FEDERAL FINANCIAL REPORT

(Follow form instructions)

						Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)				
				including Zip code)		WIDZUTUT	001			
	· - · g · · · · · · · ·	(д — р /						
MARYLA	ND STATE E	BOARD C	F ELECTIONS							
151 WES	T ST STE 20	0. ANNA	POLIS, MD 2140	12852						
4a. UEI		4b.		5. Recipient Account Number or Identifying Number 6.			per 6. Rep	Report Type 7. Basis of Accounting		
				(To report multiple gran	grants, use FFR Attachment)		Q.	arterly	☐ Cash	
							⊠ Se □ An	mi-Annual	☑ Accural	
							Fir			
8. Project/G	rant Period (M	onth, Day,	Year)				9. Reportii	ng Period End D	ate (Month, Day, Year)	
From: Ma	rch 28, 2018			To: September 30,	otember 30, 2099 March			31, 2022		
10. Transac	ctions								Cumulative	
(Use lines a	-c for single or	combined	multiple grant repo	rting)						
Federal Ca	sh (To report	multiple g	rants separately, a	also use FFR Attachmen	nt):					
a. Cash F	Receipts								\$15,010,079.00	
b. Cash [Disbursements								\$4,825,325.00	
c. Cash c	n Hand (line a	minus b)							\$10,184,754.00	
(Use lines a	l-o for single gr	ant reporti	ng)							
Federal Ex	penditures an	d Unoblig	ated Balance:							
d. Total F	ederal funds a	uthorized							\$15,010,079.00	
e. Federa	al share of expe	enditures							\$4,825,325.00	
f. Federa	l share of unliq	uidated ob	ligations						\$0.00	
g. Total F	ederal share (sum of line	s e and f)					\$4,825,325.00		
h. Unobli	gated balance	of Federal	funds (line d minus	g)					\$10,184,754.00	
Recipient S	Share:									
i. Total re	cipient share r	equired							\$1,942,461.00	
j. Recipie	nt share of exp	enditures					\$797,844.00			
k. Remai	ning recipient s	share to be	provided (line i mir	nus j)					\$1,144,617.00	
Program In	come:									
I. Total Fe	ederal share of	program i	ncome earned						\$58,196.00	
m. Progra	am income exp	ended in a	ccordance with the	deduction alternative					\$0.00	
n. Progra	m income expe	ended in a	ccordance with the	addition alternative					\$51,829.00	
			ine I minus line m a		T		1		\$6,367.00	
	а. Туре	b. Rate	c. Period From	Period To	d. Base		e. Amou	nt Charged	f. Federal Share	
Expense										
				g. Totals:		\$0.00		\$0.00	\$0.00	
12. Remark	s: Attach any e	explanation	s deemed necessa	ry or information required	by Federal s	sponsoring ag	gency in co	ompliance with g	governing legislation:	
"Please p	rovide the fol	lowing inf	formation:							
13. Certific	ation: By sign	ing this re	port, I certify to th	ne best of my knowledge	e and belief	that the repo	ort is true	complete, and	l accurate, and the	
				for the purposes and int to criminal, civil, or adm						
a. Typed or	Printed Name	and Title o	f Authorized Certify	ring Official		c. T	elephone	(Area code, num	nber, and extension)	
Holland, Shelly						d. E	d. Email Address			
Director										
b. Signature	of Authorized	Certifying	Official			e. D	ate Repor	t Submitted (Mo	onth, Day, Year)	
Holland,	Shelly						ne 1, 20			
								25 Imber: 4040-0014		

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 : MD20101001

Recipient Organization : MARYLAND STATE BOARD OF ELECTIONS

151 WEST ST STE 200, ANNAPOLIS, MD 214012852

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): \$ 0.00 State interest expended (current fiscal year): \$ 0.00 Program income earned (current fiscal year): \$ 0.00

Program income earned breakdown (current fiscal year): \$ Source: e.g. Sale of

registration list

Program income expended (current fiscal year): \$ 0.00

,,

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: Maryland	
2. Grant Number:	
MD20101001-01	
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.*)

Voting Equipment and Process: The Maryland State Board of Elections (SBE) use the HAVA Election Security Grant for the ongoing cost related to the required network connectivity with the MDVOTERS database for same day registration during early voting and election day.

