FEDERAL FINANCIAL REPORT

ELECTION ASSISTANCE COMMISSION SC2010101 S. Recipient Oparatizeon (Name and complete address including Zip code) State Election Commission, South Carolina 1122 Lady Suite 500, Columbia, SC 292013240			-	I Element to Which F	Report is Submitted	structions)	Federal Age	ency (To re		lumber Assigned by ants, use FFR Attachment
State Election Commission, South Carolina 1122 Lady Suite 500, Columbia, SC 292013240 A. DUNS Number (1) Creport multiple granits, use FFR Attachment) (1) Creport Multiple granits, use FFR Attachment) (1) Creport Multiple granits, use FFR Attachment) (2) Creating (2) Creating (2) Creating (2) Creating (3) Reporting Period End Date (Month, Day, Year) (4) Transactions (1) Transactions (1) Transactions (2) Creating (2) Creating (2) Creating (2) September 30, 2020 (2) Transactions (2) Creating Creating Creating (2) (2) Creating Creating Creating (2) (2) Creating Creating Creating Creating (2) (2) Creating Creating Creating (2) (2) Creating Creating Creating (2) (2) Creating Creating Creating Creating (2) (2) Creating Creating Creating (2) (2) Creating Creating Creating (2) (2) Creating Creating Creating Creating (2) (2) Creating Creating Creating Creating Creating (2) (2) Creatin Creating Cre	-				oluding Zin anda)		SC20101	001		
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n. Program income expended in accordance with the addition alternative \$0.00 o. Unexpended program income (line I minus line m and line n) \$230,799.86 11. Indirect a. Type b. Rate c. Period From Period To d. Base e. Amount Charged f. Federal Share Expense g. Totals: \$0.00 \$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 e. Date Report Submitted (Month, Day, Year) January 6, 2021 Standard Form 425 OMB Approval Number: 4024-0014 Expiration Date: 0228/2022	I. Total Fe	deral share of	program in	come earned						\$230,799.86
o. Unexpended program income (line I minus line m and line n) \$230,799.86 11. Indirect a. Type b. Rate c. Period From Period To d. Base e. Amount Charged f. Federal Share Expense g. Totals: \$0.00 \$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 e. Date Report Submitted (Month, Day, Year) January 6, 2021 Standard Form 425 OMB Approval Number: 4040-0014 Expiration Date: 02/28/28/22	m. Progra	m income exp	ended in a	ccordance with the d	eduction alternative					\$0.00
11. Indirect a. Type b. Rate c. Period From Period To d. Base e. Amount Charged f. Federal Share Expense a a a a a a a Image: State interest earned: \$0 g. Totals: \$0.00 \$0.00 \$0.00 \$0.00 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) d. Email Address d. Email Address b. Signature of Authorized Certifying Official e. Date Report Submitted (Month, Day, Year) January 6, 2021 Standard Form 425 OMB Approval Number: 4040-0014 Expenditor Date: 02/28/2022	n. Prograr	m income expe	ended in ac	cordance with the ac	dition alternative					\$0.00
Expense Image: Contract of the second se	· ·		n income (lii	ne I minus line m and	d line n)			-		\$230,799.86
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 b. Signature of Authorized Certifying Official e. Date Report Submitted (Month, Day, Year) January 6, 2021 Standard Form 425 OMB Approval Number: 4040-0014 Expiration Date: 02728/2022		а. Туре	b. Rate	c. Period From	Period To	d. Base		e. Amour	nt Charged	f. Federal Share
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 b. Signature of Authorized Certifying Official e. Date Report Submitted (Month, Day, Year) January 6, 2021 Standard Form 425 OMB Aproval Number; 4040-0014 Expiration Date: 02/28/2022	Expense									
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 b. Signature of Authorized Certifying Official e. Date Report Submitted (Month, Day, Year) January 6, 2021 Standard Form 425 OMB Aproval Number; 4040-0014 Expiration Date: 02/28/2022										
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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 e. Date Report Submitted (Month, Day, Year) Knapp, Howard January 6, 2021 Knapp, Howard Standard Form 425 OMB Approval Number: 4040-0014 Expiration Date: 02/28/2022	12. Remarks	s: Attach any e	explanations	s deemed necessary	or information required	by Federal :	sponsoring a	gency in co	ompliance with g	overning legislation:
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 e. Date Report Submitted (Month, Day, Year) Knapp, Howard January 6, 2021 Knapp, Howard Standard Form 425 OMB Approval Number: 4040-0014 Expiration Date: 02/28/2022	State inter	est earned:	\$0							
a. Typed or Printed Name and Title of Authorized Certifying Official	expenditure	es, disbursem	ents and c	ash receipts are fo	r the purposes and int	ent set fort	h in the awa	rd docum	ents. I am awar	e that any false,
Knapp, Howard d. Email Address Director of Voter Services										-
Director of Voter Services								•		
b. Signature of Authorized Certifying Official Knapp, Howard January 6, 2021 Standard Form 425 OMB Approval Number: 4040-0014 Expiration Date: 02/28/2022							d. I	-mail Addr	ess	
Standard Form 425 OMB Approval Number: 4040-0014 Expiration Date: 02/28/2022				Official			e. [Date Repor	t Submitted (Mc	onth, Day, Year)
Standard Form 425 OMB Approval Number: 4040-0014 Expiration Date: 02/28/2022	Knapp, H	oward					Ja	nuary 6,	2021	
Expiration Date: 02/28/2022										
	.									

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	: SC20101001
Recipient Organization	: State Election Commision, 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:

South Carolina State Election Co	ommission		
	5111111351011		
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:

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.