**ELECTION ASSISTANCE COMMISSION**

**STATE, NEW YORK DEPARTMENT OF**

40 N PEARL ST STE 5, ALBANY, NY 122072729

**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)**

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

40 N PEARL ST STE 5, ALBANY, NY 122072729

**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
- Accrual

**8. Project/Grant Period (Month, Day, Year)**

- From: March 28, 2018
- To: September 30, 2099

**9. Reporting Period End Date (Month, Day, Year)**

- September 30, 2021

**10. Transactions**

<table>
<thead>
<tr>
<th>Description</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Receipts</td>
<td>$41,431,856.00</td>
</tr>
<tr>
<td>Cash Disbursements</td>
<td>$15,336,501.85</td>
</tr>
<tr>
<td>Cash on Hand (line a minus b)</td>
<td>$26,095,354.15</td>
</tr>
<tr>
<td>Total Federal funds authorized</td>
<td>$41,431,856.00</td>
</tr>
<tr>
<td>Federal share of expenditures</td>
<td>$15,336,501.85</td>
</tr>
<tr>
<td>Federal share of unliquidated obligations</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Federal share (sum of lines e and f)</td>
<td>$15,336,501.85</td>
</tr>
<tr>
<td>Unobligated balance of Federal funds (line d minus g)</td>
<td>$26,095,354.15</td>
</tr>
<tr>
<td>Total recipient share required</td>
<td>$5,363,824.00</td>
</tr>
<tr>
<td>Recipient share of expenditures</td>
<td>$1,890,336.80</td>
</tr>
<tr>
<td>Remaining recipient share to be provided (line i minus j)</td>
<td>$3,473,487.20</td>
</tr>
<tr>
<td>Total Federal share of program income earned</td>
<td>$698,443.42</td>
</tr>
<tr>
<td>Program income expended in accordance with the deduction alternative</td>
<td>$0.00</td>
</tr>
<tr>
<td>Program income expended in accordance with the addition alternative</td>
<td>$0.00</td>
</tr>
<tr>
<td>Unexpended program income (line l minus line m and line n)</td>
<td>$698,443.42</td>
</tr>
<tr>
<td>Totals:</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**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>
</tbody>
</table>

**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)

Zebrowski Stavisky, Kristen  
Chief Election Official

Zebrowski Stavisky, Kristen  
Date Report Submitted (Month, Day, Year):

November 29, 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 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

Report Status: Report Certified/Pending Agency Approval  
Page 1 of 2  
Printed Date: Dec 6, 2021
Federal Agency & Organization: ELECTION ASSISTANCE COMMISSION

<table>
<thead>
<tr>
<th>Federal Grant ID</th>
<th>Recipient Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUNS Number</td>
<td>DUNS Status when Certified</td>
</tr>
<tr>
<td>EIN</td>
<td>Reporting Period End Date: September 30, 2021</td>
</tr>
<tr>
<td>Status</td>
<td>Report Certified/Pending Agency Approval</td>
</tr>
</tbody>
</table>
| 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: None
Program income expended (current fiscal year): $0
"

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**Federal Agency Review**

Reviewer Name
Phone #
Email
Review Date
Review Comments
## 3. EAC Progress Report

1. **State or Territory:**
   New York

2. **Grant Number:**
   NY20101001

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 New York State Board of Election (NYSBOE) has continued its efforts in the implementation of our ARMOR plan developed in 2018. ARMOR stands for "Assess the Risk, Remediate Vulnerabilities, Monitor on-going Operations and Respond to incidents". The NYSBOE has continued its work in strengthening the State and County Boards of Elections cybersecurity infrastructure by continuing intrusion detection, managed security services, annual cyber hygiene training requirements,
administering statewide tabletop exercises, daily pre-election operation center statewide calls, and through our Secure Elections Center implemented cyber regulation.

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.

The NYSBOE provided cyber-hygiene training to all State Board, County Board, County IT and applicable vendors from 2018-2021. NYSBOE provided training to 73 staff in 2021.

11. Subgrants:

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

Yes

12. Describe the activities carried out by your subgrantees during the reporting period.

The NYSBOE created a $9 million dollar Elections Cybersecurity Remediation grant program to allocate funding directly to our 62 Board of Elections. Each Board of Election had a comprehensive, uniform risk assessment performed by NYSBOE in 2018-2019. The NYSBOE worked with each County Board to develop and approve a cybersecurity risk remediation plan. The grant funds support Counties in implementing their specific cybersecurity risk remediation plan.

Provide a breakdown of aggregate subawards expenditures across major categories.

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security</td>
<td>$3,499,663.77</td>
</tr>
<tr>
<td>Other (Specify above)</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total</td>
<td>$3499663.77</td>
</tr>
</tbody>
</table>

13. Match:

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

The New York State Legislature appropriated the required 20% match.

14. 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

5. Expenditures

15. Current Period Amount Expended and Unliquidated Obligations
7. Expenditures

17. Confirm Total Grant Expenditure Amounts

Federal: $3,499,663.77
Match: $956,672.38
Total: $4,456,336.15

OMB CONTROL NUMBER: 3265-0020

8. Certification

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

<table>
<thead>
<tr>
<th>First Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Kristen</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Zebrowski Stavisky</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Executive Director</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th></th>
</tr>
</thead>
</table>

| Email Address |       |

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

Yes!
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.