

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)

Hawaii, State of
802 Lehua Ave, Pearl City, HI 967823321

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	\$6,642,675.00
b. Cash Disbursements	\$292,564.05
c. Cash on Hand (line a minus b)	\$6,350,110.95

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	\$6,642,675.00
e. Federal share of expenditures	\$292,564.05
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$292,564.05
h. Unobligated balance of Federal funds (line d minus g)	\$6,350,110.95

Recipient Share:

i. Total recipient share required	\$859,956.00
j. Recipient share of expenditures	\$605,954.90
k. Remaining recipient share to be provided (line i minus j)	\$254,001.10

Program Income:

l. Total Federal share of program income earned	\$91,931.89
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)	\$91,931.89

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Fixed	10	October 1, 2020	September 30, 2021	\$94,477.81	\$9,447.78	
g. Totals:					\$94,477.81	\$9,447.78	\$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 Schulaner, Aaron General Counsel	c. Telephone (Area code, number, and extension) d. Email Address
b. Signature of Authorized Certifying Official Schulaner, Aaron	e. Date Report Submitted (Month, Day, Year) November 29, 2021

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

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(Additional Page)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID

Recipient Organization : Hawaii, State of
802 Lehua Ave, Pearl City, HI 967823321

DUNS Number : 078880822

DUNS Status when Certified :

EIN : September 30, 2021

Reporting Period End Date : Report Certified/Pending Agency Approval

Status : Please provide the following information:

Remarks :
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

In reviewing our records to determine the cumulative interest for the election security grant, it was determined that the last semi-annual FFR for the grant should have indicated interest of \$69,079.23 in Line 10I. Similarly, the prior annual FFR should have indicated interest of \$59,379.21 in Line 10I. Corrections in the PMS system have been made to these FFRs. The cumulative amount of interest up to September 30, 2021 for this FFR is \$91,931.89.

Federal Agency Review

Reviewer Name

Phone #

Email

Review Date

Review Comments

2021-2022 EAC Progress Report

3. EAC Progress Report

1. State or Territory:

Hawaii

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.)

Election officials worked with the statewide voter registration system vendor and our Office of Enterprise Technology Services that hosts the statewide voter registration system in the Hawaii State Government Private Cloud to continue to support the statewide voter registration system during this reporting period. As the 2020 General Election took place during the first portion of this reporting period, the focus was on ensuring security controls for the election infrastructure and ongoing web services to

allow the environment to handle additional demands on the system during this critical time frame. After the 2020 General Election, the focus continued on the ongoing secure operation of the statewide voter registration system. The overall activities during this reporting period were ones of an ongoing maintenance and security nature.

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

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.

N/A

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

N/A

11. Subgrants:

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

No

12. Match:

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

Our match was met through a combination of the following: (1) state expenditures of general funds for matters related to our HAVA compliant statewide voter registration system; and (2) the State applying its de minimis 10% indirect cost rate on its modified total direct costs toward the match.

Going forward, we continue to plan to use the de minimis 10% indirect cost rate and existing budget authority for expenditures to satisfy the matching requirement.

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

N/A

5. Expenditures

14. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES - FEDERAL

Voter Registration Systems: : \$94478

Total : \$94478

Comments:

15. GRANT COST CATEGORIES - MATCH

Voter Registration Systems: : \$26699
Indirect Costs (If applicable, FFR Line 11): : \$9448
Total : \$36147

Comments:

7. Expenditures

16. Confirm Total Grant Expenditure Amounts

Federal : \$94478
Match : \$36147
Total : \$130625

OMB CONTROL NUMBER: 3265-0020

8. Certification

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

First Name

Aaron

Last Name

Schulaner

Title

General Counsel

Phone Number

Email Address

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

Signature of Certifying Official:



Signature of: Aaron H. Schulaner

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.