

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) VA20101001		
3. Recipient Organization (Name and complete address including Zip code) Elections, Virginia State Department Of 1100 BANK ST, RICHMOND, VA 232193639							
4a. DUNS Number 8 7 1 8		4b. EIN 1 2 3 4 5 6 7 8		5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 1 2 3 4 5 6 7 8 9 0		6. Report Type <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	
7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual							
8. Project/Grant Period (Month, Day, Year) From: March 28, 2018 To: September 30, 2099					9. Reporting Period End Date (Month, Day, Year) March 31, 2021		
10. Transactions						Cumulative	
(Use lines a-c for single or combined multiple grant reporting)							
Federal Cash (To report multiple grants separately, also use FFR Attachment):							
a. Cash Receipts						\$19,301,044.00	
b. Cash Disbursements						\$19,301,044.00	
c. Cash on Hand (line a minus b)						\$0.00	
(Use lines d-o for single grant reporting)							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized						\$19,301,044.00	
e. Federal share of expenditures						\$5,867,651.00	
f. Federal share of unliquidated obligations						\$0.00	
g. Total Federal share (sum of lines e and f)						\$5,867,651.00	
h. Unobligated balance of Federal funds (line d minus g)						\$13,433,393.00	
Recipient Share:							
i. Total recipient share required						\$2,498,099.00	
j. Recipient share of expenditures						\$533,241.00	
k. Remaining recipient share to be provided (line i minus j)						\$1,964,858.00	
Program Income:							
l. Total Federal share of program income earned						\$526,410.00	
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)						\$526,410.00	
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
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: Please provide the following information:							
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 Hill, Kevin Business Manager					c. Telephone (Area code, number, and extension) 1 2 3 4 5 6 7 8 9 0		
b. Signature of Authorized Certifying Official Hill, Kevin					d. Email Address 1 2 3 4 5 6 7 8 9 0		
					e. Date Report Submitted (Month, Day, Year) June 15, 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/OIG/PHR, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PHR Reports Clearance Officer

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(Additional Page)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION**Federal Grant ID** : VA20101001**Recipient Organization** : Elections, Virginia State Department Of
1100 BANK ST, RICHMOND, VA 232193639**DUNS Number** : 000000000**DUNS Status when Certified** : ACTIVE (as of 06/15/2021)**EIN** : 54-1600000**Reporting Period End Date** : March 31, 2021**Status** : Awarding Agency Approval**Remarks** : Please provide the following information:

State interest earned (current fiscal year): \$ 0

State interest expended (current fiscal year): \$ 0

Program income earned (current fiscal year): \$N/A

Program income earned breakdown (current fiscal year): \$ Source: e.g. Sale of
registration list

Program income expended (current fiscal year): \$N/A

State interest was incorrectly reported on the annual FFR. Interest reported as state
interest is federal interest.

Federal Agency Review**Reviewer Name** : [REDACTED]**Phone #** : [REDACTED]**Email** : [REDACTED]**Review Date** : [REDACTED]**Review Comments** :

EAC Progress Report

Response ID:376 Data

3. EAC Progress Report

1. State or Territory:

Virginia

2. Grant Number:

VA20101001-01

3. Report:

Semi-Annual (Oct 1 - March 31)

4. Grant:

Please select only one.

Election Security

5. Reporting Period Start Date

10/01/2020

6. Reporting Period End Date

03/31/2021

7. Recipient Organization:

Organization Name

Virginia Department Of Elections

Street Address

1100 Bank Street

City

Richmond

State

VA

Zip

23219

4. Progress and Narrative

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

For the period of October 2020 to March 2021 the Virginia Department of Elections (ELECT) has continued to move forward with the development of a new statewide voter registration system with the release of an RFP. ELECT anticipates selecting a vendor prior to the end of this Federal Fiscal Year. Additional state funding has been approved based on the estimated cost of the new system that would insure ELECT will exceed any match requirements. Also during the reporting cycle Virginia

perform its first statewide Risk Limiting Audit for the 2020 presidential election. Based on lessons learned from the audit the state will continue to develop a tool kit that can be used by all cities and counties in the commonwealth.

ELECT also continued to implement other security improvements during the period

- II Development of Localities plan templates
- Business Impact Analysis
- Continuity Plan
- Risk Assessment
- Risk Mitigation Plan
- Incident Response Plan
- System Security Plan

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.

NA

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.

N/A

11. Provide a description of any security training conducted.

Otherwise enter N/A.

N/A

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.

NA

13. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

ELECT has achieved the required match for the 2018 grant with in-kind support to achieve the match requirement. ELECT match for the 2020 Election Security grant has been appropriated for use with the replacement of the current central election system (Virginia Election and Registration Information System (VERIS)). This match will be allocated to ELECT once a vendor has been selected and development of a new voter registration system has started.

5. Expenditures

14. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES

	Federal	Match
Voting Equipment and Processes:	\$0.00	\$0.00
Post-Election Auditing:	\$0.00	\$0.00
Voter Registration Systems:	\$0.00	\$15,637.00
Cyber Security:	\$1,139,924.00	\$0.00
Communications:	\$0.00	\$0.00
Total	\$1,139,924.00	\$15,637.00
Others (Security Training)	\$0.00	

6. Certification

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

First Name

Kevin

Last Name

Hill

Title

Business Manager

Phone Number

781.452.1234

Email Address

kevin.hill@abc.com

Signature of Certifying Official:



Signature of: Kevin A Hill
