



CERTIFICATION FOR REIMBURSEMENT



Instructions

As you are all aware, the Secretary of the State will provide a reimbursement to each town for the additional costs incurred for polling place safety supplies and for any additional poll workers that are hired to conduct the August 11, 2020 primary. This reimbursement opportunity will only be available for purchases and expenditures made through August 11, 2020.

In order to obtain this reimbursement the following steps must be followed. Failure to follow these steps may result in a delay or a rejection of reimbursement.

1. The Chief Executive Officer and both Registrars of Voters must complete this certification. All relevant information must be provided as well as a receipt for the product purchased or work performed. The Chief Executive Officer of the town would be the individual who is authorized to enter into contractual agreements on behalf of the town. This could be a Mayor, First Selectman, Town Manager, etc.
2. Each town will be reimbursed for the actual cost of the polling place safety supplies and additional poll workers that are hired to conduct the August 11, 2020 primary.
3. In order to be reimbursed, each town will be required to substantiate the number of ADDITIONAL poll workers hired above and beyond the number that would normally be hired for any primary conducted and any polling place safety supplies purchased.
4. The documentation submitted will be reviewed to ensure that the expenditures made comply with the requirements outlined in this certification and are consistent with the Help America Vote Act of 2002. If any expenditures are not consistent with the requirements outlined in this certification or are not consistent with the Help America Vote Act of 2002, the Office of the Secretary of the State cannot reimburse the town for such expenditures.
5. The registrars of voters and/or town clerk should submit ONE certification for reimbursement for the entire town with all receipts attached to the single certificate. DO NOT FAX this certificate. Failure to submit the certification in the original format with attached receipts or submission of duplicate or faxed certifications may result in a delay of payment or a return of the documentation to your town for proper submission.
6. Please fill out all information. (A) Enter your town name and number of polling locations in your town as most recently reported to us by your Town Clerk pursuant to CGS §9-238a. (B) Enter a brief description of the additional polling place staff hired and their duties as well as a description of the polling place safety supplies purchased. (C) Review the certification language and sign and date the certificate. If a Town Clerk is submitting for reimbursement sign where indicated. Similarly, if the Registrars of Voters is submitting for reimbursement sign where indicated. If the reimbursement is for the entire town, which is our preference, the all three officials should sign where indicated. Otherwise, only the signature of the official seeking reimbursement is necessary in addition to the Chief Executive Officer. (D) Attach all relevant receipts or employee payment documents. Each receipt or document must indicate the product purchased or the employee job title. (E) Send completed form to the mailing address noted.



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A. Town Name: _____ Number of Polling Places: _____

Minimum Requirements: The Secretary of the State requires that all municipalities submit a SAFE POLLS PLAN for the primary in the 2020 election cycle that includes: (1) a list of polling locations, (2) staffing levels for each polling location, (3) an identified list of poll workers and moderators ready to work on election day, (4) a list of cleaning and safety products required, and (5) their emergency plan. Municipalities which complete their Safe Polls Plan will be eligible for a Safe Polls Grant from the Office of the Secretary of the State which can be applied to meet the costs incurred to conduct an election in a pandemic environment. These expenses include cleaning and safety products and additional personnel if necessary.

B. Please provide a brief description of the additional expenses that have been incurred by the municipality. Please ensure that your description details how the expenses are in ADDITION to those normal expenses that are incurred in the normal course of election administration in the municipality.

C. We, the undersigned do hereby state under penalties of false statement that this certificate is submitted for the sole purpose of seeking reimbursement for the ADDITIONAL personnel and safety supplies necessary to conduct the August 11, 2020 primary in the above referenced town. We understand that any unauthorized expenditure of such funds or an expenditure of such funds in violation of the Help America Vote Act may result in the town being subject to a Federal Audit and a requirement that such funds be repaid to the Office of the Secretary of the State.

Dated this ____ day of _____, 20____.

Signature of Chief Executive Officer

Printed Name of Chief Executive Officer

Signature of Registrar of Voters

Printed Name of Registrar of Voters

Signature of Registrar of Voters

Printed Name of Registrar of Voters

Signature of Town Clerk

Printed Name of Town Clerk

D. Attach all relevant receipts for the expenditures in question as well as the Safe Polls Plan for the municipality.

E. Mailing Address: Secretary of the State, ATTN: LEAD, P.O. Box 150470, Hartford, CT 06115-0470



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SAFE POLLS PLAN

Town Name: _____ Number of Polling Places: _____

The Secretary of the State requires that all municipalities submit a SAFE POLLS PLAN for the primary in the 2020 election cycle that includes: (1) a list of polling locations, (2) staffing levels for each polling location, (3) an identified list of poll workers and moderators ready to work on election day, (4) a list of cleaning and safety products required, and (5) their emergency plan. Municipalities which complete their Safe Polls Plan will be eligible for a Safe Polls Grant from the Office of the Secretary of the State which can be applied to meet the costs incurred to conduct an election in a pandemic environment. These expenses include cleaning and safety products and additional personnel if necessary.

- Please provide a list of polling locations with address to be used during the August 11, 2020 primary: (attach a separate sheet if necessary)
 - _____
 - _____
 - _____
 - _____

- Please provide a summary of the staff levels to be used at each polling location identified above: (attach a separate sheet if necessary)
 - _____
 - _____
 - _____
 - _____

- Please provide a list of replacement poll workers that are prepared to work on August 11, 2020 together with title: (attach a separate sheet if necessary)
 - _____
 - _____
 - _____
 - _____

- Please provide a list of cleaning and safety supplies that you have identified in coordination with your local Department of Public Health that are necessary for the safety of your poll workers: (attach a separate sheet if necessary)
 - _____
 - _____
 - _____
 - _____

- Please attached your local Emergency Plan



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SAFE POLLS PLAN CERTIFICATE OF CERTIFICATION

We hereby certify that the information contained in the Safe Polls Plan submitted on this ____ day of _____, 20____ on behalf of the Town of _____, is true and accurate and based upon the best information available within the municipality.

Sign and Certified:

Signature of Registrar of Voters

Printed Name of Registrar of Voters

Signature of Registrar of Voters

Printed Name of Registrar of Voters

Mailing Address: Secretary of the State, ATTN: LEAD, P.O. Box 150470, Hartford, CT 06115-0470