting Period End Date (Month, Day, Year) <b>September 30, 2020</b>			
<b>10. Transactions</b>								Cumulative	
(Use lines a-c for single or combined multiple grant reporting)									
<b>Federal Cash (To report multiple grants separately, also use FFR Attachment):</b>									
a. Cash Receipts								\$40,800,785.00	
b. Cash Disbursements								\$0.00	
c. Cash on Hand (line a minus b)								\$40,800,785.00	
(Use lines d-o for single grant reporting)									
<b>Federal Expenditures and Unobligated Balance:</b>									
d. Total Federal funds authorized								\$40,800,785.00	
e. Federal share of expenditures								\$21,257,467.87	
f. Federal share of unliquidated obligations								\$0.00	
g. Total Federal share (sum of lines e and f)								\$21,257,467.87	
h. Unobligated balance of Federal funds (line d minus g)								\$19,543,317.13	
<b>Recipient Share:</b>									
i. Total recipient share required								\$5,282,107.00	
j. Recipient share of expenditures								\$3,167,258.60	
k. Remaining recipient share to be provided (line i minus j)								\$2,114,848.40	
<b>Program Income:</b>									
l. Total Federal share of program income earned								\$291,960.28	
m. Program income expended in accordance with the deduction alternative								\$0.00	
n. Program income expended in accordance with the addition alternative								\$0.01	
o. Unexpended program income (line l minus line m and line n)								\$291,960.27	
11. Indirect Expense		a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share	
g. Totals:						\$0.00	\$0.00	\$0.00	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:  State Interest Earned: \$ 238,109.62									
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)									
a. Typed or Printed Name and Title of Authorized Certifying Official  <b>Matthews, Maria</b> <b>Director</b>						c. Telephone (Area code, number, and extension)  d. Email Address			
b. Signature of Authorized Certifying Official  <b>Matthews, Maria</b>						e. Date Report Submitted (Month, Day, Year)  <b>February 25, 2021</b>			

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

## 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 hour 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)

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Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : FL20101001

Recipient Organization : State, Florida Department Of  
500 S Bronough St, Tallahassee, FL 32399650 :

DUNS Number :

DUNS Status when Certified :

EIN :

Reporting Period End Date : September 30, 2020

Status :

Remarks :

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**Federal Agency Review**

Reviewer Name :

Phone # :

Email :

Review Date :

Review Comments :

# EAC Progress Report

Response ID:67 Data

## 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](mailto:grants@eac.gov)

## 2. Verification

## 3. EAC Progress Report

### 1. State or Territory:

Florida

### 2. Grant Number:

CFDA39.011 Section 101 Election Security

### 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

### 7. Recipient Organization:

#### Organization Name

Florida Department Of State Division Of Elections

#### Street Address

R.a. Gray Building, Ste, 316, 500 S Bronough Street

#### City

Tallahassee

State

FL

Zip

32399

#### 4. Progress and Narrative

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

Funds were used to provide subgrants to Supervisors of Elections for Election Security in identified areas and to continue to enhance and shore up election security networks and systems at the state level for the 2020 election cycle.

##### 9. 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.

During this time the US Election Assistance Commission authorized and combined for reporting purposes the 2018 and 2020 Election Security Grants.

##### 10. 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.

##### 11. Provide a description of any security training conducted.

Otherwise enter N/A.

Security training sessions were provided to counties as well as individualized assistance and guidance leading up to and through the 2020 Election Cycle.

##### 12. 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.

The Department initially made \$15.4 of the 2018 Election Security available through to county Sub-grant recipient upon request and submission of a completed grant application a minimum payment amount of fifty thousand dollars (\$50,000) plus a proportional amount based on the 2010 Census voting age population. The amount per county was based on the aggregated remaining amount of the total grant for the 67 Sub-recipients divided by the total number of voting age population for the State in the most recent decennial and then multiplied by the respective county's voting age population. Remaining funds were later incorporated into a Joint Election Security Initiative totaling \$2.8M in grants based county assessments to

enhance and/or remediate election security posture and risks leading up to and through the 2020 Election Cycle.

The major categories of activities are identified in the response above to project activities.

**13. Match (if applicable):**

**Describe how you are meeting the matching requirement.**

**Otherwise enter - match not required.**

Match for 2018 Election Security Funds already met through in-kind contributions at state level. Match for 2020 Election Security Funds will continue to be met through a combination of local match in association with subgrants, as applicable, and/or state level in kind contribution over the course of the state grant period.

## 5. Expenditures

### 14. Current Period Amount Expended and Unliquidated Obligations

#### GRANT COST CATEGORIES

	Federal	Match
Voting Equipment and Processes:		
Post-Election Auditing:		
Voter Registration Systems:		
Cyber Security:	\$1,514,433.24	\$2,207,908.60
Communications:		
Total	\$4,016,902.00	\$2,207,908.60
Election Security-Subgrant	\$2,502,468.76	

## 6. Certification

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

**First Name**

Maria

**Last Name**

Matthews

**Title**

Director, Division of Elections

**Phone Number**

Email Address

Signature of Certifying Official:

A handwritten signature in black ink, appearing to be 'MM' with a flourish at the end.

Signature of: Maria Matthews