#### **FEDERAL FINANCIAL REPORT**

(Follow form instructions)

Federal Agency and Organizational Element to Which Report is Submitted						2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)				
ELECTION ASSISTANCE COMMISSION  3. Recipient Organization (Name and complete address including Zip code)								into, uso i i it Attacimient		
				cluding Zip code)		111201010	U 1			
o. recorpione	Organization (	riamo ana	oomplote address in	oldanig zip oodo)						
Secretary	Of State, In	diana								
200 W W	<b>ASHINGTON</b>	ST STE	201, INDIANAPOL	IS IN 462042731						
4a. UEI		4b. E	EIN	5. Recipient Account Nu	ımber or Ide	ntifying Numb	per 6. Rep	ort Type	7. Basis of Accounting	
				(To report multiple gran	ts, use FFR	Attachment)	□ Qu		☐ Cash	
								mi-Annual	☑ Accural	
							☐ Ani			
8. Project/G	rant Period (Mo	onth, Day,	Year)			!	9. Reportir	ng Period End Date (Month, Day, Year)		
From: Mar	ch 28, 2018			To: September 30, 2099			March 31, 2022			
10. Transac	tions								Cumulative	
(Use lines a	-c for single or	combined	multiple grant reporti	ng)						
Federal Cas	sh (To report i	multiple gr	ants separately, als	o use FFR Attachmen	t):					
a. Cash R	a. Cash Receipts							\$16,140,537.00		
b. Cash D	Disbursements							\$16,139,772.89		
c. Cash o	n Hand (line a	minus b)							\$764.11	
(Use lines d	o for single gr	ant reportir	ng)							
Federal Exp	enditures and	d Unobliga	ated Balance:							
d. Total Federal funds authorized								\$16,140,537.00		
e. Federal share of expenditures								\$16,139,772.89		
f. Federal	share of unliqu	uidated obl	igations					\$0.00		
g. Total F	ederal share (s	sum of lines	s e and f)					\$16,139,772.89		
h. Unoblig	gated balance	of Federal t	funds (line d minus g	)					\$764.11	
Recipient S	hare:									
i. Total recipient share required								\$2,088,844.00		
j. Recipient share of expenditures								\$2,088,844.00		
k. Remair	ning recipient s	hare to be	provided (line i minus	s j)					\$0.00	
Program In										
-	ederal share of	<u> </u>						\$209,373.41		
m. Program income expended in accordance with the deduction alternative								\$0.00		
n. Program income expended in accordance with the addition alternative								\$209,373.41		
o. Unexpended program income (line I minus line m and line n)							\$0.00			
1	а. Туре	b. Rate	c. Period From	Period To	d. Base		e. Amour	nt Charged	f. Federal Share	
Expense										
				a Totala:		\$0.00		\$0.00	#0.00	
10. D	- · · · · · · · · · · · · · · · · · · ·	! "		g. Totals:	h F	·	<u> </u>	·	\$0.00	
				or information required	by ⊢ederal s	sponsoring ag	ency in co	mpliance with g	governing legislation:	
"Please p	rovide the fol	lowing info	ormation:							
				best of my knowledge						
fictitious. o	es, aisbursem r fraudulent ir	ents and d iformation	casn receipts are to I mav subiect me to	r the purposes and int criminal, civil, or adm	ent set forti inistrative r	n in the awar benalties. (U.	a aocume S. Code.	ents. I am awar Title 18. Sectio	e tnat any faise, n 1001)	
			f Authorized Certifyin						nber. and extension)	
			a	g 3e.e.		0. 1		, oodo, ndn	Same Satisfierly	
Dhoine !	av					<del> </del>	mail Addr	255		
Phelps, Jay						u. L	d. Email Address			
	Director of Elections Modernization						a Data Danart Cultimittad (Marith, Day, Varia)			
b. Signature of Authorized Certifying Official						e. Date Report Submitted (Month, Day, Year)				
Phelps, J	ay					May 2, 2022 Standard Form 425				
						OME	3 Approval Nu	mber: 4040-0014		
						Expi	ration Date: 0	2/28/2025		

#### 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 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 : IN20101001

