U.S. Election Assistance Commission

a. State Interest Earned: Enter the current year amount earned (not cumulative)

OMB Number: 3265-0022 Expires 04/30/2025

\$3,426.58

FEDERAL FINANCIAL REPORT

(EACFFR)

| (EASTITY) | | | | | | | | |
|---|------------------|--------------------------|-----------------------------|--|-----------------------------------|------------------------------------|------------------------|--|
| 2. Federal Grant or Other Identifying Number Assigned By Fed. Agency (To report multiple grants, use FFR Attachment) J.S. Election Assistance Commission | | | | | | | | |
| EAC-ELSEC22NC | | | | | | | | |
| 3. Recipient Organization (Name and complete address including Zip code) | | | | | | | | |
| Recipient Organization N North Carolina State Board of | | | | | | | | |
| Street1: 430 N Salisbury St | | | | | | | | |
| Street2: | | | | | | | | |
| City: Raleigh | | | | unty: AKE | | | | |
| State: NC | | | | | 1 | Provinc | ce: | |
| Country: United States | | | Zi j | 5: 603 | | Zip +4: 1362 | | |
| | | | | | | 6. Repo | ort Type | |
| 4a. UEI K7LTCE5NV539 | | 4b. EIN 561935214 | mt | Recipient Account Number ver o report multiple grants, use | or Identifying Nu FFR Attachment) | Quarterly Semi-Annual Annual Final | | |
| 7. Basis of Accounting | | 8. Project/Grant Perio | d | | | | orting Period End Date | |
| Cash Accrual | | From: 03/23/2018 | To 09/ | : /30/2099 | | (Month, Day, Year) 09/30/2022 | | |
| 10. TRANSACTIONS (Use lines a-c for single or multiple grant reporting) | | | | | Cumulative | | | |
| Federal Cash: (To report n | nultiple grants, | also use FFR attachme | nt) | | | | | |
| a. Cash Receipts | | | | | | | \$22,050,678.00 | |
| b. Cash Disbursements | | | | | | \$21,998,047.00 | | |
| c. Cash on hand (line a n | ninus b) | | | | | | \$52,631.00 | |
| Federal Expenditures and | Unobligated I | Balance: Do not complete | te this section if reportin | g on multiple awards. | | | | |
| d. Total Federal funds a | uthorized | | | | | | \$22,050,678.00 | |
| e. Federal share of exper | nditures | | | | | | \$21,998,047.00 | |
| f. Federal share of unliq | uidated obliga | tions | | | | | \$0.00 | |
| g. Total Federal share (sa | um of line e pli | us line f) | | | | \$21,998,047.00 | | |
| h. Unobligated balance o | of Federal fund | ls (line d minus g) | | | | | \$52,631.00 | |
| Recipient Share: Do not co | omplete this sec | ction if reporting on mu | tiple awards. | | | | | |
| i. Total recipient share required | | | | | \$2,854,150.00 | | | |
| j. Recipient share of expenditures | | | | | \$2,621,661.35 | | | |
| k. Remaining recipient share to be provided (line i minus j) | | | | \$232,488.65 | | | | |
| Program Income: Do not complete this section if reporting on multiple awards. | | | | | | | | |
| 1. Total Federal program income earned \$0.00 | | | | | | | | |
| 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) \$0.00 | | | | | | | | |
| Federal Interest: | | | | | | | | |
| p. Total Federal interest earned | | | | | \$406,767.86 | | | |
| q. Federal interest expenditures | | | | | \$406,767.86 | | | |
| r. Remaining Federal interest to be expended (line p minus q) \$0.00 | | | | | | | | |
| l. Indirect Expense | | | | | | | | |
| a. Type | b. Rate | c. Period From | Period To | d. Base | e. Amount Charge | d | f. Federal Share | |
| | 0.00% | | | \$0.00 | .00 \$0.00 \$0.00 | | | |
| | | | g. Total | \$0.00 | 9 | 00.00 | \$0.00 | |
| 12. Remarks: | | | | | | | | |

| 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) | | \$0.00 |
| e. Program Income Earned Breakdown: List each source of program income individually next to each amount (federal interest earn | ed is not program income | e). |
| | | |
| Source of program income | Amount | Delete |
| Source of program income e. 1 | Amount \$0.00 | Delete |
| | | Delete |

f. Comments: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

Reported interest is based on allocations calculated by NC DOA Fiscal Management Office to correct for interest originally allocated to HAVA Sec. 251 grant funds in commingled fund. See attached spreadsheets from Fiscal supporting re-allocation. 2018 Election Security Grant corresponds to Fund 2401 4011 on spreadsheets. 2020 Election Security Grant corresponds to Fund 2420 on spreadsheets.

