

Request for ADA Reimbursement for Polling Place Accessibility

Permanent & Temporary Improvements

County

U.S. Health and Human Services Voting Access for Individuals with Disabilities (VOTE) Program

COST OF MATERIALS/SUPPLIES/EQUIPMENT FOR ACCESSIBILITY IMPROVEMENTS			
MATERIALS/SUPPLIES/EQUIPMENT	Cost Per Item	Number of Items	TOTAL
<i>TOTAL COST FOR MATERIALS/SUPPLIES/EQUIPMENT PURCHASED</i>			

COST OF TIME/LABOR						
DATE	LOCATION	ACTIVITY	PERFORMED BY	RATE PER HOUR	# OF HOURS	TOTAL
<i>TOTAL COST FOR TIME/LABOR</i>						

TOTAL COST TO BE REIMBURSED FOR MATERIALS/SUPPLIES/EQUIPMENT AND TIME/LABOR	
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Please provide receipts, invoices, etc., to support the polling place accessibility improvement expenses recorded above and submit along with this form.

Return to:
 Ohio Secretary of State
Attn: Sonia Klingel
 180 E. Broad St., 17th Fl.
 Columbus, OH 43215