FEDERAL FINANCIAL REPORT

(Follow form instructions)

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)				
						MO20101001			
3. Recipient Organization (Name and complete address including Zip code)					IVIOZUTUTO	JU 1			
o. recorpione	Organization ((rtarrio arra	complete address in	sidding Zip dddd)					
SECRETA	ARY OF STA	TE, MISS	OURI OFFICE OF	THE					
600 W MA	AIN ST, JEFI	FERSON	CITY, MO 6510115	92					_
4a. DUNS N	lumber	4b.	EIN 5	5. Recipient Account Nu To report multiple grant	Imber or Ide	ntifying Numb	er 6. Rep	ort Type	7. Basis of Accounting
			(To report multiple grant	.s, use 1110	Allacillient)	☐ Qui	arterly ni-Annual	☐ Cash☐ Accural
							☐ Anr	nual	Accurai
						1.	☐ Fin		
8. Project/Gi	rant Period (M	onth, Day,	Year)			9	. Reportir	ig Period End D	ate (Month, Day, Year)
	ch 28, 2018		1	o: September 30, 2	2099		March 3	Ι΄.	
10. Transac									Cumulative
-			multiple grant reportir						
	` '	multiple g	rants separately, als	o use FFR Attachmen	t):			 	
a. Cash R	Receipts								\$15,365,191.00
	isbursements								\$2,651,225.28
c. Cash o	n Hand (line a	minus b)							\$12,713,965.72
-	o for single gr								
Federal Exp	enditures an	d Unoblig	ated Balance:					ı	
	ederal funds a							\$15,365,191.00	
	I share of expe								\$2,651,225.28
f. Federal	share of unliq	uidated ob	ligations						\$450,574.74
g. Total F	ederal share (sum of line	s e and f)						\$3,101,800.02
h. Unoblig	gated balance	of Federal	funds (line d minus g)						\$12,263,390.98
Recipient S	hare:								
i. Total re	cipient share r	equired							\$1,988,444.00
j. Recipier	nt share of exp	enditures							\$1,988,444.00
k. Remair	ning recipient s	hare to be	provided (line i minus	; j)					\$0.00
Program Inc	come:								
-	ederal share of	<u> </u>							\$330,312.42
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					\$0.00
			ne I minus line m and					\$330,312.42	
	а. Туре	b. Rate	c. Period From	Period To	d. Base		e. Amour	t Charged	f. Federal Share
Expense									
				g. Totals:		\$0.00		\$0.00	\$0.00
12. Remarks	s: Attach any e	explanation	s deemed necessary	or information required	by Federal s	sponsoring ag	ency in co	mpliance with g	overning legislation:
State Inte	rest: MSOS	does not h	nave state share int	erest or program inco	ome.				
13. Certifica	ation: By sign	ing this re	port, I certify to the	best of my knowledge	and belief	that the repo	rt is true,	complete, and	accurate, and the
				the purposes and inte criminal, civil, or adm					
a. Typed or Printed Name and Title of Authorized Certifying Official				c. Te	c. Telephone (Area code, number, and extension)				
Hughes, I	Lori					d. Ei	mail Addre	ess	
•		and Eas	ilitine						
	of Fiscal, HF of Authorized					e Da	ate Repor	Submitted (Mo	nth. Dav. Year)
b. Signature of Authorized Certifying Official Hughes, Lori				Ар	April 30, 2021				
							lard Form 42 Approval Nu	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**

: MO20101001 Federal Grant ID

: SECRETARY OF STATE, MISSOURI OFFICE OF THE Recipient Organization

600 W MAIN ST, JEFFERSON CITY, MO 651011592:

DUNS Number

ACTIVE (as of 04/30/2021) **DUNS Status when Certified**

EIN

Reporting Period End Date March 31, 2021

Status Report Certified/Pending Agency Approval

Remarks State Interest: MSOS does not have state share interest or program income.

> 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

ADDITIONAL NOTE regarding #8 above (Project/Grant start Period...should be 03/23/2018 not 03/28/2018. Our reporting information/amounts are reflective of 03/23/2018-03/31/2021. See email from Risa Garza on 04/27/21 regarding the

Security and CARES Grants that both need corrections in PMS....

From: Risa Garza < RGarza@eac.gov>

Federal Agency Review

Reviewer Name Phone # Email Review Date

Review Comments

Page 2 of 2 Printed Date: May 3, 2021 Report Status: Report Certified/Pending Agency Approval

EAC Progress Report

Response ID:278 Data

1. Login				
2. Verification				
3. EAC Progress Report				
1. State or Territory:				
Missouri				
2. Grant Number:				
MO20101001-01				
3. Report:				
Semi-Annual (Oct 1 - March 31)				
4. Grant:				
Please select only one. Election Security				
Liection Security				
5. Reporting Period Start Date				
10/01/2020				
6. Reporting Period End Date				
03/31/2021				
7. Recipient Organization:				
Organization Name				
Office Of The Secretary Of State				
Street Address 600 W. Main St.				
OUU VV. IVIAITI SL.				
City				

Jefferson City		
State		
MO		
Zip		
65101		

4. Progress and Narrative

8. 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) to perform an election security audit/assessment (Election Security Assessment). Most LEAs have completed an Election Security Assessment. In addition to the Election Security Assessments, 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 managed defense and threat intelligence on the state level.

Additionally, MSOS purchased ballot boxes for the LEAs to help with the concerns surrounding the coronavirus. Unfortunately, due to last minute changes that occurred in Missouri law, MSOS was unable to implement these boxes. However, these boxes will be utilized in the future as the changes in law had a sunset of December 31, 2020. These boxes will provide a safe and secure means for people to vote and will help minimalize face to face interactions for those still concerned about health and wellness.

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.

The major issue that arose was a last minute change to Missouri laws causing the MSOS to hold off on sending out ballot boxes that were purchased until after the laws sunset of December 31, 2020. The MSOS will start sending out these ballot boxes to the LEAs to provide them with an additional secure means to receive ballots from voters.

11. Provide a description of any security training conducted.

Otherwise enter N/A.

All security training conducted was conducted between the LEAs and the third party vendor utilized for the Election Security Assessments or conducted between the MSOS and the third party vendor. The MSOS continues to undergo security training through multiple different means including training on phishing emails, phishing phone calls, and in person access. The MSOS requires all staff to actively participate in quarterly video trainings which require different quizzes to be taken to ensure that MSOS staff is up to date with regards to different security threats.

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.

N/A

13. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

We have met our required \$1,988,444 match with the portion of the Elections Division's annual payments for MSOS software maintenance and support renewal costs for out statewide voter registration database.

5. Expenditures

14. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES

	Federal	Match
Voting Equipment and Processes:		
Post-Election Auditing:		
Voter Registration Systems:	\$15,328.22	
Cyber Security:	\$254,448.14	\$986,467.17
Communications:		
Total	\$312,361.36	\$986,467.17
Others: Absentee Ballot Boxes	\$42,585.00	

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Sherry

1 2	ast	Na	me

Rowden

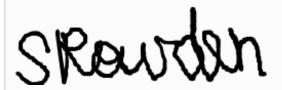
Title

Accounting Specialist II

Phone Number

Email Address

Signature of Certifying Official:



Signature of: Sherry Rowden

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.