

House Bill 1 (FY22-24)
County Clerks Election Equipment Grant Application
KY State Board of Elections

Project Information

Project Title: _____

County: _____

Start Date: _____ End Date: _____

Amount Requested: _____

Grantee Information

Applicant/County Fiscal Court

Official's Name/Title: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Vendor Account #: _____

Contact Person: _____

Phone: _____ Email: _____

Scope of Work

Provide a brief description of the project detailing all relevant project information; including but not limited to, proposed project activities, justification for project funding, and expected results and public benefit to be derived from the project. Additional pages may be added if needed.

Estimated Project Budget

Provide an **ESTIMATED COST BREAKDOWN** of the amount requested for the project (use and amount).

	Use	Amount
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____
6)	_____	_____
7)	_____	_____
8)	_____	_____
9)	_____	_____
10)	_____	_____
	Total Amount Requested	_____

The following documents must be attached:

Please check the box to acknowledge of ONE of the following:

- I. Bid Quote
- II. Vendor Invoice

Please check the box to acknowledge inclusion of the following:

- I. Fiscal Court Resolution

Serial numbers for equipment purchased OR:

If serial numbers are not available at time of submission,
must be submitted within sixty (60) days of disbursement

To the best of my knowledge and belief, the information included is true and correct and the proposed use of funds legally complies with HB 1.

Printed Name

Title

Signature

Date

KY State Board of Elections
140 Walnut Street, Frankfort, KY 40601
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