Federal Financial Report

Program Name: Election Security Grantee Name: New York State Board of Elections Report Name: Federal Financial Report Funding/Grant Period: EAC-ELSEC22NY Report Period: 10/01/2021 to 09/30/2022 Report Status: Submission Accepted by CO

U.S. Election Assistance Commission			OMB Number: 3265-0022 Expires 04/30/2025	
		ANCIAL REPORT		
1. Federal Agency and Org. Eleme U.S. Election Assistance Commissio		2. Federal Grant or Other Identifying N Agency (<i>To report multiple grants, use FFR Atta</i> <i>EAC-ELSEC22NY</i>		
3. Recipient Organization (Name a	nd complete address including Zip co	ode)		
Recipient Organization Name: New York State Board of Elections				
Street1: 40 N Pearl St STE 5				
Street2:				
City: Albany		County: ALBANY		
State: NY			Province:	
Country: United States		Zip 5: 12207	Zip +4:	
4a. UEI JCJMXL6AJPR4	4b. EIN 146013200	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 25541-Elec Security	6. Report Type Quarterly Semi-Annual Annual Final	
7. Basis of Accounting	8. Project/Grant Period	•	9. Reporting Period End	
⊙ Cash ○ Accrual	From: 03/23/2018	To: 09/30/2099	Date (Month, Day, Year) 09/30/2022	
10. TRANSACTIONS (Use lines a-c for single or multiple)	grant reporting)		Cumulative	
Federal Cash: (To report multiple gran	nts, also use FFR attachment)			
a. Cash Receipts			\$44,651,756.00	
b. Cash Disbursements			\$25,195,086.42	
c. Cash on hand (line a minus b)	c. Cash on hand (line a minus b) \$19,456,669			
	d Balance: Do not complete this section	if reporting on multiple awards.	\$44.651.756.00	
			\$44,651,756.00	
			\$25,195,086.42	
f. Federal share of unliquidated obligations			\$0.00 \$25,195,086.42	
 g. Total Federal share (sum of line e plus line f) h. Unobligated balance of Federal funds (line d minus g) 			\$25,195,080.42	
U U	section if reporting on multiple awards.		¢,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
i. Total recipient share required			\$6,007,804.00	
			\$2,673,520.81	
k. Remaining recipient share to be p	k. Remaining recipient share to be provided (<i>line i minus j</i>) \$3,334,			
Program Income: Do not complete this	s section if reporting on multiple awards.			
l. Total Federal program income ear	rned		\$0.00	
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)				Î	\$0.00			
Federal Interest:	Federal Interest:							
p. Total Federal interest earned					\$858,00)2.96		
q. Federal interest expenditures					\$	\$0.00		
r. Remaining Federal interest to be expended (line p minus q)						\$858,00	02.96	
1. Indirect Expense								
a. Type	b. Rate	Period From	c. Period To	d. Base	e. Amount Char;	ged	f. Federal Share	
	0.00%			\$0	.00	\$0.00	\$(60.00
			g. Total	\$0	0.00	\$0.00	\$	\$0.00
12. Remarks:								
a. State Interest Earne	ed: Enter the c	urrent year amou	int earned (not cumulative)			1	\$	\$0.00
b. State Interest Expe	nded: Enter the	e current year an	nount expended (not cumula	ative)		İ	\$	\$0.00
c. Program Income Ea					\$	\$0.00		
d. Program Income Expended: Enter the amount of Program Income expended in the current year (not cumulative) \$0				\$0.00				
e. Program Income Earned Breakdown: List each source of program income individually next to each amount (federal interest earned is not program income).								
Source of program income Amount De					Delete			
e. \$0.00								
Total:				1	\$	\$0.00		
f. Comments: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:					_			
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 objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).					or			
a. Typed or Printed Na Authorized Certifying Kristen Zebrowski Stav	Official		. Telephone (Area code, 1 xtension)	number and				
Certification Title Chief Election Official,	Co-Executive		. Email address risten.zebrowski.stavisky(@elections.ny.gov				
b. Signature of Author	rized Certifyi	Ŭ I	Date Report Submitted Year) 2/16/2022	(Month, Day,				

Report Attachment (For reporting multiple grants)

14. List Information below for each grant covered by this report.		
Federal Grant Number	Recipient Account Number	Cumulative Federal Cash Disbursement
		\$0.00
TOTAL (Should correspond to the amount on Line 10b on Page 1)		\$0.00

Progress Report

Program Name: Election Security Grantee Name: New York State Board of Elections Report Name: Progress Report Funding/Grant Period: EAC-ELSEC22NY Report Period: 10/01/2021 to 09/30/2022 Report Status: Submission Accepted by CO

