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)
   **AK20101001**

3. Recipient Organization (Name and complete address including Zip code)
   **LIEUTENANT GOVERNOR OF ALASKA, THE OFFICE OF**
   
   **240 Main St Ste 400, Juneau, AK 998012108**

<table>
<thead>
<tr>
<th>4a. DUNS Number</th>
<th>4b. EIN</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)

6. Report Type
   - Quarterly
   - Semi-Annual
   - Annual
   - Final

7. Basis of Accounting
   - Cash
   - Accrual

8. Project/Grant Period (Month, Day, Year)
   **From:** March 28, 2018
   **To:** September 30, 2099

9. Reporting Period End Date (Month, Day, Year)
   **March 31, 2021**

10. Transactions
    **Cumulative**

    **Federal Cash** (To report multiple grants separately, also use FFR Attachment):
    - a. Cash Receipts
      $6,000,000.00
    - b. Cash Disbursements
      $6,000,000.00
    - c. Cash on Hand (line a minus b)
      $0.00

    **Federal Expenditures and Unobligated Balance**:
    - d. Total Federal funds authorized
      $6,000,000.00
    - e. Federal share of expenditures
      $3,735,126.95
    - f. Federal share of unliquidated obligations
      $1,002,239.16
    - g. Total Federal share (sum of lines e and f)
      $4,737,366.11
    - h. Unobligated balance of Federal funds (line d minus g)
      $1,262,633.89

    **Recipient Share**:
    - i. Total recipient share required
      $2,305,642.60
    - j. Recipient share of expenditures
      $196,585.63
    - k. Remaining recipient share to be provided (line i minus j)
      $2,109,056.97

    **Program Income**:
    - l. Total Federal share of program income earned
      $160,011.53
    - 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)
      $160,011.53

11. Indirect Expense
    - a. Type
    - b. Rate
    - c. Period From
    - d. Base
    - e. Amount Charged
    - f. Federal Share
    - g. Totals:
      $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
    b. Signature of Authorized Certifying Official

    Forrest, Sharon
    Administrative Officer, Elections

    c. Telephone (Area code, number, and extension)
    d. Email Address
    e. Date Report Submitted (Month, Day, Year)

    Forrest, Sharon
    April 29, 2021

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**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

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**Report Status:** Report Certified/Pending Agency Approval
**Page:** 1 of 2
**Printed Date:** May 3, 2021
Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : AK20101001
Recipient Organization : LIEUTENANT GOVERNOR OF ALASKA, THE OFFICE OF
240 Main St Ste 400, Juneau, AK 998012108
DUNS Number : 
DUNS Status when Certified : ACTIVE (as of 04/29/2021)
EIN : 
Reporting Period End Date : March 31, 2021
Status : Report Certified/Pending Agency Approval
Remarks :

<table>
<thead>
<tr>
<th>Reporting Period End Date</th>
<th>Status</th>
<th>Remarks</th>
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<tbody>
<tr>
<td>March 31, 2021</td>
<td>Report Certified/Pending Agency Approval</td>
<td>Please provide the following information:</td>
</tr>
</tbody>
</table>

State interest earned (current fiscal year): -$7825.96
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

On the FFY20 FFR - it was mistakenly put in box 12 - program interest accrued: $61,948.71. That is incorrect and it should have noted program income earned (current fiscal year): $0.

Federal Agency Review
Reviewer Name : 
Phone # : 
Email : 
Review Date : 
Review Comments :
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:**
   - Alaska

2. **Grant Number:**
   - AK20101001-01

3. **Report:**
   - Semi-Annual (Oct 1 - March 31)

4. **Grant:**
   - Please select only one.
     - Election Security
     - CARES

5. **Reporting Period Start Date**
   - 10/01/2020

6. **Reporting Period End Date**
   - 03/31/2021

7. **Recipient Organization:**
   - **Organization Name**
     - Office Of The Lieutenant Governor Of Alaska
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.

