**Application for**

**Voting Equipment Grant**

In accordance with the requirements of

Minnesota Statutes section 206.95

**Minnesota Secretary of State Steve Simon**

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**Section A. General Instructions**

The Office of the Minnesota Secretary of State (OSS) is currently soliciting applications from jurisdictions for grants to purchase voting equipment.

$7,000,000 has been appropriated to the Voting Equipment Grant Account. Grants of up to $5,000 per precinct may be made to purchase any combination of optical scan counters (OS), assistive voting devices (AVD), or electronic rosters until the appropriation is exhausted. If the grant requests exceed the appropriation available, the secretary of state will prorate the grant amounts to each eligible jurisdiction to match the amount available. Jurisdictions must agree to provide a local match at least equal to the amount of the grant received that is used for optical scan or assistive voting devices (i.e. at least 50% of total cost), and at least equal to one-fourth the amount of the grant received that is used for electronic rosters (i.e. at least 25% of total cost).

Applications must be received by 4 p.m. December 15, 2017. Funds are expected to be awarded by Jan. 31, 2018 and funds must be used by August 31, 2019. Awarded funds not used must be returned to the Minnesota Office of the Secretary of State by August 31, 2019.

In order to apply for these funds, jurisdictions must answer all questions fully and completely on this application. All county applications must include a resolution from the county board of commissioners approving the application for these funds. All municipality or school district applications must include a resolution from the city council, town board or school district board approving the application for these funds; and must include a letter from the county auditor(s) agreeing to assist the municipality/school district in use of the equipment.

**Section B. Contact Information**

|  |  |
| --- | --- |
| **Name of Individual Submitting Application:** |  |
| **Jurisdiction:**  **(Political Subdivision)** |  |
| **Title of Individual Submitting Application:** |  |
| **Address of Individual Submitting Application:** |  |
| **E-Mail of Individual Submitting Application:** |  |
| **Phone:** |  |
| **Fax:** |  |
| **Federal Tax ID of Jurisdiction:** |  |

**Section C. Existing Equipment Information**

List the type of equipment currently used in each precinct, the model, the date acquired, the cost, total registered voters as of application date. \*\*See example application.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Precinct** | 1. **OS** 2. **AVD** 3. **E roster** | **Model** | **Month/Year Acquired:**  **MM/YYYY** | **Total**  **Cost:** | **Registered Voters** |
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**Section D. Proposed Equipment Information**

List the type of equipment being acquired for each precinct, whether the voting system will permit individuals with disabilities to cast a secret ballot, the proposed schedule for purchasing and implementation, whether the political subdivision has previously applied for a grant from the Voting Equipment Grant Account (VEGA) and the disposition of that application.

\*\* See Example Application.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Precinct** | 1. **OS Pr** 2. **OS Cent** 3. **AVD** 4. **E roster** | **Permit Disability to cast secret ballot? Y/N** | **Proposed purchase Cost** | **Proposed purchase Date** | **Proposed Implemen-tation Date** | **Previously Applied for VEGA grant?**  **Y/N** | **Grant Disposition**  **Approved or Denied** |
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| **Total** |  |  |  |  |  |  |  |

**Section E. Funding Information**

1. **Total # of Precincts in Jurisdiction: \_\_\_\_\_\_\_\_\_\_**
2. **Maximum grant per precinct $5,000\_\_\_\_\_**
3. **Maximum Jurisdiction Grant (AxB=C) \_\_\_\_\_\_\_\_\_\_**
4. **Jurisdiction’s remaining HAVA Funds \_\_\_\_\_\_\_\_\_\_**

**OS/AVD**

OS/AVD Purchase Cost

1. Total Cost of optical scan counters purchase $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Total Cost of assistive voting devices purchase $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Total Cost of combined OS/AVD units purchase $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Total Cost of OS/AVD Purchase (Lines 1+2+3) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Line 4 divided by 2 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jurisdiction OS/AVD Funding

The total amount and source of political subdivision’s matching funds for optical scan or AVDs:

6. General Funds $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. HAVA Funds (county plan) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Total political subdivision funds for optical scan and AVDs $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Line 9 must be greater than or equal to Line 5)

Requested OS/AVD Grant Funding

1. The total amount of the grant requested for optical scan units: $\_\_\_\_\_\_\_\_\_\_\_
2. The total amount of the grant requested for assistive voting devices: $\_\_\_\_\_\_\_\_\_\_\_
3. The total amount of the grant requested for combined OS/AVDs: $\_\_\_\_\_\_\_\_\_\_\_
4. The total amount requested for OS/AVD grant funding (Lines 10+11+12) $\_\_\_\_\_\_\_\_\_\_\_

(Line 4 – Line 9 = Line 13)

**Electronic Rosters**

Total Purchase Cost Electronic Rosters

1. Total Cost of electronic rosters purchase $\_\_\_\_\_\_\_\_\_\_\_
2. Line 14 divided by 4 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_

The total amount and source of political subdivision’s matching funds for electronic rosters:

16. General Funds $\_\_\_\_\_\_\_\_\_\_\_\_\_

17. HAVA Funds (county plan) $\_\_\_\_\_\_\_\_\_\_\_\_\_

18. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

19. Total political subdivision funds for electronic rosters $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Line 19 must be greater than or equal to Line 15)

1. The total amount of the grant requested for electronic rosters: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Line 14 – Line 19 = Line 20)

**Total Grant Requested**

1. The total amount of the grant requested (Lines 13+20): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Line 21 must be less than or equal to Line C)

Note: Lines 4+14 also equals **Section D** proposed purchase cost column total

**Section F. Certification**

I certify that Voting Equipment Grant funds will be used only to purchase (1) an electronic voting system, or any individual component of an electronic voting system as provided in section 206.56, subdivision 8; (2) assistive voting technology; or (3) an electronic roster system meeting the technology requirements of section 201.225 subdivision 2. I further certify that the jurisdiction has insufficient resources to purchase the voting system without obtaining a grant from the fund. I further certify that all information provided in this application is true and accurate.

**Name of Jurisdiction:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_**

**Printed Name of Individual**

**Submitting Application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please check one:

* For county application, see attached county board resolution approving the application for these funds.
* For municipality or school district application, see attached resolution from the city council, town board or school district board approving the application for these funds; and see attached letter from the county auditor(s) agreeing to assist the municipality/school district in use of the equipment.

Mail the completed application and all accompanying worksheets and documents to:

MN Secretary of State

Attention: Brad Anderson

180 State Office Building

100 Rev. Dr. Martin Luther King Jr. Blvd.

St. Paul, MN 55155-1299

If necessary, applications may be submitted by fax or email. Please follow with hard copy.

Fax: 651-296-9073

Bradley.k.anderson@state.mn.us

**DEADLINES:**

**All grant application submissions must be received by 4:00 p.m. Friday December 15, 2017.**

If you have any questions please call Brad Anderson at 651-556-0642.