FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted							Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)						
ELECTION ASSISTANCE COMMISSION							MA20101001						
				ss inc	luding Zip code)		MAZOTO	100					
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SECRETA	ARY OF THE	соммо	NWEALTH, M	IASS	ACHUSETTS								
1 ASHBII	RTON PL R	M 1717 B	OSTON, MA	กวากร	21518								
4a. UEI	KIONI LIK	4b. E		5	. Recipient Account Nu	ımber or Ide	ntifying Num	ber	6. Rep	ort Type	7. Bas	is of Accounting	
		1.2.1 =			(To report multiple grants, use FFR Attachme			ent) 📙 Qua		• •	⊠ c	· ·	
								⊠ Sen □ Ann		ni-Annual	☐ Accural		
									☐ Anr				
8. Project/G	rant Period (M	onth, Day,	Year)					9. F	eportin	g Period End D	ate (Mo	nth, Day, Year)	
From: Mar	ch 28, 2018			Т	o: September 30,	2099		March 31, 2022					
10. Transac								Cumulative				tive	
(Use lines a	-c for single or	combined	multiple grant re	portin	g)								
Federal Cas	sh (To report	multiple gr	ants separately	y, also	use FFR Attachmen	t):							
a. Cash R	Receipts											\$16,769,740.00	
b. Cash D	isbursements									\$7,238,180.43			
c. Cash o	n Hand (line a	minus b)										\$9,531,559.57	
(Use lines d	o for single gr	ant reportir	ng)										
Federal Exp	enditures an	d Unobliga	ated Balance:										
d. Total F	d. Total Federal funds authorized							\$16,769,740.00					
e. Federa	I share of expe	enditures								\$7,238,180.43			
f. Federal	share of unliq	uidated obl	igations									\$0.00	
g. Total F	ederal share (sum of lines	s e and f)							\$7,238,180.43			
h. Unoblig	gated balance	of Federal t	funds (line d min	nus g)								\$9,531,559.57	
Recipient S	hare:												
i. Total re	cipient share r	equired										\$2,170,320.00	
j. Recipie	nt share of exp	enditures										\$639,714.54	
k. Remair	ning recipient s	share to be	provided (line i r	minus	j)							\$1,530,605.46	
Program In													
	ederal share of											\$337,873.57	
					duction alternative							\$0.00	
n. Prograi	m income expe	ended in ac	cordance with the	ne add	lition alternative							\$0.01	
o. Unexpe	ended program	n income (li	ne I minus line m	n and	line n)							\$337,873.56	
	а. Туре	b. Rate	c. Period From		Period To	d. Base		e.	Amoun	t Charged	f. Fede	ral Share	
Expense								+					
								+					
					g. Totals:		\$0.00			\$0.00		\$0.00	
12. Remarks	s: Attach any e	explanations	s deemed neces	sary c	or information required	by Federal s	sponsoring a	gen	cy in co	mpliance with g	overnin	g legislation:	
State inte	rest earned (current fis	cal year): \$0.0	0									
					est of my knowledge								
					the purposes and int criminal, civil, or adm							ny false,	
			f Authorized Cer		· · ·		`			Area code, num		d extension)	
a. Typeu or	Fillited Name	and mie o	Additionized Cer	uryirig	Official		0. 1	ı cıcı	nione (riea code, num	ibei, aii	a exterision)	
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	, Michelle						a.	⊏ma	il Addre	:১১			
	Elections D		Off: -1 -1					- ·	D	O - 1 1 / 1			
b. Signature of Authorized Certifying Official						e. [e. Date Report Submitted (Month, Day, Year)						
Tassinari	, Michelle						April 28, 2022						
									Form 42s proval Nu	5 nber: 4040-0014			

Panarwork Burdon 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

Expiration Date: 02/28/2025

FEDERAL FINANCIAL REPORT

(Additional Page)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : MA20101001

Recipient Organization : SECRETARY OF THE COMMONWEALTH, MASSACHUSETTS

1 ASHBURTON PL RM 1717, BOSTON, MA 021081518

UEI :

UEI Status when Certified

EIN :

