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Voting Accessibility Grant Application
Due May 29, 2009

Submit via email to lguerrero@secstate.wa.gov

Date:
County Name:
Total Funding Requested: \$

This grant program is only for purchases or programs that will improve the administration of elections for voters with disabilities.

Under this grant program, counties are required to present their grant proposal to their local disability advisory committee. If you have not done this and/or have not formed your local disability advisory committee, we cannot process your grant application.

Question 1

Describe the grant proposal and how it will improve the administration of elections for voters with disabilities.

Question 2

Please list the date or dates this grant proposal was presented to your local disability advisory committee. Be sure to include a copy of the meeting minutes with this application.

Question 3

Was your local disability advisory committee supportive of your grant proposal? Please explain.

Question 4

Is the proposal a multi-county project? If so, list all counties involved and the extent of the involvement.

Question 5

Are you working with an advocacy or other community group? If so, please outline the group's involvement in implementing the proposed grant. Be sure to include the name, address and phone number of the advocacy or community group(s).

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Question 6

Please list the associated costs with the grant proposal. Be sure to include a detailed spreadsheet of these costs and describe the steps that were taken to determine the costs. Attach all supporting documentation to this grant application.

Question 7

Please list an anticipated completion date for this project.

I certify to the best of my ability that the above is true and accurate.

Print Name: _____

Title: _____

Electronic Signature: _____

Phone Number: _____

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