FEDERAL FINANCIAL REPORT

1. Federal A	gency and Org	ganizationa	Element to Which	(Follow form i Report is Submitted	instructions)	2. Federal G Federal Age	Grant or Oth ency (To re	ner Identifying N port multiple gra	umber Assigned by ints, use FFR Attachment)	
ELECTION ASSISTANCE COMMISSION					AK20101	AK20101001				
3. Recipient Organization (Name and complete address including Zip code)										
	ANT GOVER	RNOR OF	ALASKA, THE C	FFICE OF						
240 Main	St Ste 400,	Juneau, A	K 998012108							
4a. DUNS N	lumber	4b. E	EIN	5. Recipient Account N	Number or Ide	entifying Num	ber 6. Rep	ort Type	7. Basis of Accounting	
				(To report multiple gra	ints, use FFR	Attachment)	Qua Ser Ann Fin	ni-Annual nual	☐ Cash ⊠ Accural	
8. Project/G	rant Period (M	onth, Day, `	Year)				9. Reportir	g Period End D	ate (Month, Day, Year)	
From: March 28, 2018				To: September 30	2099		March 3	1 2021		
10. Transactions				, 2000		maron o		Cumulative		
(Use lines a	-c for single or	combined	multiple grant repor	ting)				I		
				so use FFR Attachme	ent):					
a. Cash R					,				\$6,000,000.00	
) Jisbursements								\$6,000,000.00	
	n Hand (line a	minus b)							\$0.00	
	-o for single gr	,	(a)							
-	penditures an									
	ederal funds a								\$6,000,000.00	
	I share of expe							\$3,735,126.95		
	share of unliq		igations					\$1,002,239.16		
g. Total Federal share (sum of lines e and f)						\$4,737,366.11				
			, funds (line d minus)	a)					\$1,262,633.89	
Recipient S	-			5/					· , · , · · · ·	
<u> </u>		equired							\$2,305,642.60	
i. Total recipient share required j. Recipient share of expenditures								\$196,585.63		
			provided (line i minu	(i au					\$2,109,056.97	
Program In			· · · ·	37				I	* ,,	
	ederal share of	f program in	come earned						\$160,011.53	
				deduction alternative					\$0.00	
			cordance with the a						\$0.00	
	-		ne I minus line m ar						\$160,011.53	
· ·	· · ·	b. Rate	c. Period From	Period To	d. Base		e. Amour	t Charged	f. Federal Share	
Expense										
				g. Totals:		\$0.00		\$0.00	\$0.00	
12. Remarks	s: Attach any e	explanations	s deemed necessar	y or information require	d by Federal	sponsoring a	gency in co	mpliance with g	overning legislation:	
Please pr	ovide the foll	owing info	rmation:							
expenditure	es, disbursem	nents and c	ash receipts are f	e best of my knowledg or the purposes and in o criminal, civil, or ad	ntent set fort	h in the awa	rd docume	ents. I am awar	e that any false,	
			Authorized Certifyi				c. Telephone (Area code, number, and extension)			
Forrest, S	Sharon					d. E	Email Addre	ess		
	rative Office of Authorized					e. [Date Report	t Submitted (Mo	nth, Day, Year)	
Forrest, S	Sharon	-				Δ	April 29, 2021			
						Star OM	ndard Form 42 B Approval Nu	5 mber: 4040-0014		
Paperwork Bur	rden Statement					Exp	iration Date: 0	212012022		

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	: 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	: Please provide the following information:				
	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 (current liscal 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	:				

EAC Progress Report

Response ID:274 Data

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

alter and

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

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

Office Of The Lieutenant Governor Of Alaska

Street Address			
P.o. Box 110015			
City			
Juneau			
State			
AK			
Zip			
99811			

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.

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

GRANT COST CATEGORIES

	Federal	Match
Voting Equipment and Processes:	\$1,507,698.75	\$26,707.88
Post-Election Auditing:		
Voter Registration Systems:		
Cyber Security:	\$18,356.85	\$861.40
Communications:	\$169,429.53	\$8,917.34
Total	\$1,695,485.12	\$36,486.63

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

Sharon

Last Name

Forrest

Title

Administrative Officer

Phone Number

Email Address

Signature of Certifying Official:



Signature of: Sharon Forrest

7. Report Submitted to EAC						
 A second s						