

**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>NJ20101001</b>					
3. Recipient Organization (Name and complete address including Zip code)  <b>STATE, NEW JERSEY DEPARTMENT OF CN 308, TRENTON, NJ 086250308</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 type="checkbox"/> Semi-Annual <input checked="" 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>September 30, 2020</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						\$20,740,675.00			
b. Cash Disbursements						\$0.00			
c. Cash on Hand (line a minus b)						\$20,740,675.00			
(Use lines d-o for single grant reporting)									
<b>Federal Expenditures and Unobligated Balance:</b>									
d. Total Federal funds authorized						\$20,740,675.00			
e. Federal share of expenditures						\$1,386,086.25			
f. Federal share of unliquidated obligations						\$12,427.20			
g. Total Federal share (sum of lines e and f)						\$1,398,513.45			
h. Unobligated balance of Federal funds (line d minus g)						\$19,342,161.55			
<b>Recipient Share:</b>									
i. Total recipient share required						\$2,684,517.00			
j. Recipient share of expenditures						\$0.00			
k. Remaining recipient share to be provided (line i minus j)						\$2,684,517.00			
<b>Program Income:</b>									
l. Total Federal share of program income earned						\$383,460.72			
m. Program income expended in accordance with the deduction alternative						\$0.00			
n. Program income expended in accordance with the addition alternative						\$0.01			
o. Unexpended program income (line l minus line m and line n)						\$383,460.71			
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	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: State Interest Earned - \$0; State Interest Expended - \$0; Program Income Earned - \$0; Program Income Earned Breakdown - \$0; Progra.....									
<b>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)</b>									
a. Typed or Printed Name and Title of Authorized Certifying Official  <b>Kemery, Jacqueline Chief Financial Officer</b>						c. Telephone (Area code, number, and extension)			
b. Signature of Authorized Certifying Official  <b>Kemery, Jacqueline</b>						d. Email Address			
e. Date Report Submitted (Month, Day, Year)  <b>December 18, 2020</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 : NJ20101001

Recipient Organization : STATE, NEW JERSEY DEPARTMENT OF  
CN 308, TRENTON, NJ 086250308

DUNS Number :

DUNS Status when Certified :

EIN :

Reporting Period End Date :

Status : September 30, 2020

Remarks :

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**Federal Agency Review**

Reviewer Name :

Phone # :

Email :

Review Date :

Review Comments :

# EAC Progress Report

Response ID:56 Data

## 1. Login

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

## 2. Verification

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## 3. EAC Progress Report

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### 1. State or Territory:

New Jersey

### 2. Grant Number:

NJ20101001-01

### 3. Report:

Annual (Oct 1 - Sept 30)

### 4. Grant:

**Please select only one.**

Election Security

### 5. Reporting Period Start Date

09/01/2019

### 6. Reporting Period End Date

10/30/2020

### 9. Recipient Organization:

#### Organization Name

Office Of The Secretary Of State

#### Street Address

Po Box 300

#### City

Trenton

**State**

NJ

**Zip**

08625

#### 4. Progress and Narrative

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

We engaged with the NJ Department of Homeland Security and the grant continues to fund two FTEs to conduct Cyber and Physical Security reviews at all county election facilities. Sub grants are then given to the counties to remediate an identified issues for a five year period on a rolling basis as issues are identified they can be quickly addressed by the county by submitting a grant request to the state.

**12. 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.**

No significant changes during this period.

**18. 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 issues were encountered. Each county is progressing towards the goal of achieving the highest attainable physical and cyber security with the assistance of State homeland security personnel and financial resources provide by this grant.

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

**Otherwise enter N/A.**

No security training conducted during this period.

**16. 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.**

Counties received sub-grants in six different categories: Cyber and Physical Security were the focus but also funds were made available for ADA improvements, Voting Machine Pilots and Voting Machine Pilot Audits, and SVRS/GIS cleanup to prepare for the 2020 Election Cycle all voter addresses were geocoded. All counties participated in the GIS project and

several counties participated in the other programs; each county progressing at a pace dictated by availability of county IT and Election Staff.

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

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

**Otherwise enter - match not required.**

Match requirements are being met by a grant from the Center for Election Innovation and Research which provided six million dollars to New Jersey to provide voter education to promote a safe and informed 2020 General Election while facing the challenges of a pandemic.

**14. 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.**

No voting equipment purchased during this period. Some counties rented voting machines to pilot out their effectiveness in small local elections.

**5. Expenditures**

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

**GRANT COST CATEGORIES**

	Federal	Match
Voting Equipment and Processes:		
Post-Election Auditing:		
Voter Registration Systems:	\$308,337.80	
Cyber Security:	\$451,376.55	
Communications:	\$78,223.63	
Total	\$1,011,083.28	
Others (describe)Physical Security	\$74,550.26	
Others (describe)Training	\$89,655.04	

## 6. Certification

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

**First Name**

Jacqueline

**Last Name**

Kemery

**Title**

Chief Financial Officer/Grant Manager

**Phone Number**

**Email Address**

Signature of Certifying Official:



Signature of: Jacqueline Kemery

## 7. Report Submitted to EAC



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

