

**FEDERAL FINANCIAL REPORT**

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>ELECTION ASSISTANCE COMMISSION</b>				2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  <b>MT20101001</b>				
3. Recipient Organization (Name and complete address including Zip code)  <b>SECRETARY OF STATE, MONTANA</b> <b>1301 E 6th ave state capitol, helena, MT 596203875</b>								
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: <b>March 28, 2018</b>				9. Reporting Period End Date (Month, Day, Year) To: <b>September 30, 2019</b> <b>March 31, 2022</b>				
<b>10. Transactions</b>					Cumulative			
<i>(Use lines a-c for single or combined multiple grant reporting)</i>								
<b>Federal Cash (To report multiple grants separately, also use FFR Attachment):</b>								
a. Cash Receipts					\$6,133,534.00			
b. Cash Disbursements					\$3,451,219.09			
c. Cash on Hand (line a minus b)					\$2,682,314.91			
<i>(Use lines d-o for single grant reporting)</i>								
<b>Federal Expenditures and Unobligated Balance:</b>								
d. Total Federal funds authorized					\$6,133,534.00			
e. Federal share of expenditures					\$3,451,219.09			
f. Federal share of unliquidated obligations					\$0.00			
g. Total Federal share (sum of lines e and f)					\$3,451,219.09			
h. Unobligated balance of Federal funds (line d minus g)					\$2,682,314.91			
<b>Recipient Share:</b>								
i. Total recipient share required					\$776,707.00			
j. Recipient share of expenditures					\$776,707.00			
k. Remaining recipient share to be provided (line i minus j)					\$0.00			
<b>Program Income:</b>								
l. Total Federal share of program income earned					\$135,188.84			
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)					\$135,188.84			
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share	
	Provisional	32.3	July 1, 2019	March 31, 2022	\$936,917.34	\$302,624.30	\$302,624.30	
g. Totals:					\$936,917.34	\$302,624.30	\$302,624.30	
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  <b>Nunn, Angela</b> <b>Operations Director</b>					c. Telephone (Area code, number, and extension)			
					d. Email Address			
b. Signature of Authorized Certifying Official  <b>Nunn, Angela</b>					e. Date Report Submitted (Month, Day, Year)  <b>April 29, 2022</b>			

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

**FEDERAL FINANCIAL REPORT**

(Additional Page)

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Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : MT20101001

Recipient Organization : SECRETARY OF STATE, MONTANA  
1301 E 6th ave state capitol, helena, MT 596203875

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

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**Federal Agency Review**

Reviewer Name  
Phone #  
Email  
Review Date  
Review Comments

# 2021-2022 EAC Progress Report

## 3. EAC Progress Report

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**1. State or Territory:**

Montana

**2. Grant Number:**

MT20101001

**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

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**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.)**

Montana Secretary of State expended the majority of the reported federal expenditures on payment of the completed project deliverables of the new election and voter management system and issuing subgrant funds to twelve Montana counties. The requested funds from these counties were primarily used to purchase Express Vote machines to replace Auto-mark machines. Additionally, subgrant funds were used for election auditing improvements, voter registration and management systems,

software/licenses to improve cyber security, and communications. SOS also incurred indirect administrative costs during this reporting 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.**

No significant changes

**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.**

No issues encountered

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

Election security training was provided during the Election Administrators Certification training conference, however grant funds were not expended.

**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.**

Montana Secretary of State provided HAVA Funding through subgrant allocations to Montana counties for improving election security. During this reporting period, Montana Counties used the funding to purchase voting equipment replacements, purchase equipment for election auditing improvements, voter registration management upgrades, and security improvements.

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

Voting Equipment : \$242,323.12

Election Auditing : \$94,672.48

Voter Registration Systems : \$8,750.00

Security : \$10,517.20

Communications : \$1,447.00

Other (Voter Reg. Security Equipment) : \$0.00

Other (Specify above) : \$0.00

Other (Specify above) : \$0.00

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Total : \$357709.8

**13. Match:**

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

Total Match has been met in previous reporting periods.

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

27 - Express Vote Terminals

71 - Express Vote Booths

9 - Laptop Computers

1 - DS850 Scanner

4 - DS200 Scanners

92 - Voting Booths

10 - Optical Scan Ballot Boxes

## 5. Expenditures

### 15. Current Period Amount Expended and Unliquidated Obligations

#### GRANT COST CATEGORIES - FEDERAL

Voter Registration Systems: : \$408600

Staffing: : \$4609

Subgrants: : \$357710

Indirect Costs (If applicable, FFR Line 11): : \$56470

Total : \$827389

**Comments:**

### 16. GRANT COST CATEGORIES - MATCH

Other (Specify below) : \$0

Total : \$0

**Comments:** Total Match has been met in previous reporting periods.

## 7. Expenditures

### 17. Confirm Total Grant Expenditure Amounts

Federal : \$827389

Match : \$0

Total : \$827389

**OMB CONTROL NUMBER: 3265-0020**

## 8. Certification

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

**First Name**

Andy

**Last Name**

Ritter

**Title**

Operations Manager

**Phone Number**

Email Address

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

Yes

19.

First Name

Angela

Last Name

Nunn

Title

Chief Deputy

Email Address

Signature of Certifying Official:



Signature of: Andy Ritter

## 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.