

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)			
3. Recipient Organization (Name and complete address including Zip code)							
4a. UEI	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type	7. Basis of Accounting		
				<input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
8. Project/Grant Period (Month, Day, Year) From: March 28, 2018				9. Reporting Period End Date (Month, Day, Year) March 31, 2022			
To: September 30, 2029							
10. Transactions					Cumulative		
<i>(Use lines a-c for single or combined multiple grant reporting)</i>							
Federal Cash (To report multiple grants separately, also use FFR Attachment):							
a. Cash Receipts					\$21,907,178.00		
b. Cash Disbursements					\$21,907,178.00		
c. Cash on Hand (line a minus b)					\$0.00		
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized					\$21,907,178.00		
e. Federal share of expenditures					\$21,907,178.00		
f. Federal share of unliquidated obligations					\$0.00		
g. Total Federal share (sum of lines e and f)					\$21,907,178.00		
h. Unobligated balance of Federal funds (line d minus g)					\$0.00		
Recipient Share:							
i. Total recipient share required					\$3,574,441.80		
j. Recipient share of expenditures					\$1,532,650.97		
k. Remaining recipient share to be provided (line i minus j)					\$2,041,790.83		
Program Income:							
l. Total Federal share of program income earned					\$35,050.03		
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)					\$35,050.03		
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					c. Telephone (Area code, number, and extension)		
Sterling, Gabriel					d. Email Address		
Deputy Secretary of State							
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year)		
Sterling, Gabriel					July 26, 2022		

Standard Form 425
OMB Approval Number: 4040-0014
Expiration Date: 02/28/2025

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

UEI

UEI 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): \$ 739,253.25

Program income earned breakdown (current fiscal year): \$ Source: e.g. Sale of registration list 738,873.80 (Absentee fulfillment) and \$379.45 interest

Program income expended (current fiscal year): \$

"

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

3. EAC Progress Report

1. State or Territory:

Georgia

2. Grant Number:

C DFA 21.019

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.)

The bulk of our spending was on voter education/communication. Coming off of the 2020 election, the Georgia Legislature passed and the Governor signed SB202. This law changed some voter processes and enhanced security. We had to run both television and digital to help educate Georgia voters on those changes. The next biggest expenditure was on the foundational costs of replacing our former voter registration system with a new one called the Georgia Voter Registration Information System

(GARViS). It will be on the Salesforce Government Cloud with High FedRamp certification. With the state owning the statewide voting system equipment some money spent on handling that. We also built on the security enhancements that we made in the previous year...both physical and cyber security. Further, we spent on some work to assist in administering the grant itself. Finally, we spent a small amount on some absentee ballots for counties.

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.

The move to a new Voter Registration System to be fully available by the General Election is the biggest change. Some public facing parts are already available to voters.

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.

NA

10. Provide a description of any training conducted, including security training.

We are developing new training modules and materials for the Voter Registration System and we have been training overall in the train the trainers at the counties.

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.

The bond money allocated in Georgia's supplemental budget will be used to meet the upcoming match. We have expended dollars to purchase the statewide voting system to meet the earlier match requirements.

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

NA. Voting equipment expenditures are attached to handling equipment in this period.

5. Expenditures

14. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES - FEDERAL

Voting Equipment and Processes: : \$84170
Post-Election Auditing: : \$0
Voter Registration Systems: : \$630827
Cyber Security: : \$66528
Voter Education/Communications: : \$2236400
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) : \$15150
Other (Specify below) : \$1823
Other (Specify below) : \$0

Total : \$3034898

Comments: Other 1 is Grant Administration. Other 2 is Absentee Ballots.

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:

7. Expenditures

16. Confirm Total Grant Expenditure Amounts

Federal : \$3034898
Match : \$0

Total : \$3034898

OMB CONTROL NUMBER: 3265-0020

8. Certification

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

First Name

Gabriel

Last Name

Sterling

Title

Deputy Secretary of State

Phone Number

Email Address

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

Yes

18.

First Name

Lisa

Last Name

Walker

Title

CFO

Email Address

Signature of Certifying Official:



Signature of: Gabriel Sterling

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.