



BETH CHAPMAN
SECRETARY OF STATE

MEMORANDUM

To: Probate Judges and County Commission Chairs

From: Beth Chapman, Secretary of State

Date: January 9, 2008

Re: Application for Grant Funds to Improve the Accessibility of Elections to Individuals with Disabilities

After assuming the office of Secretary of State in January of last year, I discovered that only a small portion of the federal Election Assistance for Individuals with Disabilities (EAID) grant awards received from the U.S. Department of Health and Human Services for Alabama had been reimbursed to counties that had implemented improvements to increase accessibility for disabled Alabama voters in accordance with the Help America Vote Act of 2002 (HAVA). Alabama has approximately \$710,000.00 to fairly and equitably distribute among the 67 counties. My staff has worked diligently to develop guidelines and an application that allows the Secretary of State's Office to fairly and equitably distribute funds in each county.

I am pleased to announce that we have developed a grant program and a formula to equitably reimburse counties that have addressed the needs of disabled voters. Enclosed is a breakdown by county of the maximum amount of money available for reimbursement in each county based on the total number of registered voters; instructions for filling out the application for county reimbursement; and the application for county reimbursement. The categories used for reimbursement may be found in the enclosed reference "DOJ ADA Checklist for Polling Places". My apologies for this time-consuming process, but we must have this detailed information for federal auditing purposes.

Reimbursement requests should be received in the Secretary of State's Office **no later than Friday, May 2, 2008** and should be mailed to:

**Office of the Secretary of State
Attn: Adam Thompson, HAVA Director
Alabama State Capitol
600 Dexter Avenue, Suite S-105
Montgomery, AL 36130**

Please include all necessary documentation with each application, including all requested signatures. If you have questions, please contact Adam Thompson at (334) 353-7818 or adam.thompson@sos.alabama.gov.

**Total Money Available for County Reimbursements for Improving the
Accessibility of Elections to Individuals with Disabilities**

County	Total Voters*	Money Available
AUTAUGA	30,194	\$ 7,850.44
BALDWIN	100,560	\$ 26,145.60
BARBOUR	15,968	\$ 4,151.68
BIBB	12,030	\$ 3,127.80
BLOUNT	28,834	\$ 7,496.84
BULLOCK	6,919	\$ 1,798.94
BUTLER	13,385	\$ 3,480.10
CALHOUN	65,649	\$ 17,068.74
CHAMBERS	21,422	\$ 5,569.72
CHEROKEE	14,310	\$ 3,720.60
CHILTON	24,418	\$ 6,348.68
CHOCTAW	10,695	\$ 2,780.70
CLARKE	17,693	\$ 4,600.18
CLAY	9,621	\$ 2,501.46
CLEBURNE	8,692	\$ 2,259.92
COFFEE	25,182	\$ 6,547.32
COLBERT	33,178	\$ 8,626.28
CONECUH	9,670	\$ 2,514.20
COOSA	7,851	\$ 2,041.26
COVINGTON	20,301	\$ 5,278.26
CRENSHAW	8,685	\$ 2,258.10
CULLMAN	47,630	\$ 12,383.80
DALE	27,104	\$ 7,047.04
DALLAS	29,912	\$ 7,777.12
DEKALB	35,476	\$ 9,223.76
ELMORE	38,657	\$ 10,050.82
ESCAMBIA	20,012	\$ 5,203.12
ETOWAH	58,389	\$ 15,181.14
FAYETTE	10,547	\$ 2,742.22
FRANKLIN	21,213	\$ 5,515.38
GENEVA	14,451	\$ 3,757.26
GREENE	7,441	\$ 1,934.66

*As shown in the Voter Registration System December 2007

**Total Money Available for County Reimbursements for Improving the
Accessibility of Elections to Individuals with Disabilities**

County	Total Voters*	Money Available
HALE	11,733	\$ 3,050.58
HENRY	10,622	\$ 2,761.72
HOUSTON	53,124	\$ 13,812.24
JACKSON	32,981	\$ 8,575.06
JEFFERSON	398,721	\$ 103,667.46
LAMAR	10,718	\$ 2,786.68
LAUDERDALE	50,550	\$ 13,143.00
LAWRENCE	21,486	\$ 5,586.36
LEE	72,570	\$ 18,868.20
LIMESTONE	40,180	\$ 10,446.80
LOWNDES	10,020	\$ 2,605.20
MACON	15,587	\$ 4,052.62
MADISON	184,614	\$ 47,999.64
MARENGO	14,352	\$ 3,731.52
MARION	18,995	\$ 4,938.70
MARSHALL	45,695	\$ 11,880.70
MOBILE	235,696	\$ 61,280.96
MONROE	15,753	\$ 4,095.78
MONTGOMERY	129,905	\$ 33,775.30
MORGAN	63,066	\$ 16,397.16
PERRY	8,063	\$ 2,096.38
PICKENS	13,053	\$ 3,393.78
PIKE	16,998	\$ 4,419.48
RANDOLPH	15,173	\$ 3,944.98
RUSSELL	27,806	\$ 7,229.56
SHELBY	104,366	\$ 27,135.16
ST CLAIR	50,033	\$ 13,008.58
SUMTER	7,905	\$ 2,055.30
TALLADEGA	43,522	\$ 11,315.72
TALLAPOOSA	25,655	\$ 6,670.30
TUSCALOOSA	97,182	\$ 25,267.32
WALKER	41,778	\$ 10,862.28

