### FEDERAL FINANCIAL REPORT

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)
   - ND20101001
3. Recipient Organization (Name and complete address including Zip code)
   - SECRETARY OF STATE, NORTH DAKOTA OFFICE OF THE
   - 600 E Boulevard Ave #108, Bismarck, ND 585050602

<table>
<thead>
<tr>
<th>4a. DUNS Number</th>
<th>4b. EIN</th>
<th>5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)</th>
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6. Report Type
   - Quarterly
   - Semi-Annual
   - Annual
   - Final
7. Basis of Accounting
   - Cash
   - Accrual

8. Project/Grant Period (Month, Day, Year)
   - From: March 28, 2018
   - To: September 30, 2099
9. Reporting Period End Date (Month, Day, Year)
   - March 31, 2021

10. Transactions
    (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
     - $6,000,000.00
   - b. Cash Disbursements
     - $6,000,000.00
   - c. Cash on Hand (line a minus b)
     - $0.00

   **Federal Expenditures and Unobligated Balance:**
   - d. Total Federal funds authorized
     - $6,000,000.00
   - e. Federal share of expenditures
     - $0.00
   - f. Federal share of unliquidated obligations
     - $0.00
   - g. Total Federal share (sum of lines e and f)
     - $0.00
   - h. Unobligated balance of Federal funds (line d minus g)
     - $6,000,000.00

11. Indirect Expense
    (Use lines d-o for single grant reporting)

   **Recipient Share:**
   - i. Total recipient share required
     - $751,851.62
   - j. Recipient share of expenditures
     - $0.00
   - k. Remaining recipient share to be provided (line i minus j)
     - $751,851.62

   **Program Income:**
   - l. Total Federal share of program income earned
     - $23,804.40
   - 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)
     - $23,804.40

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
   - Silrum, Jim
   - Deputy Secretary of State
   b. Signature of Authorized Certifying Official
   - Silrum, Jim
   c. Telephone (Area code, number, and extension)
   d. Email Address
   e. Date Report Submitted (Month, Day, Year)
   - May 28, 2021

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**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 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/OCI/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PRA Reports Clearance Officer

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Report Status: Report Certified/Pending Agency Approval
Page 1 of 2
Printed Date: Jun 17, 2021
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

DUNS Number : 
DUNS Status when Certified : ACTIVE (as of 05/28/2021)
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): $1,851.62
State interest expended (current fiscal year): $0
Program income earned (current fiscal year): $0
Program income earned breakdown (current fiscal year): $ Source: e.g. Sale of registration list
Program income expended (current fiscal year): $0

Federal Agency Review

Reviewer Name : 
Phone # : 
Email : 
Review Date : 
Review Comments : 
EAC Progress Report
Response ID: 406 Data

1. Login

2. Verification

3. EAC Progress Report

1. State or Territory:
   North Dakota

2. Grant Number:
   ND20101001

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
   05/31/2021

7. Recipient Organization:

   Organization Name
   North Dakota Secretary Of State

   Street Address
   600 E Boulevard Ave., Department 108

   City
4. Progress and Narrative

8. Describe in detail what happened during this reporting period and explain how you implemented the approved grant activities.
   No expenditures have been incurred.

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.
    N/A

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.
    Match not required.
5. Expenditures


GRANT COST CATEGORIES

<table>
<thead>
<tr>
<th>GRANT COST CATEGORIES</th>
<th>Federal</th>
<th>Match</th>
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<tbody>
<tr>
<td>Voting Equipment and Processes:</td>
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<td>Post-Election Auditing:</td>
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<td>Voter Registration Systems:</td>
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<td>Cyber Security:</td>
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<tr>
<td>Communications:</td>
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<tr>
<td>Total</td>
<td>$0.00</td>
<td>$0.00</td>
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</tbody>
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OMB CONTROL NUMBER: 3265-0020

6. 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

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