### ELECTION ASSISTANCE COMMISSION

**EXECUTIVE OFFICE OF THE STATE OF KANSAS**  
120 SW 10TH AVE FL 1, TOPEKA, KS 666121226

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)

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3. Recipient Organization (Name and complete address including Zip code)

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4a. DUNS Number  
4b. EIN  
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  
   - Accural

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8. Project/Grant Period (Month, Day, Year)  
9. Reporting Period End Date (Month, Day, Year)

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10. Transactions

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Receipts</td>
<td>$9,308,516.00</td>
</tr>
<tr>
<td>Cash Disbursements</td>
<td>$3,671,184.18</td>
</tr>
<tr>
<td>Cash on Hand (line a minus b)</td>
<td>$5,637,331.82</td>
</tr>
</tbody>
</table>

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11. Indirect Expense

<table>
<thead>
<tr>
<th>Type</th>
<th>Rate</th>
<th>Period From</th>
<th>Period To</th>
<th>Base</th>
<th>Amount Charged</th>
<th>Federal Share</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Totals:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00 $0.00 $0.00</td>
</tr>
</tbody>
</table>

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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)

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Tompkins, Sandy  
**Deputy Asst. SOS - Administration**

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**Tompkins, Sandy**  
**Date Report Submitted (Month, Day, Year): December 17, 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:** Awarding Agency Approval  
**Page 1 of 2**  
**Printed Date:** Jan 19, 2022
Please provide the following information:

State interest earned (current fiscal year): $675.70
State interest expended (current fiscal year): $
Program income earned (current fiscal year): $
Program income earned breakdown (current fiscal year): Source: e.g. Sale of registration list
Program income expended (current fiscal year): $

FFY21 report includes a correction for interest income. FFY19 included $1,722.25 in interest income that was reported in FFY18.
1. Login

Please enter the username and password provided by the EAC to begin the Progress Report. If you require assistance or have any questions, please contact Grants@eac.gov.

2. Verification

EAC Progress Report

1. State or Territory:
   Kansas

2. Grant Number:

3. Report:
   Annual (Oct 1 - Sept 30)

4. Grant:
   Election Security

5. Reporting Period Start Date
   10/01/2020

6. Reporting Period End Date
   09/30/2021

4. Progress and Narrative

7. Describe in detail what happened during this reporting period and explain how you implemented the approved grant activities in accordance with your State Plan/Program Narrative. *(Note: Your activities should align with your Grant Cost Categories Table.)*

   The security grant funds were used to enhance network security across the state of Kansas.

8. 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.
9. 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.

N/A

10. Provide a description of any training conducted, including security training.

N/A

11. Subgrants:

Did your office provide subawards to local jurisdictions during this reporting period?

No

12. Match:

Describe how you are meeting or have met the matching requirement.

The Secretary of State made a formal request for the full state match to be appropriated via State General Fund (SGF) dollars. The Legislature and Governor approved the request and said funds have been allocated to the Secretary of State.

13. Report on the number and type of articles of voting equipment obtained with the funds. Include the amount expended on the expenditure table.

N/A


GRANT COST CATEGORIES - FEDERAL

Voting Equipment and Processes: $0
Post-Election Auditing: $0
Voter Registration Systems: $0
Cyber Security: $3651984
Voter Education/Communications: $0
Accessibility: $0
Staffing: $0
Training: $0
Subgrants: $0
Indirect Costs (if applicable, FFR Line 11): $0
Unliquidated Obligations (if applicable, FFR Line 1Of): $0
Other (Specify below): $0
Other (Specify below): $0
Other (Specify below): $0
Total: $3651984
Comments:
15. GRANT COST CATEGORIES - MATCH

Voting Equipment and Processes: $0
Post-Election Auditing: $0
Voter Registration Systems: $0
Cyber Security: $0
Voter Education/Communications: $0
Accessibility: $0
Staffing: $0
Training: $0
Subgrants: $0
Indirect Costs (If applicable, FFR Line 11): $0
Unliquidated Obligations (If applicable, FFR Line 10f): $0
Other (Specify below): $0
Other (Specify below): $0
Other (Specify below): $0
Total: $0
Comments:

6. Hidden Script Page

Federal Sum
3651984

Match Sum
0

Fed CARES Sum
0

Match CARES Sum
0

7. Expenditures

16. Confirm Total Grant Expenditure Amounts

Federal: $3651984
Match: $0
Total: $3651984

8. Certification

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

First Name
Amanda

Last Name
<table>
<thead>
<tr>
<th><strong>Entress</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
</tr>
<tr>
<td>Budget and Finance Director</td>
</tr>
<tr>
<td><strong>Phone Number</strong></td>
</tr>
<tr>
<td><strong>Email Address</strong></td>
</tr>
</tbody>
</table>

17. Add another contact to send a copy of submission confirmation and edit link?  
*Yes!*

18.

| **First Name** |
| Sandy |
| **Last Name** |
| Tompkins |
| **Title** |
| Deputy Asst. SOS - Administration |
| **Email Address** |

Signature of Certifying Official:

[Signature]

Signature of: Amanda Entress