Reporting Period End Date : March 31, 2022

Status : Awarding Agency Approval

Remarks : State interest earned (current fiscal year): \$0.00

State interest expended (current fiscal year): \$0.00 Program income earned (current fiscal year): \$0.00

Program income earned breakdown (current fiscal year): \$0.00

Program income expended (current fiscal year): \$0.00

Federal Agency Review

Reviewer Name

Phone #

Email

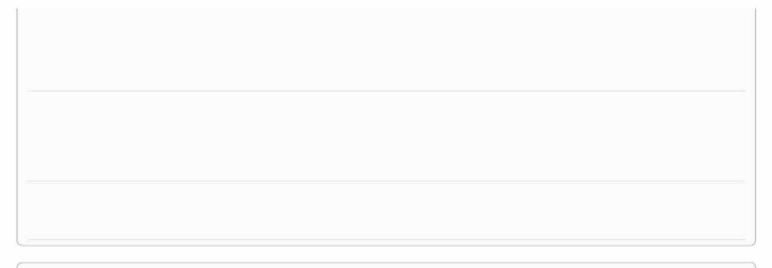
Review Date

Review Comments

Report Status: Awarding Agency Approval Page 2 of 2 Printed Date: Jun 9, 2022

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3. EAC Progress F	Report
1. State or Territory:	
Massachusetts	
2. Grant Number:	
MA20101001	
3. Report:	
Semi-Annual (Oct 1	March 31)
4. Grant:	
Election Security	
5. Reporting Period S	tart Date
10/01/2021	
6. Reporting Period E	nd Date
03/31/2022	
4. Progress and N	arrative

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. (<i>Note: Your activities should align with your Grant Cost Categories Table.</i>)
HAVA Security Funds were used to fund our cyber security team, including regional cyber security advisors who meet weekly with local election officials and local IT staff, to fund tools (both hardware and software) and to provide additional security for intrusion detection and implementation of best practices related to cyber security.
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.
Our cyber security team is consistently providing training to our election staff and local election officials. This includes in-person training as well as online training exercises.
11. Subgrants:
Did your office provide subawards to local jurisdictions during this reporting period? No
Provide a breakdown of aggregate subawards expenditures across major categories.
Total: 0
12. Match:
Describe how you are meeting or have met the matching requirement.
We are expending state funds on products, both hardware and software, as well as IT services that qualify under HAVA security funding.
13. 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

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:: \$994074

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: \$994074 Comments:

15. GRANT COST CATEGORIES - MATCH

Voting Equipment and Processes:: \$0

Post-Election Auditing:: \$0

Voter Registration Systems: : \$11248

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: \$11248

7. Expenditures 16. Confirm Total Grant Expenditure Amounts Federal: \$994074 Malch: \$11.247.50 Total: \$1005321.5 Confirm Total Grant Expenditure Amounts Total: \$0 OMB CONTROL NUMBER: 3265-0020	Comments:
7. Expenditures 16. Confirm Total Grant Expenditure Amounts Federal: \$994074 Match: \$11,247.50 Total: \$1005321.5 Confirm Total Grant Expenditure Amounts Total: \$0	
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16. Confirm Total Grant Expenditure Amounts Federal: \$994074 Match: \$11,247.50 Total: \$1005321.5 Confirm Total Grant Expenditure Amounts Total: \$0	
16. Confirm Total Grant Expenditure Amounts Federal: \$994074 Match: \$11,247.50 Total: \$1005321.5 Confirm Total Grant Expenditure Amounts Total: \$0	7. Expenditures
Total: \$0	16. Confirm Total Grant Expenditure Amounts Federal: \$994074 Match: \$11,247.50
	Confirm Total Grant Expenditure Amounts
OMB CONTROL NUMBER: 3265-0020	Total: \$0
	OMB CONTROL NUMBER: 3265-0020

8. Certification

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

Las	t Name
Ta	assinari
Title	e e
Di	irector and Legal Counsel, Elections Division
Pho	one Number
Ema	ail Address



Signature of: Michelle K. Tassinari

9. Report Submitted to EAC



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