						ımber: 3265-0022 res 04/30/2025	
		FEDERA	L FINAN (EACFI	CIAL REPO	DRT		
<b>1. Federal Agency and Org</b> U.S. Election Assistance Co		Which Report is Subm	nitted (Te	Federal Grant or Other Id o report multiple grants, use C-ELSEC22HI		Assigned	l By Fed. Agency
3. Recipient Organization	(Name and co	omplete address includi					
Recipient Organization M Hawaii Office of Elections			. <u>,</u> 2				
Street1: 802 Lehua Ave							
Street2:							
City: Pearl City				ounty: DNOLULU			
State: HI						Provir	ice:
Country:				p 5:		Zip +4	:
4a. UEI Q8SZYFXPTFZ1		<b>4b. EIN</b> 996001081	5. ( <i>Ti</i>	782 Recipient Account Numbe uber p <i>report multiple grants, use</i> 654B1		OQ	
7. Basis of Accounting	Basis of Accounting 8. Project/Grant Period			9. Rep	orting Period End Date		
Cash		From: 03/23/2018	<b>To</b> 09.	: /30/2099		(Mont. 09/30/	<b>h, Day, Year)</b> 2022
(Use lines a-c for single or n Federal Cash: (To report n			nent)			Cumu	lative
a. Cash Receipts					\$7,642,675.0		
b. Cash Disbursements							\$820,710.2
c. Cash on hand <i>(line a i</i>			1				\$6,821,964.7
Federal Expenditures and d. Total Federal funds a	_	Balance: Do not comp	lete this section if repor	ting on multiple awaras.			\$7,642,675.0
						\$820,710.2	
e. Federal share of expenditures           f. Federal share of unliquidated obligations				\$0.00			
g. Total Federal share (s						\$820,710.2	
h. Unobligated balance							\$6,821,964.7
Recipient Share: Do not c	omplete this s	ection if reporting on m	ultiple awards.				
i. Total recipient share required						\$1,059,956.0	
j. Recipient share of expenditures				\$741,512.1			
k. Remaining recipient share to be provided <i>(line i minus j)</i> \$318,443.							
Program Income: Do not			multiple awards.			r	
I. Total Federal program income earned				\$0.00			
m. Program income expended in accordance with the addition alternative				\$0.00			
n. Program Income expended in accordance with the addition alternative o. Unexpended program income <i>(line 1 minus line m and line n)</i>				\$0.00			
o. Unexpended program	i income (line	e i minus line m ana line	: n)				\$0.0
p. Total Federal interest earned					\$117,578.2		
p. lotal rederal interest earned q. Federal interest expenditures					\$117,378.2		
r. Remaining Federal interest to be expended <i>(line p minus q)</i>					\$117,578.2		
1. Indirect Expense			ν				
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charg	ged	f. Federal Share
Fixed	10.00%	03/28/2018	09/30/2022	\$820,710.21	\$82,	071.02	\$82,071.02

=1

Fixed	10.00%	03/28/2018	09/30/2022	\$599,491.91	\$59,949.	.19 \$5	9,949.19
	g. Total \$1,420,202.12 \$142						2,020.21
12. Remarks:	12. Remarks:						
a. State Interest Ea	a. State Interest Earned: Enter the current year amount earned (not cumulative) \$0.0					\$0.00	
b. State Interest Expended: Enter the current year amount expended (not cumulative)							\$0.00
c. Program Income Earned: Enter the current year amount earned. (not cumulative)							\$0.00
d. Program Income Expended: Enter the amount of Program Income expended in the current year (not cumulative)				ılative)		\$0.00	
e. Program Income Earned Breakdown: List each source of program income individually next to each amount (federal interest earned is not program income).							
Sou	Source of program income Amount E					Delete	
e. 1						\$0.00	]
Total				Total:		\$0.00	
6 Commontes Atta							

