#### **FEDERAL FINANCIAL REPORT**

(Follow form instructions)

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)			
ELECTION ASSISTANCE COMMISSION						MO20101001			
3. Recipient Organization (Name and complete address including Zip code)						IVIOZUTUTU	01		
o. recorpione	Organization (	(Manie and	r complete address in	oldding Elp codo)					
SECRETA	ARY OF STA	TE, MISS	OURI OFFICE OF	THE					
600 W MA	AIN ST, JEFF	FERSON	CITY, MO 6510115	592					
4a. DUNS N	JNS Number 4b. EIN 5. Recipient Account Number or Identifying Number 6. R (To report multiple grants, use FFR Attachment)			er 6. Rep	ort Type	7. Basis of Accounting			
				(10 report multiple gram	is, use i i iv	Allaciment	⊠ Anı	mi-Annual nual	☐ Cash☐ Accural
8. Project/G	rant Period (M	onth, Day,	Year)			9	. Reportir		ate (Month, Day, Year)
From: <b>March 28, 2018</b>			[-	To: September 30, 2099 Septem		Septem	ber 30, 2020		
10. Transac			<u>'</u>						Cumulative
(Use lines a	-c for single or	combined	multiple grant reporti	ng)					
F				o use FFR Attachmen	t):				
a. Cash R	Receipts				·				\$15,365,191.00
b. Cash D	isbursements								\$2,338,863.92
c. Cash o	n Hand (line a	minus b)							\$13,026,327.08
	o for single gr		ng)						
-			ated Balance:						
d. Total F	ederal funds a	uthorized							\$15,365,191.00
e. Federal share of expenditures								\$2,338,863.92	
f. Federal	share of unliq	uidated ob	ligations						\$210,405.20
g. Total F	ederal share (	sum of line	s e and f)						\$2,549,269.12
h. Unoblig	gated balance	of Federal	funds (line d minus g)	)					\$12,815,921.88
Recipient S	hare:								
i. Total re	cipient share r	equired							\$1,988,444.00
j. Recipier	nt share of exp	enditures					\$1,001,976.83		
k. Remair	ning recipient s	hare to be	provided (line i minus	s j)					\$986,467.17
Program Inc	come:								
I. Total Fe	deral share of	program i	ncome earned						\$310,917.61
m. Progra	ım income exp	ended in a	ccordance with the de	eduction alternative					\$0.00
n. Prograi	m income expe	ended in a	ccordance with the ad	dition alternative					\$0.01
			ine I minus line m and						\$310,917.60
	а. Туре	b. Rate	c. Period From	Period To	d. Base		e. Amour	nt Charged	f. Federal Share
Expense									
				. Tatala		<b>#0.00</b>		<b>#0.00</b>	<b>*</b> 0.00
10.5	• • •	,		g. Totals:	<u> </u>	\$0.00		\$0.00	\$0.00
12. Remarks	s: Attach any e	explanation	s deemed necessary	or information required	by Federal s	sponsoring age	ency in co	empliance with g	overning legislation:
For currer	nt year (10/01	1/19-09/30	0/20):						
expenditure	es, disbursem	ents and	cash receipts are for	best of my knowledge r the purposes and into criminal, civil, or adm	ent set forth	n in the award	docume	ents. I am awar	e that any false,
a. Typed or	Printed Name	and Title o	f Authorized Certifying	g Official		c. Te	lephone (	Area code, num	ber, and extension)
Hughes, I	Lori					d. Er	nail Addre	ess	
	of Fiscal, HR	and Fac	ilities						
	of Authorized					e. Da	ite Repor	t Submitted (Mo	nth, Day, Year)
Hughes,						Jar	uary 26	, 2021	
							ard Form 42	5 mber: 4040-0014	
							ation Date: 0		

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

#### **FEDERAL FINANCIAL REPORT**

(Additional Page)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : MO20101001

Recipient Organization : SECRETARY OF STATE, MISSOURI OFFICE OF THE

600 W MAIN ST, JEFFERSON CITY, MO 651011592:

DUNS Number :

