

**FEDERAL FINANCIAL REPORT**

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>ELECTION ASSISTANCE COMMISSION</b>					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) <b>Secretary Of State, New Mexico 325 Don Gaspar Capital Ste 300, santa fe, NM 875030001</b>							
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 type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Project/Grant Period (Month, Day, Year) From: <b>March 28, 2018</b> To: <b>September 30, 2019</b>					9. Reporting Period End Date (Month, Day, Year) <b>September 30, 2021</b>		
<b>10. Transactions</b>						Cumulative	
<i>(Use lines a-c for single or combined multiple grant reporting)</i>							
<b>Federal Cash (To report multiple grants separately, also use FFR Attachment):</b>							
a. Cash Receipts						\$7,853,131.00	
b. Cash Disbursements						\$2,232,756.85	
c. Cash on Hand (line a minus b)						\$5,620,374.15	
<i>(Use lines d-o for single grant reporting)</i>							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized						\$7,853,131.00	
e. Federal share of expenditures						\$2,232,756.85	
f. Federal share of unliquidated obligations						\$1,231,570.48	
g. Total Federal share (sum of lines e and f)						\$3,464,327.33	
h. Unobligated balance of Federal funds (line d minus g)						\$4,388,803.67	
<b>Recipient Share:</b>							
i. Total recipient share required						\$1,015,706.00	
j. Recipient share of expenditures						\$487,699.76	
k. Remaining recipient share to be provided (line i minus j)						\$528,006.24	
<b>Program Income:</b>							
l. Total Federal share of program income earned						\$244,292.08	
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)						\$244,292.08	
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: State Match Interest: \$0							
<b>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)</b>							
a. Typed or Printed Name and Title of Authorized Certifying Official  <b>Albin, Veronica CFO</b>					c. Telephone (Area code, number, and extension)		
					d. Email Address		
b. Signature of Authorized Certifying Official <b>Albin, Veronica</b>					e. Date Report Submitted (Month, Day, Year) <b>January 25, 2022</b>		

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

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(Additional Page)

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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 : State Match Interest: \$0

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**Federal Agency Review**

Reviewer Name

Phone #

Email

Review Date

Review Comments

# 2021-2022 EAC Progress Report

## 3. EAC Progress Report

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**1. State or Territory:**

New Mexico

**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

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**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.)**

During the reporting period, the primary objective of New Mexico was to continue to bolster election security measures and upgrade equipment. The SOS used HAVA to purchase and replace tabulation systems and ballot scanners to replace older outdated models. Additionally, the state implemented and installed public Ballot Boxes with security seals and security camera systems for mail in ballots in every county in New Mexico.

From a cybersecurity perspective, the State implemented and fostered various testing and security measures for elections during the period. The SOS further fostered security training of all SOS employees, county election staff and IT election support employees which included training, consulting and support for election security equipment; the SOS additionally implemented a Tandem subscription for cybersecurity compliance. A large component of HAVA spending during this period was contractual services for (1) IT System Environment Performance Diagnostics, Tuning, and Recommendations, (2) SERVIS system disaster recovery testing and to develop a SERVIS system security plan and test, (3) election network, web application penetration testing and cybersecurity vulnerability testing.

The SOS provided PPE for the 2020 General Election in support of the NM Counties conducting the election who needed the equipment for voters, poll workers, and other support staff at the polls.

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**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

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**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

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

The SOS purchased a KnowBe4 subscription for security training of all SOS employees, county election staff and IT election support employees which included training, consulting and support for election security equipment.

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**11. Subgrants:**

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

No

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**12. Match:**

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

The SOS is meeting the match requirement with a special appropriation for the Ballot Box Implementation Project.

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

The SOS used HAVA to purchase 212 precinct-based optical scan tabulation systems (Image Cast Evolution) to 8 counties that included security features such as ballot image capture and auditing capabilities and 4 ballot scanners (ImageCast Central) to replace older outdated models. Additionally, the state implemented and installed public Ballot Boxes with security seals and security camera systems for mail in ballots in every county in New Mexico.

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## 5. Expenditures

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### 14. Current Period Amount Expended and Unliquidated Obligations

## GRANT COST CATEGORIES - FEDERAL

Voting Equipment and Processes: : \$516905

Cyber Security: : \$93854

Voter Education/Communications: : \$4932

Staffing: : \$167681

Training: : \$3699

Other (Specify below) : \$23761

Other (Specify below) : \$3771

Other (Specify below) : -\$137982

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Total : \$676621

**Comments:** Other 1: 2020 GE PPE; Other 2: Misc office supplies for Native American Outreach; Other 3: GL journal adjustments.

## 15. GRANT COST CATEGORIES - MATCH

Voting Equipment and Processes: : \$307944

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Total : \$307944

**Comments:** Ballot Box Project.

## 7. Expenditures

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### 16. Confirm Total Grant Expenditure Amounts

Federal : \$676,621.00

Match : \$307,944.00

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Total : \$984565

**OMB CONTROL NUMBER: 3265-0020**

## 8. Certification

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

**First Name**

Justin

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**Last Name**

O'Shea

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**Title**

Contracts Manager

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**Phone Number**

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**Email Address**

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

Yes!

18.

**First Name**

Veronica

**Last Name**

Albin

**Title**

CFO

**Email Address**

Signature of Certifying Official:

A handwritten signature in black ink, appearing to be 'Justin O'Shea', written over a faint grid background.

Signature of: Justin O'Shea