

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)
--	---

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

Secretary Of State, Nebraska
STATE CAPITOL STE 2300, LINCOLN, NE 68509

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
-----------------	---------	---	--	--

8. Project/Grant Period (Month, Day, Year) From: March 28, 2018 To: September 30, 2019	9. Reporting Period End Date (Month, Day, Year) September 30, 2021
---	--

10. Transactions Cumulative

(Use lines a-c for single or combined multiple grant reporting)

Federal Cash (To report multiple grants separately, also use FFR Attachment):

a. Cash Receipts	\$7,422,268.00
b. Cash Disbursements	\$2,257,107.40
c. Cash on Hand (line a minus b)	\$5,165,160.60

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	\$7,422,268.00
e. Federal share of expenditures	\$2,257,107.40
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$2,257,107.40
h. Unobligated balance of Federal funds (line d minus g)	\$5,165,160.60

Recipient Share:

i. Total recipient share required	\$959,913.00
j. Recipient share of expenditures	\$959,913.00
k. Remaining recipient share to be provided (line i minus j)	\$0.00

Program Income:

l. Total Federal share of program income earned	\$298,728.65
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)	\$298,728.65

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

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 Arnold, Joan Controller	c. Telephone (Area code, number, and extension)
b. Signature of Authorized Certifying Official Arnold, Joan	d. Email Address
	e. Date Report Submitted (Month, Day, Year) December 22, 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 : Awarding Agency Approval

Remarks : "Please provide the following information:

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

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

Federal Agency Review

Reviewer Name

Phone #

Email

Review Date

Review Comments

2021-2022 EAC Progress Report

3. EAC Progress Report

1. State or Territory:

Nebraska

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.*)

Voter Registration Systems: Prior to the 2018 General Election, a two-factor authentication process for the Statewide Voter Registration System was put in place in each county election office for voter registration. Security tokens continue to be provided and license fees are covered through this grant.

Cyber Security: The four most populated counties have been equipped with Albert Monitoring devices. These devices monitor suspicious activity in real time with the assistance of the Elections Infrastructure –Information Sharing Analysis Center (EISAC). Funds continue to be used for the ongoing monitoring service costs.

Communications: A Training and Implementation Coordinator was hired in December of 2019 to coordinate the equipment replacement project and provide ongoing training to the counties regarding election administration and security. Individual on-site and virtual training continues to be provided in compliance with COVID-19 guidelines. Funds continue to be used for the ongoing salary and benefits related to this position.

Accessibility: The Secretary of State's Office provides assistance to local election officials to accommodate voters with disabilities and offer modifications to polling sites to maintain ADA compliance in several counties. Materials to inform voters of ADA accessibility were provided where needed, including instruction guides and voter information printed in braille. Additionally, a process has been developed to provide subgrants for election offices across the state for election security and ADA compliance. Election offices can apply for the funds which will be available for ADA compliance requirements, computer security and other supported requests. However, no funds were sub-awarded during this period. During this reporting period, the Federal Aid Administrator has been traveling across the state to review polling sites for ADA compliance and work with counties needing any assistance to apply for a subaward.

Administration: A Federal Aid Administrator position was added in August 2020 as existing staff didn't have the time to take on administration of several new federal grants related to Elections or create a subaward program. This new Grant Administrator continues to better facilitate grant management going forward and assist with subaward grants to our local election officials. Funds continue to be used for the ongoing salary and benefits related to this position.

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.

N/A

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.

Members of the Elections Division traveled the state to provide training at county and regional meetings of county election officials. Additionally, a statewide training conference was hosted in October 2021 to ensure that our county election officials were up to date on election security. Elections Division staff also provided one-on-one training with individual counties as necessary. These training sessions allow new county employees to get proper training of the election systems as well as provide our seasoned officials with refresher training.

Election Division employees were also sent to various conferences and trainings sessions to expand election administration knowledge and stay current on election security issues.

Lastly, Secretary of State information technology staff have begun to provide additional assistance to individual counties related to cybersecurity.

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 Nebraska State Legislature appropriated state funds for a statewide election equipment replacement project. As noted in prior narratives, those funds were used to replace ballot counting and ADA-compliant ballot marking devices, fully meeting the state match requirement.

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 voting equipment was purchased during this reporting period. However, voting equipment was replaced statewide in 2020 and HAVA funds were used to pay for the licensing, software, and maintenance of that equipment for the period July 1, 2021 to June 30, 2022.

5. Expenditures

1. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES - FEDERAL

Voting Equipment and Processes: : \$465135
Post-Election Auditing: : \$0
Voter Registration Systems: : \$28602
Cyber Security: : \$60563
Voter Education/Communications: : \$12536
Accessibility: : \$9339
Staffing: : \$141370
Training: : \$0
Subgrants: : \$0
Indirect Costs (If applicable, FFR Line 11): : \$0
Unliquidated Obligations (If applicable, FFR Line 10f): : \$0
Other (Specify below) : \$5009
Other (Specify below) : \$0
Other (Specify below) : \$0

Total : \$722554

Comments: Other includes administrative costs such as audit fees and office space rent for the Federal Aid Administrator

2. 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: Match of \$959,913 was expended in prior reporting period.

7. Expenditures

3. Confirm Total Grant Expenditure Amounts

Federal : \$722,554.00

Match : \$0.00

Total : \$722554

OMB CONTROL NUMBER: 3265-0020

8. Certification

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

First Name

Marilyn

Last Name

Tabor

Title

Federal Aid Administrator

Phone Number

Email Address

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

Yes!

5.

First Name

Joan

Last Name

Arnold

Title

Controller

Email Address

Signature of Certifying Official:



Signature of: Marilyn Tabor

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.