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complet e, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set fo rth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent informat ion, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, f alse statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

| c. Telephone (Area code, number and extension) (919) 801-5034 | | |
|--|--|--|
| d. Email address amy.strange@ncsbe.gov | | |
| e. Date Report Submitted (Month, Day, Year) 05/08/2023 | | |

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.S. ELECTION ASSISTANCE COMMISSION

Progress Report Section I: Cover Page

| OMB CONTROL | No.: 3265-0022 |
|--------------|-----------------|
| Expiration D | ate: 04/30/2025 |

| Grant Information | | | | |
|--|---|--|--|--|
| | | | | |
| 1. State or Territory North Carolina State Board of Elections | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency EAC-ELSEC22NC | | | |
| 3. Grant Type: | | | | |
| © 101 | | | | |
| © 251 | | | | |
| Election Security | | | | |
| Other [e.g., CARES] | | | | |
| Describe Other | | | | |
| Report In | formation | | | |
| 4. Report Type: | | | | |
| Semi-Annual | | | | |
| <u> </u> | | | | |
| Final | | | | |
| Other | | | | |
| Describe Other | | | | |
| 5. Report Period | | | | |
| Start Date (Month, Day, Year) 10/01/2021 | End Date (Month, Day, Year) 09/30/2022 | | | |
| Section II: Progre | ess and Narrative | | | |
| Instructions: Reports due for the period ending March 31 should describe the activi | ities of the previous six-month period and reports due for the period ending Septem | | | |
| ber 30 should cover the previous 12- month period. Final reports should cover the e Additional guidance can be found on our website: https://www.eac.gov/payments-au | ntire performance period from the start of the grant. | | | |
| EAC grants reports will be made publicly available. Therefore, your report narrative | ve should: | | | |
| * Be written in clear, concise, and plain language * Not include sensitive confidential information | | | | |
| 6. Describe in detail what happened during this reporting period and explain how y | | | | |
| Plan/Program Narrative. (Note: Your activities should align with your category expenditures in Section IV and you may use those categories as headings in your response as applicable.) | | | | |
| Check if no activity during this reporting period. | Check if no activity during this reporting period. | | | |
| During this reporting period the State continued to implement cybersecurity improvements based on the agency's Security Roadmap, the agency continued to update and improve overall security of its election management system software, and the agency provided the last of its subgrants to county boards of elections for equipment purchases, cybersecurity improvements and improvements to the administration of federal elections. Please note that the corresponding FFR has been amended to reflect interest earned and expended. Reported interest is based on allocations calculated by NC DOA Fiscal Management Office to correct for interest originally allocated to HAVA Sec. 251 grant funds in commingled | | | | |
| fund. The agency has also adjusted the allocation of expenditures against all periods of the en against the federal interest, then against the state funds, then against the state interest. | he Election Security Grants. Expenditures are now spent against the federal funds first, th | | | |
| 7. Provide a description of any training conducted, including security training. | | | | |
| Check if no training was conducted during this reporting period. | | | | |
| | | | | |
| 8. Report on the number and type of articles of voting equipment obtained with the funds. Include the amount expended on the expenditure chart. | | | | |
| Check if no voting equipment purchased during this reporting period. | | | | |
| Two counties received subgrants reimbursing them for voting equipment during this reporting period. | | | | |
| 9. Subgrants (if applicable) | | | | |
| Check if no subgrants were made during this reporting period. | | | | |
| Describe the activities carried out by your subgrantees during the reporting period. County boards of elections received subgrants that were reimbursements for voting equipment, for security equipment and supplies and for items to improve the administration of federal elections. | | | | |
| 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 field with \$0.00 Total expenses will automatically calculate. Please verify totals prior to submission. | | | | |
| Category | Subaward Federal Expenditures | | | |
| Voting Equipment | \$154,504.50 | | | |
| Voting Processes | \$222,096.97 | | | |
| Voter Registration Systems | \$0.00 | | | |
| Election Auditing | \$0.00 | | | |
| Cyber and Physical Security | \$9,753.98 | | | |
| Voter Education | \$0.00 | | | |
| Accessibility | \$0.00 | | | |

| Other: | | | \$0.00 | |
|--|------------------|--|--|--|
| Total | | | \$386,355.45 | |
| 11. Match (if applicable) | | | | |
| Check if match not required. | | | | |
| Describe how you are meeting or have met the matching requirement. The NC General Assembly appropriated the state matching funds for the 2018 and the 2020 Election Security Grants. The State will meet the 2022 match requirements with in-ki nd expenditures. The in-kind expenditures have not been made as of this reporting period. | | | | |
| Section Secti | on III: Ch | allenges and Chan | ges | |
| 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 redevelopments that improved program efficiency and/or service deli | | ncluding changes to your original S | State Plan/Program Narrative or favorable | |
| Check if no significant changes were made during this report | ing period. | | | |
| | | | 7 | |
| Sec | ction IV: E | xpenditures | | |
| 14. Fill out the table below with both the Federal and State Match of ite-in any cost areas that do not fit into the predefined program cate appropriate expense categories for #14. If you do not have expens culate. Please verify totals prior to submission. | egories. Subawar | d expense totals identified in section | on #10 should also be populated and rolled into th | |
| Expenditures should be consistent with the activities described in your narrative and with the amounts in your financial reports. (EAC uses the difference between your current and previous period FFR to calcula te current period expenditures). | | | | |
| Categories | | Federal | State Match | |
| Voting Equipment | | \$154,504.50 | \$0.00 | |
| Voting Processes | | \$854,166.91 | \$2,499,023.99 | |
| Voter Registration Systems | | \$0.00 | \$0.00 | |
| Election Auditing | | \$0.00 | \$0.00 | |
| Cyber and Physical Security | | \$1,789,698.86 | \$0.00 | |
| Voter Education | | \$0.00 | \$0.00 | |
| Accessibility | | \$0.00 | \$0.00 | |
| Other | | \$0.00 | \$0.00 | |
| TOTAL | | \$2,798,370.27 | \$2,499,023.99 | |
| 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. The 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 Amy Strange Title | | | | |
| Phone Number (919) 801-5034 | | Email Address amy.strange@ncsbe.gov | | |

19. Signature of Certifying Official