



CARES Act Drop Box Grant Application

For drop box and surveillance systems to be used in the 2020 General Election

County Application Information

County: _____ Date of Application Submission: _____

DUNS Number: _____

County Point of Contact (this person will be listed as the County's Principal Representative in the grant agreement)

Name: _____ Phone: _____

Email: _____

Mailing Address: _____

(Reimbursement will be sent to this address)

Signing Authority for Grant Agreement (this person will be on the signature block for the grant agreement)

Name: _____

Official Title: _____

County Drop Box Expenditure Information

Drop Box Address: _____

Date of Drop Box Installation *(or projected date if not already installed)*: _____

Estimated total cost of drop box including purchase, delivery, and installation of box and camera equipment
(Attach copy of quotes / estimated cost): \$ _____

Please describe in as much detail as possible how this additional drop box will help mitigate COVID-19 concerns for the November 3rd, 2020 General Election in your county *(attach additional documentation, if needed)*: _____