Election Assistance Commission Progress Report

Updated 12/21/2021

a		_	ъ
Section	1:	Cover	Page

Section I: Co	ver Pag	ţе	Grant I	nformation	
		2. Federal Gra	ederal Grant or Other Identifying Number Assigned by		
			Federal Agenc	: <u>y</u>	
	\bigcap_{1}	.01	251	O Flee	ction Security
3. Grant					
Туре	O_0	Other [e.g. CAI	RES]:		
				Information	
4. Report Ty	me	O Semi-A	nnual	Annual	Final
	-	Other:			
5. Report Pe		D Variet		B. J.D. L. (March)	D
Start Date	(Montn	, Day, Year)		End Date (<i>Month</i> ,	Day, Year)
previous six previous 12 start of the § Additional g	x-month - month grant. guidanc	n period and r n period. Fina	reports due for t il reports should d on our websit	the period ending Se	escribe the activities of the eptember 30 should cover the erformance period from the ecgov/payments-
• Be w	vritten i	in clear, conci	publicly availah ise, and plain lar nfidential inform	nguage	report narrative should:
implemente Narrative. (<i>.</i> <i>and you ma</i> y	ed the a Note: Yo y use th	pproved gran our activities s ose categories	nt activities in ac should align wit	ccordance with your h your category exp your response as ap	nd explain how you r State Plan/Program enditures in Section IV plicable.)

7. Provide a description of any training conduction	
☐ Check if no training was conducted during	g this reporting period.
	f voting equipment obtained with the funds. Include
the amount expended on the expenditure char Check if no voting equipment purchased d	
Check if no voting equipment purchased u	uring this reporting period.
9. Subgrants (if applicable)Check if no subgrants were made during t	his reporting paried
Describe the activities carried out by your sub	
bescribe the activities carried out by your sub	stances during the reporting period.
10. Provide a breakdown of aggregate subawa	
(Total subaward expenditures should be prov	idea in the expenditure table in Section IV J.
Category	Federal Expenditures
Voting Equipment	
Voting Processes	
Voter Registration Systems	
Election Auditing	
Cyber and Physical Security	
Voter Education	
Accessibility	
Other:	
Total	\$0.00
	I
11. Match (if applicable)	
Check if match not required.	
Describe how you are meeting or have met the	e matching requirement.
1	

Section III: Challenges and Changes

12. Issues Encountered		
☐ Check if no major issues encountered during this reporting period.		
Describe any issues that arose during the implementation of the project.		
Describe how and whether the issues were resolved. Also, briefly discuss the implications of any unresolved issues or concerns.		
13. Describe any significant changes to your program during the reporting period, including		
changes to your original State Plan/Program Narrative or favorable developments that improved		
program efficiency and/or service delivery.		
Check if no significant changes were made during this reporting period.		

Section IV: Expenditures

14. Fill out the table below with both the Federal and State Match expenditures for the current reporting period. Include federal and state interest expenditures and write-in any cost areas that do not fit into the predefined categories. If applicable, the subgrants field should align with the total amount reported in your narrative section discussing subgrants. Calculate total expenditures for each column, including any write-in expenditures.

Expenditures should be consistent with the activities described in your narrative and with the amounts in your financial reports. (EAC uses the difference between your current and previous period FFR to calculate current period expenditures).

Categories	Federal	State Match
Voting Equipment		
Voting Processes		
Voter Registration Systems		
Election Auditing		
Cyber and Physical Security		
Voter Education		
Accessibility		
Other (write in):		
TOTAL	\$0.00	\$0.00

Section V: Final Assessment

The final progress report is your opportunity to share the significant successes of your project and present information about the results your project achieved. The report should cover the entire period of performance.

		t out in your State plan/Narrative were met as needs that were not met or ongoing/under
resourced areas for future consideratio		moode that were not mee or engenig, ander
		grant program impacted elections in your
state/territory. Highlight your accomp	ishments a	and successes.
17. Lessons Learned – Describe any less	ons learne	ed during the grant that may be replicated,
expanded and/or help others.		
Section VI: Certification		
18. Name and Contact of the authorized		
First and Last Name		Title
Phone Number	Email Ad	dress
19. Signature of Certifying Official		

CLEAR FORM

SUBMIT