

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) HI20101001				
3. Recipient Organization (Name and complete address including Zip code) Hawaii, State of 802 Lehua Ave, Pearl City, HI 967823321								
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 checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Project/Grant Period (Month, Day, Year) From: March 28, 2018				9. Reporting Period End Date (Month, Day, Year) September 30, 2019				
				March 31, 2021				
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					\$6,650,340.00			
b. Cash Disbursements					\$289,350.67			
c. Cash on Hand (line a minus b)					\$6,360,989.33			
<i>(Use lines d-o for single grant reporting)</i>								
Federal Expenditures and Unobligated Balance:								
d. Total Federal funds authorized					\$6,650,340.00			
e. Federal share of expenditures					\$289,350.67			
f. Federal share of unliquidated obligations					\$0.00			
g. Total Federal share (sum of lines e and f)					\$289,350.67			
h. Unobligated balance of Federal funds (line d minus g)					\$6,360,989.33			
Recipient Share:								
i. Total recipient share required					\$859,956.00			
j. Recipient share of expenditures					\$594,376.31			
k. Remaining recipient share to be provided (line i minus j)					\$265,579.69			
Program Income:								
l. Total Federal share of program income earned					\$96,963.09			
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)					\$96,963.09			
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share	
	Fixed	10	October 1, 2020	March 31, 2021	\$91,264.43	\$9,126.44	\$0.00	
g. Totals:					\$91,264.43	\$9,126.44	\$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 Schulaner, Aaron General Counsel					c. Telephone (Area code, number, and extension)			
					d. Email Address			
b. Signature of Authorized Certifying Official Schulaner, Aaron					e. Date Report Submitted (Month, Day, Year) August 2, 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/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 : HI20101001

Recipient Organization : Hawaii, State of
802 Lehua Ave, Pearl City, HI 967823321 :

DUNS Number :

DUNS Status when Certified : ACTIVE (as of 08/02/2021)

EIN :

Reporting Period End Date : March 31, 2021

Status : Report Certified/Pending 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 Source: e.g. Sale of registration list
Program income expended (current fiscal year): \$0

Federal Agency Review

Reviewer Name :
Phone # :
Email :
Review Date :
Review Comments :

EAC Progress Report

Response ID:299 Data

1. Login

2. Verification

3. EAC Progress Report

1. State or Territory:

Hawaii

2. Grant Number:

HI20101001-01

3. Report:

Semi-Annual (Oct 1 - March 31)

4. Grant:

Please select only one.

Election Security

Grant:

Please select only one.

CARES

5. Reporting Period Start Date

10/01/2020

6. Reporting Period End Date

03/31/2021

7. Recipient Organization:

Organization Name

State Of Hawaii, Office Of Elections

Street Address

802 Lehua Avenue

City

Pearl City

State

HI

Zip

96782

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.

CARES Grant Specific:

Describe in detail how you used the funds to address the pandemic and explain how you implemented the approved grant activities.

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

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

During this reporting period, election officials worked with the statewide voter registration system vendor and our Office of Enterprise Technology Services that hosts the statewide voter registration system in the Hawaii State Government Private Cloud to continue to support the statewide voter registration system. As the 2020 General Election took place during the first portion of this reporting period, the focus was on ensuring security controls for the election infrastructure and ongoing web services to allow the environment to handle additional demands on the system during this critical time frame. After the 2020 General Election, the focus continued on the ongoing secure operation of the statewide voter registration system. The overall activities during this reporting period were ones of an ongoing maintenance and security nature.

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.

N/A

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

Provide a description of any training conducted.

Otherwise enter 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.

N/A

13. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

Our match was met through a combination of the following: (1) state expenditures of general funds for matters related to our HAVA compliant statewide voter registration system; and (2) the State applying its de minimis 10% indirect cost rate on its modified total direct costs toward the match.

Going forward, we continue to plan to use the de minimis 10% indirect cost rate and existing budget authority for expenditures to satisfy the matching requirement.

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 N/A.

Impact:

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

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?

5. Expenditures

8. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES

	Federal	Match
Voting Equipment and Processes:		
Post-Election Auditing:		
Voter Registration Systems:	\$91,264.43	\$14,037.50
Cyber Security:		
Communications:		
Total	\$91,264.43	\$24,567.69
De Minimis 10% Indirect Cost Rate on MTDC		\$10,530.19

Current Period Amount Expended and Unliquidated Obligations

CARES COST CATEGORIES

	Federal	Match
Voting Processes:		
Staffing:		
Security and Training:		
Communications:		
Supplies:		
Total		

6. Certification

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

First Name

Aaron

Last Name

Schulaner

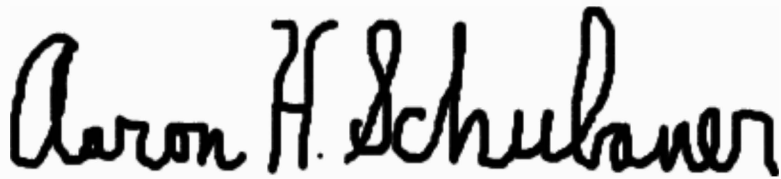
Title

General Counsel

Phone Number

Email Address

Signature of Certifying Official:

A handwritten signature in black ink that reads "Aaron H. Schulaner". The signature is written in a cursive style with a large, prominent initial 'A'.

Signature of: Aaron H. Schulaner

7. Report Submitted to EAC
