

FEDERAL FINANCIAL REPORT

(Follow form instructions)

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) VT20101001			
3. Recipient Organization (Name and complete address including Zip code) Secretary of State, Vermont 128 State St, MONTPELIER, VT 056330006							
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type	7. Basis of Accounting		
				<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
8. Project/Grant Period (Month, Day, Year) From: March 28, 2018				9. Reporting Period End Date (Month, Day, Year) September 30, 2020			
To: September 30, 2019							
10. Transactions					Cumulative		
<i>(Use lines a-c for single or combined multiple grant reporting)</i>							
Federal Cash (To report multiple grants separately, also use FFR Attachment):							
a. Cash Receipts					\$6,000,000.00		
b. Cash Disbursements					\$1,391,104.15		
c. Cash on Hand (line a minus b)					\$4,608,895.85		
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized					\$6,000,000.00		
e. Federal share of expenditures					\$1,391,104.15		
f. Federal share of unliquidated obligations					\$0.00		
g. Total Federal share (sum of lines e and f)					\$1,391,104.15		
h. Unobligated balance of Federal funds (line d minus g)					\$4,608,895.85		
Recipient Share:							
i. Total recipient share required					\$750,000.00		
j. Recipient share of expenditures					\$150,000.00		
k. Remaining recipient share to be provided (line i minus j)					\$600,000.00		
Program Income:							
l. Total Federal share of program income earned					\$91,253.58		
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)					\$91,253.58		
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: State Interest Earned: \$0							
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					c. Telephone (Area code, number, and extension)		
Drinkwine, Stacey					d. Email Address		
Administrative Services Director IV							
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year)		
Drinkwine, Stacey					March 8, 2021		

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)

Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : VT20101001

Recipient Organization : Secretary of State, Vermont
128 State St, MONTPELIER, VT 056330006:

DUNS Number :

DUNS Status when Certified :

EIN : September 30, 2020

Reporting Period End Date

Status :

Remarks :

Federal Agency Review

Reviewer Name :

Phone # :

Email :

Review Date :

Review Comments :

EAC Progress Report

Response ID:111 Data

1. Login

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

2. Verification

3. EAC Progress Report

1. State or Territory:

Vermont

2. Grant Number:

VT20101001

3. Report:

Annual (Oct 1 - Sept 30)

4. Grant:

Please select only one.

Election Security

5. Reporting Period Start Date

10/01/2019

6. Reporting Period End Date

09/30/2020

7. DUNS/UEI:

8. EIN:

9. Recipient Organization:

Organization Name

Vermont Secretary Of State

Street Address

128 State Street

City

Montpelier

State

VT

Zip

05633

4. Progress and Narrative

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

The State of Vermont (SOV) conducted a pilot in two cities – Burlington and Winooski – providing translated sample ballots and other assistance for non-english speaking voters. We did so for all three statewide elections. We also created educational videos for non-english speaking voters on how to register to vote, vote at the polls, and how to vote early by mail. The educational materials and the sample ballots were translated into six different languages. The program was a great success. The SOV is reporting payments to interpreters for two events held in conjunction with the project, payments for space for those events, costs for creation and printing of sample ballots, costs for creation of voter education videos. (USCRI, North End Studios, The Janet S. Munt Family Room, Inc., Capitol Copy).

The SOV continued to make significant ongoing investment in its state-of-the-art Accessible Voting system, including the remainder of the payment for the initial cost of the system and ongoing annual fees. (Democracy Live.)

The SOV made expenditures on a round of penetration testing performed by a private company on our election management system and statewide voter checklist. This penetration testing has proved critical for identification and remediation of security

vulnerabilities in the system. (SHI International Corp.) The SOV is also reporting payments made to our elections management system vendor for fixes to the system identified by that penetration testing. (Civix)

11. Provide a timeline and description of project activities funded to meet HAVA requirements. Provide an analysis of how such activities conform to the submitted State Plan or Program Narrative as applicable.

We intend to continue conducting penetration testing on an annual or at least semi-annual basis as we are aware that the threats from bad cyber actors are continually evolving and our systems' ability to respond to those threats must constantly be assessed and improved. This penetration testing and resulting fixes are critical to the ongoing administration of federal elections as those systems are central to the State plan.

We intend to continue and possibly expand the pilot project providing translated ballots and other voter services on an ongoing basis. We may expand it to a greater number of municipalities. This will continue to improve the accessibility of our federal elections for non-english speaking voters.

The Accessible voting system will continue to be supported, maintained, and improved for the next two election cycles at a minimum.

12. Describe any significant changes to your program during the course of the project, or if the project was implemented differently than described in your original State Plan or Program Narrative.

Otherwise enter - no significant changes during this period.

No significant changes during this period

13. Describe any favorable developments which enabled meeting time schedules and objectives sooner or at less cost than anticipated or producing more or different beneficial results than originally planned.

Otherwise enter N/A.

N/A

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 - No articles of voting equipment purchased during this period.

The SOV is reporting \$103,770.00 in payments for purchase of the accessible voting system. This represents the final portion of the purchase price for those systems.

15. Provide a description of any security training conducted and the number of participants.

Otherwise enter - no security training conducted during this period.

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.

N/A

17. Match (if applicable):

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

Any match is to be handled through a true-up entry at year end.

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 appropriate. Address each issue separately in its own section, and describe whether and how the issues were resolved. Also, briefly discuss the implications of any unresolved issues or concerns.

Otherwise enter - no issues encountered.

No issues encountered.

19. Upcoming Activities:

Provide a timeline and description of upcoming activities.

We intend to continue penetration testing on an annual or semi-annual basis. We intend to provide additional cyber-security training to our town and city clerks on an annual basis. In the first half of 2021 we intend to implement a new, strengthened two-factor authentication system for the town and city clerk login access to our election management system.

5. Expenditures

20. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES

	Federal	Match
Voting Equipment:	\$103,770.00	
Post-Election Auditing:		
Voter Registration Systems:	\$265,567.66	
Cyber Security:		
Communications:		
Total		

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Stacey

Last Name

Drinkwine

Title

Administrative Services Director

Phone Number

Email Address

Signature of Certifying Official:



Signature of: Stacey Drinkwine

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.