



## Ohio Secretary of State Jon Husted

### Application for HHS Grant Funds

### For Single Polling Location Temporary Accessibility

*Please fill out the following information for each polling location for which you wish to request funding. A grant will only be awarded if sufficient information is provided to justify the amount requested. If additional space is needed, please type answers on a separate sheet of paper and staple to application. All grant applications must be signed.*

County: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Polling Location Name (name of church, school, etc.)

\_\_\_\_\_  
Name Of Precinct(s) Using Polling Location (Green 2, City 112, etc.)

\_\_\_\_\_  
Address of Polling Place (street, city zip)

Describe efforts you have made to have the polling location property owner improve accessibility without the need for grant funds and the result of these efforts:

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Describe efforts made to locate an alternative polling location in the precinct that offers improved accessibility and the result of these efforts:

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Describe the accessibility assessment effort you conducted to determine the need to request grant funds (describe the process, who completed the assessments, when the assessments were completed, etc.):

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Have you discussed the modifications to the polling location you plan to make if you receive grant funds with the polling location property owner? ☐ Yes ☐ No

If yes, what was the response:

Describe any extenuating circumstances the Secretary of State should be aware of in considering this request:

Cost to make polling location accessible those with the full range of disabilities:

*(Please provide a breakdown of costs below. Attach price quote sheets from each vendor you plan to use that lists each item's quantity, name, and relevant cost).*

Quantity: \_\_\_\_\_ Name of Item: \_\_\_\_\_ Cost: \_\_\_\_\_

Quantity: \_\_\_\_\_ Name of Item: \_\_\_\_\_ Cost: \_\_\_\_\_

Quantity: \_\_\_\_\_ Name of Item: \_\_\_\_\_ Cost: \_\_\_\_\_

Quantity: \_\_\_\_\_ Name of Item: \_\_\_\_\_ Cost: \_\_\_\_\_

Quantity: \_\_\_\_\_ Name of Item: \_\_\_\_\_ Cost: \_\_\_\_\_

**Total Funding Requested: \$** \_\_\_\_\_

*Now, therefore, with intentions of the \_\_\_\_\_ County Board of Elections to modify the aforementioned polling location for improved accessibility for voters with disabilities, we do hereby make application for said funding in order to provide what is considered to be necessary modifications for improved accessibility:*

\_\_\_\_\_  
BOE Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
BOE Deputy Director Signature

\_\_\_\_\_  
Date

-----SOS Use Only-----

Grant Amount Approved: \_\_\_\_\_

\_\_\_\_\_  
Coordinator's Signature of Approval

\_\_\_\_\_  
Date