OMB Number: 3265-0022 U.S. Election Assistance Commission Expires 04/30/2025 FEDERAL FINANCIAL REPORT (EACFFR) 2. Federal Grant or Other Identifying Number Assigned By Fed. Agency 1. Federal Agency and Org. Element to Which Report is Submitted (To report multiple grants, use FFR Attachment) U.S. Election Assistance Commission EAC-ELSEC22NC 3. Recipient Organization (Name and complete address including Zip code) **Recipient Organization Name:** North Carolina State Board of Elections 430 N Salisbury St Street2: City: County: WAKE Raleigh State: Province: Country: Zip 5: 27603 Zip +4: United States 6. Report Type 5. Recipient Account Number or Identifying Nu Quarterly 4a. UEI 4b. EIN K7LTCE5NV539 Semi-Annual 561935214 (To report multiple grants, use FFR Attachment) C Annual C Final 7. Basis of Accounting 8. Project/Grant Period 9. Reporting Period End Date (Month, Day, Year) Cash To: From: 03/23/2018 09/30/2099 03/31/2023 Accrual 10. TRANSACTIONS (Use lines a-c for single or multiple grant reporting) Cumulative Federal Cash: (To report multiple grants, also use FFR attachment) \$22,050,678.00 a. Cash Receipts \$22,050,678.00 b. Cash Disbursements c. Cash on hand (line a minus b) \$0.00 Federal Expenditures and Unobligated Balance: Do not complete this section if reporting on multiple awards. \$22,050,678.00 d. Total Federal funds authorized e. Federal share of expenditures \$22,050,678.00 f. Federal share of unliquidated obligations g. Total Federal share (sum of line e plus line f) \$22,050,678.00 h. Unobligated balance of Federal funds (line d minus g) \$0.00 Recipient Share: Do not complete this section if reporting on multiple awards. i. Total recipient share required \$2,854,150.00 \$2,542,433.15 j. Recipient share of expenditures \$311,716.85 k. Remaining recipient share to be provided (line i minus j) Program Income: Do not complete this section if reporting on multiple awards. \$0.00 l. Total Federal program income earned m. Program income expended in accordance with the deduction alternative \$0.00 n. Program Income expended in accordance with the addition alternative \$0.00 \$0.00 o. Unexpended program income (line l minus line m and line n) Federal Interest: p. Total Federal interest earned \$406,767.86 \$406,767.86 q. Federal interest expenditures r. Remaining Federal interest to be expended (line p minus q) \$0.00 11. Indirect Expense e. Amount Charged a. Type Period From Federal Share Rate Period To Base 0.00% \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 g. Total \$0.00 12. Remarks: a. State Interest Earned: Enter the current year amount earned (not cumulative) \$733.83

5/11/23, 10:20 AM Progress Report

U.S. ELECTION ASSISTANCE COMMISSION

U.S. ELECTION ASSISTANCE COMMISSION	OMB CONTROL No.: 3265-0022 Expiration Date: 04/30/2025	
	s Report Cover Page	
Grant In 1. State or Territory	formation 2. Federal Grant or Other Identifying Number Assigned by Federal Agency	
North Carolina State Board of Elections	EAC-ELSEC22NC	
3. Grant Type:		
© 101		
C 251 Election Security		
Other [e.g., CARES]		
Describe Other		
Report In	formation	
4. Report Type:		
© Semi-Annual		
Annual		
C Final		
Describe Other		
Describe Other		
5. Report Period		
Start Date (Month, Day, Year) 10/01/2022	End Date (Month, Day, Year) 03/31/2023	
Section II: Progre	ess and Narrative	
Instructions: Reports due for the period ending March 31 should describe the activities of the previous six-month period and reports due for the period ending Septem ber 30 should cover the previous 12- month period. Final reports should cover the entire performance period from the start of the grant. Additional guidance can be found on our website: https://www.eac.gov/payments-and-grants/financial-progress-reporting		
EAC grants reports will be made publicly available. Therefore, your report narrati * Be written in clear, concise, and plain language * Not include sensitive confidential information	ve should:	
6. Describe in detail what happened during this reporting period and explain how you Plan/Program Narrative. (Note: Your activities should align with your category expresponse as applicable.)		
Check if no activity during this reporting period.		
During this reporting period the State continued to implement cybersecurity improvement ove overall security of its election management system software.	nts based on the agency's Security Roadmap and the agency continued to update and impr	
7. Provide a description of any training conducted, including security training.		
Check if no training was conducted during this reporting period.		
8. Report on the number and type of articles of voting equipment obtained with the	funds. Include the amount expended on the expenditure chart.	
Check if no voting equipment purchased during this reporting period.		
9. Subgrants (if applicable)		
Check if no subgrants were made during this reporting period.		
Describe the activities carried out by your subgrantees during the reporting period.		
10. Provide a breakdown of aggregate sub-award expenditures across major categor with \$0.00 Total expenses will automatically calculate. Please verify totals prior to su		
Category	Subaward Federal Expenditures	
Voting Equipment	\$0.00	
Voting Processes	\$0.00	
Voter Registration Systems	\$0.00	
Election Auditing Cyber and Physical Security	\$00.00	
Cyber and Physical Security Voter Education	\$0.00	
Accessibility	\$0.00	
Other:	\$0.00	
Total	\$0.00	