**f.** Comments: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: As it relates to Line 10j, we have reviewed and reconciled our records to revisit our state match. Our state match is now composed of state general funds expenditures, Line 1 1 indirect expenses on state expenditures, and Line 11 indirect expenses on federal expensions. Specifically, we expended \$599,491.91 in state funds (i.e. \$500,000 + \$99,4 91.91) toward the match, before including indirect expenses for federal expenses and state expenses. The 10% indirect rate on the \$599,491.91 in expenditures of state funds works out to additional \$59,949.19 that we are putting toward the state match. A Line 11 entry has been entered to reflect this. Moving on to the 10% indirect rate for federal expenditures, we would note that Line 11 of our prior semi-annual FFR only covered the time period of October 1, 2020 to March 31, 2022 for purposes of the calculating. I n hindsight, we realized we should have gone from March 28, 2018, to March 31, 2022. Having said that, as the federal fiscal year has been completed, our entry will now re flect the indirect rate up to September 30, 2022. The federal expenditures during that time period were \$820,710.21. As such, applying the 10% indirect rate on the federal e xpenditure of \$820,710.21 works out to \$82,071.02 have any applying to our state match. A Line 11 entry has been entered to reflect this. In the end, the total match works out to \$741,512.12 (i.e. \$599,491.91 + \$\$9,949.19 + \$82,071.02).

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, com plete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objective s set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulen t information, or the omission of any material fact, may subject me to criminal, civil or administrative penalti es for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Section s 3729-3730 and 3801-3812).

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	c. Telephone (Area code, number and extension) (808) 453-8683		
	<b>d. Email address</b> aaron.h.schulaner@hawaii.gov		
	e. Date Report Submitted (Month, Day, Year) 02/15/2023		

# **Report Attachment (For reporting multiple grants)**

14. List Information below for each grant covered by this report.		
Federal Grant Number	Recipient Account Number	Cumulative Federal Cas h Disbursement
		\$0.00
	TOTAL (Should correspond to the amount on Line 10b on Page 1)	\$0.00

#### U A

U.S. ELECTION ASSISTANCE COMMISSION	OMB CONTROL No.: 3265-0022 Expiration Date: 04/30/2025			
	Progress Report			
Section I: Cover Page				
1. State or Territory	Grant Information 2. Federal Grant or Other Identifying Number Assigned by Federal Agency			
Hawaii Office of Elections	EAC-ELSEC22HI			
3. Grant Type:				
Q 101				
© 251 © Election Security				
Other [e.g., CARES]				
Describe Other				
L	Report Information			
4. Report Type:	Report mormation			
C Semi-Annual				
• Annual				
C Final C Other				
Describe Other				
5. Report Period				
Start Date (Month, Day, Year) 10/01/2021	End Date (Month, Day, Year) 09/30/2022			
Section	II: Progress and Narrative			
	ld describe the activities of the previous six-month period and reports due for the period ending Se eports should cover the entire performance period from the start of the grant. .eac.gov/payments-and-grants/financial-progress-reporting			
EAC grants reports will be made publicly available. Therefore, * Be written in clear, concise, and plain language * Not include sensitive confidential information	, your report narrative should:			
	d and explain how you implemented the approved grant activities in accordance with your State th your category expenditures in Section IV and you may use those categories as headings in your			
Check if no activity during this reporting period.				
nt part of the lead up to the 2022 General Election that occurred a l ation system vendor and our Office of Enterprise Technology Servi ntinue to support the statewide voter registration system during this statewide voter registration system, along with upgrades to the syst ess report indicated an expenditure. However, we have now transfe education expenses using Election Security grant funds. Finally, we	30, 2022) was an active year as it included the 2022 Primary Election on August 13, 2022, and a significa ittle over a month after the end of the fiscal year. Election officials worked with the statewide voter regist ices that hosts the statewide voter registration system in the Hawaii State Government Private Cloud to cc s reporting period. Matters primarily focused on the maintenance of the GIS addressing locator used by th term for security purposes. As it relates to voter education, please note that our previous semi-annual progreered that expenditure to our Section 101 grant for the completed fiscal year. Given this, there are no voter e had expenditures related to our new voting and vote counting system and ancillary services contract. The , and ancillary services associated with the conducting of elections by mail. This reflected an upgrade over model.			
7. Provide a description of any training conducted, including se	curity training.			
Check if no training was conducted during this reporting	period.			
	nt obtained with the funds. Include the amount expended on the expenditure chart.			
Check if no voting equipment purchased during this repo	rting period.			
9. Subgrants (if applicable)				
Check if no subgrants were made during this reporting p	eriod.			
Describe the activities carried out by your subgrantees during				

