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)

WA20101001

3. Recipient Organization (Name and complete address including Zip code)

**Secretary of State, Washington**

416 Sid Snyder Ave SW, Olympia, WA 985011347

4a. UEI

4b. EIN

5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)

6. Report Type

- Quarterly
- Semi-Annual
- Annual
- Final

7. Basis of Accounting

- Cash
- Accrual

8. Project/Grant Period (Month, Day, Year)

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 28, 2018</td>
<td>September 30, 2099</td>
</tr>
</tbody>
</table>

9. Reporting Period End Date (Month, Day, Year)

| To: |
| March 31, 2022 |

10. Transactions

<table>
<thead>
<tr>
<th>Federal Cash (To report multiple grants separately, also use FFR Attachment):</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cash Receipts</td>
</tr>
<tr>
<td>b. Cash Disbursements</td>
</tr>
<tr>
<td>c. Cash on Hand (line a minus b)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Federal Expenditures and Unobligated Balance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>d. Total Federal funds authorized</td>
</tr>
<tr>
<td>e. Federal share of expenditures</td>
</tr>
<tr>
<td>f. Federal share of unliquidated obligations</td>
</tr>
<tr>
<td>g. Total Federal share (sum of lines e and f)</td>
</tr>
<tr>
<td>h. Unobligated balance of Federal funds (line d minus g)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recipient Share:</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Total recipient share required</td>
</tr>
<tr>
<td>j. Recipient share of expenditures</td>
</tr>
<tr>
<td>k. Remaining recipient share to be provided (line i minus j)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Income:</th>
</tr>
</thead>
<tbody>
<tr>
<td>l. Total Federal share of program income earned</td>
</tr>
<tr>
<td>m. Program income expended in accordance with the deduction alternative</td>
</tr>
<tr>
<td>n. Program income expended in accordance with the addition alternative</td>
</tr>
<tr>
<td>o. Unexpended program income (line l minus line m and line n)</td>
</tr>
</tbody>
</table>

11. Indirect Expense

<table>
<thead>
<tr>
<th>a. Type</th>
<th>b. Rate</th>
<th>c. Period From</th>
<th>Period To</th>
<th>d. Base</th>
<th>e. Amount Charged</th>
<th>f. Federal Share</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>a. Typed or Printed Name and Title of Authorized Certifying Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holmes, Stuart</td>
</tr>
</tbody>
</table>

**Deputy Director of Elections**

<table>
<thead>
<tr>
<th>b. Signature of Authorized Certifying Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holmes, Stuart</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Telephone (Area code, number, and extension)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Email Address</th>
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</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>e. Date Report Submitted (Month, Day, Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 17, 2022</td>
</tr>
</tbody>
</table>

**Secretary of State, Washington**

416 Sid Snyder Ave SW, Olympia, WA 985011347

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**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/O/OCIO/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PRA Reports Clearance Officer

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Report Status: Awarding Agency Approval

Page 1 of 2

Printed Date: May 23, 2022
Federal Agency & Organization: ELECTION ASSISTANCE COMMISSION

Federal Grant ID: WA20101001
Recipient Organization: Secretary of State, Washington
416 Sid Snyder Ave SW, Olympia, WA 985011347

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): $10,091.66
- State interest expended (current fiscal year): $0.00
- Program income earned (current fiscal year): $0.00
- Program income earned breakdown (current fiscal year): $0.00
- Program income expended (current fiscal year): $0.00

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Federal Agency Review

Reviewer Name
Phone #
Email
Review Date
Review Comments
3. EAC Progress Report

1. State or Territory:
   Washington

2. Grant Number:
   WA20101001-02

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 the reporting period, our county partners continued to make improvements to the physical security at their facilities, including installing video surveillance cameras and electronic locks. Our county partners also spent HAVA funds on imprinters to facilitate post-election audits.
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.

There were no significant changes to the program during this reporting period.

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.

The Legislature provided matching funds in a prior budget cycle.

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

Two counties purchased imprinters for their tabulation systems.

5. Expenditures


GRANT COST CATEGORIES - FEDERAL

Voting Equipment and Processes: $0
Post-Election Auditing: $0
Voter Registration Systems: $0
Cyber Security: $376039
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

Total: $376039

Comments: One county originally reported purchasing an awning costing $6,205.09 that was subsequently not reported on future reports. It was caught during this reporting and added back into this report. The proration percentage we use to
determine the county Federal and state match percentages is 0.77777704640804. Multiplying $6,205.09 by 0.777777704640804 equals $4,826.18, which is the discrepancy between the FFR and progress report noted by EAC for the state match portion. We are also revising our progress report and FFR to include the amounts sub-granted to counties. Washington made advance payments to our counties, totaling $6,202,446.50 of Federal funds. Most counties have not spent those funds and have no plan to spend the funds, and thus were not originally included in the FFR (line 10b, 10e, or 10f) or prior progress reports. We received updated guidance that the sub-granted amounts should be included in the progress report, as the amount that was sent to the county. Those payments were made between 07/06/2020 and 12/24/2020.

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  

Total: $0  

**Comments:** The state match has a discrepancy from the remainder of the awning that dropped of the report in the amount of $1,378.91. This progress report also reflects $1,772,128.00 in sub-grant payments made to counties that are now being reported. They were sent during the same time frame as the advance payments of Federal funds.

7. **Expenditures**

16. **Confirm Total Grant Expenditure Amounts**

Federal: $472,592.99  
Match: $27,587.01  
Total: $500,180

**OMB CONTROL NUMBER:** 3265-0020

8. **Certification**

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Christopher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>Donald</td>
</tr>
<tr>
<td>Title</td>
<td>Grant and budget specialist</td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
</tbody>
</table>
17. Add another contact to send a copy of submission confirmation and edit link?
   Yes

18.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Stuart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>Holmes</td>
</tr>
<tr>
<td>Title</td>
<td>Director of Elections</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

**Signature of Certifying Official:**

Signature of: Christopher Donald