

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) SC20101001			
3. Recipient Organization (Name and complete address including Zip code) State Election Commission, South Carolina 1122 Lady Suite 500, Columbia, SC 292013240							
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		
				<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		
8. Project/Grant Period (Month, Day, Year) From: March 28, 2018				9. Reporting Period End Date (Month, Day, Year) September 30, 2020			
To: September 30, 2019							
10. Transactions					Cumulative		
<i>(Use lines a-c for single or combined multiple grant reporting)</i>							
Federal Cash (To report multiple grants separately, also use FFR Attachment):							
a. Cash Receipts					\$12,833,985.00		
b. Cash Disbursements					\$3,558,045.14		
c. Cash on Hand (line a minus b)					\$9,275,939.86		
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized					\$12,833,985.00		
e. Federal share of expenditures					\$3,558,045.14		
f. Federal share of unliquidated obligations					\$0.00		
g. Total Federal share (sum of lines e and f)					\$3,558,045.14		
h. Unobligated balance of Federal funds (line d minus g)					\$9,275,939.86		
Recipient Share:							
i. Total recipient share required					\$1,660,678.00		
j. Recipient share of expenditures					\$302,040.00		
k. Remaining recipient share to be provided (line i minus j)					\$1,358,638.00		
Program Income:							
l. Total Federal share of program income earned					\$230,799.86		
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)					\$230,799.86		
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:					\$0.00	\$0.00	\$0.00
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: State interest earned: \$0							
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					c. Telephone (Area code, number, and extension)		
Knapp, Howard					d. Email Address		
Director of Voter Services							
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year)		
Knapp, Howard					January 6, 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

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(Additional Page)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : SC20101001

Recipient Organization : State Election Commission, South Carolina
1122 Lady Suite 500, Columbia, SC 292013240

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 :

EAC Progress Report

Response ID:138 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:

South Carolina

2. Grant Number:

SC20101001

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:

Organization Name

South Carolina State Election Commission

Street Address

1122 Lady Street, Suite 500

City

Columbia

State

SC

Zip

29201

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 reporting period, South Carolina prepared to hold the 2020 elections with a new statewide voting system. The beginning of the period was focused on educating employees and voters alike for a seamless transition to the new voting system. Of course, this was prior to the pandemic, so like the rest of the country, the latter part of the reporting period was focused on ensuring the elections were held as scheduled while upholding all safety and security protocols.

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.

The expenditures made during the reporting period were for a portion of the new statewide voting system equipment for various counties. A small number of counties were the first to implement the system in the last months of 2019 as they held special elections, while the rest of the state introduced the system a few months later with all forty-six counties using the new paper-based system for the 2020 Presidential Preference Primaries in February.

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 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.

N/A

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.

104 DS200 scanners
1 DS450 scanner
743 ExpressVote BMDs
BOD printer

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

Otherwise enter - no security training conducted during this period.

No security training conducted during this period.

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.

The match funds were all expensed during the prior reporting period.

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.

No issues encountered.

19. Upcoming Activities:

Provide a timeline and description of upcoming activities.

South Carolina intends to continue our efforts to maintain safe and secure elections for all registered voters throughout the state. The HAVA funds provided by the EAC continue to allow the agency to work to achieve these goals.

5. Expenditures

20. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES

	Federal	Match
Voting Equipment:	\$2,014,580.00	
Post-Election Auditing:		
Voter Registration Systems:		
Cyber Security:		
Communications:		
Total	\$2,014,580.00	

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Aly

Last Name

Stuckey

Title

Accountant/Fiscal Analyst

Phone Number

Email Address

Signature of Certifying Official:

A handwritten signature in black ink, appearing to be 'Aly Stuckey', written in a cursive style.

Signature of: Aly Stuckey

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.
