

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted ELECTION ASSISTANCE COMMISSION					2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) MN20101001				
3. Recipient Organization (Name and complete address including Zip code) Secretary Of State, Minnesota 100 Rev Martin Luther King Jr, Saint Paul, MN 551550001									
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	
8. Project/Grant Period (Month, Day, Year) From: March 28, 2018 To: September 30, 2019						9. Reporting Period End Date (Month, Day, Year) March 31, 2021			
10. Transactions								Cumulative	
(Use lines a-c for single or combined multiple grant reporting)									
Federal Cash (To report multiple grants separately, also use FFR Attachment):									
a. Cash Receipts								\$14,014,282.00	
b. Cash Disbursements								\$1,428,143.15	
c. Cash on Hand (line a minus b)								\$12,586,138.85	
(Use lines d-o for single grant reporting)									
Federal Expenditures and Unobligated Balance:									
d. Total Federal funds authorized								\$14,014,282.00	
e. Federal share of expenditures								\$1,428,143.15	
f. Federal share of unliquidated obligations								\$0.00	
g. Total Federal share (sum of lines e and f)								\$1,428,143.15	
h. Unobligated balance of Federal funds (line d minus g)								\$12,586,138.85	
Recipient Share:									
i. Total recipient share required								\$1,823,373.13	
j. Recipient share of expenditures								\$167,712.87	
k. Remaining recipient share to be provided (line i minus j)								\$1,655,660.26	
Program Income:									
l. Total Federal share of program income earned								\$358,077.64	
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)								\$358,077.64	
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 Black, Bert (Bibi) General Counsel						c. Telephone (Area code, number, and extension) d. Email Address			
b. Signature of Authorized Certifying Official Black, Bert (Bibi)						e. Date Report Submitted (Month, Day, Year) June 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 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/OIG/PHR, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PHR Reports Clearance Officer

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(Additional Page)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : MN20101001

Recipient Organization : Secretary Of State, Minnesota
100 Rev Martin Luther King Jr, Saint Paul, MN 551550001

DUNS Number : 010754420

DUNS Status when Certified : ACTIVE (as of 06/29/2021)

EIN : 13-0000000

Reporting Period End Date : March 31, 2021

Status : Awarding Agency Approval

Remarks : Please provide the following information:

State interest earned (current fiscal year): \$ 3,343.08

State interest expended (current fiscal year): \$0

Program income earned (current fiscal year): \$0

Program income earned breakdown (current fiscal year): N/A

Program income expended (current fiscal year): \$0

NOTE: Correction in Total recipient share in line 10i. Share was not did not include state match interest or the share (\$5,833) for the additional funds portion (\$29,166) of line 10a and d, for which the legislature did not provide match funds, but those funds are still due. See email of 5/13/2020 from EAC. Also, FFY2020 report 10i was miscalculated. That report has also been corrected.

Federal Agency Review

Reviewer Name : [REDACTED]

Phone # : [REDACTED]

Email : [REDACTED]

Review Date : [REDACTED]

Review Comments :

EAC Progress Report

Response ID:331 Data

1. Login

Please enter your userword and password to begin the Progress Narrative. If you require assistance or have any questions, please contact grants@eac.gov

2. Verification

3. EAC Progress Report

1. State or Territory:

Minnesota

2. Grant Number:

MN20101001-01

3. Report:

Semi-Annual (Oct 1 - March 31)

4. Grant:

Please select only one.

Election Security

Grant:

Please select only one.

CARES

5. Reporting Period Start Date

10/01/2020

6. Reporting Period End Date

03/31/2021

7. Recipient Organization:

Organization Name

Office Of The Secretary Of State

Street Address

180 State Office Building

City

Saint Paul

State

MN

Zip

55155

4. Progress and Narrative

Final Progress Report:

The final report is your opportunity to share the significant features of your project and present information about the results your project achieved.

It should be written as if the reader has no previous knowledge of your project's activities. The report should cover the entire period of performance.

Review and Self-Assessment:

Review and highlight all activities that occurred during the implementation of the project, including an assessment of your performance.

CARES Grant Specific:

Describe in detail how you used the funds to address the pandemic and explain how you implemented the approved grant activities.

Describe the major issues you faced in dealing with the pandemic and how you addressed or resolved those issues.

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

During the most recent six-month period, the office maintained system software and hardware and installed new equipment, including:

Network taps for the albert sensor;
Maintenance on SAN's;
Maintenance on brocade switches;
F5 IP intelligence;
Maintenance on Entrust multifactor authentication; Maintenance on Netwrix Cisco switches;
Maintenance on our Thycotic Secret server;
Maintenance on our F5 appliances;
Checkpoint management server; and
Maintenance on Syncplify Me FTP server software.

The office also continued the SVRS Modernization project and continued SVRS Absentee Ballot enhancements in preparation for the 2020 Election Cycle, and continued our Cybernavigator services to improve cybersecurity generally

throughout the system especially with county offices.

The CyberNavigator continues to help local governments improve their cybersecurity and overall elections security posture. The state continues to:

Engage with all 87 counties to improve elections IT security;
Meet with all contacts (virtually);
Engage county contacts on election cyber security topics;
Engage counties through regular email communication on security best practices as well as communicating on specific threat alerts or notifications;
Provide communication resource information to all 87 counties (invites to events, links to partner resources, announcements of initiatives, etc.).

The state continues to improve and modernize the Statewide Voter Registration System (SVRS) piece by piece. After the election, the office Elections IT Development team has returned to this improvement and modernization.

The state is also investigating the establishment of a grant program to local jurisdictions.

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.

In the 2020 election Minnesota had the highest percentage of eligible voters in the nation for 2020 and the highest Minnesota turnout in the modern era, with the largest raw number of voters in state history while having a very secure election process. The post-election audit process confirmed the accuracy of the results.

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.

No new issues were encountered.

Provide a description of any training conducted.

Otherwise enter N/A.

11. Provide a description of any security training conducted.

Otherwise enter N/A.

As described above, the CyberNavigator continues to work with Minnesota's 87 counties on a regular basis to improve individual county cybersecurity

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.

N/A

13. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

The required match was met by in-kind expenditures for election security in the amount of \$167,712.87, a direct appropriation of \$163,000 into the HAVA Account by the Minnesota Legislature in Laws 2019, 1st Special Session, Chapter 10, Article 1, Section 6 (b), and a direct appropriation of \$1,477,901 into the HAVA Account by the Minnesota Legislature in Laws 2020, Chapter 77, Section 3, subdivision 2.

Report on the number and type of articles of voting equipment obtained with the funds.

Include the amount expended on the expenditure table.

Otherwise enter N/A.

Impact:

Write an assessment of how your project has impacted the problems you were trying to solve. Were there unexpected benefits? Shortfalls? *

Lessons Learned:

Provide a review of your successes and suggest ways that your experience may be helpful to others. Did you make permanent changes to your processes?

5. Expenditures

8. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES

	Federal	Match
Voting Equipment and Processes:		
Post-Election Auditing:		
Voter Registration Systems:	\$194,782.91	
Cyber Security:	\$105,531.63	
Communications:	\$26,249.36	
Total	\$326,563.90	
Others (describe)	\$0.00	

Current Period Amount Expended and Unliquidated Obligations

CARES COST CATEGORIES

	Federal	Match
Voting Processes:		
Staffing:		
Security and Training:		
Communications:		
Supplies:		
Total		

6. Certification

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

First Name

Bert

Last Name

Black

Title

General Counsel

Phone Number

(202) 452-1144

Email Address

bert.black@dcyf.dc.gov

Signature of Certifying Official:



Signature of: Bert (Bibi) Black