FEDERAL FINANCIAL REPORT

(Follow form instructions)

Federal Agency and Organizational Element to Which Report is Submitted						2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)			
ELECTION ASSISTANCE COMMISSION						NY20101001			
			l complete address i	ncluding Zin code)		N 1 201010	JU1		
o. Recipient	Organization	(Ivallie alle	i complete address i	notating zip code)					
STATE, N	IEW YORK I	DEPART	MENT OF						
40 N PEA	RL ST STE	5, ALBAI	NY, NY 12207272	9					
4a. DUNS N	lumber	4b.	EIN	5. Recipient Account Number or Id			entifying Number 6. Rep		7. Basis of Accounting
				(To report multiple grants, use FFR Attac			☐ Qu	arterly mi-Annual	☐ Cash☐ Accural
							□ An	nual	☐ Accurai
8. Project/G	rant Period (M	onth, Day,	Year)	•			9. Reportir	ng Period End D	ate (Month, Day, Year)
From: Mai	ch 28, 2018			To: September 30,	2099		March 31, 2021		
10. Transac	•			,		,		Cumulative	
(Use lines a	-c for single or	combined	multiple grant repor	ting)					
Federal Cas	sh (To report	multiple g	rants separately, a	lso use FFR Attachmen	ıt):				
a. Cash F	Receipts								\$41,431,856.00
b. Cash D	Disbursements								\$13,900,162.26
c. Cash o	n Hand (line a	minus b)							\$27,531,693.74
(Use lines d	-o for single gr	ant reporti	ng)						
Federal Exp	enditures an	d Unoblig	ated Balance:						
d. Total F	ederal funds a	uthorized							\$41,431,856.00
e. Federa	l share of expe	enditures							\$13,900,162.26
f. Federal	share of unliq	uidated ob	ligations						\$0.00
g. Total F	ederal share (sum of line	s e and f)					\$13,900,162.26	
h. Unobliç	gated balance	of Federal	funds (line d minus	g)					\$27,531,693.74
Recipient S	hare:								
i. Total re	cipient share r	equired							\$5,363,824.00
j. Recipie	nt share of exp	enditures					\$1,099,100.50		
k. Remair	ning recipient s	hare to be	provided (line i minu	us j)					\$4,264,723.50
Program In	come:								
l. Total Fe	ederal share of	program i	ncome earned						\$690,682.65
m. Progra	ım income exp	ended in a	ccordance with the	deduction alternative			\$0.00		
n. Progra	m income exp	ended in a	ccordance with the a	addition alternative					\$0.00
			ine I minus line m ar						\$690,682.65
	а. Туре	b. Rate	c. Period From	Period To	d. Base		e. Amour	nt Charged	f. Federal Share
Expense									
				g. Totals:		\$0.00		\$0.00	\$0.00
12. Remark	s: Attach any e	explanation	s deemed necessar	y or information required	by Federal s	ponsoring ag	gency in co	ompliance with g	overning legislation:
Please pr	ovide the foll	owing info	ormation:						
13. Certifica	ation: By sign	ing this re	port, I certify to the	e best of my knowledge	and belief t	hat the repo	ort is true,	complete, and	accurate, and the
				or the purposes and int o criminal, civil, or adm					
a. Typed or	Printed Name	and Title c	f Authorized Certifyi	ng Official		c. T	elephone	(Area code, num	nber, and extension)
Brehm, Robert						d. E	d. Email Address		
Co-Execu	utive Directo	r							
b. Signature of Authorized Certifying Official						e. Date Report Submitted (Month, Day, Year)			
Brehm, R	obert						oril 27, 20		
							3 Approval Nu	mber: 4040-0014	

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 : NY20101001

Recipient Organization : STATE, NEW YORK DEPARTMENT OF

40 N PEARL ST STE 5, ALBANY, NY 122072729 :

DUNS Number

DUNS Status when Certified : ACTIVE (as of 04/27/2021)

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): \$ 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:319 Data

1. Login			
2. Verification			
2 EAC Drograda Donort			
3. EAC Progress Report			
1. State or Territory:			
New York			
2. Grant Number:			
NY20101001-01			
11/20/10/1007-01			
3. Report:			
Semi-Annual (Oct 1 - March 31)			
4 Occurs			
4. Grant: Please select only one.			
Election Security			
Lieution Geodifty			
5. Reporting Period Start Date			
10/01/2020			
6. Departing Period End Date			
6. Reporting Period End Date			
03/31/2021			
7. Recipient Organization:			
Organization Name			
New York State Board Of Elections			
Street Address			
40 N. Pearl Street			
City			

Albany			
State			
NY			
Zip			
12207			

4. Progress and Narrative

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

The New York State Board of Elections (NYSBOE) has continued its ongoing efforts in the implementation of our ARMOR plan developed in 2018 to increase the cybersecurity maturity and resiliency of the elections infrastructure. ARMOR stands for "Asses the Risk, Remediate Vulnerabilities, Monitor-On-going Operations and Respond to incidents. The NYSBOE has continued its work in strengthening the State and County Board of Elections cybersecurity infrastructure by continuing intrusion detection managed security services, annual cyber hygiene training, administering annual tabletops exercise, daily pre-election operation center statewide calls, and working with our partners in the federal and private space. NYSBOE has also strengthened its cybersecurity posture through the acquisition and implementation of a comprehensive Security Information and Event Management (SIEM) solution, code analysis tools, and initiating a new "Reimagining Election Infrastructure" project to evaluate options for next generation of elections infrastructure.

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.

The NYSBOE continues to provide services to County Board of Elections that have a uniform, consistent impact on strengthening the election infrastructure's cybersecurity posture. Our original plan was to provide cyber hygiene training from 2018-2020. NYSBOE extended this annual training requirement for all State, County and election vendors through 2022.

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.

\$ 9 million dollars of the 2018/2020 Election Security funds have been allocated to create the NYS elections cybersecurity remediation grant fund. County Board of Elections are all allocated funding and are eligible to receive reimbursement for cyber security remediation services as outlined in their CBOE cybersecurity remediation plan. Each plan was formulated from the results of a 2018 risk assessment.

13. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

The State of New York allocated the match in the New York State budget

5. Expenditures

14. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES

	Federal	Match
Voting Equipment and Processes:		
Post-Election Auditing:		
Voter Registration Systems:		
Cyber Security:	\$2,063,324.18	\$165,436.08
Communications:		
Total	\$2,063,324.18	\$165,436.08

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Robert

Last Name

Brehm

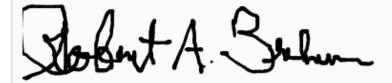
Title

Co-Executive Director

Phone Number

Email Address

Signature of Certifying Official:



Signature of: Robert Brehm

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.