

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) MA20101001
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3. Recipient Organization (Name and complete address including Zip code)

SECRETARY OF THE COMMONWEALTH, MASSACHUSETTS
1 ASHBURTON PL RM 1717, BOSTON, MA 021081518

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
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8. Project/Grant Period (Month, Day, Year) From: March 28, 2018 To: September 30, 2019	9. Reporting Period End Date (Month, Day, Year) September 30, 2020
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10. Transactions Cumulative
 (Use lines a-c for single or combined multiple grant reporting)

Federal Cash (To report multiple grants separately, also use FFR Attachment):

a. Cash Receipts	\$16,769,740.00
b. Cash Disbursements	\$3,624,331.13
c. Cash on Hand (line a minus b)	\$13,145,408.87

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	\$16,769,740.00
e. Federal share of expenditures	\$3,624,331.13
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$3,624,331.13
h. Unobligated balance of Federal funds (line d minus g)	\$13,145,408.87

Recipient Share:

i. Total recipient share required	\$2,170,320.00
j. Recipient share of expenditures	\$394,543.00
k. Remaining recipient share to be provided (line i minus j)	\$1,775,777.00

Program Income:

l. Total Federal share of program income earned	\$312,458.03
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)	\$312,458.02

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 on Matching Funds: \$0.00 (Matching funds fully expended) State Interest Expended: \$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 Tassinari, Michelle Director, Elections Division	c. Telephone (Area code, number, and extension) d. Email Address
b. Signature of Authorized Certifying Official Tassinari, Michelle	e. Date Report Submitted (Month, Day, Year) February 18, 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 : MA20101001

Recipient Organization : SECRETARY OF THE COMMONWEALTH, MASSACHUSETTS
1 ASHBURTON PL RM 1717, BOSTON, MA 021081518

DUNS Number :

DUNS Status when Certified

EIN

Reporting Period End Date : September 30, 2020

Status :

Remarks :

Federal Agency Review

Reviewer Name :

Phone # :

Email :

Review Date :

Review Comments :

EAC Progress Report

Response ID:62 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:

Massachusetts

2. Grant Number:

MA20101001

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

Elections Division, Office Of The Secretary Of The Commonwealth

Street Address

1 Ashburton Place, Room 1705

City

Boston

State

MA

Zip

02108

4. Progress and Narrative

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

HAVA Security Funds were used to expand our cyber security team, create regional cyber security advisors to coordinate with both local election officials and local IT staff, to fund tools (both hardware and software) to provide additional security and for intrusion detection, as well as implementing best practices in cyber security.

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've been able to meet our expected timelines of creating a robust cyber security team and implements cyber security best practices, which were part of the budget description when applying for HAVA Security Funds.

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.

No articles of voting equipment purchased during this period.

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

Otherwise enter - no security training conducted during this period.

Our cyber security team conducted both in person training (pre-pandemic) and virtual training. The in-person training had approximately 100 participants and was held in February 2020 as a table top exercise focusing on contingency planning and cross-training. Further, each user of the statewide database must go through cyber security training annually, which is an online program. Monthly newsletters are sent from the cyber security team in addition to weekly calls/virtual meetings by region for those wanting to participate. All training was paid for using HAVA Security Funds.

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.

We are expending state funds on products (hardware and software) as well as services that qualify under HAVA Security Funding.

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 are expanding our relationships with local election officials and local IT staff. We are working to assist them with creating continuity of operations plans in the event of a cyber disruption. In 2021, we will be issuing an RFR for a new voter registration system, which will raise cyber issues for connectivity and security.

5. Expenditures

20. Current Period Amount Expended and Unliquidated Obligations

GRANT COST CATEGORIES

	Federal	Match
Voting Equipment:	\$0.00	
Post-Election Auditing:	\$0.00	
Voter Registration Systems:	\$0.00	
Cyber Security:	\$1,965,394.27	
Communications:	\$0.00	
Total	\$1,969,680.54	
Cyber Security Training	\$4,286.27	

OMB CONTROL NUMBER: 3265-0020

6. Certification

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

First Name

Michelle

Last Name

Tassinari

Title

Director and Legal Counsel, Elections Division

Phone Number

Email Address

Signature of Certifying Official:

A handwritten signature in black ink, appearing to read "Michelle K. Tassinari". The signature is stylized and cursive.

Signature of: Michelle K. Tassinari

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.
