

# 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>NE20101001</b>				
3. Recipient Organization (Name and complete address including Zip code)  <b>Secretary Of State, Nebraska</b> <b>STATE CAPITOL STE 2300, LINCOLN, NE 68509</b>									
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
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>			
<b>10. Transactions</b>								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								\$7,422,268.00	
b. Cash Disbursements								\$1,638,757.09	
c. Cash on Hand (line a minus b)								\$5,783,510.91	
(Use lines d-o for single grant reporting)									
<b>Federal Expenditures and Unobligated Balance:</b>									
d. Total Federal funds authorized								\$7,422,268.00	
e. Federal share of expenditures								\$1,638,757.09	
f. Federal share of unliquidated obligations								\$0.00	
g. Total Federal share (sum of lines e and f)								\$1,638,757.09	
h. Unobligated balance of Federal funds (line d minus g)								\$5,783,510.91	
<b>Recipient Share:</b>									
i. Total recipient share required								\$959,913.00	
j. Recipient share of expenditures								\$959,913.00	
k. Remaining recipient share to be provided (line i minus j)								\$0.00	
<b>Program Income:</b>									
l. Total Federal share of program income earned								\$249,254.21	
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)								\$249,254.21	
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>Arnold, Joan</b> <b>Controller</b>						c. Telephone (Area code, number, and extension)  d. Email Address			
b. Signature of Authorized Certifying Official  <b>Arnold, Joan</b>						e. Date Report Submitted (Month, Day, Year)  <b>April 28, 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

**FEDERAL FINANCIAL REPORT**

(Additional Page)

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Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : NE20101001

Recipient Organization : Secretary Of State, Nebraska  
STATE CAPITOL STE 2300, LINCOLN, NE 68509 :

DUNS Number

DUNS Status when Certified : ACTIVE (as of 04/28/2021)

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): \$0

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

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

Program income earned breakdown (current fiscal year): \$0 Source: e.g. Sale of  
registration list

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

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**Federal Agency Review**

Reviewer Name :

Phone # :

Email :

Review Date :

Review Comments :

# EAC Progress Report

Response ID:273 Data

## 3. EAC Progress Report

### 1. State or Territory:

Nebraska

### 2. Grant Number:

NE2010100101

### 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

Office Of The Secretary Of State

#### Street Address

1445 K Street, Ste 2300

#### City

Lincoln

#### State

NE

#### Zip

68509

## 4. Progress and Narrative

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

Voter Registration Systems: Prior to the 2018 General Election, a two-factor authentication process for the Statewide Voter Registration System was put in place in each county election office for voter registration. Security tokens continue to be provided and license fees are covered through this grant.

Cyber Security: The four most populated counties have been equipped with Albert Monitoring devices. These devices monitor suspicious activity in real time with the assistance of the Elections Infrastructure –Information Sharing Analysis Center (EI-ISAC). Funds continue to be used for the ongoing monitoring service costs.

Communications: A Training and Implementation Coordinator was hired in December of 2019 to coordinate the equipment replacement project and provide ongoing training to the counties regarding election administration and security. Individual on-site and virtual training continues to be provided in compliance with COVID-19 guidelines. Funds continue to be used for the ongoing salary and benefits related to this position.

Accessibility: The Secretary of State provided assistance to local election officials to accommodate voters with disabilities and offer modifications to polling sites to maintain ADA compliance in several counties. Additionally, materials to inform voters of ADA accessibility were provided where needed, including instruction guides and voter information printed in braille.

Administration: A Federal Aid Administrator position was added in August 2020 as existing staff didn't have the time to take on administration of several new federal grants related to Elections or create a subaward program. This new Grant Administrator continues to better facilitate grant management going forward and assist with subaward grants to our local election officials. Funds continue to be used for the ongoing salary and benefits related to this position.

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**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

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**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

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

Otherwise enter N/A.

N/A

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**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.

A process has been developed to provide subgrants for election offices across the state for election security. Election offices can apply for the funds which will be available for ADA compliance requirements, computer security and other supported requests. However, no funds were sub-awarded during this period.

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

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

The Nebraska State Legislature appropriated state funds for a statewide election equipment replacement project. As noted on prior narratives, those funds were used to replace ballot counting and ADA compliant ballot marking devices, fully meeting the state match requirement.

5. Expenditures

14. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES

	Federal	Match
Voting Equipment and Processes:	\$0.00	\$0.00
Post-Election Auditing:	\$0.00	\$0.00
Voter Registration Systems:	\$15,531.00	\$0.00
Cyber Security:	\$11,280.00	\$0.00
Communications:	\$45,371.17	\$0.00
Total	\$104,203.73	\$0.00
Accessibility-Related Services: Including accessibility and quantity of polling places	\$7,975.81	\$0.00
Administration	\$24,045.23	\$0.00