

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted ELECTION ASSISTANCE COMMISSION	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)
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3. Recipient Organization (Name and complete address including Zip code)

State, Florida Department Of
500 S Bronough St, Tallahassee, FL 323996504

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
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8. Project/Grant Period (Month, Day, Year) From: March 28, 2018 To: September 30, 2019	9. Reporting Period End Date (Month, Day, Year) September 30, 2021
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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):

a. Cash Receipts	\$40,800,785.00
b. Cash Disbursements	\$22,760,479.21
c. Cash on Hand (line a minus b)	\$18,040,305.79

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	\$40,800,785.00
e. Federal share of expenditures	\$22,760,479.21
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$22,760,479.21
h. Unobligated balance of Federal funds (line d minus g)	\$18,040,305.79

Recipient Share:

i. Total recipient share required	\$5,433,607.46
j. Recipient share of expenditures	\$5,433,607.46
k. Remaining recipient share to be provided (line i minus j)	\$0.00

Program Income:

l. Total Federal share of program income earned	\$496,826.76
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)	\$496,826.76

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:
 Please provide the following information:

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 Grabowski, Nick Financial Administrator	c. Telephone (Area code, number, and extension) d. Email Address
b. Signature of Authorized Certifying Official Grabowski, Nick	e. Date Report Submitted (Month, Day, Year) January 21, 2022

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)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : State, Florida Department Of

Recipient Organization : 500 S Bronough St, Tallahassee, FL 323996504

: ACTIVE (as of 01/21/2022)

DUNS Number : September 30, 2021

DUNS Status when Certified

EIN

Reporting Period End Date

Status : Awarding Agency Approval

Remarks : Please provide the following information:

State interest earned (current fiscal year): \$0

State interest expended (current fiscal year): \$0

Program income earned (current fiscal year): \$0

Program income earned breakdown (current fiscal year): \$0 Source: e.g. Sale of registration list

Program income expended (current fiscal year): \$0

Original match \$5,282,107.00. 10I and 10J increased by \$151,500.46 which is an increase match required by audit findings.

Federal Agency Review

Reviewer Name

Phone #

Email

Review Date

Review Comments :

2021-2022 EAC Progress Report

3. EAC Progress Report

1. State or Territory:

Florida

2. Grant Number:

3. Report:

Annual (Oct 1 - Sept 30)

4. Grant:

Election Security

5. Reporting Period Start Date

10/01/2020

6. Reporting Period End Date

09/30/2021

4. Progress and Narrative

7. 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 Grant Cost Categories Table.)

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 for the 2020 election cycle.

8. 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.

N/A Previously during this time the US Election Assistance Commission authorized and combined for reporting purposes the 2018 and 2020 Election Security Grants.

9. 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.

No issues.

10. Provide a description of any training conducted, including security training.

The State has continued monthly security training through its in-house cyber navigator team. The team also provided training at scheduled Supervisor of Elections' conferences and promoted tabletop exercises with federal and state law enforcement and security partners. This continued to build on the initiatives to provide counties with individualized assistance and guidance regarding security topics and issues leading up to and through the 2020 Election Cycle.

11. Subgrants:

Did your office provide subawards to local jurisdictions during this reporting period?

Yes

12. Describe the activities carried out by your subgrantees during the reporting period.

Previously, the Department initially made \$15.4 of the 2018 Election Security Funds 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 Breakout Category Below is Cyber Security.

Provide a breakdown of aggregate subawards expenditures across major categories.

Other (Specify above) : \$1,503,011.00

Total : \$1503011

13. Match:

Describe how you are meeting or have met the matching requirement.

Match for 2018 Election Security Funds already met through in-kind contributions at state level.

Match for 2020

Election Security Funds has been met via state level through in kind contribution over the course of the state grant period.

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

No voting equipment individually priced over the \$5,000 was purchased.

5. Expenditures

15. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES - FEDERAL

Subgrants: : \$1503011

Total : \$1503011

Comments:

16. GRANT COST CATEGORIES - MATCH

Other (Specify below) : \$2114848

Total : \$2114848

Comments: Election Security (including cyber security)

7. Expenditures

17. Confirm Total Grant Expenditure Amounts

Federal : \$1,503,011.00

Match : \$2,114,848.00

Total : \$3617859

OMB CONTROL NUMBER: 3265-0020

8. 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

18. Add another contact to send a copy of submission confirmation and edit link?

Yes!

19.

First Name

Nicholas

Last Name

Grabowski

Title

Financial Administrator - Grants, Purchasing and Budget

Email Address

Signature of Certifying Official:



Signature of: Maria Matthews

9. Report Submitted to EAC



Thank you. Your Annual (Oct 1 - Sept 30) progress report for Election Security has been submitted to the EAC. Please keep the PDF download of your submission as grant record.