U.S. ELECTION ASSISTANCE COMMISSION	OMB CONTROL No.: 3265-0022 Expiration Date: 04/30/2025			
Progress Section I: 0	s Report Cover Page			
Grant Information				
1. State or Territory New York State Board of Elections	2. Federal Grant or Other Identifying Number Assigned by Federal Agency EAC-ELSEC22NY			
3. Grant Type:	<i></i>			
 101 251 Election Security Other [e.g., CARES] 				
Describe Other				
Report Ir	formation			
4. Report Type:				
 Semi-Annual Annual Final Other 				
Describe Other				
5. Report Period				
Start Date (Month, Day, Year) 10/01/2021	End Date (Month, Day, Year) 09/30/2022			
Section II: Progress and Narrative				
Instructions: Reports due for the period ending March 31 should descril period ending September 30 should cover the previous 12- month period start of the grant. Additional guidance can be found on our website: https://www.eac.gov/p				
EAC grants reports will be made publicly available. Therefore, your rep * Be written in clear, concise, and plain language * Not include sensitive confidential information	oort narrative should:			
6. Describe in detail what happened during this reporting period and explain hor Plan/Program Narrative. (Note: Your activities should align with your category response as applicable.)	w you implemented the approved grant activities in accordance with your State expenditures in Section IV and you may use those categories as headings in your			
Check if no activity during this reporting period.				
The New York State Board of Election (NYSBOE) has continued its efforts stands for "Asses the Risk, Remediate Vulnerabilities, Monitor on-going Op strengthening the State and County Boards of Elections cybersecurity infrast tracking annual cyber hygiene training requirements, administering statewide calls; and advancing our Secure Elections Center implemented cyber regulat	erations and Respond to incidents". The NYSBOE has continued its work in ructure by continuing intrusion detection, managing security services, e tabletop exercises, conducting daily pre-election operation center statewide			
7. Provide a description of any training conducted, including security training.				
Check if no training was conducted during this reporting period.				
The State Board of Elections conducted several trainings during the reporting Commissioner Association Conference on cyber regulations, new security to 2022 Tabletop the Vote National Election Exercise. The Board encouraged C the Vote is to identify best practices and areas for improvement in cyber and realistic scenario exploring impacts to voter confidence, voting operations, ar City Board participated in the virtual exercise.	ols, and advisory services. The New York State Board also participated in the County Boards to take part in the three-day event. The purpose of Tabletop physical incident planning, identification, response, and recovery through a			
8. Report on the number and type of articles of voting equipment obtained with	the funds. Include the amount expended on the expenditure chart.			

9. Subgrants (if applicable)		
Check if no subgrants were made during	this reporting period.	
Each Board of Elections had a comprehensive, unit	grantees during the reporting period. as Cybersecurity Remediation grant program to allocate fundin iform risk assessment performed by NYSBOE in 2018-2019. T remediation plan. The grant funds support County's in implen	The NYSBOE worked with each County
	rd expenditures across major categories. If you do not have uses will automatically calculate. Please verify totals prior to	
Category	Subaward F	ederal Expenditures
Voting Equipment		\$0.0
Voting Processes		\$0.0
Voter Registration Systems		\$0.0
Election Auditing		\$0.
Cyber and Physical Security		\$9,858,584
Voter Education		\$0.
Accessibility		\$0.
Other:		\$0.
Total		\$9,858,584.
11. Match (if applicable)		
Check if match not required.		
Describe how you are meeting or have met the The New York State Legislature appropriated the		
Section	n Section III: Challenges and Change	es
12. Issues Encountered		
Check if no major issues encountered dur	ing this reporting period	
- Check is no major issues checountered dur	ing this reporting period	
Describe how and whether the issues were res	solved. Also, briefly discuss the implications of any unresolv	ved issues or concerns.
13. Describe any significant changes to your program developments that improved program efficiency and	n during the reporting period, including changes to your original /or service delivery.	State Plan/Program Narrative or favorab
Check if no significant changes were made	e during this reporting period.	
	Section IV: Expenditures	
	al and State Match expenditures for the current reporting :	
interest expenditures and write-in any cost area section #10 should also be populated and rolled category please populate the field with \$0.00 To <i>Expenditures should be consisten</i> <i>in your financial reports. (EAC u</i>	as that do not fit into the predefined program categories. So into the appropriate expense categories for #14. If you do total expenses will automatically calculate. Please verify tota at with the activities described in your narrow uses the difference between your current a	baward expense totals identified in not have expenses for a particular ils prior to submission. rative and with the amount
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15. Self-Assessment - Assess whether the goals set out in your State plan/Narrative were met as intended during the grant program. Highlight any needs that were not met or ongoing/under resourced areas for future consideration.

16. Impact and Achievements - Describe how this grant program impacted elections in your state/territory. Highlight your accomplishments and successes.

17. Lessons Learned - Describe any lessons learned during the grant that may be replicated, expanded and/or help others.

Section VI: Certification		
18. Name and Contact of the authorized certifying official.		
First and Last Name Kristen Zebrowski Stavisky	Title Chief Election Official, Co-Executive Director	
Phone Number	Email Address kristen.zebrowski.stavisky@elections.ny.gov	
19. Signature of Certifying Official		