

LEGISLATIVE, RULES & GOVERNMENTAL OPERATIONS
BOARD OF ELECTIONS
AUGUST 30, 2024

COMMITTEE MEMBERS: STROUGH, CONOVER, WILD, DRISCOLL, MADAY, GERACI AND THOMAS

- I. Committee meeting called to order by Chair
- II. Approval of minutes of prior Committee Meeting
- III. Privilege of the floor and public comment
- IV. Action Agenda/New Business Items:
 1. **Request:** FOR A TRANSFER OF FUNDS FROM THE CONTINENT ACCOUNT IN THE AMOUNT OF \$28,650
Rationale: HEALTH CARE CODE WAS SHORT FOR NEW STAFF
 2. **Request:** TO APPLY FOR CTCL (CENTER FOR TECH AND LIFE) GRANT \$50,000
Rationale: GRANT TO BE USED TO ELECTION EQUIPMENT AND STAFF
 3. **Request:** TO AMEND WARREN COUNTY BUDGET IN THE AMOUNT OF \$50,000
Rationale: TO REFLECT CTCL (CENTER FOR TECH AND LIFE) GRANT \$50,000
- V. Discussion Items:
- VI. Referrals/Pending Items:
- VII. Privilege of the floor and public comment
- VIII. Motion to adjourn

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: AMANDA ALLEN, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

DEPARTMENT NAME:BOE

SIGNED:

DATE:

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfers requested: HOSPITALIZATION SHORTAGE

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions	A1450.860	HOSPITIZATION	\$28,650.00

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME:

DATE:

- (a) Purpose of Grant: **Election Infrastructure Grant**
- (b) Name of Grantor: **Center for Tech and Civic Life (CTCL) Tina Epps-Johnson**
- (c) Address of Contractor: **303 E Wacker Dr., Ste 2109, Chicago, IL, 60601**
- (d) Grantor's Contact Person and Telephone Number: **(312)448-6804**
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? **Attached**
- (f) Effective Date of Grant: **07/31/2024**
- (g) Termination Date of Grant: **12/31/2024**
- (h) Total Dollar Amount Involved (not to exceed): **\$50,000**
- (i) Deadline to Submit Grant Application and/or Grant Agreement: **ASAP**
- (j) Is a Budget amendment required? If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (i) Is a Local Share Required? **NO** If Yes, Where are the Funds? List Budget Code, Object Code, Full Title* and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount:

Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

****If this is the result of a grant award, also complete and submit Form No. 5 or 6***

DEPARTMENT NAME: BOE

DATE: 08/30/2024

- (a) Purpose of Amendment: **ACCEPT CENTER FOR TECH and LIFE GRANT (CTCL)**

- (b) Appropriation Code, Object Code, Full Title and Amount: **A.1450.439 MISCELLANIOUS \$50,000**

- (c) Revenue Code (with title), and Amount: **A.1450.2716 - Grants from other sources**