



Polling Place Accessibility Grant Application - Help America Vote Act (HAVA)

In order to submit this application an Accessibility Checklist for Primary and General Election Polling Place Certification must be completed and attached.

APPLICATION, CONTRACTOR ESTIMATES (IF APPLICABLE) AND ATTACHED ACCESSIBILITY CHECKLIST(S) ARE TO BE FILED WITH DISABILITY RIGHTS MONTANA

POLLING PLACE INFORMATION

County: _____

Polling Place Name/Location: _____

Polling Place Address: _____
Street or PO Box City Zip

PROPOSED ACCESSIBILITY IMPROVEMENTS, ITEMIZED COSTS AND APPLICABLE SURVEY SECTION

Proposed Improvement	Estimated Cost	Applicable Survey Section
UNOFFICIAL DOCUMENT; FOR REFERENCE PURPOSES ONLY		

TOTAL AMOUNT REQUESTED FOR THIS POLLING PLACE: \$ _____ (MAXIMUM \$5000)

In order to receive grant funds, the county is required to provide a 25 percent match (in the form of funding, material, labor, etc.) Explain what you will use to meet this requirement _____

Contact name and title _____

Signature of Election Administrator

Date

Deadline and limits: Grants are limited to \$5,000/application. Please complete one application per polling place. Each grant requires a 25 percent financial or in-kind match. Grants will be processed within six weeks upon receipt of completed application. Counties may receive multiple grants. Additional grants for an individual polling place may be applied for after improvements from the previous grant(s) have been completed. Improvements approved with grant must be completed within six months of the date of the Award Notice.

For more information, contact the Disability Rights Montana at (406) 449-2344 or (800) 245-4743 or Andrew@DisabilityRightsMT.org

Send completed original application, copy of polling place checklist, and copy of estimates to:

Disability Rights Montana
 Polling Place Accessibility Coordinator
 1022 Chestnut Street
 Helena, MT 59601

(FOR DISABILITY RIGHTS MONTANA USE ONLY)

Polling Place Grant Committee Recommendation: Approve Deny

Committee Member Names and Organization(s) Represented _____

Grant Committee Coordinator

Date