

**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)
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3. Recipient Organization (Name and complete address including Zip code)

**SECRETARY OF STATE, MONTANA**  
**1301 E 6th ave state capitol, helena, MT 596203875**

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: <b>March 28, 2018</b> To: <b>September 30, 2019</b>	9. Reporting Period End Date (Month, Day, Year) <b>September 30, 2021</b>
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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	\$6,133,534.00
b. Cash Disbursements	\$2,623,830.62
c. Cash on Hand (line a minus b)	\$3,509,703.38

*(Use lines d-o for single grant reporting)*

**Federal Expenditures and Unobligated Balance:**

d. Total Federal funds authorized	\$6,133,534.00
e. Federal share of expenditures	\$2,623,830.62
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$2,623,830.62
h. Unobligated balance of Federal funds (line d minus g)	\$3,509,703.38

**Recipient Share:**

i. Total recipient share required	\$776,707.00
j. Recipient share of expenditures	\$776,707.00
k. Remaining recipient share to be provided (line i minus j)	\$0.00

**Program Income:**

l. Total Federal share of program income earned	\$132,959.08
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)	\$132,959.08

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Provisional	32.3	July 1, 2019	June 30, 2022	\$762,089.16	\$246,154.80	\$246,154.80
g. Totals:					\$762,089.16	\$246,154.80	\$246,154.80

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  <b>Nunn, Angela</b> <b>Operations Director</b>	c. Telephone (Area code, number, and extension)  d. Email Address
b. Signature of Authorized Certifying Official  <b>Nunn, Angela</b>	e. Date Report Submitted (Month, Day, Year)  <b>December 27, 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

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(Additional Page)

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Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID

Recipient Organization

DUNS Number

DUNS Status when Certified September 30, 2021

EIN

Reporting Period End Date

Status

Remarks

Awarding Agency Approval

"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): \$ Source: e.g. Sale of registration list

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

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**Federal Agency Review**

Reviewer Name

Phone #

Email

Review Date

Review Comments

# 2021-2022 EAC Progress Report

## 3. EAC Progress Report

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### 1. State or Territory:

Montana

### 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

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### 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 this reporting period occurred during a non-federal election year. Six Montana counties made requests for HAVA funding. The requested funds were primarily used to purchase ExpressVote machines to replace Auto-mark machines. In addition, counties requested funds for equipment to improve voter registration and management systems, software/licenses to improve cyber security, and training/voter communication. Montana Secretary of State's IT Security Specialist traveled to county elections offices to conduct security assessments. The project to replace the current statewide voter registration and election management system continued during the reporting period. SOS also incurred indirect administrative costs during this reporting period.

### 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.

No significant changes.

### 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 encountered.

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

Montana Secretary of State provided cyber security training and resources to counties, however grant funds were not used.

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**11. Subgrants:**

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

Yes

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

Montana Secretary of State provided HAVA funding to Montana counties to improve election security. In this reporting period, Montana counties used the funding to purchase voting equipment replacements, voter registration and management upgrades, training and communication, and improve IT security.

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**Provide a breakdown of aggregate subawards expenditures across major categories.**

Voting Equipment : \$35,185.82

Voter Registration Systems : \$17,090.07

Security : \$5,985.02

Communications : \$7,566.80

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Total : \$65827.71

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**13. Match:**

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

The matching requirement is being achieved through HAVA 2018 county match requirements for subgrantees and with HAVA 2020 allowable costs within the Montana Secretary of State's existing budget authority. Matching contributions are tracked, recorded and verifiable from a grantee's records.

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

Model DS200 Precinct Scanner - 1

Balotar Compact Printer - 1

Panasonic Image Scanner - 2

Honeywell Hyperion Barcode Scanner - 4

Dymo Label Printer - 1

Dell Laptop Computer - 2

Dell Desktop Computer - 5

ExpressVote Ballot Terminal - 8

ExpressVote Tabletop Privacy Screens - 12

Enclosed 6x10 Scanner - 1

EZ Cart 3000 - 2

4-Station Extended Shelf Booth - 1

Storage Cabinet - 1

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## 5. Expenditures

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

#### GRANT COST CATEGORIES - FEDERAL

Subgrants : \$65828

Indirect Costs (If applicable, FFR Line 11): : \$20629

Other (Specify below) : \$316

Voter Registration Systems: : \$143963

Staffing: : \$77891

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Total : \$308627

**Comments:** \$316 was related to travel for SOS IT Security Specialist to conduct onsite security assessments during the reporting period.

### 16. GRANT COST CATEGORIES - MATCH

Other (Specify below) : \$0

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Total : \$0

**Comments:** Total Match has been met in previous reporting periods.

## 7. Expenditures

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### 17. Confirm Total Grant Expenditure Amounts

Federal : \$308,627.00

Match : \$0.00

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Total : \$308627

**OMB CONTROL NUMBER: 3265-0020**

## 8. Certification

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

**First Name**

Andy

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**Last Name**

Ritter

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**Title**

Operations Manager

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**Phone Number**

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**Email Address**

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

Yes!

19.

**First Name**

Angela

**Last Name**

Nunn

**Title**

Chief Deputy

**Email Address**

Signature of Certifying Official:



Signature of: Andy Ritter

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.