Cyber Vulnerabilites: SBE has maintained computer systems operations and maintenance using patch management software to ensure all software updates are maintained on all systems. SBE procured a total risk monitoring software subscription. The subscription provides a daily updated rating, visibility into all associated risk vectors and access to 12 months of historical data for SBE's information technology vendors.

Communication: SBE continued to used the HAVA Election Security Grant for digital risk management (DRM). DRM service detects and prevents social media misinformation, impersonation and other surface web manipulations/attacks on US elections.

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.

State Match:

- 1. Cyber Security Services Security Awareness monthly online training for staff, Cyber Defense and Vulnerability Scanning, RiskSense and Identity Services
- 2. HCLAPPscan tool used for performing vulnerability scan on our public facing website or infrastructure
- 3. Post Election Audit 2022 Primary and General Special Election for Prince George's County
- 13. Report on the number and type of articles of voting equipment obtained with the funds. Include the amount expended on the expenditure table.

N/A

5. Expenditures

14. Current Period Amount Expended and Unliquidated Obligations

Post-Election Auditing::\$12786 Total:\$29443 Comments: 7. Expenditures 16. Confirm Total Grant Expenditure Amounts Federal:\$211695 Match:\$29443 Total:\$241138 DMB CONTROL NUMBER: 3265-0020 8. Certification Name and Contact of the authorized certifying official of the recipient. First Name Shelly Last Name Holland Title Director Budget & Finance Phone Number Email Address	GRANT COST CATEGORIES - FEDERAL	
Voter Education/Communications::\$22481 Other (Specify below):\$5410 Total: \$211695 Comments: \$5410 - Bank Fees 15. GRANT COST CATEGORIES - MATCH Post-Election Auditing::\$18657 Cyber Security::\$12786 Total: \$2443 Comments: 7. Expenditures 16. Confirm Total Grant Expenditure Amounts Federal: \$211695 Match: \$29443 Total: \$241138 DMB CONTROL NUMBER: 3265-0020 8. Certification Name and Contact of the authorized certifying official of the recipient. First Name Shelly Last Name Holland Title Director Budget & Finance Phone Number Email Address	Voting Equipment and Processes: : \$88599	
Other (Specify below) : \$5410 Total : \$211695 Comments: \$5410 - Bank Fees 15. GRANT COST CATEGORIES - MATCH Post-Election Auditing: :\$1657 Cyber Security: :\$12796 Total : \$29443 Comments: 7. Expenditures 16. Confirm Total Grant Expenditure Amounts Federal : \$211695 Match : \$29443 Total : \$241138 OMB CONTROL NUMBER: 3265-0020 8. Certification Name and Contact of the authorized certifying official of the recipient. First Name Shelly Last Name Holland Title Director Budget & Finance Phone Number Email Address	Cyber Security: : \$95205	
Total: \$211695 Comments: \$5410 - Bank Fees 15. GRANT COST CATEGORIES - MATCH Post-Election Auditing: \$16657 Cyber Security: \$12786 Total: \$29443 Comments: 7. Expenditures 16. Confirm Total Grant Expenditure Amounts Federal: \$211695 Match: \$29443 Total: \$241138 DOMB CONTROL NUMBER: 3265-0020 8. Certification Name and Contact of the authorized certifying official of the recipient. First Name Shelly Last Name Holland Title Director Budget & Finance Phone Number Email Address	Voter Education/Communications:: \$22481	
Comments: \$5410 - Bank Fees 15. GRANT COST CATEGORIES - MATCH Post-Election Auditing:: \$16657 Cyber Sacurity:: \$12786 Total: \$29443 Comments: 7. Expenditures 16. Confirm Total Grant Expenditure Amounts Federal: \$211695 Match: \$29443 Total: \$241138 DMB CONTROL NUMBER: 3265-0020 8. Certification Name and Contact of the authorized certifying official of the recipient. First Name Shelly Last Name Holland Title Director Budget & Finance Phone Number Email Address	Other (Specify below): \$5410	
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Cyber Security:: \$12786 Total: \$29443 Comments: 7. Expenditures 16. Confirm Total Grant Expenditure Amounts Federal: \$211695 Match: \$2443 Total: \$241138 DMB CONTROL NUMBER: 3265-0020 8. Certification Name and Contact of the authorized certifying official of the recipient. First Name Shelly Last Name Holland Title Director Budget & Finance Phone Number Email Address	15. GRANT COST CATEGORIES - MATCH	
