

**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>WY20101001</b>			
3. Recipient Organization (Name and complete address including Zip code)  <b>SECRETARY OF STATE, WYOMING</b> <b>STATE CAPITOL BLDG 200 W 24TH ST, CHEYENNE, WY 820020001</b>							
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 checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
8. Project/Grant Period (Month, Day, Year) From: <b>March 28, 2018</b>				9. Reporting Period End Date (Month, Day, Year) <b>March 31, 2021</b>			
To: <b>September 30, 2029</b>							
<b>10. Transactions</b>					Cumulative		
<i>(Use lines a-c for single or combined multiple grant reporting)</i>							
<b>Federal Cash (To report multiple grants separately, also use FFR Attachment):</b>							
a. Cash Receipts				\$6,000,000.00			
b. Cash Disbursements				\$2,938,427.31			
c. Cash on Hand (line a minus b)				\$3,061,572.69			
<i>(Use lines d-o for single grant reporting)</i>							
<b>Federal Expenditures and Unobligated Balance:</b>							
d. Total Federal funds authorized				\$6,000,000.00			
e. Federal share of expenditures				\$2,938,427.31			
f. Federal share of unliquidated obligations				\$0.00			
g. Total Federal share (sum of lines e and f)				\$2,938,427.31			
h. Unobligated balance of Federal funds (line d minus g)				\$3,061,572.69			
<b>Recipient Share:</b>							
i. Total recipient share required				\$750,000.00			
j. Recipient share of expenditures				\$750,000.00			
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				\$219,045.19			
m. Program income expended in accordance with the deduction alternative				\$0.00			
n. Program income expended in accordance with the addition alternative				\$180,355.94			
o. Unexpended program income (line l minus line m and line n)				\$38,689.25			
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>Wheeler, Karen</b> <b>Deputy Secretary of State</b>				c. Telephone (Area code, number, and extension)  d. Email Address			
b. Signature of Authorized Certifying Official  <b>Wheeler, Karen</b>				e. Date Report Submitted (Month, Day, Year)  <b>June 8, 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/OIG/PHR, 200 Independence Ave, SW, Suite 336-E, Washington DC 20201. Attention: PHR Reports Clearance Officer

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(Additional Page)

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Federal Agency & Organization : ELECTION ASSISTANCE COMMISSION

Federal Grant ID : WY20101001

Recipient Organization : SECRETARY OF STATE, WYOMING  
STATE CAPITOL BLDG 200 W 24TH ST, CHEYENNE, WY 820020001

DUNS Number :

DUNS Status when Certified : ACTIVE (as of 06/08/2021)

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

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:287 Data

## 3. EAC Progress Report

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**1. State or Territory:**

Wyoming

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**2. Grant Number:**

WY20101001-01

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**3. Report:**

Semi-Annual (Oct 1 - March 31)

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**4. Grant:**

**Please select only one.**

Election Security

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**5. Reporting Period Start Date**

10/01/2020

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**6. Reporting Period End Date**

03/31/2021

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**7. Recipient Organization:**

**Organization Name**

Wyoming Secretary Of State

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**Street Address**

122 West 25th Street, Suite 100

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**City**

Cheyenne

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**State**

WY

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**Zip**

82002

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## 4. Progress and Narrative

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

As noted in previous reports, Wyoming deployed brand new voting equipment for the 2020 elections. In order to ensure smooth elections across the state with our new equipment, our election vendor, Election Systems & Software, provided onsite support for each of the 23 Wyoming County Clerks. This additional onsite support for the 2020 General Election provided assurance for the counties and their constituents that the equipment would be successful and mitigated potential risks

associated with the use of new equipment. Due to the tight contractual timeline, ES&S was also responsible for coding each of the counties' ballots for the 2020 General Election. Therefore, a portion of the expenditures were used for ballot coding purposes to help alleviate any strain caused by the transition to the new equipment.

Additional equipment was purchased for some counties that included 55 backup memory devices for voting equipment, 3 DS200 precinct scanners with accessories, and 5 ExpressVote BMD Terminals with soft-sided transport cases.

Funds were also used for ongoing operational expenses related to our statewide voter registration system (WyoReg) and the validation of social security numbers with the Social Security Administration. This validation process is significant in verifying voters and ensuring HAVA compliance. Additional funds were used to pay for our voter registration system cloud hosting environment which helps ensure access for state and county users through a secure system.

In order to securely administer Wyoming's elections and ensure compliance with HAVA, our office purchased two new computers for staff performing HAVA-related responsibilities. This included both the hardware and software components for both computers.

Due to the complexities around specific items purchased with CARES funding (ballot boxes, ballot stock, voting booths, etc.) and the nuances of ongoing use, our Office chose to reimburse the CARES fund for specific purposes. This was done in an effort to ensure that those items could be used when conducting any election in Wyoming, not just those with a federal contest.

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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.

N/A

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

Describe how you are meeting the matching requirement.

Otherwise enter - match not required.

Wyoming's match has been met and a detailed explanation has been provided in previous reports.

## 5. Expenditures

### 14. Current Period Amount Expended and Unliquidated Obligations

#### GRANT COST CATEGORIES

	Federal	Match
Voting Equipment and Processes:	\$269,714.67	
Post-Election Auditing:		
Voter Registration Systems:	\$22,322.42	
Cyber Security:		
Communications:		
Total	\$396,821.69	
CARE Reimbursement for Limited-Use Equipment	\$101,357.07	
New HW/SW for Security	\$3,427.53	

## 6. Certification

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

**First Name**

Kai

**Last Name**

Schon

**Title**

Election Division Director

**Phone Number**

**Email Address**

Signature of Certifying Official:

Kai Schon

Signature of: Kai Schon