

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)

Office of the Lt Governor of Utah
State Capitol Complex Ste 220, SALT LAKE CITY, UT 841141202

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 checked="" type="checkbox"/> Cash <input 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	\$8,714,983.00
b. Cash Disbursements	\$2,211,755.92
c. Cash on Hand (line a minus b)	\$6,503,227.08

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	\$8,714,983.00
e. Federal share of expenditures	\$2,211,755.92
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$2,211,755.92
h. Unobligated balance of Federal funds (line d minus g)	\$6,503,227.08

Recipient Share:

i. Total recipient share required	\$1,126,339.00
j. Recipient share of expenditures	\$1,126,339.00
k. Remaining recipient share to be provided (line i minus j)	\$0.00

Program Income:

l. Total Federal share of program income earned	\$183,475.26
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)	\$183,475.26

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 Evans, Duncan Managing Director of Budget & Operations	c. Telephone (Area code, number, and extension) d. Email Address
b. Signature of Authorized Certifying Official Evans, Duncan	e. Date Report Submitted (Month, Day, Year) January 11, 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 : September 30, 2021

Reporting Period End Date

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): \$ 0

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

1. State or Territory:

Utah

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 State of Utah awarded a contract to Civix (previously PCC Technologies) to customize their ElectionNet product for use in Utah elections. The new system will completely replace our old system for voter registration and election management. The lieutenant governor's office created an implementation committee made up of state and county personnel to provide input on the customization. We anticipate going live with the first phase of functionality the first week of December 2021.

During this time we worked with several counties and CIS to install Albert Sensors. Of Utah's 29 counties, at least 21 are either covered by Albert monitors or are in the process of installing them. We are continuing to work with remaining counties to install the sensors.

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?

Yes

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

Utah is using a portion of the elections security grant to provide support to counties as they make physical security upgrades to their elections offices. One Utah county was reimbursed \$25,648 for completing physical security upgrades during the reporting period.

Provide a breakdown of aggregate subawards expenditures across major categories.

Security : \$25,648.00

Total : \$25648

13. Match:

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

The state of Utah met all matching requirements in a previous reporting period by expending state funding on voting equipment and voting system upgrades.

14. 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

15. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES - FEDERAL

Voter Registration Systems: : \$744753

Cyber Security: : \$136020

Subgrants: : \$25648

Other (Specify below) : \$174

Total : \$906595

Comments: Other is for single audit costs.

16. 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

Total : \$0

Comments:

7. Expenditures

17. Confirm Total Grant Expenditure Amounts

Federal : \$906,595.00

Match : \$0

Total : \$906595

OMB CONTROL NUMBER: 3265-0020

8. Certification

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

First Name

Duncan

Last Name

Evans

Title

Managing Director of Budget & Operations

Phone Number

Email Address

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

Signature of Certifying Official:



Signature of: Duncan Evns

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.