

DRAFT

Voting Modernization Board

COUNTY QUARTERLY STATUS REPORT

County Name and Address (including zip code)

County Elections Official or Other Contact

Name _____

Title _____

Telephone _____

E-mail _____

FAX _____

VMB Use Only:

Date Received: _____

Date Reviewed: _____

Quarter Date: _____

Comments: _____

On a separate sheet of paper, please provide answers to the following:

1. Clearly identify the quarter this report will cover.
2. Has your county requested an appropriation for your new voting system from your county Board of Supervisors? If so, please provide documentation of the BOS meeting actions.
3. Has your county initiated a request for proposal (RFP) for a new voting system? If so, what is the status of the RFP?
4. What other steps have you taken to begin modernizing your voting system?
5. What type of voting system equipment does your county intend to upgrade to?
6. How does your county intend to meet the state and federal voting system accessibility requirements (i.e., one accessible machine per polling place or total conversion to a DRE system)?
7. Which election cycle does your county anticipate implementing the new voting system equipment?
8. When does your county plan on submitting its Project Documentation Plan and appear before the Voting Modernization Board?

I certify that the information contained in this form including all attachments is true and correct and that the Project for which funds are being sought complies with the Project Eligibility Requirements set forth in the VMB Funding Application and Procedural Guide.

Name _____
County Representative Authorized by Resolution

Date _____