#### **FEDERAL FINANCIAL REPORT**

(Follow form instructions)

| 1. Federal Agency and Organizational Element to Which Report is Submitted |   |              |                                       |  |               | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) |                              |                              |                        |  |
|---|---|--------------|---------------------------------------|--|---------------|---|------------------------------|------------------------------|------------------------|--|
|   |   |              |                                       |  |               | TN2010100   |                              |                              |                        |  |
| 3. Recipient Organization (Name and complete address including Zip code)  |   |              |                                       |  |               | 111/2010100   | <i>J</i> 1                   |                              |                        |  |
| o. rtooipiont   | Organization (                                  | rtarrio arro | r complete address int                | sidding Zip dddd)  |               |   |                              |                              |                        |  |
| STATE LI  | BRARY AND                                       | ARCHI        | VES, TENNESSEE                        |  |               |   |                              |                              |                        |  |
| 403 7th A   | ve N, Nashv                                     | ille, TN 3   | 372431409                             |  |               |   |                              |                              |                        |  |
| 4a. DUNS N  | umber   | 4b.          | EIN 5                                 | 5. Recipient Account Nu  | imber or Ide  | ntifying Numbe  | er 6. Rep                    | ort Type                     | 7. Basis of Accounting |  |
|   |   |              |                                       | To report multiple grant   | is, use FFR   | Allachment)   | Qu                           |                              | ⊠ Cash                 |  |
|   |   |              |                                       |  |               |   | ☐ Sei                        | mi-Annual<br>nual            | ☐ Accural              |  |
|   |   |              |                                       |  |               |   | ☐ Fin                        |                              |                        |  |
| 8. Project/Gr   | rant Period (Mo                                 | onth, Day,   | Year)                                 |  |               | 9   | . Reportir                   | ng Period End D              | ate (Month, Day, Year) |  |
| From: Mar   | ch 28, 2018                                     |              | 1                                     | To: September 30, 2099 Septem  |               |   | Septem                       | ber 30, 2020                 |                        |  |
| 10. Transac   | tions   |              |                                       |  |               |   |                              |                              | Cumulative             |  |
| -   |   |              | multiple grant reportir               |  |               |   |                              |                              |                        |  |
| Federal Cas   | sh (To report r                                 | multiple g   | rants separately, als                 | o use FFR Attachmen  | t):           |   |                              | 1                            |                        |  |
| a. Cash R   | leceipts  |              |                                       |  |               |   |                              |                              | \$16,077,418.00        |  |
| b. Cash D   | isbursements                                    |              |                                       |  |               |   |                              |                              | \$3,934,282.85         |  |
| c. Cash o   | n Hand (line a                                  | minus b)     |                                       |  |               |   |                              |                              | \$12,143,135.15        |  |
| ·   | o for single gr                                 |              |                                       |  |               |   |                              |                              |                        |  |
| Federal Exp   | enditures and                                   | d Unoblig    | ated Balance:                         |  |               |   |                              | T                            |                        |  |
|   | ederal funds a                                  |              |                                       |  |               |   |                              | \$16,077,418.00              |                        |  |
|   | I share of expe                                 |              |                                       |  |               |   |                              |                              | \$3,934,282.85         |  |
|   | share of unliqu                                 |              |                                       |  |               |   |                              |                              | \$0.00                 |  |
|   | ederal share (s                                 |              | ,                                     |  |               |   |                              |                              | \$3,934,282.85         |  |
| h. Unoblig  | ated balance                                    | of Federal   | funds (line d minus g)                |  |               |   |                              |                              | \$12,143,135.15        |  |
| Recipient S   | hare:   |              |                                       |  |               |   |                              | •                            |                        |  |
|   | cipient share re                                | •            |                                       |  |               |   |                              |                              | \$2,099,146.15         |  |
|   | j. Recipient share of expenditures \$211,131.45 |              |                                       |  |               |   |                              |                              |                        |  |
|   |   | hare to be   | provided (line i minus                | ; j)   |               |   |                              |                              | \$1,888,014.70         |  |
| Program Inc   |   |              |                                       |  |               |   |                              |                              | 4007.040.00            |  |
|   | deral share of                                  |              |                                       |  |               |   |                              |                              | \$287,343.93           |  |
|   |   |              | ccordance with the de                 |  |               |   |                              |                              | \$0.00                 |  |
|   | -   |              | ccordance with the ad                 |  |               |   |                              |                              | \$287,343.93<br>\$0.00 |  |
|   |   |              | ine I minus line m and c. Period From |  | d. Base       |   |                              |                              |                        |  |
| 11. Indirect<br>Expense   | а. туре   | b. Rate      | c. Pellod From                        | Period 10  | u. base       |   | e. Amour                     | it Charged                   | f. Federal Share       |  |
| Ехропос   |   |              |                                       |  |               |   |                              |                              |                        |  |
|   |   |              |                                       | g. Totals:   |               | \$0.00  |                              | \$0.00                       | \$0.00                 |  |
| 10 Parasili   | ν Λ#οοb ==                                      | vnlens#=     | a doomed necessary                    | ]3   | by Fodors'    |   | anovic :                     | ·                            |                        |  |
|   | •   | •            | •                                     | or information required  | by rederal s  | sponsoning age  | ency in co                   | mphance with g               | overning legislation.  |  |
|   |   | •            | ear through 06/30/2                   | · · · · · · · · · · · · · · · · · · ·                                    |               |   |                              |                              |                        |  |
| expenditure   | es, disbursem                                   | ents and     | cash receipts are for                 | best of my knowledge<br>the purposes and inte<br>criminal, civil, or adm | ent set forth | n in the award  | docume                       | ents. İ am award             | e that any false,      |  |
| a. Typed or   | Printed Name                                    | and Title o  | f Authorized Certifying               | g Official   |               | c. Te   | lephone (                    | Area code, num               | ber, and extension)    |  |
| Dodd, Andrew  |   |              |                                       |  | d. Er         | d. Email Address  |                              |                              |                        |  |
| HAVA Att  |   | Contif       | Official                              |  |               |   | to Danie                     | 4 Culpuritte - 1 /8 4        | nth Day Veen           |  |
| b. Signature of Authorized Certifying Official  Dodd, Andrew              |   |              |                                       |  |               | e. Date Report Submitted (Month, Day, Year)  December 29, 2020  |                              |                              |                        |  |
|   |   |              |                                       |  |               |   | ard Form 42                  |                              |                        |  |
|   |   |              |                                       |  |               |   | Approval Nu<br>ation Date: 0 | mber: 4040-0014<br>2/28/2022 |                        |  |

