

**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)  <b>ND20101001</b>			
3. Recipient Organization (Name and complete address including Zip code)  <b>SECRETARY OF STATE, NORTH DAKOTA OFFICE OF THE</b> <b>600 E Boulevard Ave #108, Bismarck, ND 585050602</b>							
4a. UEI	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type	7. Basis of Accounting		
				<input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
8. Project/Grant Period (Month, Day, Year) From: <b>March 28, 2018</b>				9. Reporting Period End Date (Month, Day, Year) <b>March 31, 2022</b>			
To: <b>September 30, 2029</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				\$6,000,000.00			
b. Cash Disbursements				\$832,575.61			
c. Cash on Hand (line a minus b)				\$5,167,424.39			
<i>(Use lines d-o for single grant reporting)</i>							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized				\$6,000,000.00			
e. Federal share of expenditures				\$832,575.61			
f. Federal share of unliquidated obligations				\$0.00			
g. Total Federal share (sum of lines e and f)				\$832,575.61			
h. Unobligated balance of Federal funds (line d minus g)				\$5,167,424.39			
<b>Recipient Share:</b>							
i. Total recipient share required				\$751,923.15			
j. Recipient share of expenditures				\$750,000.00			
k. Remaining recipient share to be provided (line i minus j)				\$1,923.15			
<b>Program Income:</b>							
l. Total Federal share of program income earned				\$28,438.77			
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)				\$28,438.77			
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: "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  <b>Parent, Evaliz</b> <b>Fiscal Services Administrator</b>				c. Telephone (Area code, number, and extension)			
				d. Email Address			
b. Signature of Authorized Certifying Official  <b>Parent, Evaliz</b>				e. Date Report Submitted (Month, Day, Year)  <b>April 27, 2022</b>			

Standard Form 425  
OMB Approval Number: 4040-0014  
Expiration Date: 02/28/2025

**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)

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Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : ND20101001

Recipient Organization : SECRETARY OF STATE, NORTH DAKOTA OFFICE OF THE  
600 E Boulevard Ave #108, Bismarck, ND 585050602

UEI :

UEI Status when Certified :

EIN :

Reporting Period End Date : March 31, 2022

Status : Awarding Agency Approval

Remarks : "Please provide the following information:  
  
State interest earned (current fiscal year): \$ 11.05  
State interest expended (current fiscal year): \$0  
Program income earned (current fiscal year): \$6,640  
Program income earned breakdown (current fiscal year): \$ Source: e.g. Sale of  
registration list = \$6,640  
Program income expended (current fiscal year): \$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:**

North Dakota

**2. Grant Number:**

ND20101001

**3. Report:**

Semi-Annual (Oct 1 - March 31)

**4. Grant:**

Election Security

**5. Reporting Period Start Date**

10/01/2021

**6. Reporting Period End Date**

03/31/2022

## 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.)**

Following the 2020 census, the State of North Dakota underwent statewide legislative redistricting. This required the continued work of Maps Without Gaps, a project implemented in 2018 to ensure accurate precinct boundary maps statewide. This was especially important to ensure that Native Americans in North Dakota's five tribal territories were adequately able to be identified and eligible for voting. Many of these individuals had Tribal IDs, but no physical addresses. The post-census work on Maps

Without Gaps recalibrated all maps to current precincts and legislative districts.

In addition, the Secretary of State's office conducted election training for the 53 county auditors and their staffs. Training included USPS, FVAP, cybersecurity, voting system, and electronic pollbook sessions.

Finally, the SOS office paid for annual software licensing for its fleet of ES&S voting equipment and for costs associated with the implementation of KNOWiNK electronic pollbooks (PollPads).

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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.**

ND Secretary of State will need to direct more funds to personnel than was originally planned for in the program and budget narrative. This personnel will be needed to assist with procedures to ensure and demonstrate compliance with best practices in the areas of cybersecurity and post-election auditing.

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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 North Dakota Secretary of State hosted an Auditor Conference to provide 3 days of training to all county auditors in March of 2022.

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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.**

ND has met current match requirements with state election reform funds we used towards the purchase of electronic PollPad equipment.

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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.**

On the match line item, \$750,000 towards the acquisition of 990 PollPads from KNOWiNK.

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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: : \$692033

Staffing: : \$140543

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Total : \$832576

Comments:

## 15. GRANT COST CATEGORIES - MATCH

Voting Equipment and Processes: : \$750000

Total : \$750000

Comments:

## 7. Expenditures

### 16. Confirm Total Grant Expenditure Amounts

Federal : \$832576

Match : \$750000

Total : \$1582576

OMB CONTROL NUMBER: 3265-0020

## 8. Certification

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

**First Name**

Brian

**Last Name**

Newby

**Title**

State Election Director

**Phone Number**

**Email Address**

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

Yes

18.

**First Name**

Liz

**Last Name**

Parent

**Title**

Fiscal Services Administrator

Email Address

Signature of Certifying Official:



Signature of: Brian D. Newby

## 9. Report Submitted to EAC

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Thank you. Your Semi-Annual (Oct 1 - March 31) progress report for Election Security has been submitted to the EAC. Please keep the PDF download of your submission as grant record.