

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted					2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)		
ELECTION ASSISTANCE COMMISSION							
3. Recipient Organization (Name and complete address including Zip code)							
SECRETARY OF STATE, MISSISSIPPI							
401 MISSISSIPPI ST, JACKSON, MS 392011004							
4a. DUNS Number		4b. EIN		5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type	7. Basis of Accounting
						<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Project/Grant Period (Month, Day, Year)					9. Reporting Period End Date (Month, Day, Year)		
From: March 28, 2018					To: September 30, 2019		September 30, 2021
10. Transactions						Cumulative	
<i>(Use lines a-c for single or combined multiple grant reporting)</i>							
Federal Cash (To report multiple grants separately, also use FFR Attachment):							
a. Cash Receipts						\$9,521,138.00	
b. Cash Disbursements						\$5,093,247.00	
c. Cash on Hand (line a minus b)						\$4,427,891.00	
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized						\$9,521,138.00	
e. Federal share of expenditures						\$5,093,247.00	
f. Federal share of unliquidated obligations						\$2,389,605.00	
g. Total Federal share (sum of lines e and f)						\$7,482,852.00	
h. Unobligated balance of Federal funds (line d minus g)						\$2,038,286.00	
Recipient Share:							
i. Total recipient share required						\$1,242,529.00	
j. Recipient share of expenditures						\$1,241,159.00	
k. Remaining recipient share to be provided (line i minus j)						\$1,370.00	
Program Income:							
l. Total Federal share of program income earned						\$248,703.00	
m. Program income expended in accordance with the deduction alternative						\$0.00	
n. Program income expended in accordance with the addition alternative						\$107,601.00	
o. Unexpended program income (line l minus line m and line n)						\$141,102.00	
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					c. Telephone (Area code, number, and extension)		
Tschiffely, Emily Finance Director							
					d. Email Address		
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year)		
Tschiffely, Emily					January 25, 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

Recipient Organization

DUNS Number

DUNS Status when Certified

EIN

Reporting Period End Date : September 30, 2021

Status Awarding Agency Approval

Remarks "Please provide the following information:

State interest earned (current fiscal year): \$1,370

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

"

Federal Agency Review

Reviewer Name

Phone #

Email

Review Date

Review Comments

2021-2022 EAC Progress Report

3. EAC Progress Report

1. State or Territory:

Mississippi

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.)

The majority of funds have been allocated to counties in the form of a reimbursement grant, and many counties have used their allocations for the purchase of voting equipment and election technologies, upgrading polling places for ADA compliance, or performing maintenance on existing voting equipment totaling \$1,752,064.00.

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.

The Mississippi Secretary of State's Office offered election security training as part of our annual certification of all 410 election commissioners, which included some of our 82 county circuit clerks (county registrars) attended as well, along with deputy clerks. The security training covered general information on cybersecurity, including password protection, multi-factor authentication, email security (spoofing, spam, phishing, scams, etc.), and general internet security (spyware, adware, malware, ransomware).

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.

The Mississippi Secretary of State's Office made available \$4,000,000.00 from the 2018 grant and \$5,000,000.00 from the 2020 grant to our 82 counties as subgrants. The counties can use these funds to upgrade voting machines to voter verifiable paper based voting systems, make ADA improvements to polling places, enhancements to election technology, improvements to election security, cybersecurity audits, and other election-related technology upgrades.

Provide a breakdown of aggregate subawards expenditures across major categories.

Voting Equipment : \$1,662,375.00

Voter Registration Systems : \$64,310.00

Security : \$3,000.00

Other (Specify above) : \$22,379.00

Total : \$1752064

13. Match:

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

The Mississippi Legislature has appropriate funds for voter registration systems, AAMVA, and support personnel to match HAVA expenditures.

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

DS200 Precinct Scanner- 137 Units- \$789,974.65

Express Vote Ballot Marking Device- 235 Units- \$732,285.00

DS450 High Speed Ballot Scanner- 1 Unit- \$51,706.00

Hart Verity Precinct Scanner- 10 Units- \$56,760.05

Electronic Poll Books- 97 Units- \$64,718.56

AccuVote- 1 Unit- \$1,584

12 Computers for interaction with Statewide Election Management System- \$11,802

5. Expenditures

15. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES - FEDERAL

Voting Equipment and Processes: : \$1662375

Cyber Security: : \$3000

Voter Registration Systems: : \$64310

Accessibility: : \$22379

Unliquidated Obligations (If applicable, FFR Line 10f): : \$2389605

Total : \$4141669

Comments: Please note that these numbers are lower than the periodic report for 2021 filed earlier. Mississippi inadvertently included costs from previous years in the 2021 periodic report which inflated expenditures.

16. GRANT COST CATEGORIES - MATCH

Voter Registration Systems: : \$730350

Total : \$730350

Comments:

7. Expenditures

17. Confirm Total Grant Expenditure Amounts

Federal : \$1,752,064.00

Match : \$730,350.00

Total : \$2482414

OMB CONTROL NUMBER: 3265-0020

8. Certification

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

First Name

Kyle

Last Name

Kirkpatrick

Title

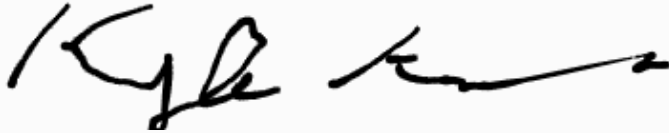
Assistant Secretary of State

Phone Number

Email Address

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

Signature of Certifying Official:



Signature of: Kyle B Kirkpatrick

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.