DUNS Status when Certified

EIN : September 30, 2020

Reporting Period End Date

Status Remarks

**Federal Agency Review** 

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

Report Status: Awarding Agency Approval Page 2 of 2 Printed Date: May 4, 2021

## EAC Progress Report

Response ID:34 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: Missouri
2. Grant Number:
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
7. DUNS/UEI:
8. EIN:
9. Recipient Organization:

Secretary Of State, Misso	uri Office Of The		
Street Address			
600 W Main St			
City			
Jefferson City			
State			
MO			
Zip			
65101			

4. Progress and Narrative			

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

During this grant period the Missouri Office of the Secretary of State (MSOS) worked with the local election authorities (LEAs), and our office to perform an election security audits/assessments (Election Security Assessment). Most LEAs have completed an Election Security Assessment. In addition to the cybersecurity assessment, the LEAs received a Security Best Practices guide. This guide is designed to provide fundamental security recommendations, election security best practices and Missouri resources to continue to improve election security on the local level. MSOS also used these funds to provide manage defense and threat intelligence on the state level.

11. Provide a timeline and description of project activities funded to meet HAVA requirements. Provide an analysis of how such activities conform to the submitted State Plan or Program Narrative as applicable.

We have spent the majority of the year going to each LEA to perform the Election Security Assessment. After each assessment there is a review process and then a meeting with each LEA. After the majority of the Election Security Assessments and reviews were complete we moved into the process of developing and distributing the Security Best Practices guide.

12. Describe any significant changes to your program during the course of the project, or if the project was implemented differently than described in your original State Plan or Program Narrative.

Otherwise enter - no significant changes during this period.

No significant changes during this period.

13. Describe any favorable developments which enabled meeting time schedules and objectives sooner or at less cost than anticipated or producing more or different beneficial results than originally planned.

Otherwise enter N/A.

MSOS has benefited from the knowledge and service gained during this course of action.

14. 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 - No articles of voting equipment purchased during this period.

No articles of voting equipment purchased during this period.

15. Provide a description of any security training conducted and the number of participants.

Otherwise enter - no security training conducted during this period.

After assessments were completed each LEA went through the review process on the local level to improve security.

16. 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

17. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

Thus far, we have met \$1,001,976.83 of our required \$1,988,444 match. This \$1,001,976.83 consists of a portion of the Election Division's annual payments for MSOS software maintenance and support renewal costs for our statewide voter registration database. We anticipate that the remaining \$986,467.17 match requirement will be achieved on the next annual payment on or near February 2021.

#### 18. Issues Encountered:

Describe all major issues that arose during the implementation of the project and the reasons why established goals were not met, if appropriate. Address each issue separately in its own section, and describe whether and how the issues were resolved. Also, briefly discuss the implications of any unresolved issues or concerns.

Otherwise enter - no issues encountered.

The timing of the MSOS and LEAs efforts to complete the Election Security Assessments, reviews and individualized local overviews took a direct impact with the COVID-19 pandemic. In order to participate in the Election Security Assessment the

LEA had to submit a Work Authorization, there are some LEAs who have not signed the work authorization in order for the assessment to be performed. Efforts at the MSOS will continue to encourage work authorizations to be complete.
19. Upcoming Activities:
Provide a timeline and description of upcoming activities.
MSOS next steps will be two separate security programs. The first is the Election Security Policy Package that includes customized security policies and plans and security expertise. The second program is Managing Election Security Essentials that will include installing security products, monitoring and segmenting. Sub-grants will be offered as we continue to identify local needs for improving security through these next upcoming programs.

### 5. Expenditures

### 20. Current Period Amount Expended and Unliquidated Obligations

### **GRANT COST CATEGORIES**

Federal	Match
\$88,515.33	
\$1,974,952.41	\$1,001,976.83
\$584.34	
	\$88,515.33 \$1,974,952.41

OHD CONTROL NUMBER COST COST	
OMB CONTROL NUMBER: 3265-0020	
6. Certification	
Name and Contact of the authorized certifying official of	the recipient.
First Name	
Sherry	
Last Name	
Rowden	

Title

Accounting Specialist II

**Phone Number** 

**Email Address** 

Signature of Certifying Official:



### 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.