10. Provide a breakdown of aggregate sub-award expenditures across major categories. If you do not have expenses for a particular category please populate the fi eld with \$0.00 Total expenses will automatically calculate. Please verify totals prior to submission. Subaward Federal Expenditures Category Vo Vo

ting Equipment	\$0.00
ting Processes	\$0.00

Voter Registration Systems	\$0.00	
Election Auditing	\$0.00	
Cyber and Physical Security	\$0.00	
Voter Education	\$0.00	
Accessibility	\$0.00	
Other:	\$0.00	
Total	\$0.00	
11. Match (if applicable)		

Check if match not required.

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

We have been meeting our match over the course of the grant through a combination of state general funds expenditures toward the purposes of HAVA, indirect expenses on state expenditures, and indirect expenses on federal expenditures all being applied toward our match.

# Section Section III: Challenges and Changes

12. Issues Encountered

Check if no major issues encountered during this reporting period.

Describe how and whether the issues were resolved. Also, briefly discuss the implications of any unresolved issues or concerns.

13. Describe any significant changes to your program during the reporting period, including changes to your original State Plan/Program Narrative or favorable developments that improved program efficiency and/or service delivery.

Check if no significant changes were made during this reporting period.

### **Section IV: Expenditures**

14. Fill out the table below with both the Federal and State Match expenditures for the current reporting period. Include federal and state interest expenditures an d write-in any cost areas that do not fit into the predefined program categories. Subaward expense totals identified in section #10 should also be populated and roll ed into the appropriate expense categories for #14. If you do not have expenses for a particular category please populate the field with \$0.00 Total expenses will aut omatically calculate. Please verify totals prior to submission.

# Expenditures should be consistent with the activities described in your narrative and with the amounts i n your financial reports. (EAC uses the difference between your current and previous period FFR to ca lculate current period expenditures).

Categories	Federal	State Match
Voting Equipment	\$459,013.50	\$0.00
Voting Processes	\$0.00	\$0.00
Voter Registration Systems	\$69,132.66	\$0.00
Election Auditing	\$0.00	\$0.00
Cyber and Physical Security	\$0.00	\$0.00
Voter Education	\$0.00	\$0.00
Accessibility	\$0.00	\$0.00
Other10 % indirect rate on federal expenditures of MTDC	\$0.00	\$52,814.62
TOTAL	\$528,146.16	\$52,814.62

### **Section V: Final Assessment**

The final progress report is your opportunity to share the significant successes of your project and present information about the results your project achieved. Th e report should cover the entire period of performance.

15. Self-Assessment - Assess whether the goals set out in your State plan/Narrative were met as intended during the grant program. Highlight any needs that were not met or ongoing/under resourced areas for future consideration.

16. Impact and Achievements - Describe how this grant program impacted elections in your state/territory. Highlight your accomplishments and successes.

17. Lessons Learned - Describe any lessons learned during the grant that may be replicated, expanded and/or help others.

# Section VI: Certification

18. Name and Contact of the authorized certifying official.

First and Last Name Aaron Schulaner Title

	Email Address aaron.h.schulaner@hawaii.gov
19. Signature of Certifying Official	