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 hours 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

## FEDERAL FINANCIAL REPORT

(Additional Page)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : TN20101001

Recipient Organization : STATE LIBRARY AND ARCHIVES, TENNESSEE

403 7th Ave N, Nashville, TN 372431409

DUNS Number

DUNS Status when Certified

EIN

Reporting Period End Date : September 30, 2020

Status :

Remarks :

# **Federal Agency Review**

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

Report Status: Awarding Agency Approval Page 2 of 2 Printed Date: May 4, 2021

# EAC Progress Report

Response ID:108 Data

**Street Address** 

| 100 por 100 para  |
|---|
| 1. Login  |
| Please enter your userword and password to begin the Progress Narrative. If you require assistance or have any questions, please contact grants@eac.gov |
|   |
| 2. Verification   |
|   |
| 3. EAC Progress Report  |
| 1. State or Territory:  |
| Tennessee   |
| 2. Grant Number:<br>TN20101001  |
| 3. Report:  |
| Annual (Oct 1 - Sept 30)  |
| 4. Grant: Please select only one.   |
| Election Security   |
| 5. Reporting Period Start Date 10/01/2019   |
| 6. Reporting Period End Date  |
| 09/30/2020  |
| 7. DUNS/UEI:  |
| 8. EIN:   |
| 9. Recipient Organization:  |
| Organization Name State Library And Archives, Tennessee   |

1

| 403 7th Ave N |  |  |  |
|---------------|--|--|--|
| City          |  |  |  |
| Nashville     |  |  |  |
| State         |  |  |  |
| TN            |  |  |  |
| Zip           |  |  |  |
| 37243-1409    |  |  |  |

## 4. Progress and Narrative

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

Election security funds were used to assist counties in upgrading the desktop computer system used to connect and transfer data to the statewide voter registration database. Upgrades were completed for 89 of 95 counties in this fiscal year.

Subgrants were provided for seven (7) counties (Greene, Houston, Loudon, Knox, McMinn, White, and Williamson) to assist with the purchase of voting systems with a voter verified paper record.

Subgrants have been authorized for each of Tennessee's 95 counties to receive \$25,000 to make security enhancements. Most of these expenditures will be reimbursed to counties in the current fiscal year.

Additionally, the office employed a business intelligence specialist who assisted with cyber hygiene and cybersecurity activities. This employee was paid in part with 101 funds and in part with election security funds during this fiscal year.

