

Federal Financial Report

(Follow form instructions)

OMB Number: 4040-0014
Expiration Date: 01/31/2019

1. Federal Agency and Organizational Element to Which Report is Submitted US Election Assistance Commission		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) HAVA, Section 101, CFDA 90.404	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: Montana Secretary of State (State of Montana) Street1: 1301 E. 6th Avenue Street2: PO Box 202801 City: Helena County: _____ State: MT: Montana Province: _____ Country: USA: UNITED STATES ZIP / Postal Code: 59620-2801			
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	8. Project/Grant Period	9. Reporting Period End Date
<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	From: 03/23/2018 To: 03/22/2023	09/30/2018
10. Transactions			Cumulative
<i>(Use lines a-c for single or multiple grant reporting)</i>			
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			0.00
b. Cash Disbursements			0.00
c. Cash on Hand (line a minus b)			0.00
<i>(Use lines d-o for single grant reporting)</i>			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			3,000,000.00
e. Federal share of expenditures			0.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			0.00
h. Unobligated balance of Federal Funds (line d minus g)			3,000,000.00
Recipient Share:			
i. Total recipient share required			150,000.00
j. Recipient share of expenditures			0.00
k. Remaining recipient share to be provided (line i minus j)			150,000.00
Program Income:			
l. Total Federal program income earned			16,979.81
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 or line n)			16,979.81

11. Indirect Expense

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Totals:				<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

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 objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

a. Name and Title of Authorized Certifying Official

Prefix: First Name: Middle Name:
 Last Name: Suffix:
 Title:

b. Signature of Authorized Certifying Official



c. Telephone (Area code, number and extension)

d. Email Address

e. Date Report Submitted

14. Agency use only:



Expenditures by Budget Category

A list of expenditures for each Budget Category to which the state allocated funds on the EAC Budget Worksheet with a total of all those expenditures for the year;

Category / Project	Amount
Personnel (including fringe)	\$ 0.00
N/A	
Equipment	\$ 0.00
N/A	
Subgrants to local voting jurisdictions	\$ 0.00
N/A	
Training	\$ 0.00
N/A	
All Other Costs	\$ 0.00
N/A	
Total Expenditures:	\$ 0.00

Analysis and Description of Activities by Budget Category:

An analysis and description of activities by Budget Category to which the state allocated funds on the EAC Budget Worksheet and how those activities meet the plans outlined in the Program Narrative.

- A) **Personnel**
Montana did not expend any grant funds on Personnel within the reporting period.
- B) **Equipment**
Montana did not expend any grant funds on Equipment within the reporting period.
- C) **Subgrants to local voting jurisdictions**
Montana did not expend any grant funds on Subgrants to local jurisdictions within the reporting period.
- D) **Training**
Montana did not expend any grant funds on Training within the reporting period.
- E) **All Other Costs**
Montana did not expend any grant funds for this category within the reporting period.

Descriptions of Major Categories of Subgrant Activities:

Descriptions of the major categories of subgrant activities local voting districts will accomplish with the funds (if the state subgranted funds during the reporting period to local election districts).

Montana did not have any Subgrant activities by local jurisdictions within the reporting period. On December 4, 2018, the Montana Secretary of State office requested Montana counties to apply for grants.

Description of any Security Training:

A description of any security training conducted and the number of participants.

Montana did not have any security training expenses paid for by the grant within the reporting period.

Voting Systems Related Equipment Purchased

The number and type of any voting system-related equipment purchased with HAVA funds.

Montana did not have any Voting system related equipment purchased paid for by the grant within the reporting period.