

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) MI20101001		
3. Recipient Organization (Name and complete address including Zip code) STATE, MICHIGAN DEPARTMENT OF 430 W ALLEGAN STREET, LANSING, MI 489331592							
4a. DUNS Number		4b. EIN		5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	
7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual							
8. Project/Grant Period (Month, Day, Year) From: March 28, 2018 To: September 30, 2019					9. Reporting Period End Date (Month, Day, Year) March 31, 2021		
10. Transactions						Cumulative	
(Use lines a-c for single or combined multiple grant reporting)							
Federal Cash (To report multiple grants separately, also use FFR Attachment):							
a. Cash Receipts						\$22,760,697.00	
b. Cash Disbursements						\$2,917,630.19	
c. Cash on Hand (line a minus b)						\$19,843,066.81	
(Use lines d-o for single grant reporting)							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized						\$22,760,697.00	
e. Federal share of expenditures						\$2,917,630.19	
f. Federal share of unliquidated obligations						\$36,044.20	
g. Total Federal share (sum of lines e and f)						\$2,953,674.39	
h. Unobligated balance of Federal funds (line d minus g)						\$19,807,022.61	
Recipient Share:							
i. Total recipient share required						\$2,967,206.58	
j. Recipient share of expenditures						\$895,124.86	
k. Remaining recipient share to be provided (line i minus j)						\$2,072,081.72	
Program Income:							
l. Total Federal share of program income earned						\$467,473.72	
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)						\$467,473.72	
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Fixed	13.6	October 1, 2020	March 31, 2021	\$512,214.97	\$69,661.24	\$66,345.31
g. Totals:					\$512,214.97	\$69,661.24	\$66,345.31
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: State interest earned: \$157.42							
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 Paradine, Cindy Financial Services Director					c. Telephone (Area code, number, and extension) d. Email Address		
b. Signature of Authorized Certifying Official Paradine, Cindy					e. Date Report Submitted (Month, Day, Year) April 29, 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 : MI20101001

Recipient Organization : STATE, MICHIGAN DEPARTMENT OF
430 W ALLEGAN STREET, LANSING, MI 489331592 :

DUNS Number

DUNS Status when Certified : ACTIVE (as of 04/29/2021)

EIN :

Reporting Period End Date : March 31, 2021

Status : Report Certified/Pending Agency Approval

Remarks : State interest earned: \$157.42
State interest expended: \$0
Program income earned total: \$0
Program income earned breakdown: N/A
Program income expended: \$0

Federal Agency Review

Reviewer Name :

Phone # :

Email :

Review Date :

Review Comments :

EAC Progress Report

Response ID:359 Data

1. Login

2. Verification

3. EAC Progress Report

1. State or Territory:

Michigan

2. Grant Number:

MI20101001

3. Report:

Semi-Annual (Oct 1 - March 31)

4. Grant:

Please select only one.

Election Security

Grant:

Please select only one.

CARES

5. Reporting Period Start Date

10/01/2020

6. Reporting Period End Date

03/31/2021

7. Recipient Organization:

Organization Name

Michigan Department Of State

Street Address

430 W Allegan Street

City

Lansing

State

MI

Zip

48933-1592

4. Progress and Narrative

Final Progress Report:

The final report is your opportunity to share the significant features of your project and present information about the results your project achieved.

It should be written as if the reader has no previous knowledge of your project's activities. The report should cover the entire period of performance.

Review and Self-Assessment:

Review and highlight all activities that occurred during the implementation of the project, including an assessment of your performance.

CARES Grant Specific:

Describe in detail how you used the funds to address the pandemic and explain how you implemented the approved grant activities.

Describe the major issues you faced in dealing with the pandemic and how you addressed or resolved those issues.

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

Voting Equipment

11 regular and 12 high speed tabulators were purchased with only a portion being paid for with HAVA Security Funds. The state and local portion has been recorded as match.

Post Election Auditing

Risk limited audit software was purchased and used for post election auditing.

Voter Registration Systems

Temporary staff were hired to begin processing all of the returned mail from the statewide absentee ballot application mailing conducted last year. This returned mail will be used to ensure the accuracy of the Qualified Voter File.

Cyber Security

A mailing was sent to all eligible but unregistered voters in our driver license and identification card file before the November Election as required per our agreement with the Electronic Registration Information Center. We continued to enhance security of our Qualified Voter File with IT programming. We also continued to fund a dedicated Election Security Specialist during this

period.

Communications

Services from a marketing company were utilized to assist with communications related to the security and accuracy of the November election results.

Election Supplies

Supplies were provided to local election precincts to assist them with the processing of a significantly larger than normal volume of absentee voter ballots.

9. 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.

N/A

10. 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.

N/A

Provide a description of any training conducted.

Otherwise enter N/A.

11. Provide a description of any security training conducted.

Otherwise enter N/A.

In order to obtain access to the Qualified Voter File, all users must complete training which includes a 25 minute security training module.

12. 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.

3 subgrants were issued to local jurisdictions to reimburse them for a portion of the costs for new tabulators. For other jurisdictions, payments were made directly to the voting equipment vendors on their behalf. Election supplies were also purchased on behalf of local jurisdictions for their use.

13. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

The match requirement for the 2018 HAVA Security Grant was appropriated by the Legislature. The match requirement for the

2020 HAVA Security Grant is being met by using a portion of the voting equipment costs paid for by local jurisdictions.

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.

Impact:

Write an assessment of how your project has impacted the problems you were trying to solve. Were there unexpected benefits? Shortfalls? *

Lessons Learned:

Provide a review of your successes and suggest ways that your experience may be helpful to others. Did you make permanent changes to your processes?

5. Expenditures

14. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES

	Federal	Match
Voting Equipment and Processes:	\$102,197.76	\$325,324.24
Post-Election Auditing:	\$48,686.69	\$2,433.31
Voter Registration Systems:	\$39,978.92	\$1,998.06
Cyber Security:	\$262,958.95	\$13,142.97
Communications:	\$188,244.61	\$9,408.27
Total	\$656,376.20	\$353,022.01
Election Supplies	\$14,309.27	\$715.16

Current Period Amount Expended and Unliquidated Obligations

CARES COST CATEGORIES

	Federal	Match
Voting Processes:		
Staffing:		
Security and Training:		
Communications:		
Supplies:		
Total		

6. Certification

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

First Name

CINDY

Last Name

PARADINE

Title

Financial Services Director

Phone Number

Email Address

Signature of Certifying Official:



Signature of: Cindy Paradine

7. Report Submitted to EAC
