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State of Wyoming
Application for Health and Human Services Grant Monies
Help America Vote Act – Voting Access for Individuals with Disabilities
(VOTE)

The State of Wyoming will distribute the remaining funds of the Voting Access for Individuals with Disabilities (VOTE) Grant, to improve the accessibility of polling places throughout the state. These funds were not spent previously and are not new monies. *All submissions must be received at the Secretary of State's Office by 5:00 p.m. on Thursday, December 3, 2009*

Office of the Secretary of State
Elections Division
200 West 24th Street
Cheyenne, Wyoming 82002-0020.

Name of County Clerk: _____ Name of County: _____

Designee preparing application, if any: _____

Address: _____ Telephone number: _____

E-mail address: _____ Fax number: _____

EAID Grant funds are available **only** for purposes in the following categories:

1. To make polling places, including the path of travel, entrances, exits, and voting areas of each polling facility, accessible to individuals with the full range of disabilities (e.g., blindness or visual impairment, deafness or hearing impairment, mobility-related, dexterity-related, emotional, or intellectual).
2. To provide the same opportunity for access and participation (including privacy and independence) to individuals with the full range of disabilities as for other voters.
3. To train election officials, poll workers, and election volunteers on how best to promote the access and participation of individuals with the full range of disabilities in elections for Federal office.
4. To provide individuals with the full range of disabilities with information about the accessibility of polling places.

I certify that reimbursement for the costs of these projects from VOTE Grant funds will be sought only for the above stated purposes and that the activities undertaken to achieve these purposes will be conducted in accordance with the attached assurances. I further certify that to the best of my knowledge and belief, all data in this application is true and correct.

Signature of County Clerk or Designee

Printed Name

Date

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*DEADLINE: All submissions must be received at the
Secretary of State's Office by 5:00 PM on Thursday, December 3, 2009*

County: _____ Date: _____

Contact: _____ Telephone: _____

Total Funding Request: \$ _____

Secretary of State Use Only:

Date Received: _____

Date Reviewed: _____

Amount of Funding Awarded:

Category 1: \$ _____

Category 2: \$ _____

Category 3: \$ _____

Category 4: \$ _____

Total Amount Awarded: \$ _____

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Project Description: Please answer the following questions, and copy and use this form for each polling place renovation or group of polling places needing similar minor improvements. Please attach a copy of the Contractor's or Vendor's cost estimate for each project.

Target date for completion of all projects is August 3, 2010

1. The priority number assigned to this project is _____.
2. Precinct number and name of polling place: _____
3. Type of project -- funding category: _____
4. ITEMIZED cost of renovation(s) of this/these polling place(s): PLEASE SEE ATTACHED
(Attach extra sheets as necessary.) VENDOR PROPOSAL
5. Contractor's or Vendor's name, address, and telephone number: TAX # 36-4402376
INCLUSION SOLUTIONS 2000 GREENLEAF ST.
EVANSTON, IL 60202 P# 847-869-2500
FAX # 847-869-2515
6. Is this a temporary or a permanent improvement? (Please check one.)
7. Is there an accessible alternative which will not be used? Yes No
If yes, please explain. (Attach extra sheets as necessary.)

8. Describe the project in some detail. (Attach extra sheets or supporting information as necessary.)

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