FEDERAL FINANCIAL REPORT

1. Federal A	gency and Org	ganizationa	I Element to Which F	Report is Submitted	structions)				umber Assigned by nts, use FFR Attachment
ELECTION ASSISTANCE COMMISSION MT20101001									
3. Recipient	Organization (Name and	complete address in	cluding Zip code)					
SECRET	ARY OF STA	TE, MON	TANA						
1301 E 6t	h ave state o	capitol, he	elena, MT 596203	875					
4a. DUNS N		4b. E	EIN	Recipient Account N	umber or Ide	entifying Nun	nber 6. Re	port Type	7. Basis of Accounting
				(To report multiple gran	its, use FFR	Attachment) 🗆 a	uarterly	🛛 Cash
							□ Se ⊠ Ar □ Fi		Accural
8. Project/G	rant Period (Mo	onth, Day, `	Year)				9. Reporti	ng Period End D	ate (Month, Day, Year)
From: Mai	rch 28, 2018			To: September 30,	2099		Septerr	nber 30, 2020	
10. Transac	tions								Cumulative
(Use lines a	-c for single or	combined	multiple grant reporti	ng)					
Federal Cas	sh (To report ı	multiple gr	ants separately, als	so use FFR Attachmen	nt):				
a. Cash F	Receipts								\$6,133,535.00
b. Cash E	Disbursements								\$2,315,202.00
c. Cash o	n Hand (line a	minus b)							\$3,818,333.00
(Use lines d	-o for single gr	ant reportin	ng)						
Federal Exp	penditures and	d Unobliga	ted Balance:						
d. Total F	ederal funds a	uthorized							\$6,133,535.00
e. Federa	I share of expe	enditures						\$2,315,202.00	
f. Federal	share of unlique	uidated obli	igations						\$0.00
g. Total F	ederal share (s	sum of lines	s e and f)					\$2,315,202.00	
h. Unoblig	gated balance	of Federal f	funds (line d minus g)					\$3,818,333.00
Recipient S	hare:							_	
i. Total re	cipient share re	equired							\$777,843.45
j. Recipie	nt share of exp	enditures							\$772,385.00
k. Remair	ning recipient s	hare to be	provided (line i minu	s j)					\$5,458.45
Program In									
I. Total Fe	ederal share of	program in	come earned						\$127,483.10
m. Progra	am income exp	ended in a	ccordance with the d	eduction alternative					\$0.00
n. Progra	m income expe	ended in ac	cordance with the ac	dition alternative					\$0.00
o. Unexp	ended program	income (lii	ne I minus line m and	,					\$127,483.10
11. Indirect	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	b. Rate	c. Period From	Period To	d. Base			nt Charged	f. Federal Share
Expense	Provisional	32.3	July 1, 2019	June 30, 2022		\$698,220.6	5	\$225,525.27	\$225,525.00
				g. Totals:		\$698,220.6	5	\$225,525.27	\$225,525.00
		•	•	or information required	by Federal	sponsoring a	agency in c	ompliance with g	overning legislation:
	rest earned: S							• .	
expenditure	es, disbursem	ents and c	ash receipts are fo	best of my knowledge r the purposes and int criminal, civil, or adm	tent set fort	h in the awa	ard docum	ents. I am awar	e that any false,
			Authorized Certifyin					-	ber, and extension)
Nunn, An	igela					<u>d</u> .	Email Add	ress	
	ns Director								
	of Authorized	Certifying (Official					rt Submitted (Mo	nth, Day, Year)
Nunn, Angela					April 28, 2021 Standard Form 425				
Banamuark Bu	rden Statement					ON		umber: 4040-0014	

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	: MT20101001	
Recipient Organization	: SECRETARY OF STATE, MONTANA	
	1301 E 6th ave state capitol, helena, MT 596203875:	
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:61 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

3. EAC Progress Report

8. State or Territory:

Montana

9. Grant Number:

MT20101001-01

10. Report:

Annual (Oct 1 - Sept 30)

11. Grant:

Please select only one.

Election Security

12. Reporting Period Start Date

10/01/2019

13. Reporting Period End Date

09/30/2020

14. Recipient Organization:

Organization Name

State Of Montana

Street Address

1301 E 6th Ave, Room 260

City Helena			
State MT			
Zip 59602			

4. Progress and Narrative

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

In 2019, subgrants for new ADA voting equipment and vote tabulation equipment were allocated to the 56 counties. 2020 saw almost all of the 56 counties request and receive those funds. The primary piece of voting equipment that was bought were ES&S ExpressVote voter assistance terminals. The ExpressVote terminals replaced the out-of-support ES&S AutoMark ballot marking devices. The vast majority of the counties were able to deploy and use the ExpressVote terminals and new tabulation equipment in time for the 2020 Primary election.

The project to replace the statewide voter registration and election management system continued during the 2020 election. The main activities focused on refinement of user stories/requirements for the planned start of Agile systems development in January of 2021. The IT system environments for Production, Testing, Training, and Development were built and made ready for the start of active development. Work was done on system interfaces with partner agencies and data conversion from the existing system. The project schedule was refined and detail added. Several interim payments were made to the vendor as scheduled project deliverables were accepted.

The contracted Project Manager and Business Analyst were replaced with hired state staff. An additional BA/PM was brought on the project in late December with an internal transfer within the agency.

2. 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.

No significant changes

3. 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 encountered

4. Provide a description of any security training conducted.

Otherwise enter N/A.

No security training conducted during this period.

5. 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.

In 2019, subgrants for new ADA voting equipment and vote tabulation equipment were allocated to the 56 counties. 2020 saw almost all of the 56 counties request and receive those funds. The primary piece of voting equipment that was bought were ES&S ExpressVote voter assistance terminals. The ExpressVote terminals replaced the out-of-support ES&S AutoMark ballot marking devices. The vast majority of the counties were able to deploy and use the ExpressVote terminals and new tabulation equipment in time for the 2020 Primary election.

6. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

The matching requirement is being achieved through County Match requirements for subgrants and with allowable costs within the Office of the Secretary of State's existing budget authority. Matching contributions are tracked, recorded and verifiable from a grantee's records.

5. Expenditures

7. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES

	Federal	Match
Voting Equipment and Processes:		
Post-Election Auditing:		
Voter Registration Systems:	\$81,000.00	\$328,878.00
Cyber Security:		
Communications:		
Total	\$1,397,056.00	\$700,789.00
SUBGRANTS	\$1,073,032.00	\$251,508.00
PERSONNEL	\$17,499.00	\$120,403.00
INDIRECT COSTS	\$225,525.00	

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

BRANDI

Last Name

PIERSON

Title

CHIEF FISCAL OFFICER

Phone Number

Email Address

Signature of Certifying Official:

Signature of: BRANDI PIERSON