*As shown in the Voter Registration System December 2007

**Total Money Available for County Reimbursements for Improving the
Accessibility of Elections to Individuals with Disabilities**

County	Total Voters*	Money Available
WASHINGTON	13,660	\$ 3,551.60
WILCOX	9,619	\$ 2,500.94
WINSTON	15,957	\$ 4,148.82
Grand Total	2,723,232	\$ 708,039.02

*As shown in the Voter Registration System December 2007



BETH CHAPMAN
SECRETARY OF STATE

**Application for County Reimbursement for Improving the
Accessibility of Elections to Individuals with Disabilities**

*Funding provided by the U.S. Department of Health & Human Services, Administration for Children and Families
Election Assistance for Individuals with Disabilities (EAID) Grant Program*

Instructions for Filling Out Application

Section 1 – County Information

1. Please fill out all information requested.
2. If any information does not apply please put N/A.

Section 2A – Polling Facility Improvements - Permanent

1. Enter the name of the Polling Facility for which you are seeking reimbursement.
2. Enter the address of the Polling Facility.
3. In the first table titled “Total Reimbursement for Permanent Improvements for this Polling Facility,” enter the total amounts claimed in the listed categories using the “DOJ ADA Checklist for Polling Places” (enclosed) as a reference.
4. In the subsequent tables list the detailed expenditures and totals for each category provided.
5. Repeat this process **for each polling facility** for which you are seeking reimbursement.

Section 2B – Polling Facility Improvements - Temporary

1. Enter the name of the Polling Facility for which you are seeking reimbursement.
2. Enter the address of the Polling Facility.
3. In the first table titled “Total Reimbursement for Permanent Improvements for this Polling Facility,” enter the total amounts claimed in the listed categories using the “DOJ ADA Checklist for Polling Places” (enclosed) as a reference.
4. In the subsequent tables list the detailed expenditures and totals for each category provided.
5. Repeat this process **for each polling facility** for which you are seeking reimbursement.

Section 3 – Non-Facility Improvements

1. In the first table titled “Total Reimbursement for Non-Facility Improvements,” enter the total amounts claimed in the listed categories.
2. In the subsequent tables list the detailed expenditures and totals for each category provided.

Section 4 – Total Request & Certification

1. Add the subtotals from each section of your request including permanent polling facility improvements, temporary polling facility improvements, and non-facility improvements.
2. The Probate Judge **and** the County Commission Chair must **both** sign the application. Their signatures must be witnessed by a notary public.
3. Submit the completed application **no later than Friday, May 2, 2008** to:

**Office of the Secretary of State
Attn: Adam Thompson, HAVA Director
Alabama State Capitol
600 Dexter Avenue, Suite S-105
Montgomery, AL 36130**



BETH CHAPMAN
SECRETARY OF STATE

**Application for County Reimbursement for Improving the
Accessibility of Elections to Individuals with Disabilities**

*Funding provided by the U.S. Department of Health & Human Services, Administration for Children and Families
Election Assistance for Individuals with Disabilities (EAID) Grant Program*

Section 1 – County Information

Name of County: _____

Mailing Address: _____

Name of Person Completing Form: _____

Title/Position: _____
Telephone: _____
Email: _____

Name of Probate Judge: _____

Telephone: _____
Email: _____

Name of County Commission Chair: _____

Telephone: _____
Email: _____

Name of County Purchasing Agent: _____

Telephone: _____
Email: _____

Name of Primary Contact: _____

Title/Position: _____
Telephone: _____
Email: _____

Section 2A – Polling Facility Improvements - Permanent

Please complete this section **for each polling facility** for which you are seeking reimbursement. In order to be eligible to receive funds, you must complete all areas in this section. If an area does not apply to your county or you are not seeking reimbursement please put **N/A**.

Polling Facility Name: _____

Address: _____

Total Reimbursement for Permanent Improvements for this Polling Facility

DOJ Checklist Area	DOJ Checklist Questions	Amount Requested
Parking	A1-A9	\$
Passenger Drop-Off	B1-B8	\$
Sidewalks and Walkways – Mobility	C1-1--C1-6	\$
Sidewalks and Walkways – Visual	C2-1--C2-3	\$
Building Entrance	D1-D6	\$
Hallways and Corridors – Mobility	E1-1--E1-7	\$
Hallways and Corridors – Visual	E2-1--E2-3	\$
Voting Area	F1-F4	\$
TOTAL		\$

Please provide details on how you made improvements for each area for which you are seeking reimbursement. List all purchases made, such as ramps, signs, parking lot paving, etc. Include copies of all supporting documentation (receipts, invoices, etc.). Failure to provide proper documentation will result in a delay in processing your application. Make additional copies of this form if necessary.

