FEDERAL FINANCIAL REPORT

(Follow form instructions)

Federal Agency and Organizational Element to Which Report is Submitted						Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)					
ELECTION ASSISTANCE COMMISSION						NM20101001					
				including Zip code)		11111201010	<u> </u>				
ı '	3 ('	J , ,							
Secretary	Of State, N	ew Mexic	0								
325 Don	Gaspar Capi	tal Ste 30	00, santa fe, NM	875030001			-		ty.		
4a. DUNS N	lumber	4b.	EIN	5. Recipient Account Number or Identifying Number 6. Rep			er 6. Repo	rt Type	7. Basis of Acco	unting	
				(To report multiple gra	ints, use FFR			luarterly			
							☐ Semi-Annual ☐ Accural				
1.0				THE RESERVE			☐ Final				
8. Project/G	rant Period (Mo	onth, Day,	Year)			9	. Reporting	Period End D	ate (Month, Day, \	Year)	
From: Mai	ch 28 2018			To: Sentember 30	September 30, 2099 March 3			1 2021			
From: March 28, 2018 10. Transactions			Geptember 30, 2039		march 51		Cumulative				
(Use lines a	-c for single or	combined	multiple grant repo	nrtina)							
				also use FFR Attachme	ent):						
a. Cash F		narapio g	ianto coparatory,					\$7,853,131.00			
	Disbursements						+	\$1,991,584.19			
		minuc h)									
	n Hand (line a						-		\$5,861,	340.01	
`	o for single gra										
	penditures and		ated Balance:						67.050	101.00	
	ederal funds a							\$7,853,131.00			
	I share of expe							\$1,991,584.19			
	share of unliqu							\$56,635.56			
g. Total F	ederal share (s	sum of line	s e and f)						\$2,048,219.75		
h. Unobli	gated balance of	of Federal	funds (line d minus	g)					\$5,804,	911.25	
Recipient S	Share:										
i. Total re	cipient share re	equired							\$1,015,	706.00	
j. Recipient share of expenditures							1	\$185,000.00			
k. Remair	ning recipient s	hare to be	provided (line i mir	nus j)					\$830,	706.00	
Program In	come:										
I. Total Fe	ederal share of	program ii	ncome earned						\$245,	925.90	
m. Progra	am income exp	ended in a	ccordance with the	deduction alternative				\$0.00			
n. Progra	m income expe	ended in ad	ccordance with the	addition alternative						\$0.00	
o. Unexpe	ended program	income (li	ine I minus line m a	ind line n)					\$245,	925.90	
11. Indirect	a. Type	Type b. Rate c. Period From Period To d. Base			e. Amount Charged		f. Federal Share				
Expense											
				g. Totals:		\$0.00		\$0.00		\$0.00	
12 Remarks	s: Attach anv e	xplanation	s deemed necessa	ry or information require	d by Federal :	sponsorina aa	ency in con	npliance with a	overnina legislatio	n.	
		•		. y or mination require	a 10) 1 0 a o 1 a 1	ep emeemig ag		p.i.a.r.eea. g	oronning regionalis		
- 7	ovide the follo	777									
				ne best of my knowledg for the purposes and ir						е	
fictitious, or fraudulent information may subject me to criminal, civil, or administrative pen a. Typed or Printed Name and Title of Authorized Certifying Official							c. Telephone (Area code, number, and extension)				
u. Typou or	Timed Harrie	and ride o	r ridinonzed certify	ang Onloid		0. 10	iopriorio (/	area code, nan	bor, and exterision	,	
							d. Email Address				
Albin, Veronica							u. Enfall Addless				
CFO							A promise graphile again.				
b. Signature	Official		e. Date Report Submitted (Month, Day, Year)								
Albin, Ve	ronica				June 22, 2021						
							ard Form 425	hor: 4040 0014			
							Approval Num ation Date: 02/	ber: 4040-0014 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 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/OCIO/PRA, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PRA Reports Clearance Officer

FEDERAL FINANCIAL REPORT

(Additional Page)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : NM20101001

Recipient Organization : Secretary Of State, New Mexico

325 Don Gaspar Capital Ste 300, santa fe, NM 875030001

DUNS Number :

DUNS Status when Certified : ACTIVE (as of 06/22/2021)

EIN :

Reporting Period End Date March 31, 2021

Status : Awarding 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): \$6,654.24

Program income earned breakdown (current fiscal year): Source is federal interest

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

Federal program income is all federal interest.

The interest earned from Oct 1, 2020 to March 31, 2021 is \$6,654.24 The amended cumulative interest earned through federal fiscal year 2020 is

\$239,271.66

Midyear cumulative total is \$245,925.90.

No federal income has been expended.

Federal Agency Review

Reviewer Name :

Phone #

Email :

Review Date :

Review Comments :

EAC Progress Report

Response ID:337 Data

3. E	AC Progress Report
ı. St	ate or Territory:
Ne	w Mexico
2. G ı	rant Number:
NN	M20101001-01
3. R	eport:
Se	mi-Annual (Oct 1 - March 31)
	rant:
	se select only one.
Ele	ection Security
5. R	eporting Period Start Date
10	/01/2020
6. R	eporting Period End Date
03	/31/2021
7. R	ecipient Organization:
	Organization Name
	Office Of The Secretary Of State
	Street Address
	325 Don Gaspar Ave; Ste 300
	City
	Santa Fe
	State
	NM
	Zip

4. Progress and Narrative

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

During this period, the state of NM oversaw the 2020 General Election and used HAVA funds strategically to bolster election IT security and train staff on election security measures. Highlights included (1) a Splunk refresh project which included upgrades to centralized IT infrastructure for logging and connecting cloud proxy servers in order to monitor what systems are connecting to the public systems, (2) an implementation of Bing Maps for the voter information portal, and (3) new ICE voting

machines to replace older, less capable ICE units with modern, more capable units.

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.

This security grant was combined with the federal cares grant which made reconciliation challenging and more difficult to categorize.

11. Provide a description of any security training conducted.

Otherwise enter N/A.

The NMSOS conducted IT security awareness training of staff using KnowBe4 security training modules.

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

14. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES

	Federal	Match
Voting Equipment and Processes:	\$425,257.20	
Post-Election Auditing:		
Voter Registration Systems:		
Cyber Security:	\$35,407.98	
Communications:	\$411.00	
Total	\$435,448.49	
Others (Training)	\$2,168.53	
Other (Personnel)	\$61,003.69	
Others (PPE)	\$23,760.64	
Others (Adjustments)	-\$112,560.55	

OMB CONTROL NUMBER: 3265-0020