

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)			
3. Recipient Organization (Name and complete address including Zip code) STATE LIBRARY AND ARCHIVES, TENNESSEE 403 7th Ave N, Nashville, TN 372431409							
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) From: March 28, 2018				9. Reporting Period End Date (Month, Day, Year) September 30, 2021			
To: September 30, 2029							
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					\$16,077,419.00		
b. Cash Disbursements					\$4,996,921.88		
c. Cash on Hand (line a minus b)					\$11,080,497.12		
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized					\$16,077,419.00		
e. Federal share of expenditures					\$4,996,921.88		
f. Federal share of unliquidated obligations					\$0.00		
g. Total Federal share (sum of lines e and f)					\$4,996,921.88		
h. Unobligated balance of Federal funds (line d minus g)					\$11,080,497.12		
Recipient Share:							
i. Total recipient share required					\$2,100,609.90		
j. Recipient share of expenditures					\$264,574.99		
k. Remaining recipient share to be provided (line i minus j)					\$1,836,034.91		
Program Income:							
l. Total Federal share of program income earned					\$296,800.40		
m. Program income expended in accordance with the deduction alternative					\$0.00		
n. Program income expended in accordance with the addition alternative					\$296,800.40		
o. Unexpended program income (line l minus line m and line n)					\$0.00		
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 Dodd, Andrew HAVA Attorney				c. Telephone (Area code, number, and extension) +1 (615) 253-4587			
b. Signature of Authorized Certifying Official Dodd, Andrew				d. Email Address			
e. Date Report Submitted (Month, Day, Year)							

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

DUNS Number

DUNS Status when Certified

EIN

Reporting Period End Date

Status : "Please provide the following information:

Remarks

State interest earned (current fiscal year through 06/30/21): \$782.54

State interest expended (current fiscal year): \$782.54

Program income earned (current fiscal year): \$0.00

Program income earned breakdown (current fiscal year): N/A

Program income expended (current fiscal year): \$0.00

Federal Interest Earned cumulative through 06/30/21

Amount loaded in 10a Cash Receipts overstated by \$1.00

"

Federal Agency Review

Reviewer Name

Phone #

Email

Review Date

Review Comments :

2021-2022 EAC Progress Report

3. EAC Progress Report

1. State or Territory:

Tennessee

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.)

Subgrants were provided for five (5) counties (Dickson, Henderson, Lewis, Monroe, and Roane) to assist with the purchase of voting systems with a voter verified paper record.

Subgrants have been authorized for each of Tennessee's 95 counties to receive \$25,000 to make security enhancements.

Reimbursements are made to counties as expenses are submitted.

Additionally, the office employed a business intelligence specialist who assisted with cyber hygiene and cybersecurity activities.

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.

We continued our contract to offer online security training to provide monthly lessons for administrators of elections, staff members, and county election commissioners.

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.

Subgrants to assist in the purchase of voting systems using election security funds are made available to counties based on need. All new voting systems purchased by counties comply with the 2005 Voluntary Voting System Guidelines (VVSG) and have a voter verified paper record.

Subgrants have been authorized for each of Tennessee's 95 counties to receive \$25,000 to make security enhancements. Reimbursements are made to counties as expenses are submitted. Activities reimbursed in this fiscal year included new computer systems, contingency planning for polling places, and upgrades to physical security of election offices.

Provide a breakdown of aggregate subawards expenditures across major categories.

Voting Equipment : \$890,000.00

Security : \$184,889.17

Total : \$1074889.17

13. Match:

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

The state match was met with existing departmental funds at the time the grants were authorized.

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

Dickson - \$190,000 - 60 BMDs and 22 scanners

Henderson - \$160,000 - 17 BMDs and 18 scanners

Lewis - \$100,000 - 33 BMDs and 12 scanners

Monroe - \$160,000 - 73 BMDs and 21 scanners

Roane - \$280,000 - 90 BMDs and 30 scanners

5. Expenditures

15. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES - FEDERAL

Voting Equipment and Processes: : \$847636

Staffing: : \$48371

Subgrants: : \$176088

Total : \$1072095

Comments:

16. GRANT COST CATEGORIES - MATCH

Voting Equipment and Processes: : \$42364

Staffing: : \$2279

Subgrants: : \$8801

Total : \$53444

Comments:

7. Expenditures

17. Confirm Total Grant Expenditure Amounts

Federal : \$1,072,095.50

Match : \$53,443.54

Total : \$1125539.04

OMB CONTROL NUMBER: 3265-0020

8. Certification

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

First Name

Andrew

Last Name

Dodd

Title

HAVA Attorney

Phone Number

Email Address

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

Signature of Certifying Official:

A handwritten signature in black ink, appearing to read 'Andrew Dodd', written in a cursive style.

Signature of: Andrew Dodd

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.