



**Registrar of Voters
COUNTY OF TULARE
AGENDA ITEM**

BOARD OF SUPERVISORS

KUYLER CROCKER
District One

PETE VANDER POEL
District Two

AMY SHUKLIAN
District Three

J. STEVEN WORTHLEY
District Four

MIKE ENNIS
District Five

AGENDA DATE: December 18, 2018 - **REVISED**

Public Hearing Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Published Notice Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Advertised Published Notice	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
County Counsel Sign-Off	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Meet & Confer Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Electronic file(s) has been sent	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Personnel Resolution attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

CONTACT PERSON: Michelle Baldwin PHONE: 624-7300

SUBJECT: Approve an agreement with the State of California, Secretary of State

- REQUEST(S):**
That the Board of Supervisors:
1. Approve an agreement with the State of California, Secretary of State in an amount up to \$25,000 for reimbursement of funds for items related to the Help America Vote Act (HAVA) Polling Place Accessibility Training Program, effective December 18, 2018 through June 30, 2021.
 2. Authorize the Chairman of the Board to sign four (4) copies of the Agreement and the Contractor Certification Clause.
 3. Approve the necessary budget adjustments per the attached AUD 308 (4/5ths vote required).

SUMMARY:
The State of California, Secretary of State is offering reimbursement funds to counties for the HAVA Polling Place Accessibility Training Program to be administered by the U.S. Elections Administration Commission that comply with the requirements of HAVA Section 101 for the improvement of the administration of elections.

In order to be reimbursed, the County must have at least one employee attend one of the regional training sessions sponsored by the Secretary of State. The State is also allowing reimbursement funds for the following: travel expenses; staff salaries

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DATE: December 18, 2019

and benefits for accessibility surveys of polling places or for training staff to survey polling places; equipment and activities to improve physical accessibility; training materials and programs; and educational and informational materials.

The contract deviates from County contract protocol, in that it requires the County to unilaterally indemnify the state, and the contract requires performance of the agreed upon terms on our behalf regardless of whether a dispute arises.


FISCAL IMPACT/FINANCING:

As a result of receiving additional revenue allocated by the Secretary of State from Help America Vote Act (HAVA) funding, the attached AUD 308 requests revenue and expenditure increases totaling \$25,000. This funding is authorized to be used for county support of Polling Place Accessibility and improving the administration of elections. Use of this funding does not require a county match. No additional Net County Cost.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's Five-year Strategic Plan includes the Organization Performance Initiative to continuously improve organizational effectiveness and fiscal stability. Approving an agreement with the State of California to accept grant funding helps fulfill this initiative by ensuring that staff is well trained in the area of Polling Place Accessibility Training and the department has the equipment, materials, and educational information to get the job done.

ADMINISTRATIVE SIGN-OFF:


Michelle Baldwin
Registrar of Voters

cc: County Administrative Office

Attachments: Agreement
AUD 308

**BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF APPROVING)
AN AGREEMENT WITH THE STATE OF) Resolution No. _____
CALIFORNIA, SECRETARY OF STATE) Agreement No. _____

UPON MOTION OF SUPERVISOR _____, SECONDED BY
SUPERVISOR _____, THE FOLLOWING WAS ADOPTED BY THE
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: JASON T. BRITT
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * *

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2. Authorized the Chairman of the Board to sign four (4) copies of the Agreement and the Contractor Certification Clause.
3. Approved the necessary budget adjustments per the attached AUD 308 (4/5ths vote required).

AUD-308 - Budget Adjustment Form

8:13 AM

12/05/18		6/19	2019
Date	Document ID Number	Accounting Period	Budget Fiscal Year
Registrar of Voters		Chantele Tactacan	624-7310
Agency Name		Contact Person	Phone
			Extension

Action** A,C,D	Fund	Dept	Appr #		<u>LEVEL 1 Finish Here</u>	Current Amount	Revised Amount	Inc / Dec Amt	
C	001	088	088SSUP			911,198	936,198	25,000	
								-	
								-	
								-	
								-	
								-	
								-	
								-	
								-	
Appropriations Total						<i>Need Not Equal Zero</i>	911,198	936,198	25,000

Action** A,C,D	Fund	Dept	Appr #	Unit	Object	Rev	<u>LEVEL 2 Start Here</u>	Current Amt	Revised Amount	Inc / Dec Amt
C	001	088		2550		5054		10,000	35,000	(25,000)
C	001	088	088SSUP	2550	7088			5,000	30,000	25,000
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
Line Total							<i>Must Equal Zero</i>	\$ 15,000	\$ 65,000	\$ -

Reason for Adjustment (To Avoid Correspondence, State Reason in Detail)

Reimbursement of funds from the State of California for new HAVA agreement

Michelle Baldwin

Affected Dept Head Signature

Other Affected Dept Head Signature

Checked By: _____
 County Executive Office Action: No. _____ Date: _____
 () Approved () Disapproved

By: _____
 Board of Supervisors Action: No. _____ Date: _____

Entered By: _____
 Date: _____
 Distribution: 1: BOS/CAO/Auditor

**** Action Codes: A=Add, C=Change, D=Deactivate**
 * Whenever a 93XX account budget is adjusted, a corresponding 94XX account budget must be adjusted in the billing agency, except for ISFs
 * Whenever a 95XX account budget is adjusted, a corresponding 96XX account budget must be adjusted in the billing agency, and vice versa
 * Whenever a 97XX account budget is adjusted, a corresponding 98XX account budget must be adjusted in the billing agency, and vice versa