**Election Assistance Commission HAVA Formula Progress Report**

*Updated July 2023*

**Section I: Cover Page**

Grant Information

|  |  |
| --- | --- |
| 1. State or Territory
 | 1. Federal Grant or Other Identifying Number Assigned by Federal Agency
 |
|  |  |
| 1. Grant Type
 |  101  251  Election Security  |
|  Other : |

Report Information

|  |  |
| --- | --- |
| 1. Report Type
 |  Semi-Annual  Annual  Final |
|  Other: |
| 1. Report Period
 |
| Start Date (*Month, Day, Year*) | End Date (*Month, Day, Year*) |
|  |  |

**Section II: Progress and Narrative**

Instructions: Reports due for the period ending March 31 should describe the activities from the previous six-month period and reports due for the period ending September 30 should cover the previous 12-month period. Final reports should cover the entire performance period from the start of the grant. All expenses should be reported by reporting period and cumulative, with cumulative totals matching what is reported on the FFR.

Additional guidance can be found on our website: [https://www.eac.gov/payments-and-](https://www.eac.gov/payments-and-grants/financial-progress-reporting) [grants/financial-progress-reporting](https://www.eac.gov/payments-and-grants/financial-progress-reporting)

EAC grants reports will be made publicly available. Therefore, your report narrative should:

* Be written in clear, concise, and plain language
* Not include sensitive confidential information

[ ]  **Check if no grant activity during this reporting period.**

|  |
| --- |
| **Comments (optional):** |
|  |

|  |
| --- |
| 1. For each of the following categories, *briefly* describe the activities carried out during the reporting period only and how you implemented the approved grant activities in accordance with your Program Narrative. For each category provide all federal expenditures (including federal interest and subaward expenditures) and state match expenditures (including state interest, program income, and subaward expenditures) for the reporting period only. (*Note:* You will be able to provide more details on subaward activities and expenditures in Section III).
 |

|  |  |
| --- | --- |
| a. |  Voting Equipment |
|[ ]   Check if no activity for this category |
| Federal: |  | Match: |  |
|  |

|  |  |
| --- | --- |
| b. |  Voting Processes |
|[ ]   Check if no activity for this category |
| Federal: |  | Match: |  |
|  |

|  |  |
| --- | --- |
| c. |  Voter Registration Systems |
|[ ]   Check if no activity for this category |
| Federal: |  | Match: |  |
|  |

|  |  |
| --- | --- |
| d. |  Election Auditing |
|[ ]   Check if no activity for this category |
| Federal: |  | Match: |  |
|  |

|  |  |
| --- | --- |
| e. |  Cyber Security |
|[ ]   Check if no activity for this category |
| Federal: |  | Match: |  |
|  |

|  |  |
| --- | --- |
| f. |  Physical Security |
|[ ]   Check if no activity for this category |
| Federal: |  | Match: |  |
|  |

|  |  |
| --- | --- |
| g. |  Voter Education |
|[ ]   Check if no activity for this category |
| Federal: |  | Match: |  |
|  |

|  |  |
| --- | --- |
| h. |  Accessibility |
|[ ]   Check if no activity for this category |
| Federal: |  | Match: |  |
|  |

|  |  |
| --- | --- |
| i. |  Other (write in): |
|[ ]   Check if no activity for this category |
| Federal: |  | Match: |  |
|  |

|  |
| --- |
| 1. Briefly describe any training including cyber security and other election-related training that occurred during the reporting period.
 |
|[ ]   Check if no activity for this category |
|  |

|  |
| --- |
| 1. Match (if applicable)

Describe how you will or have made the match available and identify the source of your match. (Note: For Election Security grants there is a two-year deadline from the date of disbursement to make match funds available). |
|[ ]   Check if no activity for this category |
|  |

**Section III: Additional Subaward Information**

|  |
| --- |
| 1. Subgrants (if applicable)
 |
|[ ]   Check if no activity for this category |
| 1. Briefly describe your subaward program, including how many subawards were made. and how your program reflects the needs of local communities.
 |
|  |
| 1. Identify whether subgrants were provided as an advance or on a cost-reimbursement basis. If provided as an advance, confirm whether funds were deposited in an interest-bearing account per HAVA 254(b)(1)(d) and the Uniform Guidance §200.305(b)(7,8) and §200.332(a)(2,3).
 |
|  |

|  |
| --- |
| 1. Subaward Expenditures by Category

Provide a breakdown of subaward expenditures across major categories for the current reporting period only. |
| **Category** | **Federal Expenditures** | **Match Expenditures** |
| Voting Equipment |  |  |
| Voting Processes |  |  |
| Voter Registration Systems |  |  |
| Election Auditing |  |  |
| Cyber Security |  |  |
| Physical Security |  |  |
| Voter Education |  |  |
| Accessibility |  |  |
| Other: |  |  |
| **Total** |  |  |

