FEDERAL FINANCIAL REPORT

| 1. Federal A | gency and Org | ganizationa | I Element to Which | Report is Submitted | | | | | umber Assigned by nts, use FFR Attachment) | | |
|---|------------------|---|----------------------------|--|--|----------------|---|---|---|--|--|
| ELECTIO | N ASSISTAN | | IMISSION | | | DC201010 | 01 | | | | |
| | | | complete address i | ncluding Zip code) | | | - | | | | |
| DISTRICT | | IBIA, GO | VERNMENT OF | | | | | | | | |
| 441 4TH \$ | STREET, NW | , SUITE : | 250N, WASHING ⁻ | TON, DC 200012714 | | | | | | | |
| 4a. UEI 4b. EIN 5 | | | | 5. Recipient Account N | 5. Recipient Account Number or Identifying Nun | | | nber 6. Report Type 7. Basis | | | |
| | | | | (To report multiple grar | its, use FFR | Attachment) | □ Qu ⊠ Se □ An □ Fin | mi-Annual nual | ☐ Cash ⊠ Accural | | |
| 8. Project/G | rant Period (Mo | onth, Day, | Year) | | 9. Rep | | | orting Period End Date (Month, Day, Year) | | | |
| | | | | To: September 30. | o: September 30, 2099 | | | March 31, 2022 | | | |
| 10. Transac | | | | | | | | | Cumulative | | |
| (Use lines a | -c for single or | combined | multiple grant repor | ting) | | | | l | | | |
| Federal Cas | sh (To report r | multiple gi | rants separately, a | lso use FFR Attachmer | nt): | | | | | | |
| a. Cash F | Receipts | | | | | | | | \$6,000,000.00 | | |
| b. Cash D |)isbursements | | | | | | | | \$5,232,554.74 | | |
| c. Cash o | n Hand (line a | minus b) | | | | | | | \$767,445.26 | | |
| (Use lines d | -o for single gr | ant reportir | ng) | | | | | · | | | |
| Federal Exp | penditures and | d Unobliga | ated Balance: | | | | | | | | |
| d. Total F | ederal funds a | uthorized | | | | | | | \$6,000,000.00 | | |
| e. Federa | l share of expe | enditures | | | | | | | \$5,232,554.74 | | |
| f. Federal | share of unlique | uidated obl | igations | | | | | | \$0.00 | | |
| g. Total F | ederal share (s | sum of lines | s e and f) | | | | | | \$5,232,554.74 | | |
| h. Unoblig | gated balance | of Federal | funds (line d minus g | g) | | | | | \$767,445.26 | | |
| Recipient S | hare: | | | | | | | | | | |
| i. Total re | cipient share re | equired | | | | | | | \$750,000.00 | | |
| j. Recipier | nt share of exp | enditures | | | | | | | \$150,000.00 | | |
| k. Remair | ning recipient s | hare to be | provided (line i minu | us j) | | | | | \$600,000.00 | | |
| Program In | | | | | | | | | | | |
| | ederal share of | | | | | | | | \$98,664.53 | | |
| | | | | deduction alternative | | | | | \$0.00 | | |
| - | | | cordance with the a | | | | | | \$93,370.01 | | |
| · · | | , i i i i i i i i i i i i i i i i i i i | ne I minus line m an | , | | | | | \$5,294.52 | | |
| 11. Indirect Expense | a. Type | b. Rate | c. Period From | Period To | d. Base | | e. Amour | nt Charged | f. Federal Share | | |
| LAPCING | | | | | | | | | | | |
| | | | | a Totolo: | | \$0.00 | | \$0.00 | \$0.00 | | |
| (0. D. / | A.11 1 | | | g. Totals: | | | | | | | |
| | | • | • | y or information required | i by Federal | sponsoring age | ency in co | ompliance with g | overning legislation: | | |
| "Please p | rovide the fol | lowing inf | ormation: | | | | | | | | |
| expenditure | es, disbursem | ents and o | cash receipts are fo | e best of my knowledg or the purposes and in o criminal, civil, or adn | tent set fort | h in the award | d docume | ents. I am awar | e that any false, | | |
| fictitious, or fraudulent information may subject me to criminal, civil, or administrative pe a. Typed or Printed Name and Title of Authorized Certifying Official | | | | | | · · · | c. Telephone (Area code, number, and extension) | | | | |
| Moore, O | | | | | | d. Er | mail Addro | ess | | | |
| | udget Analys | | Official | | | | | t Outenaitte d. / I.t. | | | |
| b. Signature of Authorized Certifying Official e. | | | | | | | | Date Report Submitted (Month, Day, Year) | | | |
| Moore, O | rsheka | | | | | | May 23, 2022 Standard Form 425 | | | | |
| - | | | | | | OMB | | mber: 4040-0014 | | | |
| Paperwork Bur | aen 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 hours 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 | : DC20101001 | | | | |
| Recipient Organization | : DISTRICT OF COLUMBIA, GOVERNMENT OF | | | | |
| | 441 4TH STREET, NW, SUITE 250N, WASHINGTON, DC 200012714 | | | | |
| UEI | : | | | | |
| UEI Status when Certified | : | | | | |
| EIN | : | | | | |
| Reporting Period End Date | : March 31, 2022 | | | | |
| 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 | | | | |