Cyber Security: During this reporting period the Division of Elections hired an Election Security Officer and a Division Operations Manager to oversee election security projects. Both personnel worked with the voter registration software vendor to upgrade a further secure the voter registration system architecture. They assisted a Certified Information Systems Auditor (CISA) with penetration testing of the voter registration system applications and elections users vulnerability assessments. Development was also started on a comprehensive cybersecurity procedures policy for the Division based on the National Institute of Standards and Technology (NIST) Cybersecurity Framework.

Also during this period, the division experienced a data exposure of residents personally identifiable information. The division immediately took action to stop further exposure. Residents were provided with credit monitoring services at no charge for one-year. The division hired five temporary staff in December of 2020 to manage a toll-free number for residents to contact the division. Two temporaries remained on staff through February of 2021 and currently two permanent staff members continue to manage incoming calls. Furthermore, the division hired two and one-half full-time staff, including an Election Security Officer to enhance its focus on cyber security related concerns, including the development of stronger relations with our federal partners.
Communications: During this reporting period, the Division reallocated the Public Relations Manager to manage election security communications and information. In October a data exposure involving some personal voter information was discovered. The PR Manager helped draft press and voter information to educate the public on what happened and what is being done to resolve it. Due to the data exposure, much of the PR Managers time has been spent communicating with media and all voters (including those whose information was not exposed) the security measures we have taken. Additionally there was collaboration with the Security Officer to rebuild the website to make our security elements and procedures more accessible and evident.

Voting Equipment: During this reporting period funded were expended to pay for successful implementation and election support services on the Dominion ballot tabulation system. Services included on-site support during the elections, election database setup, support for logic and accuracy testing, and completion of installation at the Elections Offices. Funds were additionally expended to pay for the annual licensing and warranty fees for 304 precinct scanners, 444 accessible voting machines, 12 central scanning machines, and the host communications manager module. Support products such as miscellaneous business supplies (additional memory cards, power cords, protective cases, and tactile interfaces), connectivity costs, and freight/transportation costs for the Dominion voting equipment were also acquired with these funds.

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.

Cyber Security: No significant changes during this period.

Communications: The data exposure was an unplanned event that altered our original plan. Communication resources were allocated to educate the public on security options and how to protect their confidential information.

Voting Equipment: No significant changes during this period.

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.

No issues regarding implementation were encountered during this period.

Provide a description of any training conducted.

Otherwise enter N/A.

11. Provide a description of any security training conducted.

Otherwise enter N/A.

No security training conducted during this period.

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.
13. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

Match was met through two separate appropriations from the state. A first match of $1,626,612 in general funds was appropriated in FY19 to the Election Fund as a result of a reappropriation in Ch. 19, SLA 2018, Sec. 15(b). A second match of $600,000 in general funds was appropriated in 2020 to the Election Fund in HB 234, Section 19 (a); SB 174, Section 19 (a).

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

<table>
<thead>
<tr>
<th>GRANT COST CATEGORIES</th>
<th>Federal</th>
<th>Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voting Equipment and Processes:</td>
<td>$1,507,698.75</td>
<td>$26,707.88</td>
</tr>
<tr>
<td>Post-Election Auditing:</td>
<td></td>
<td></td>
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<tr>
<td>Voter Registration Systems:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cyber Security:</td>
<td>$18,356.85</td>
<td>$861.40</td>
</tr>
<tr>
<td>Communications:</td>
<td>$169,429.53</td>
<td>$8,917.34</td>
</tr>
<tr>
<td>Total</td>
<td>$1,695,485.12</td>
<td>$36,486.63</td>
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</table>
CARES COST CATEGORIES

<table>
<thead>
<tr>
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<th>Match</th>
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</thead>
<tbody>
<tr>
<td>Voting Processes:</td>
<td></td>
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<td>Staffing:</td>
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<tr>
<td>Security and Training:</td>
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<td>Supplies:</td>
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<tr>
<td>Total</td>
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6. Certification

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

First Name
Sharon

Last Name
Forrest

Title
Administrative Officer

Phone Number

Email Address

Signature of Certifying Official:

Signature of: Sharon Forrest
7. Report Submitted to EAC