### ELECTION ASSISTANCE COMMISSION

1. **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)**

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

<table>
<thead>
<tr>
<th>4a. UEI</th>
<th>4b. EIN</th>
</tr>
</thead>
</table>

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)**
   - From: March 28, 2018
   - To: September 30, 2099

9. **Reporting Period End Date (Month, Day, Year)**
   - March 31, 2022

10. **Transactions**

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<td></td>
</tr>
<tr>
<td>g. Totals:</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
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</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)

   a. **Typed or Printed Name and Title of Authorized Certifying Official**
   - Barker, Delilah
   - Chief Financial Officer

   b. **Signature of Authorized Certifying Official**
   - Barker, Delilah

   c. **Telephone (Area code, number, and extension)**
   - May 31, 2022

   d. **Email Address**

   e. **Date Report Submitted (Month, Day, Year)**
   - May 31, 2022

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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/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: Jul 26, 2022
Federal Financial Report

Federal Agency & Organization | ELECTION ASSISTANCE COMMISSION
---|---
Federal Grant ID | 
Recipient Organization | 
UEI | 
UEI Status when Certified | 
EIN | 
Reporting Period End Date | 
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): $0 Source: N/A
Program income expended (current fiscal year): $0"

Federal Agency Review

Reviewer Name | 
Phone # | 
Email | 
Review Date | 
Review Comments | 

Report Status: Awarding Agency Approval
Printed Date: Jul 26, 2022
1. **Login**

   Please enter the username and password provided by the EAC to begin the Progress Report. If you require assistance or have any questions, please contact Grants@eac.gov.

2. **Verification**

   

3. **EAC Progress Report**

   1. **State or Territory:**
      
      West Virginia

   2. **Grant Number:**

   3. **Report:**
      
      Semi-Annual (Oct 1 - March 31)

   4. **Grant:**
      
      Election Security

   5. **Reporting Period Start Date**
      
      09/30/2021

   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.)*

    Grant activities during this period were limited to processing grants applied for in advance of the 2020 federal election. Certain counties who were sub-grant recipients have taken longer than others to effectuate their grant agreement which is a condition for our release of their subgrants.
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?

Yes

12. Describe the activities carried out by your subgrantees during the reporting period.

N/A

Provide a breakdown of aggregate subawards expenditures across major categories.

<table>
<thead>
<tr>
<th>Voting Equipment</th>
<th>$4,790.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$4790</td>
</tr>
</tbody>
</table>

13. Match:

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

Per State Rule, County subgrantee contributed 50% of funds for new voting equipment (tabulation hardware)

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

2 ES&S Model 100 precinct scanners, associated PCMCIA cards, and omni drives.

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5. Expenditures

15. Current Period Amount Expended and Unliquidated Obligations

**GRANT COST CATEGORIES - FEDERAL**

Voting Equipment and Processes: $4790

Total: $4790

Comments:

**16. GRANT COST CATEGORIES - MATCH**

Voting Equipment and Processes: $4790
7. Expenditures

17. Confirm Total Grant Expenditure Amounts

Federal: $4790
Match: $4790
Total: $9580

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>Chris</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>Alder</td>
</tr>
<tr>
<td>Title</td>
<td>Dept General Counsel</td>
</tr>
</tbody>
</table>

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

Signature of Certifying Official:

[Signature]

Signature of: Chris Alder

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.