

**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>IA20101001</b>
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3. Recipient Organization (Name and complete address including Zip code)  
  
**SECRETARY OF STATE, IOWA**  
**State Capitol Rm 105, Des Moines, IA 50319**

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 checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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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>March 31, 2021</b>
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**10. Transactions** Cumulative  
*(Use lines a-c for single or combined multiple grant reporting)*

<b>Federal Cash (To report multiple grants separately, also use FFR Attachment):</b>	
a. Cash Receipts	\$9,786,086.00
b. Cash Disbursements	\$2,682,064.83
c. Cash on Hand (line a minus b)	\$7,104,021.17

<i>(Use lines d-o for single grant reporting)</i>	
<b>Federal Expenditures and Unobligated Balance:</b>	
d. Total Federal funds authorized	\$9,786,086.00
e. Federal share of expenditures	\$2,682,064.83
f. Federal share of unliquidated obligations	\$9,321.89
g. Total Federal share (sum of lines e and f)	\$2,691,386.72
h. Unobligated balance of Federal funds (line d minus g)	\$7,094,699.28

<b>Recipient Share:</b>	
i. Total recipient share required	\$1,274,500.73
j. Recipient share of expenditures	\$0.00
k. Remaining recipient share to be provided (line i minus j)	\$1,274,500.73

<b>Program Income:</b>	
l. Total Federal share of program income earned	\$170,790.99
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)	\$170,790.99

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
<b>g. Totals:</b>					\$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>Basnet, Samita</b> <b>Accountant 3</b>	c. Telephone (Area code, number, and extension)  d. Email Address
b. Signature of Authorized Certifying Official  <b>Basnet, Samita</b>	e. Date Report Submitted (Month, Day, Year)  <b>April 30, 2021</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 : IA20101001

Recipient Organization : SECRETARY OF STATE, IOWA  
State Capitol Rm 105, Des Moines, IA 50319 :

DUNS Number :

DUNS Status when Certified : ACTIVE (as of 04/30/2021)

EIN :

Reporting Period End Date : March 31, 2021

Status : Report Certified/Pending Agency Approval

Remarks : Please provide the following information:

State interest earned (current fiscal year): \$207.33  
State interest expended (current fiscal year): \$0.00  
Program income earned (current fiscal year): \$0.00  
Program income earned breakdown (current fiscal year): \$ Source: e.g. Sale of registration list  
Program income expended (current fiscal year): \$0.00

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**Federal Agency Review**

Reviewer Name :  
Phone # :  
Email :  
Review Date :  
Review Comments :

# EAC Progress Report

Response ID:352 Data

## 1. Login

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## 2. Verification

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## 3. EAC Progress Report

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### 1. State or Territory:

Iowa

### 2. Grant Number:

IA20101001

### 3. Report:

Semi-Annual (Oct 1 - March 31)

### 4. Grant:

**Please select only one.**

Election Security

### 5. Reporting Period Start Date

10/01/2020

### 6. Reporting Period End Date

03/31/2021

### 7. Recipient Organization:

#### Organization Name

Iowa Secretary Of State

#### Street Address

321 E 12th Street

#### City

Des Moines

**State**

IA

**Zip**

50319

#### 4. Progress and Narrative

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**8. Describe in detail what happened during this reporting period and explain how you implemented the approved grant activities.**

The majority of funds expended during this reporting period were spent on cybersecurity needs such as staffing, assessments, monitoring, and the purchase of technology updates or upgrades.

Funds were also expended on communications costs to educate voting on Iowa's voting processes and to provide posters to each of Iowa's USPS locations regarding deadlines for returning absentee ballots.

Finally, funds were expended on election administration needs such as additional staffing to complete our felon database review project and review materials related to accessibility. Funds were also expended on education and training.

**9. 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.**

Otherwise enter N/A.

N/A

**10. 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.

Otherwise enter N/A.

N/A

**11. Provide a description of any security training conducted.**

Otherwise enter N/A.

Beginning in October 2020, we have conducted monthly phishing assessments for all counties and the Iowa Secretary of State's Office.

**12. Subgrants (if applicable):**

Describe how you made funds available to local jurisdictions.

Provide a description of the major categories of subgrant activities local voting districts will accomplish with the funds.

Otherwise enter N/A.

In February 2021 we made available to the counties a HAVA cyber grant. Each county is eligible to receive \$10,000, and

during the reporting period we have issued \$81629.40 combined total to nine counties. This grant is for improving election cybersecurity and addressing technology gaps.

**13. Match (if applicable):**

**Describe how you are meeting the matching requirement.**

**Otherwise enter - match not required.**

Iowa is currently in the process of replacing its statewide voter registration database. At this time, state funds allocated for that project have been marked as the matching funds.

**5. Expenditures**

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

**GRANT COST CATEGORIES**

	Federal	Match
Voting Equipment and Processes:	\$0.00	
Post-Election Auditing:	\$0.00	
Voter Registration Systems:	\$0.00	
Cyber Security:	\$617,027.82	
Communications:	\$10,529.26	
Total	\$666,418.24	
Election Administration	\$38,861.16	

**OMB CONTROL NUMBER: 3265-0020**

**6. Certification**

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

**First Name**

Molly

**Last Name**

Widen

**Title**

Legal Counsel

Phone Number

Email Address

Signature of Certifying Official:

Molly M. Widen

Signature of: Molly M. Widen

## 7. Report Submitted to EAC

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Thank you, your progress report has been submitted to EAC. Please keep the PDF download of your submission as grant record.