Federal Agency Review

2021-2022 EAC Progress Report

3. EAC Progress Report

1. State or Territory:

District of Columbia

2. Grant Number:

DC20101001-01

3. Report:

Semi-Annual (Oct 1 - March 31)

4. Grant:

Election Security

5. Reporting Period Start Date

10/01/2021

6. Reporting Period End Date

03/31/2022

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.*)

During the reporting period, the D.C. Board of Elections (BOE) used HAVA Election Security funds to expand license renewal for the (KnowInk) electronic Poll Books that are used at Early Voting centers and during Election Day. These funds allowed BOE to continue the renewal of software licenses for updates and supported upgrades to new versions, enhancements, and improved performance as well as functionality. The maintenance and support charges ensured all software updates provided BOE with a

secure epoll book solution that met compliance with required security specifications.

BOE also used the HAVA grant funds to acquire twenty-five (25) Ballot on Demand Printer Systems (BOD) from Runbeck Election Services. These additional BODs allowed for the expansion from polling places to vote center operations during the pandemic. The BODs allowed for a paper ballot to be produced at any vote center as opposed to limiting voters to a touch screen device.

Election Official Training: The BOE continued the use of HAVA funds to provide for election official training. Election staff must stay informed and knowledgeable of election law, procedures, and best practices. Several members of the BOE attended election officials training at seminars, workshops and conferences sponsored by the Election Center and the National Association of State Election Directors (NASED).

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?

No

12. Match:

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

DC BOE plans to track eligible activities from our local operating budget to meet the state match obligation.

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

Grant funds were expended during this period to cover the purchase of twenty-five (25) Ballot on Demand Printer systems.

5. Expenditures

14. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES - FEDERAL

Indirect Costs (If applicable, FFR Line 11): : \$0 Unliquidated Obligations (If applicable, FFR Line 10f): : \$0 Voting Equipment and Processes: : \$393500 Training: : \$9369

Total : \$402869

15. 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: N/A

7. Expenditures

16. Confirm Total Grant Expenditure Amounts

Federal : \$402,868.77 Match : \$0 Total : \$402868.77

OMB CONTROL NUMBER: 3265-0020

8. Certification

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

First Name

Orsheka

Last Name

Moore

Title

Senior Budget Analyst

Phone Number

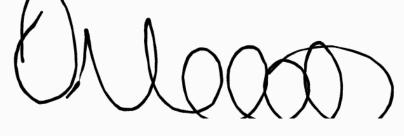
Email Address

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

Yes

18.

| First Name | | | |
|----------------------------|-----|--|--|
| Sylvia | | | |
| Last Name | | | |
| Goldsberry-Adams | | | |
| Title | | | |
| Deputy Director | | | |
| Email Address | | | |
| | | | |
| ature of Certifying Offici | al: | | |



Signature of: Orsheka P. Moore

9. Report Submitted to EAC



Thank you. Your Semi-Annual (Oct 1 - March 31) progress report for Election Security has been submitted to the EAC. Please keep the PDF download of your submission as grant record.