## **Federal Financial Report**

**Program Name:** Requirements Payment 251

**Grantee Name:** New York State Board of Elections

**Report Name:** Federal Financial Report

Funding/Grant Period: EAC-REQPY22NY

**Report Period:** 10/01/2021 to 09/30/2022 **Report Status:** Submission Accepted by CO

U.S. Election Assistance Commission  OMB Numb Expires				
		ANCIAL REPORT ACFFR)		
1. Federal Agency and Org. Ele U.S. Election Assistance Commis	ement to Which Report is Submitted	2. Federal Grant or Other Identifying I Agency (To report multiple grants, use FFR Atta	<b>.</b>	
		EAC-REQPY22NY		
	ne and complete address including Zip o	code)		
Recipient Organization Name New York State Board of Election				
Street1: 40 N Pearl St STE 5				
Street2:				
<b>City:</b> Albany		County: ALBANY		
State: NY			Province:	
Country: United States		<b>Zip 5:</b> 12207	Zip +4:	
<b>4a. UEI</b> JCJMXL6AJPR4	<b>4b. EIN</b> 146013200	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) Fund 25497 - Title 2	6. Report Type  C Quarterly C Semi-Annual Annual C Final	
7. Basis of Accounting	8. Project/Grant Period		9. Reporting Period End	
Cash Accrual	From: 06/08/2005	<b>To:</b> 09/30/2099	Date (Month, Day, Year) 09/30/2022	
10. TRANSACTIONS (Use lines a-c for single or multiple grant reporting)			Cumulative	
Federal Cash: (To report multiple g	grants, also use FFR attachment)			
a. Cash Receipts			\$172,076,865.00	
b. Cash Disbursements			\$171,263,270.29	
c. Cash on hand (line a minus b)			\$813,594.71	
Federal Expenditures and Unoblig	gated Balance: Do not complete this section	if reporting on multiple awards.	•	
d. Total Federal funds authorize			\$172,076,865.00	
e. Federal share of expenditures			\$171,263,270.29	
f. Federal share of unliquidated obligations			\$0.00	
g. Total Federal share (sum of line e plus line f)			\$171,263,270.29	
h. Unobligated balance of Federa	. 0/		\$813,594.71	
Recipient Share: Do not complete this section if reporting on multiple awards.			\$10.110.242.00	
i. Total recipient share required			\$10,110,342.00	
j. Recipient share of expenditures			\$15,597,742.54	
k. Remaining recipient share to			-\$5,487,400.54	
	e this section if reporting on multiple awards	S.	\$0.00	
l. Total Federal program income	n. Decrease income carried in accordance with the deduction of cometing			

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
Federal Interest:	
p. Total Federal interest earned	\$33,125,592.65
q. Federal interest expenditures	\$29,871,043.14
r. Remaining Federal interest to be expended (line p minus q)	\$3,254,549.51

11. Indirect Expense

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	0.00%			\$0.00	\$0.00	\$0.00
g, Total		\$0.00	\$0.00	\$0.00		

12. Remarks:

a. State Interest Earned: Enter the current year amount earned (not cumulative)	\$0.00
b. State Interest Expended: Enter the current year amount expended (not cumulative)	\$0.00
c. Program Income Earned: Enter the current year amount earned. (not cumulative)	\$0.00
d. Program Income Expended: Enter the amount of Program Income expended in the current year (not cumulative)	\$0.00

e. Program Income Earned Breakdown: List each source of program income individually next to each amount (federal interest earned is not program income).

Source of program income		Amount	Delete
e. 1		\$0.00	
	Total:		\$0.00

f. Comments: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

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 objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

a. Typed or Printed Name and Title of Authorized Certifying Official Kristen Zebrowski Stavisky	c. Telephone (Area code, number and extension)	
	d. Email address kristen.zebrowski.stavisky@elections.ny.gov	
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) 12/16/2022	

Report Attachment (For reporting multiple grants)

14. List Information below for each grant covered by this report.		
Federal Grant Number	Recipient Account Number	Cumulative Federal Cash Disbursement
		\$0.00
TOTAL (Should correspond to the amount on Line 10b on Page 1)		\$0.00

