

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)

Secretary Of State, West Virginia
1900 KANAWHA BLVD E RM 1, CHARLESTON, WV 253050001

4a. DUNS	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	\$7,666,929.00
b. Cash Disbursements	\$7,666,929.00
c. Cash on Hand (line a minus b)	\$0.00

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	\$7,666,929.00
e. Federal share of expenditures	\$7,200,466.90
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$7,200,466.90
h. Unobligated balance of Federal funds (line d minus g)	\$466,462.10

Recipient Share:

i. Total recipient share required	\$991,594.00
j. Recipient share of expenditures	\$991,594.00
k. Remaining recipient share to be provided (line i minus j)	\$0.00

Program Income:

l. Total Federal share of program income earned	\$50,499.00
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)	\$50,499.00

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 Barker, Delilah Chief Financial Officer	c. Telephone (Area code, number, and extension) d. Email Address
b. Signature of Authorized Certifying Official Barker, Delilah	e. Date Report Submitted (Month, Day, Year) March 24, 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

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(Additional Page)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID

Recipient Organization

DUNS

DUNS Status when Certified

EIN

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 Source: N/A

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

"

Federal Agency Review

Reviewer Name

Phone #

Email

Review Date

Review Comments

2021-2022 EAC Progress Report

1. Login

Please enter the username and password provided by the EAC to begin the Progress Report. If you require assistance or have any questions, please contact Grants@eac.gov.

2. Verification

reCAPTCHA

Login Capture

3. EAC Progress Report

1. State or Territory:

West Virginia

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.)

All grant activities during this reporting year occurred during the first half of the grant period. No new grants were submitted or approved during the second half of the year. All expenses are related to processing of paperwork in this reporting period for expenses previously incurred. As such, activities reported for the first semi-annual report of the year are identical to the full year 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.

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.

Subgrantees performed no activities during this reporting period. Expenses reflected in this reporting period are result of our grant approval and payout process. Several of our subgrantees took many months to finalize their paperwork, and so their subgrant awards are reflected in this reporting period even though the corresponding expenditures for which we reimbursed occurred over a year ago. Expenses referenced in the breakdown below are total expenses (including local contribution and grant award portion). All state expenditures were disbursements to local jurisdictions.

Provide a breakdown of aggregate subawards expenditures across major categories.

Other (Specify above) : \$3,527,007.00

Total : \$3527007

13. Match:

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

Counties satisfied match by contributing to expenses in amounts according to State Rule.

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

Login Capture

5. Expenditures

15. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES - FEDERAL

Other (Specify below) : \$3527007

Total : \$3527007

Comments: All expenditures disbursed to local jurisdictions.

16. GRANT COST CATEGORIES - MATCH

Other (Specify below) : \$621760

Total : \$621760

Comments: Local match

7. Expenditures

17. Confirm Total Grant Expenditure Amounts

Federal : \$3,527,007.00

Match : \$621,760.00

Total : \$4148767

OMB CONTROL NUMBER: 3265-0020

8. Certification

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

First Name

Chris

Last Name

Alder

Title

Dept Gen Counsel

Phone Number

Email Address

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

Signature of Certifying Official:



Signature of: Chris Alder

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.