

FEDERAL FINANCIAL REPORT

(Follow form instructions)

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) ND20101001			
3. Recipient Organization (Name and complete address including Zip code) SECRETARY OF STATE, NORTH DAKOTA OFFICE OF THE 600 E Boulevard Ave #108, Bismarck, ND 585050602							
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type	7. Basis of Accounting		
				<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
8. Project/Grant Period (Month, Day, Year) From: March 28, 2018				9. Reporting Period End Date (Month, Day, Year) September 30, 2021			
To: September 30, 2019							
10. Transactions					Cumulative		
<i>(Use lines a-c for single or combined multiple grant reporting)</i>							
Federal Cash (To report multiple grants separately, also use FFR Attachment):							
a. Cash Receipts					\$6,000,000.00		
b. Cash Disbursements					\$0.00		
c. Cash on Hand (line a minus b)					\$6,000,000.00		
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized					\$6,000,000.00		
e. Federal share of expenditures					\$0.00		
f. Federal share of unliquidated obligations					\$0.00		
g. Total Federal share (sum of lines e and f)					\$0.00		
h. Unobligated balance of Federal funds (line d minus g)					\$6,000,000.00		
Recipient Share:							
i. Total recipient share required					\$751,912.10		
j. Recipient share of expenditures					\$0.00		
k. Remaining recipient share to be provided (line i minus j)					\$751,912.10		
Program Income:							
l. Total Federal share of program income earned					\$26,385.95		
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)					\$26,385.95		
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:					\$0.00	\$0.00	\$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 Parent, Evaliz Fiscal Services Administrator					c. Telephone (Area code, number, and extension)		
					d. Email Address		
b. Signature of Authorized Certifying Official Parent, Evaliz					e. Date Report Submitted (Month, Day, Year) December 2, 2021		

Standard Form 425
OMB Approval Number: 4040-0014
Expiration Date: 02/28/2022

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 hour 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

Recipient Organization

DUNS Number

DUNS Status when Certified

EIN

Reporting Period End Date : September 30, 2021

Status : Report Certified/Pending Agency Approval

Remarks : "Please provide the following information:

State interest earned (current fiscal year): \$1912.10

State interest expended (current fiscal year): \$0

Program income earned (current fiscal year): \$0

Program income earned breakdown (current fiscal year): \$ Source: e.g. Sale of registration list

Program income expended (current fiscal year): \$0

"

Federal Agency Review

Reviewer Name

Phone #

Email

Review Date

Review Comments

2021-2022 EAC Progress Report

3. EAC Progress Report

1. State or Territory:

North Dakota

2. Grant Number:

ND20101001

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.)

No expenditures have been incurred

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.

No significant changes during this period

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.

No issues encountered

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

No security training conducted during this period

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.

Match not required

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

No articles of voting equipment purchased during this period

5. Expenditures

14. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES - FEDERAL

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:

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:

7. Expenditures

16. Confirm Total Grant Expenditure Amounts

Federal : \$0

Match : \$0

Total : \$0

8. Certification

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

First Name

Evaliz

Last Name

Parent

Title

Fiscal Service Administrator

Email Address

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

Yes!

18.

First Name

Brian

Last Name

Newby

Title

State Election Director

Email Address

Signature of Certifying Official:



Signature of: Evaliz Parent

9. Report Submitted to EAC



Thank you. Your Annual (Oct 1 - Sept 30) progress report for Election Security has been submitted to the EAC. Please keep the PDF download of your submission as grant record.