Cyber Security:: \$12786 Total: \$29443 Comments: 7. Expenditures 16. Confirm Total Grant Expenditure Amounts Federal: \$211695 Match: \$2443 Total: \$241138 DMB CONTROL NUMBER: 3265-0020 8. Certification Name and Contact of the authorized certifying official of the recipient. First Name Shelly Last Name Holland Title Director Budget & Finance Phone Number Email Address	Post-Election Auditing:: \$16657	
Comments: 7. Expenditures 16. Confirm Total Grant Expenditure Amounts Federal: \$211695 Match: \$29443 Total: \$241138 DOMB CONTROL NUMBER: 3265-0020 8. Certification Name and Contact of the authorized certifying official of the recipient. First Name Shelly Last Name Holland Title Director Budget & Finance Phone Number Email Address		
7. Expenditures 16. Confirm Total Grant Expenditure Amounts Federal: \$211695 Match: \$29443 Total: \$241138 DMB CONTROL NUMBER: 3265-0020 8. Certification Name and Contact of the authorized certifying official of the recipient. First Name Shelly Last Name Holland Title Director Budget & Finance Phone Number Email Address	Total: \$29443	
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16. Confirm Total Grant Expenditure Amounts Federal: \$211695 Match: \$29443 Total: \$241138 DMB CONTROL NUMBER: 3265-0020 8. Certification Name and Contact of the authorized certifying official of the recipient. First Name Shelly Last Name Holland Title Director Budget & Finance Phone Number Email Address		
16. Confirm Total Grant Expenditure Amounts Federal: \$211695 Match: \$29443 Total: \$241138 DMB CONTROL NUMBER: 3265-0020 8. Certification Name and Contact of the authorized certifying official of the recipient. First Name Shelly Last Name Holland Title Director Budget & Finance Phone Number Email Address		
Federal: \$211695 Match: \$29443 Total: \$241138 DMB CONTROL NUMBER: 3265-0020 B. Certification Name and Contact of the authorized certifying official of the recipient. First Name Shelly Last Name Holland Title Director Budget & Finance Phone Number Email Address	7. Expenditures	
Match: \$29443 Total: \$241138 DMB CONTROL NUMBER: 3265-0020 B. Certification Name and Contact of the authorized certifying official of the recipient. First Name Shelly Last Name Holland Title Director Budget & Finance Phone Number Email Address	6. Confirm Total Grant Expenditure Amounts	
Match: \$29443 Total: \$241138 DMB CONTROL NUMBER: 3265-0020 B. Certification Name and Contact of the authorized certifying official of the recipient. First Name Shelly Last Name Holland Title Director Budget & Finance Phone Number Email Address	Federal: \$211695	
B. Certification Name and Contact of the authorized certifying official of the recipient. First Name Shelly Last Name Holland Title Director Budget & Finance Phone Number Email Address		
B. Certification Name and Contact of the authorized certifying official of the recipient. First Name Shelly Last Name Holland Title Director Budget & Finance Phone Number Email Address	Total: \$241138	
B. Certification Name and Contact of the authorized certifying official of the recipient. First Name Shelly Last Name Holland Title Director Budget & Finance Phone Number Email Address		
First Name Shelly Last Name Holland Title Director Budget & Finance Phone Number Email Address		
First Name Shelly Last Name Holland Title Director Budget & Finance Phone Number Email Address	8. Certification	
Last Name Holland Title Director Budget & Finance Phone Number Email Address	Name and Contact of the authorized certifying official of the recipient.	
Last Name Holland Title Director Budget & Finance Phone Number Email Address	First Name	
Last Name Holland Title Director Budget & Finance Phone Number Email Address	Shelly	
Title Director Budget & Finance Phone Number Email Address		
Title Director Budget & Finance Phone Number Email Address	Last Name	
Phone Number Email Address	Holland	
Phone Number Email Address	Title	
Email Address	Director Budget & Finance	
	Phone Number	
Signature of Certifying Official:	Email Address	
Signature of Certifying Official:		
Signature of Certifying Official:		
Signature of Certifying Official:		
	Signature of Certifying Official:	



Signature of: Shelly Holland

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.