



## HHS Polling Location Accessibility Equipment Agreement of Permanent Transfer

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 is to 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
- County Board of Elections to a State Agency Building

**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 \_\_\_\_\_, 20\_\_\_\_  
between \_\_\_\_\_ County Board 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
_____	_____
BOE Board Chair	Date

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

_____	_____
BOE Director/Authorized Government Representative	Date
_____	_____
BOE Board Chair/Authorized Government Representative #2	Date

----- **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