Recipient Organization : Secretary Of State, Indiana

200 W WASHINGTON ST STE 201, INDIANAPOLIS, IN 462042731

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): \$ Source: e.g. Sale of

registration list - \$0

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

**Federal Agency Review** 

**Reviewer Name** 

Phone #

Email

**Review Date** 

**Review Comments** 

Report Status: Awarding Agency Approval Page 2 of 2 Printed Date: Jun 9, 2022

3. EAC Progress Report	
. State or Territory: Indiana	
2. Grant Number:	
IN20101001	
B. Report:	
Semi-Annual (Oct 1 - March 31)	
. Grant:	
Election Security	
i. Reporting Period Start Date	
10/01/2021	
3. 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.*)

Total of \$311,260.590 was expended from the election Security Grant funds during this grant period.

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, no significant changes occurred.

#### 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, no major issue occurred.

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

N/A, no training conducted.

#### 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.

A total of \$1,639,394.00 expended for sub grantees during this reporting period. A breakdown is provided here:

Of the \$1,639,394.00 expended for sub grantees during this reporting period, \$1,596,394.00 went towards KNOWiNK electronic Pollbooks that were disbursed among 18 Indiana counties (sub grantees).

Of the \$1,639,394.00 expended for sub grantees during this reporting period, \$43,000 was spent on Hart InterCivic voting accessories that were disbursed among 5 Indiana counties (sub grantees).

## Provide a breakdown of aggregate subawards expenditures across major categories.

Voting Equipment: \$1,639,394.00

Total: \$1639394

#### 13. Match:

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

The match for the Election Security Grant has now been met. \$687,314 was matched during this grant period.

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

Of the \$311,260.590 expended from the Election Security Grant funds during this grant period, \$268,260.59 was spent on KNOWiNK electronic Pollbooks that were disbursed among 18 Indiana counties (sub grantees).

\*Note: the total amount for this purchase was the \$1,596,394.00. Only \$268,260.59 of that amount was paid for with Election Security Grant funds.

Of the \$311,260.590 expended from the election Security Grant funds during this grant period, \$43,000 was spent on Hart InterCivic voting accessories that were disbursed among 5 Indiana counties (sub grantees).

# 5. Expenditures

# 15. Current Period Amount Expended and Unliquidated Obligations

## **GRANT COST CATEGORIES - FEDERAL**

Voting Equipment and Processes: : \$311261

Other (Specify below): \$209373

Total: \$520634

Comments: A total of \$1,596,394.00 was expended to purchase KNOWiNK ePolbooks for 19 Counties (sub grantees). The breakdown is as follow: \$268,260.59 of the Election Security grant funds were used for this expenditure. \$209, 373.41 (program income earned - Under "Other") was used for this expenditure. \$1,118,760 (match) used towards this expenditure - Some of this was accounted for during the December grant period. \$687,314 of this amount went towards the match for this grant period. Additionally, \$43,000 of the Election Security grant funds were expended for 18 Counties (sub grantees) to receive Hart InterCivic voting equipment. For a total of \$311,260.59 of the Election Security grant funds were expended.

## 16. GRANT COST CATEGORIES - MATCH

Voting Equipment and Processes: : \$687314

Total: \$687314

**Comments:** A total of \$1,596,394.00 was expended to purchase KNOWiNK ePolbooks for 19 Counties (sub grantees). The breakdown is as follow: \$268,260.59 of the Election Security grant funds were used for this expenditure. As mentioned above, \$1,118,760 (match) used towards this expenditure - Some of this was accounted for during the December grant period. \$687,314 of this amount went towards the match for this grant period.

# 7. Expenditures

## 17. Confirm Total Grant Expenditure Amounts

Federal: \$16,139,772.89 Match: \$2,088,844.00 Total: \$18228616.89

**OMB CONTROL NUMBER: 3265-0020** 

# 8. Certification

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

#### **First Name**

Molly

#### **Last Name**

Timperman

#### Title

Deputy Director of Elections Modernization, Legislative Affairs, and HAVA Administration

# **Phone Number**

#### **Email Address**

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

Signature of Certifying Official:



Signature of: Molly Timperman

# 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.