

HHS Polling Location Accessibility Equipment Agreement of Permanent Transfer

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The Ohio Secretary of State’s Office has adopted a policy regarding the permanent transfer, temporary transfer, and disposal of accessibility equipment paid for by Health and Human Services (HHS) Grant funds for polling location accessibility. This form must be used for the **permanent** transfer of accessibility equipment from one county Board of Elections to another county Board of Elections within the State of Ohio, from a county Board of Elections to a Municipality, Township, School District, or County Government Agency within the same county, or from a county Board of Elections to a State Agency Building located in the same county.

Type of Transfer:

- County Board of Elections to County Board of Elections within Ohio
- County Board of Elections to a Municipality, Township, School District, or County Government Agency in the same county
- County Board of Elections to a State Agency Building in the same county

Please list the quantity of equipment, a brief description of the equipment and the estimated value of the equipment being transferred.

Quantity	Item Description	Estimated Value

If you need more space, please attach a list of items, quantity and their estimated value.

This agreement is made and entered into on this _____ day of _____, _____
between _____ County Boards of Elections and _____
regarding the **permanent** transfer of accessibility equipment paid for with Health and Human Services (HHS) grant funds for
polling place accessibility. It is agreed that the items listed above shall be **permanently** transferred in accordance with the
aforementioned policy to the receiving agency as a gift and not a sale for a monetary amount.

The county Board of Elections transferring accessibility equipment and the accepting Board of Elections, Municipality, Township,
School District, County Government Agency or State Agency participating in this agreement shall maintain accurate records of all
transferred accessibility equipment in the event of relevant audits, claims, litigation, negotiations or other proceedings regarding
the permanently transferred accessibility equipment originally purchased with Health and Human Services (HHS) grant funding.

Transferring County BOE Signatures:

BOE Director

Date (MM/DD/YYYY)

BOE Board Chair

Date (MM/DD/YYYY)

Accepting County BOE, County Government Agency or State Agency Signatures:

BOE Director/Authorized Government Representative

Date (MM/DD/YYYY)

BOE Board Chair/Authorized Government Representative #2

Date (MM/DD/YYYY)

----- **SOS USE ONLY** -----

The Secretary of State's office has approved the above list of accessibility equipment to be **permanently** transferred.

ADA Coordinator's Signature of Approval

Date (MM/DD/YYYY)