

# SAMPLE

## Voting Modernization Board INTERIM STATUS REPORT FORM

**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:** \_\_\_\_\_

**Board Agenda Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Answers to the following questions must be submitted with this form:

1. Does your county still intend to use its "Approved VMB Allocation Amount"?
2. What type of voting system does your county intend to upgrade to?
3. 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)?
4. What is the anticipated schedule for acquiring the new voting system equipment?
5. When does your county plan on submitting its Project Documentation Plan and come before the 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 \_\_\_\_\_