

FEDERAL FINANCIAL REPORT

(Follow form instructions)

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) HI20101001			
3. Recipient Organization (Name and complete address including Zip code) Hawaii, State of 802 Lehua Ave, Pearl City, HI 967823321							
4a. DUNS Number	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 type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
8. Project/Grant Period (Month, Day, Year) From: March 28, 2018				9. Reporting Period End Date (Month, Day, Year) September 30, 2020			
To: September 30, 2019							
10. Transactions					Cumulative		
<i>(Use lines a-c for single or combined multiple grant reporting)</i>							
Federal Cash (To report multiple grants separately, also use FFR Attachment):							
a. Cash Receipts					\$6,642,675.00		
b. Cash Disbursements					\$366,052.49		
c. Cash on Hand (line a minus b)					\$6,276,622.51		
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized					\$6,642,675.00		
e. Federal share of expenditures					\$366,052.49		
f. Federal share of unliquidated obligations					\$0.00		
g. Total Federal share (sum of lines e and f)					\$366,052.49		
h. Unobligated balance of Federal funds (line d minus g)					\$6,284,287.51		
Recipient Share:							
i. Total recipient share required					\$859,956.00		
j. Recipient share of expenditures					\$636,097.16		
k. Remaining recipient share to be provided (line i minus j)					\$223,858.84		
Program Income:							
l. Total Federal share of program income earned					\$73,321.14		
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)					\$73,321.14		
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Fixed	10	March 28, 2018	September 30, 2020	\$366,052.49	\$36,605.25	\$0.00
g. Totals:					\$366,052.49	\$36,605.25	\$0.00
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: State interest earned: \$0							
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					c. Telephone (Area code, number, and extension)		
Schulaner, Aaron							
General Counsel					d. Email Address		
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year)		
Schulaner, Aaron					March 26, 2021		

Standard Form 425
OMB Approval Number: 4040-0014
Expiration Date: 02/28/2022

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)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : HI20101001

Recipient Organization : Hawaii, State of
802 Lehua Ave, Pearl City, HI 96782332 :

DUNS Number :

DUNS Status when Certified

EIN

Reporting Period End Date : September 30, 2020

Status :

Remarks :

Federal Agency Review

Reviewer Name :

Phone # :

Email :

Review Date :

Review Comments :

EAC Progress Report

Response ID:136 Data

1. Login

Please enter your userword and password to begin the Progress Narrative. If you require assistance or have any questions, please contact grants@eac.gov

2. Verification

3. EAC Progress Report

1. State or Territory:

Hawaii

2. Grant Number:

HI20101001-01

3. Report:

Annual (Oct 1 - Sept 30)

4. Grant:

Please select only one.

Election Security

5. Reporting Period Start Date

10/01/2019

6. Reporting Period End Date

09/30/2020

9. Recipient Organization:

Organization Name

State Of Hawaii, Office Of Elections

Street Address

802 Lehua Ave

City

Pearl City

State

HI

Zip

96782

4. Progress and Narrative

1. Describe in detail what happened during this reporting period and explain how you implemented the approved grant activities.

During this reporting period, election officials finished their migration to Windows 10. Previously, election officials had been operating older computers that supported Windows 7 and Microsoft had indicated that support for the operating system would end on January 14, 2020. With this in mind, elections officials focused on purchasing new computers that could support Windows 10 which had the requisite Windows cyber security. The new computers needed to be loaded with appropriate software and connected to the statewide voter registration that is in the Hawaii State Government Private Cloud that is a part of the Office of Enterprise Technology Services. As it relates to this cloud environment for elections, continuous payments were made to the Office of Enterprise Technology Services and its vendors for various services related to ensuring the cyber security of the statewide voter registration system in this environment. This included a software subscription to provide validation of several security controls for the elections infrastructure and ongoing web services that allow the environment to handle additional high loads and additional security setup during times leading up to and during the General Election and Primary Election.

3. 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.

Otherwise enter N/A.

There were no significant changes during this period to our program.

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.

Otherwise enter N/A.

No issues were encountered during the reporting period.

Provide a description of any training conducted.

Otherwise enter N/A.

6. Provide a description of any security training conducted.

Otherwise enter N/A.

No security training was conducted during this period.

7. Subgrants (if applicable):

Describe how you made funds available to local jurisdictions.

Provide a description of the major categories of subgrant activities local voting districts will accomplish with the funds.

Otherwise enter N/A.

N/A

8. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

Our match was met through a combination of the following: (1) state expenditures of general funds for matters related to our HAVA compliant statewide voter registration system; (2) state expenditures for pandemic related costs that improved the administration of federal elections in the form of the expansion of facilities to permit for compliance with social distancing requirements; and (3) the State applying its de minimis 10% indirect cost rate on its modified total direct costs toward the match.

Going forward, we continue to plan to use the de minimis 10% indirect cost rate and existing budget authority for expenditures to satisfy the matching requirement.

5. Report on the number and type of articles of voting equipment obtained with the funds.

Include the amount expended on the expenditure table.

Otherwise enter N/A.

No articles of voting equipment were purchased during this period.

5. Expenditures

11. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES

	Federal	Match
Voting Equipment and Processes:	\$0.00	\$0.00
Post-Election Auditing:	\$0.00	\$0.00
Voter Registration Systems:	\$0.00	\$6,437.50
Cyber Security:	\$196,885.25	
Communications:	\$0.00	\$0.00
Total	\$196,885.25	\$526,126.03
Pandemic Facilities Cost		\$500,000.00
De Minimis 10% Indirect Cost Rate on MTDC		\$19,688.53

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Aaron

Last Name

Schulaner

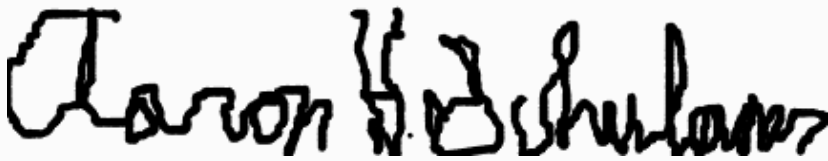
Title

General Counsel

Phone Number

Email Address

Signature of Certifying Official:



Signature of: Aaron H. Schulaner

7. Report Submitted to EAC



Thank you, your progress report has been submitted to EAC. Please keep the PDF download of your submission as grant record.