11. Match (if applicable)

5/11/23,

0:20 AM	M Progress Report			
Check if match not required.				
Describe how you are meeting or have met the matching requir The NC General Assembly appropriated State General Funds to me 2 Election Security grant through in-kind expenditures.		ity grants. The State is meeting the match for the 202		
Section Section III: Challenges and Changes				
12. Issues Encountered				
Check if no major issues encountered during this reporting	ng period.			
Describe how and whether the issues were resolved. Also, brid	efly discuss the implications of any unresolved issues or	concerns.		
13. Describe any significant changes to your program during th developments that improved program efficiency and/or service		State Plan/Program Narrative or favorable		
Check if no significant changes were made during this re	porting period.			
The total expenditure amount for this reporting period was negative e that was received in December 2022.	e because the agency moved some expenditures from the I	HAVA election security grants to a new funding sour		
S	Section IV: Expenditures			
14. Fill out the table below with both the Federal and State Ma ite-in any cost areas that do not fit into the predefined program e appropriate expense categories for #14. If you do not have expense culate. Please verify totals prior to submission. Expenditures should be consistent with a your financial reports. (EAC uses the different period expenditures).	a categories. Subaward expense totals identified in section penses for a particular category please populate the fie	on #10 should also be populated and rolled into the distribution of the state of th		
Categories	Federal	State Match		
Voting Equipment	\$0.00	\$0.0		
Voting Processes	\$0.00	-\$79,228.2		
Voter Registration Systems	\$0.00	\$0.0		
Election Auditing	\$0.00	\$0.0		
Cyber and Physical Security	\$0.00	\$0.0		
Voter Education	\$0.00	\$0.0		
Accessibility	\$0.00	\$0.0		
Other	\$0.00	\$0.0		
TOTAL	\$0.00	-\$79,228.2		
Se	ction V: Final Assessment	·		
The final progress report is your opportunity to share the signi ort should cover the entire period of performance.	ficant successes of your project and present informatio	n about the results your project achieved. The rep		
15. Self-Assessment - Assess whether the goals set out in your S met or ongoing/under resourced areas for future consideration.		rant program. Highlight any needs that were not		
16. Impact and Achievements - Describe how this grant progra	m impacted elections in your state/territory. Highlight	your accomplishments and successes.		
17. Lessons Learned - Describe any lessons learned during the	grant that may be replicated, expanded and/or help ot	iers.		
	Section VI: Certification			
18. Name and Contact of the authorized certifying official.				
First and Last Name Amy Strange	Title			
Phone Number (919) 801-5034	Email Address amy.strange@ncsbe.gov			
19. Signature of Certifying Official				

b. State Interest Expended: Enter the current year amount expended (not cumulative)		\$0.00
c. Program Income Earned: Enter the current year amount earned. (not cumulative)		\$0.00
d. Program Income Expended: Enter the amount of Program Income expended in the current year (not cumulative)		\$0.00
e. Program Income Earned Breakdown: List each source of program income individually next to each amount (federal interest earned is not program income).		
Source of program income	Amount	Delete
e. 1	\$0.00	
Total:		\$0.00

f. Comments: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

During this reporting period the agency received funds from a new funding source. Some of the expenditures from HAVA Election Security grant funds were moved to the new funding source. Moving the charges to the new funding source led us to have net negative expenditures during this reporting period. As a result, our cumulative state expenditures went down between the 2022 annual report and this report.

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complet e, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set fo rth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent informat ion, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, f alse statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

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a. Typed or Printed Name and Title of Authorized Certifying Official Amy Strange	c. Telephone (Area code, number and extension) (919) 801-5034	
Certification Title	d. Email address amy.strange@ncsbe.gov	
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) 04/21/2023	

Report Attachment (For reporting multiple grants)

14. List Information below for each grant covered by this report.		
Federal Grant Number	Recipient Account Number	Cumulative Federal Cas h Disbursement
		\$0.00
	TOTAL (Should correspond to the amount on Line 10b on Page 1)	\$0.00