

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)			
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 type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
8. Project/Grant Period (Month, Day, Year) From: March 28, 2020				9. Reporting Period End Date (Month, Day, Year) March 31, 2021			
To: December 31, 2020							
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					\$6,372,386.00		
b. Cash Disbursements					\$6,372,386.00		
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					\$6,372,386.00		
e. Federal share of expenditures					\$6,372,386.00		
f. Federal share of unliquidated obligations					\$0.00		
g. Total Federal share (sum of lines e and f)					\$6,372,386.00		
h. Unobligated balance of Federal funds (line d minus g)					\$0.00		
Recipient Share:							
i. Total recipient share required					\$1,274,477.00		
j. Recipient share of expenditures					\$1,274,477.00		
k. Remaining recipient share to be provided (line i minus j)					\$0.00		
Program Income:							
l. Total Federal share of program income earned					\$0.00		
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)					\$0.00		
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	\$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 Williams, Latoria Director of Administration				c. Telephone (Area code, number, and extension)			
b. Signature of Authorized Certifying Official Williams, Latoria				d. Email Address			
e. Date Report Submitted (Month, Day, Year) February 9, 2022							

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

Recipient Organization

DUNS Number

DUNS Status when Certified

EIN

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): \$0

Program income earned breakdown (current fiscal year): \$0

Program income expended (current fiscal year): \$0

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Federal Agency Review

Reviewer Name

Phone #

Email

Review Date

Review Comments

2021-2022 EAC Progress Report

3. EAC Progress Report

1. State or Territory:

South Carolina

2. Grant Number:

SC20101Cares

3. Report:

Final (Start of Grant - End)

4. Grant:

CARES

5. Reporting Period Start Date

03/28/2020

6. Reporting Period End Date

09/30/2021

4. Progress and Narrative

Final Progress Report:

The final report is your opportunity to share the significant features of your project and present information about the results your project achieved.

It should be written as if the reader has no previous knowledge of your project's activities. The report should cover the entire period of performance.

Review and Self-Assessment:

Review and highlight all activities that occurred during the implementation of the project, including an assessment of your performance.

The SEC was able to have a successful 2020 General Election. See below activities.

7. CARES Grant Specific:

Describe in detail how you used the funds to address the pandemic.

As the state's chief election agency, the State Election Commission ("SEC") is charged by law with supervising the conduct of voter registration and elections throughout the state of South Carolina. This includes ensuring county boards of voter registration and elections comply with federal law, state law, and SEC policies and procedures with regards to voter registration and elections. The SEC also maintains the statewide voter registration system, approves and supports the statewide voting system, conducts a training and certification program for local election officials, conducts candidate filing, and provides a candidate tracking system.

8. Describe the major issues you faced in dealing with the pandemic and how you addressed or resolved those issues.

Since the beginning of the pandemic, the SEC focus was on addressing two main issues: to make polling places as safe as possible for voters, poll managers, and county election officials and, second, to address the increasing demand for absentee-in-person and absentee-by-mail since the general assembly passed legislation that included "COVID-19" as a reason to vote absentee for the 2020 General Election. To that end, the SEC made the following expenditures of HAVA CARES funding:

- Business Reply Account set up to allow the no postage due return of ballots by the voter
- Various items to assist with maintaining social distancing as suggested by public health officials: COVID signs to post at polling locations, surge protectors and extension cords to keep safe distance between voting machines and equipment's, guidelines marking appropriate distance between voters, election workers, etc.
- Additional Absentee Envelopes due to increase in absentee voting • Blue Ballot Tote Bins for additional absentee locations
- Curbside Carts to provide for social distancing for curbside voting • DS200 and DS450 Scanners to help process absentee ballots
- Ballot-Marking Devices (BMDs) to meet increased demand for in-person absentee voting
- Electronic Pollbooks provided to counties to check in voters, ensure voters receive correct ballot style and minimizes physical contact with poll managers
- Thumb drives for additional scanners and BMDs
- Personal Protective Equipment (PPE) and supplies including face masks, face shields, gloves, hand sanitizer, Q-tips (to be used on touch screens by voters), alcohol wipes and sneeze guards
- Counties encouraged to open multiple Absentee Satellite locations in order to assist with the increase in absentee voting (inperson and to facilitate the return of completed absentee ballots)

Describe in detail what happened during this reporting period and explain how you implemented the approved grant activities in accordance with your State Plan/Program Narrative. (Note: Your activities should align with your Grant Cost Categories Table.)

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.

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.

9. Provide a description of any training conducted, including security training.

SEC continued to educate voters on early voting options, how to vote by mail, and new voting equipment. We did this by using traditional TV advertising, as well as a strong social media push.

10. Subgrants:

Did your office provide subawards to local jurisdictions during this reporting period?

No

Describe the activities carried out by your subgrantees during the reporting period.

Provide a breakdown of aggregate subawards expenditures across major categories.

Total : 0

11. Match:

Describe how you are meeting or have met the matching requirement.

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

12. Report on the number and type of articles of voting equipment obtained with the funds. Include the amount expended on the expenditure table.

N/A

13. Impact:

Write an assessment of how your project has impacted the problems you were trying to solve. Were there unexpected benefits? Shortfalls?

N/A

14. Lessons Learned:

Provide a review of your successes and suggest ways that your experience may be helpful to others. Did you make permanent changes to your processes? What are some areas of potential improvement?

N/A

5. Expenditures

Current Period Amount Expended and Unliquidated Obligations

1. CARES COST CATEGORIES - FEDERAL

Voting Equipment and Processes: : \$2374875

Voter Education/Communications: : \$1565142

Staffing: : \$396754
Supplies: : \$2035615

Total : \$6372386

Comments:

2. CARES COST CATEGORIES - MATCH

Voting Equipment and Processes: : \$727078
Voter Education/Communications: : \$56692
Staffing: : \$45858
Supplies: : \$444849

Total : \$1274477

Comments:

7. Expenditures

3. Confirm Total CARES Expenditure Amounts

Federal : \$6,372,386.00
Match : \$1,274,477.00

Total : \$7646863

OMB CONTROL NUMBER: 3265-0020

8. Certification

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

First Name

LaToria

Last Name

Williams

Title

Director of Administration and Finance

Phone Number

Email Address

Signature of Certifying Official:

A handwritten signature in black ink that reads "LaToria Williams". The signature is written in a cursive style with a large initial "L" and "W".

Signature of: LaToria Williams

9. Report Submitted to EAC



Thank you. Your Final (Start of Grant - End) progress report for CARES has been submitted to the EAC. Please keep the PDF download of your submission as grant record.