## **Progress Report**

**Program Name:** Requirements Payment 251

**Grantee Name:** New York State Board of Elections

**Report Name:** Progress Report **Funding/Grant Period:** EAC-REQPY22NY

**Report Period:** 10/01/2021 to 09/30/2022 **Report Status:** Submission Accepted by CO

U.S. ELECTION ASSISTANCE COMMISSION	OMB CONTROL No.: 3265-0022 Expiration Date: 04/30/2025	
	s Report	
• • • • • • • • • • • • • • • • • • •	Cover Page	
	formation	
	2. Federal Grant or Other Identifying Number Assigned by Federal	
1. State or Territory New York State Board of Elections	Agency EAC-REQPY22NY	
3. Grant Type:		
C 101 251 C Election Security C Other [e.g., CARES]		
Describe Other		
Donat I	A	
4. Report Type:	nformation	
<ul><li>Semi-Annual</li><li>Annual</li><li>Final</li><li>Other</li></ul>		
Describe Other		
5. Report Period		
Start Date (Month, Day, Year) 10/01/2021	End Date (Month, Day, Year) 09/30/2022	
Section II: Progr	ess and Narrative	
period ending September 30 should cover the previous 12- month period start of the grant.		
Additional guidance can be found on our website: https://www.eac.gov/j	payments-and-grants/financial-progress-reporting	
EAC grants reports will be made publicly available. Therefore, your rep	port narrative should:	
* Be written in clear, concise, and plain language * Not include sensitive confidential information		
6. Describe in detail what happened during this reporting period and explain ho Plan/Program Narrative. (Note: Your activities should align with your category response as applicable.)	w you implemented the approved grant activities in accordance with your State expenditures in Section IV and you may use those categories as headings in your	
Check if no activity during this reporting period.		
As New Yorks HAVA fund distribution program does not provide for the direct release of federal funds to counties, the State Board of Elections administers several programs that allow for the disbursements of HAVA funds to reimburse counties for expenditures in the name of either implementing HAVA itself, or furthering the goals and objectives of HAVA. In 2022, New York State administered nine days of early voting prior to the Federal Primary and General Election. In addition, the State of New York continued to allow any registered voter to request an absentee ballot if they were concerned about contracting a communicable disease such as the coronavirus. New York's HAVA 251 grant covered expenses incurred for a variety of materials and services related to administering the 2022 Primary and General Elections including, but not limited to: Supplies and materials for use by voters during Early Voting and on Election Day, pens, privacy booths, clip-on booth lights, signs, stands, etc., supplies and materials for use by Poll Workers during Early Voting and on Election Day, voting machine accessories for use during Early Voting and on Election Day, printer toner, backup power supplies/batteries, headphones and audio tactile interfaces for use with Ballot Marking Devices, extension cords, memory cards etc., voting system hardware, and Clear Count Audit Tool, central count scanner hardware, replacement hardware for Election Management Systems.		
7. Provide a description of any training conducted, including security training.		
Check if no training was conducted during this reporting period.		
	York State Election Commissioners Association conference in preparation for its to Military, Special Federal, and UOCAVA voters and important deadlines	

8. Report on the number and type of articles of voting equipmen	at obtained with the funds. Include the amount ex	pended on the expanditure chart
		pended on the expenditure chart.
Check if no voting equipment purchased during this		Lefflering Clinical 251 for Lef
Through the New York State Shoebox State Operating Expe purchase voting equipment, including but not limited to: ball and printer cabinets; results casters, mylar replacement for voting the state of t	ot counting and auditing hardware, ballot count	ing and auditing software, tabulators, printers
9. Subgrants (if applicable)		
Check if no subgrants were made during this report	ing period.	
Describe the activities carried out by your subgrantees du Through the New York State "Shoebox State Operating Exp purchase a number of voting equipment, including but not lir copiers and printers to prepare for 2022 federal elections.	enses by Board of Elections" grant, County Boa	
10. Provide a breakdown of aggregate sub-award expend please populate the field with \$0.00 Total expenses will au	• • •	
Category	Subawa	rd Federal Expenditures
Voting Equipment		\$1,340,592.44
Voting Processes		\$0.00
Voter Registration Systems		\$0.00
Election Auditing		\$0.00
Cyber and Physical Security		\$0.00
Voter Education		\$0.00
Accessibility		\$0.00
Other:		\$0.00
Total		\$1,340,592.44
11. Match (if applicable)	**	
Check if match not required.		
<b>Describe how you are meeting or have met the matching</b> . The State of New York meets the match upon submittal of a		
Section Sect	ion III: Challenges and Chai	nges
12. Issues Encountered		
Check if no major issues encountered during this re	porting period	
Check it no major assues encountered during this re	porting period.	
Describe how and whether the issues were resolved. Als	o, briefly discuss the implications of any unr	esolved issues or concerns.
13. Describe any significant changes to your program during the developments that improved program efficiency and/or service or		inal State Plan/Program Narrative or favorable
Check if no significant changes were made during the	nis reporting period.	
Soci	ction IV: Expenditures	
	zilon IV. Expenditures	
14. Fill out the table below with both the Federal and Statinterest expenditures and write-in any cost areas that do section #10 should also be populated and rolled into the a category please populate the field with \$0.00 Total expens	not fit into the predefined program categorie ppropriate expense categories for #14. If you	s. Subaward expense totals identified in do not have expenses for a particular
Expenditures should be consistent with t		
in your financial reports. (EAC uses the calculate current period expenditures).	agjerence verween your curren	i ana previous perioa FFK to
	7.	
Categories	Federal	State Match
Voting Equipment	\$1,340,592.44	\$17,497.76
Voting Processes	\$0.00	\$0.00
Voter Registration Systems	\$0.00	\$0.00
Election Auditing	\$0.00	\$0.00
Cyber and Physical Security	\$0.00	\$0.00
Voter Education	\$0.00	\$0.00
Accessibility	\$0.00	\$0.00
Other	\$0.00	\$0.00
TOTAL	\$1,340,592.44	\$17,497.76
Secti	on 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.

15. Self-Assessment - Assess whether the goals set out in your State plan/Narrative were met as intended during the grant program. Highlight any needs that were not met or ongoing/under resourced areas for future consideration.

16. Impact and Achievements - Describe how this grant program impacted elections in your state/territory. Highlight your accomplishments and

17. Lessons Learned - Describe any lessons learned during the grant that may be replicated, expanded and/or help others.

Section VI: Certification				
18. Name and Contact of the authorized certifying official.				
First and Last Name Kristen Zebrowski Stavisky	Title Chief Election Official, Co-Executive Director			
Phone Number	Email Address kristen.zebrowski.stavisky@elections.ny.gov			
19. Signature of Certifying Official				