**Section IV: Challenges and Changes**

|  |
| --- |
| 1. Issues Encountered
 |
|[ ]   Check if no major issues were encountered during this reporting period |
| 1. Describe any issues that arose during the implementation of the project.
 |
|  |
| 1. Describe how and whether the issues were resolved. Also, briefly discuss the implications of any unresolved issues or concerns.
 |
|  |

|  |
| --- |
| 1. Describe any significant changes to your program during the reporting period, including changes to your original State Plan or 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 V: Expenditure Table**

|  |
| --- |
| 1. The Expenditure Table includes cumulative and current reporting period data. ***Electronic Submission***

 “Current Reporting Period” amounts are auto-filled based on your response to Section II, question 6. “Previous Expenditures” refers to cumulative expenditures from the previous annual reporting period. If this is your first time entering cumulative data, please enter the amounts. Once your initial report has been submitted, the column will be auto-filled for future reports. Review the table and ensure the amounts are accurate and make corrections as needed prior to submission. Expenditures should be consistent with activities described in your narrative and with the amounts in your federal financial report***Paper Submission*** Please enter the Federal and State match expenditures for both the current reporting period and cumulative expenditures from the start of the grant performance period. Write in any costs that do not fit into the predefined categories next to “Other”.“Current Reporting Period” amounts should be the same amounts reported in question #6a-i. “Previous Expenditures” refers to cumulative expenditures from the previous annual reporting period. The column for “Current Cumulative Expenditures” will automatically calculate cumulative expenditures for the current reporting period. Expenditures should be consistent with activities described in your narrative and with the amounts in your federal financial report.  |

|  |
| --- |
| **Federal Expenditures** |
| Category | *Previous Expenditures* | *Current Reporting Period**Expenditures* | *Current Cumulative Expenditures*  |
| Voting Equipment |  |  |  |
| Voting Processes |  |  |  |
| Voter Registration Systems |  |  |  |
| Election Auditing |  |  |  |
| Cyber Security |  |  |  |
| Physical Security |  |  |  |
| Voter Education |  |  |  |
| Accessibility |  |  |  |
| Other: |  |  |  |
| **Total** |  |  |  |

|  |
| --- |
| **State Match Expenditures** |
| Category | *Previous Expenditures* | *Current Reporting Period**Expenditures* | *Current Cumulative Expenditures*  |
| Voting Equipment |  |  |  |
| Voting Processes |  |  |  |
| Voter Registration Systems |  |  |  |
| Election Auditing |  |  |  |
| Cyber Security |  |  |  |
| Physical Security |  |  |  |
| Voter Education |  |  |  |
| Accessibility |  |  |  |
| Other: |  |  |  |
| **Total** |  |  |  |

**Section VI: Final Assessment**

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

|  |
| --- |
| 1. Self-Assessment – Assess whether the goals set out in your State Plan and/or Program Narrative were met as intended during the grant program. Highlight any needs that were not met, ongoing, or under-resourced.
 |
|  |
| 1. Impact and Achievements - Describe how this grant program impacted elections in your state/territory.  Highlight your accomplishments and successes.
 |
|  |
| 1. Lessons Learned – Describe any lessons learned during the grant that may be replicated, expanded, or used as a model for other state programs.
 |
|  |

**Section VII: Certification**

|  |
| --- |
| 1. Name and Contact of the authorized certifying official.
 |
| First and Last Name | Title |
|  |  |
| Phone Number | Email Address |
|  |  |
| 1. Signature of Certifying Official
 |
|  |

**Privacy Act Statement**: The Privacy Act of 1974 (5 U.S.C 552a) requires that we notify you that the information requested under this Notice of Funding is collected pursuant to 42 U.S.C. 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C. 4953 of the Domestic Volunteer Service Act of 1973 as amended.

 **Paperwork Reduction Act**. In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35), the information collection requirements associated with the programs, as covered in this Notice, have been approved by the Office of Management and Budget (OMB) under OMB Control Number 000000000. Public burden reporting for this collection of information is estimated to average 1 hour per response for individuals completing all parts of this form, including time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. You are not required to answer these questions unless this number is displayed. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, U.S. Election Assistance Commission, 633 3rd Street NW, Suite 200, Washington, DC 20001.