11. Provide a timeline and description of project activities funded to meet HAVA requirements. Provide an analysis of how such activities conform to the submitted State Plan or Program Narrative as applicable.

The additional employee to assist with cybersecurity joined the office in August 2019. Subgrants for computer upgrades for the statewide voter registration system and subgrants to county election commissions to assist in the purchase of voting systems were completed in the spring and summer of 2020. These activities were anticipated in our program narrative for the security funds.

12. Describe any significant changes to your program during the course of the project, or if the project was implemented differently than described in your original State Plan or Program Narrative.

Otherwise enter - no significant changes during this period.

No significant changes during this period.

13. Describe any favorable developments which enabled meeting time schedules and objectives sooner or at less cost than anticipated or producing more or different beneficial results than originally planned.

Otherwise enter N/A.

N/A

14. 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 - No articles of voting equipment purchased during this period.

Greene - \$417,028.00 - 95 ExpressVote BMDs and 28 DS200 scanners

Houston – \$80,000.00 – 17 ExpressVote BMDs and 10 DS200 scanners

Knox - \$950,000.00 - 110 Verity Touch Writer BMDs and 122 Verity Scan scanners

Loudon - \$180,000.00 - 64 ExpressVote BMDs and 20 DS200 scanners

McMinn - \$160,000 - 52 Verity Touch Writer Duo BMDs, 18 Verity Controllers, and 20 Verity Scan scanners

White - \$120,000 - 14 Verity Touch Writer BMDs, 14 Verity Scan scanners, and 2 Verity Print bundles

Williamson – \$470,000.00 – 60 ICP Tabulators, 300 ICX BMDs, 1 ImageCast Central Kit with adjudication module for absentees, and 2 Mobile Ballot Printing Kits

#### 15. Provide a description of any security training conducted and the number of participants.

#### Otherwise enter - no security training conducted during this period.

We continued our contract to offer online security training to provide monthly lessons for 387 administrators of elections, staff members, and county election commissioners. The contract was paid in the fiscal year ending September 30, 2019, and no additional expenses were incurred in this fiscal year. We have renewed the contract in October 2020.

#### 16. 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.

Subgrants were made to 89 counties to upgrade the desktop computer system used to interface with the statewide voter registration system.

Subgrants to assist in the purchase of voting systems using election security funds are made available to counties based on need. All new voting systems purchased by counties comply with the 2005 Voluntary Voting System Guidelines (VVSG) and have a voter verified paper record.

#### 17. Match (if applicable):

Describe how you are meeting the matching requirement.

#### Otherwise enter - match not required.

The state match was met with existing departmental funds at the time the grants were authorized.

#### 18. Issues Encountered:

Describe all major issues that arose during the implementation of the project and the reasons why established goals were not met, if appropriate. Address each issue separately in its own section, and describe whether and how the issues were resolved. Also, briefly discuss the implications of any unresolved issues or concerns.

#### Otherwise enter - no issues encountered.

No issues encountered.

#### 19. Upcoming Activities:

#### Provide a timeline and description of upcoming activities.

In the immediate future, we will continue to work with counties on completing the paperwork and reimbursements for the \$25,000 subgrants and complete computer upgrades to interface with the statewide voter registration system.

Five (5) counties (Dickson, Henderson, Lewis, Monroe, and Roane) have purchased or are in the process of purchasing systems with a voter verified paper record that are eligible for subgrants using the election security funds.

# 5. Expenditures

# 20. Current Period Amount Expended and Unliquidated Obligations

## **GRANT COST CATEGORIES**

|                             | Federal        | Match        |
|-----------------------------|----------------|--------------|
| Voting Equipment:           | \$2,263,881.47 | \$113,146.53 |
| Post-Election Auditing:     |                |              |
| Voter Registration Systems: | \$148,742.03   | \$7,434.08   |
| Cyber Security:             | \$44,469.94    | \$2,222.57   |
| Communications:             |                |              |
| Total                       | \$2,479,037.29 | \$123,899.91 |
| Administrative              | \$21,943.85    | \$1,096.73   |
|                             |                |              |
|                             |                |              |
|                             |                |              |

**OMB CONTROL NUMBER: 3265-0020** 

# 6. Certification

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

First Name Andrew

**Last Name** 

Dodd

Title

**HAVA Attorney** 

**Phone Number** 

**Email Address** 

Signature of Certifying Official:



Signature of: Andrew Dodd

# 7. Report Submitted to EAC



Thank you, your progress report has been submitted to EAC. Please keep the PDF download of your submission as grant record.