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							MO20101001			
3. Recipient Organization (Name and complete address including Zip code)										
			·	3 1 /						
SECRETA	ARY OF STA	TE, MISS	SOURI OFFICE O	F THE						
600 W MA	AIN ST JEFF	FRSON	CITY MO 651011	1592						
4a. UEI	V MAIN ST, JEFFERSON CITY, MO 651011592 4b. EIN 5. Recipient Account Number or Identifying Nur					ntifying Numb	nber 6. Report Type 7. Basis of Accounting			
				(To report multiple grants, use FFR Attachme		Attachment)	ent)		⊠ Cash	
							☐ Semi-Annual ☐ Accural		☐ Accural	
FDUVKC	XGLK15	14	46000987K8	E7660B1			☐ Anr			
	rant Period (Mo						9. Reporting Period End Date (Month, Day, Year)			
From: Mar	ch 28, 2018			To: September 30, 2099			March 31, 2022			
10. Transactions							Cumulative			
(Use lines a	-c for single or	combined	multiple grant repor	ting)						
Federal Cas	sh (To report r	multiple g	rants separately, a	lso use FFR Attachmen	nt):					
a. Cash Receipts								\$15,365,191.00		
b. Cash Disbursements								\$3,315,267.80		
c. Cash on Hand (line a minus b) \$12,049,923.20										
(Use lines d-o for single grant reporting)										
Federal Exp	enditures and	d Unobliga	ated Balance:							
d. Total Federal funds authorized								\$15,365,191.00		
e. Federal share of expenditures								\$3,315,267.80		
f. Federal share of unliquidated obligations								\$646,123.65		
g. Total Federal share (sum of lines e and f) \$3,961,391.										
h. Unobligated balance of Federal funds (line d minus g) \$11,403,799.55										
Recipient S	hare:									
i. Total recipient share required \$1,988,44										
j. Recipient share of expenditures								\$1,988,444.00		
k. Remaining recipient share to be provided (line i minus j) \$0.00										
Program In										
I. Total Federal share of program income earned \$368,251.6.										
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 I minus line m and line n) 11. Indirect a. Type b. Rate c. Period From Period To d. Base e. A.								\$368,251.62		
	а. Туре	b. Rate	c. Period From	Period To	d. Base		e. Amour	t Charged	f. Federal Share	
Expense										
				g Totala:		\$0.00		60.00	#0.00	
10.5	A44 *	,		g. Totals:		\$0.00	<u> </u>	\$0.00	\$0.00	
12. Remarks	s: Attach any e	xplanation	s deemed necessar	y or information required	by Federal s	sponsoring ag	ency ın co	mpliance with g	overning legislation:	
"Please p	rovide the fol	lowing inf	ormation:							
				e best of my knowledge						
				or the purposes and int o criminal, civil, or adm						
fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. of a. Typed or Printed Name and Title of Authorized Certifying Official c. Telegrams.)								Telephone (Area code, number, and extension)		
a. Typou or	i iiiitoa itailio	una mao o	Triamonizoa coranyi	ng Omolai		0. 10	nophono (ruod oodo, ridir	ibot, and extension)	
Vincent, Trish d. Email Addr								race		
Timestri, Tren								,33		
Deputy Secretary of State/Chief of Staff								ate Report Submitted (Month, Day, Year)		
							, , , , , , , , , , , , , , , , , , , ,			
Vincent, Trish							April 28, 2022 Standard Form 425			
OMB App							Approval Nu	proval 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 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 : MO20101001

Recipient Organization : SECRETARY OF STATE, MISSOURI OFFICE OF THE 600

W MAIN ST, JEFFERSON CITY, MO 651011592

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): N/A 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

1. State or Territory:

Missouri

2. Grant Number:

MO20101001

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 this grant period the Missouri Office of the Secretary of State (MSOS) worked with the local election authorities (LEAs) to continue performing election security audits/assessments (Election Security Assessment). The number of LEAs that have completed an Election Security Assessment continues to grow. In addition, the LEAs received a Security Best Practices guide designed to provide fundamental security recommendations, election security best practices, and available resources. The Security Best Practices guide allows for continued improvement of election security at the local level. Furthermore, these funds were used by MSOS to provide managed defense and threat intelligence on the state level.

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.

Security training continues to be conducted between the LEAs and the third party vendor utilized for the Election Security Assessments or conducted between the MSOS and the third party vendor. The MSOS continues to provide security training-through a variety of methods- including training on phishing emails and phone calls, and in-person facilities access. All staff are required by the MSOS participate in quarterly video trainings. The video trainings work in tandem with course specific quizzes designed to ensure staff master the course material and remain up-to-date on evolving security threats.

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.

Funding was provided for equipment and cable installation for the CyberDefense Essentials Program.

Provide a breakdown of aggregate subawards expenditures across major categories.

Voting Equipment: \$0.00 Election Auditing: \$0.00

Voter Registration Systems: \$0.00

Security: \$288,522.11 Communications: \$0.00 Other (Voter Reg. Security Equipment): \$0.00

Other (Specify above): \$0.00 Other (Specify above): \$0.00

Total: \$288522.11

13. Match:

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

We have met our required \$1,988,444 match with the portion of the Elections Division's annual payments for MSOS software maintenance and support renewal costs for our statewide voter registration database.

14. 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

15. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES - FEDERAL

Voter Registration Systems: : \$16095

Cyber Security: : \$288522 Subgrants: : \$28148

Voting Equipment and Processes:: \$0

Post-Election Auditing:: \$0

Voter Education/Communications:: \$0

Accessibility::\$0 Staffing::\$0 Training::\$0

Indirect Costs (If applicable, FFR Line 11)::\$0

Unliquidated Obligations (If applicable, FFR Line 10f):: \$214142

Other (Specify below): \$0 Other (Specify below): \$0 Other (Specify below): \$0

Total: \$546907 **Comments:**

16. 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

17. Confirm Total Grant Expenditure Amounts

Federal: \$546,906.71

Match: \$0.00 Total: \$546906.71

Confirm Total Grant Expenditure Amounts

Total: \$0

OMB CONTROL NUMBER: 3265-0020

8. Certification

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

First Name

Patrick

Last Name

Cosby

Title

Accounting Specialist III

Phone Number

Email Address

Signature of Certifying Official:

/ COLDE

Signature of: Patrick Cosby

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.