A. Parking

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

B. Passenger Drop-Off

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

C. Sidewalks and Walkways - Mobility

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

D. Sidewalks and Walkways - Visual

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

E. Building Entrance

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

F. Hallways and Corridors – Mobility

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

G. Hallways and Corridors – Visual

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

H. Voting Area

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

Section 2B – Polling Facility Improvements - Temporary

Please complete this section **for each polling facility** for which you are seeking reimbursement. In order to be eligible to receive funds, you must complete all areas in this section. If an area does not apply to your county or you are not seeking reimbursement please put **N/A**.

Polling Facility Name: _____
Address: _____

Total Reimbursement for Temporary Improvements for this Polling Facility

DOJ Checklist Area	DOJ Checklist Questions	Amount Requested
Parking	A1-A9	\$
Passenger Drop-Off	B1-B8	\$
Sidewalks and Walkways – Mobility	C1-1--C1-6	\$
Sidewalks and Walkways – Visual	C2-1--C2-3	\$
Building Entrance	D1-D6	\$
Hallways and Corridors – Mobility	E1-1--E1-7	\$
Hallways and Corridors – Visual	E2-1--E2-3	\$
Voting Area	F1-F4	\$
TOTAL		\$

Please provide details on how you made improvements for each area for which you are seeking reimbursement. List all purchases made, such as portable ramps, signs, etc. Include copies of all supporting documentation (receipts, invoices, etc.). Failure to provide proper documentation will result in a delay in processing your application. Make additional copies of this form if necessary.

A. Parking

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

B. Passenger Drop-Off

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

C. Sidewalks and Walkways - Mobility

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

D. Sidewalks and Walkways - Visual

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

E. Building Entrance

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

F. Hallways and Corridors – Mobility

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

G. Hallways and Corridors – Visual

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

H. Voting Area

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

Section 3 – Non-Facility Improvements

Please complete this section for the **non-facility improvements** for which you are seeking reimbursement. In order to be eligible to receive funds, you must complete all areas in this section. If an area does not apply to your county or you are not seeking reimbursement please put **N/A**.

Total Reimbursement for Non-Facility Improvements

Improvement Area	Amount Requested
Voter Outreach (advertising about new disability voting machines, etc.)	\$
Elections Office Upgrade (making your elections office ADA accessible, etc.)	\$
Poll Worker Training (training on new disability voting machines, etc.)	\$
Providing Elections Materials in Alternative Formats (large print, Braille, etc.)	\$
Other Areas (things identified by the county as needed to help with ADA, etc.)	\$
TOTAL	\$

Please provide details on how you made improvements for each area for which you are seeking reimbursement. List all purchases made. Include copies of all supporting documentation (receipts, invoices, etc.). Failure to provide proper documentation will result in a delay in processing your application. Make additional copies of this form if necessary.

A. Voter Outreach

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

B. Elections Office Upgrade

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

C. Poll Worker Training

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

D. Providing Elections Materials in Alternative Formats

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

E. Other Areas

Date	Purchase	Reason for Purchase	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

Section 4 – Total Request & Certification

Please add the subtotals from each section of your request including **permanent polling facility improvements, temporary polling facility improvements, and non-facility improvements.**

Total Amount of Reimbursement Request
\$ _____

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As the **Probate Judge and the chief election official** for \_\_\_\_\_ County, I submit this Application for County Reimbursement for Improving the Accessibility of Elections to Individuals with Disabilities. By signing this application, I certify that all information contained herein is accurate and complete to the best of my knowledge and that the amount for which I am seeking reimbursement was spent in accordance with the requirements of Title II, Subtitle D, Section 261 of the Help America Vote Act (42 USC 15461). I acknowledge that any misrepresentation of truth or accuracy may require that all grant monies awarded to the county be returned to the United States Department of Health and Human Services and that any other penalties provided by Federal and State law may apply.

**Name of Probate Judge:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

*Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.*

*My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.*

*( Seal )*

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_  
*Printed name of Notary Public*

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As the **County Commission Chair** for _____ County, I submit this Application for County Reimbursement for Improving the Accessibility of Elections to Individuals with Disabilities. By signing this application, I certify that all information contained herein is accurate and complete to the best of my knowledge and that the amount for which I am seeking reimbursement was spent in accordance with the requirements of Title II, Subtitle D, Section 261 of the Help America Vote Act (42 USC 15461). I acknowledge that any misrepresentation of truth or accuracy may require that all grant monies awarded to the county be returned to the United States Department of Health and Human Services and that any other penalties provided by Federal and State law may apply.

Name of County Commission Chair: _____
Signature: _____
Date: _____

Sworn and subscribed before me this _____ day of _____, 20_____.

My commission expires the _____ day of _____, 20_____.

(Seal)

Signature of Notary Public

Printed name of Notary Public