

APPENDIX A.1 – APPLICATION FOR ADDITIONAL FUNDING CONSIDERATION

Voting Modernization Board

APPLICATION FOR ADDITIONAL FUNDING CONSIDERATION

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| <p>County Name and Address (including zip code)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>VMB Use Only:</p> <p>Date Received: _____</p> <p>Date Reviewed: _____</p> <p>Board Agenda Date: _____</p> |
| <p>Amount of Funding Request \$ _____</p> <p>Amount of Matching Funds \$ _____</p> <p>Total Project Cost \$ _____</p> | <p>County Elections Official or Other Contact</p> <p>Name _____</p> <p>Title _____</p> <p>Telephone _____</p> <p>FAX _____</p> <p>E-mail _____</p> |
| <p>Describe the voting system under consideration (if known) and the anticipated acquisition schedule.</p> <p align="center"><input type="checkbox"/> Attached</p> | |
| <p>Attach an Accessibility Plan, describing how your county will use voting equipment purchased with Proposition 41 monies to provide meaningful voting opportunities for persons with disabilities.</p> <p align="center"><input type="checkbox"/> Attached</p> | |
| <p>If at the time this application is signed Federal voting reform legislation has passed, attach a description of how the proposed voting system will meet the requirements of federal law.</p> <p align="center"><input type="checkbox"/> Attached <input type="checkbox"/> Not Applicable</p> | |
| <p>I certify that the Project for which funds are being sought will comply with the Project Eligibility Requirements as set forth in the VMB Funding Application and Procedural Guide.</p> | |
| <p>Signed _____ Date _____</p> <p align="center">County Representative</p> | |
| <p align="center">Acceptance of an application for review by the VMB in no way obligates the VMB to provide the funds requested in the application.</p> | |