

**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)			
3. Recipient Organization (Name and complete address including Zip code)  <b>SECRETARY OF STATE, SOUTH DAKOTA</b> <b>500 E CAPITOL AVE STE 204, PIERRE, SD 575015070</b>							
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		
8. Project/Grant Period (Month, Day, Year)				9. Reporting Period End Date (Month, Day, Year)			
From: <b>March 28, 2018</b>		To: <b>September 30, 2019</b>		<b>September 30, 2021</b>			
<b>10. Transactions</b>					Cumulative		
<i>(Use lines a-c for single or combined multiple grant reporting)</i>							
<b>Federal Cash (To report multiple grants separately, also use FFR Attachment):</b>							
a. Cash Receipts					\$6,000,000.00		
b. Cash Disbursements					\$2,950,062.22		
c. Cash on Hand (line a minus b)					\$3,049,937.78		
<i>(Use lines d-o for single grant reporting)</i>							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized					\$6,000,000.00		
e. Federal share of expenditures					\$2,950,062.22		
f. Federal share of unliquidated obligations					\$0.00		
g. Total Federal share (sum of lines e and f)					\$2,950,062.22		
h. Unobligated balance of Federal funds (line d minus g)					\$3,049,937.78		
<b>Recipient Share:</b>							
i. Total recipient share required					\$750,000.00		
j. Recipient share of expenditures					\$150,000.00		
k. Remaining recipient share to be provided (line i minus j)					\$600,000.00		
<b>Program Income:</b>							
l. Total Federal share of program income earned					\$186,122.86		
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)					\$186,122.86		
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)		
<b>Warne, Kea</b> <b>Director, Division of Elections</b>					d. Email Address		
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year)		
<b>Warne, Kea</b>					<b>January 26, 2022</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

EIN

Reporting Period End Date : September 30, 2021

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): \$ N/A

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:**

South Dakota

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**2. Grant Number:**

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**3. Report:**

Annual (Oct 1 - Sept 30)

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**4. Grant:**

Election Security

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**5. Reporting Period Start Date**

10/01/2020

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**6. Reporting Period End Date**

09/30/2021

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## 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.*)**

No grant expenses were incurred during this reporting period.

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**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.**

Matching funds have been used to acquire updated election equipment for the counties. This equipment includes laptops, scanners, and automatic letter openers. This match activity will be reported in the upcoming FY22 Mid-Year Report as it was paid after September 30, 2021.

**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**

Voting Equipment and Processes: : \$0  
Post-Election Auditing: : \$0  
Voter Registration Systems: : \$0  
Cyber Security: : \$0  
Voter Education/Communications: : \$0  
Accessibility: : \$0  
Staffing: : \$0  
Training: : \$0  
Subgrants: : \$0  
Indirect Costs (If applicable, FFR Line 11): : \$0  
Unliquidated Obligations (If applicable, FFR Line 10f): : \$0  
Other (Specify below) : \$0  
Other (Specify below) : \$0  
Other (Specify below) : \$0  
Total : \$0

**Comments:**

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**15. GRANT COST CATEGORIES - MATCH**

Voting Equipment and Processes: : \$0  
Post-Election Auditing: : \$0  
Voter Registration Systems: : \$0  
Cyber Security: : \$0  
Voter Education/Communications: : \$0  
Accessibility: : \$0  
Staffing: : \$0  
Training: : \$0  
Subgrants: : \$0  
Indirect Costs (If applicable, FFR Line 11): : \$0  
Unliquidated Obligations (If applicable, FFR Line 10f): : \$0  
Other (Specify below) : \$0  
Other (Specify below) : \$0  
Other (Specify below) : \$0

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Total : \$0

**Comments:**

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**7. Expenditures**

**16. Confirm Total Grant Expenditure Amounts**

Federal : \$0  
Match : \$0

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Total : \$0

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**OMB CONTROL NUMBER: 3265-0020**

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**8. Certification**

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

**First Name**

Jason

**Last Name**

Lutz

**Title**

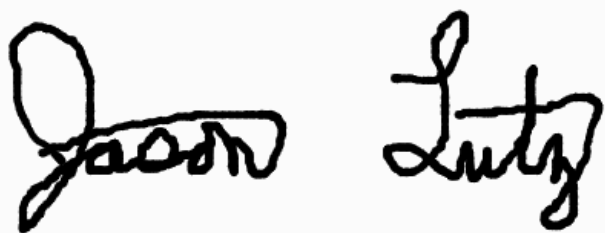
Deputy Secretary of State

**Phone Number**

**Email Address**

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

Signature of Certifying Official:

A handwritten signature in black ink that reads "Jason Lutz". The signature is written in a cursive, slightly slanted style.

Signature of: Jason Lutz

## 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.