APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Bibb County Commission

Mailing Address: 157 SW Davidson Drive
Centre, AL 35042

Name of Primary Contact: Derek Reeves
Direct Telephone Number: 205-926-3114
Email: dreeves@bibbcl.com

Name of Secondary Contact: Cindy Smitherman
Direct Telephone Number: 205-926-3114
Email: CSmitherman@bibbcl.com

RECEIVED
JUN 5 2020

ALABAMA SECRETARY OF STATE
### Items Requested for Funding

Please complete this section indicating the items or services you will purchase or fund with the COVID-19 pandemic response expenditures. In order to be eligible to receive funds, you must complete all areas in this section. You must attach a quote or invoice for the items requested.

<table>
<thead>
<tr>
<th>Items or Services to be Purchased or Funded with Concise Description</th>
<th>Cost of Items (Must attach quote or invoice)</th>
<th>Reason for Purchase/Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25.00 Supplemental Pay for Appointed Poll Workers (66 workers see attached list)</td>
<td>66 x $25.00 = $1,650.00</td>
<td>Directive from Secretary of States office</td>
</tr>
<tr>
<td><strong>APPROVED</strong> by: <em>DATE:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absentee Election Manager Reimbursement for 3/4/20 to 5/19/20</td>
<td>38 days @ $25.00/day = $975.00</td>
<td>Directive from Secretary of States office</td>
</tr>
<tr>
<td><strong>APPROVED</strong> by: <em>DATE:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100 face masks, hand sanitizer, hand sanitizing pumps, disinfectant spray, gloves - med, lg, xl, paper towels, wipes, spray bottles</td>
<td>$468.93</td>
<td>Supplies to maintain a clean and virus free polling place Per Sec of State supply list</td>
</tr>
<tr>
<td><strong>APPROVED</strong> by: <em>DATE:</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL:** $6,883.93

Please provide details for each non-repeating item for which you are seeking funding. Make additional pages, if necessary.
Total Request & Certification

<table>
<thead>
<tr>
<th>Total Amount of Funding Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>$6,868.43 ✓</td>
</tr>
</tbody>
</table>

I, ________________________, in my capacity as Sheriff of ______________ County, submit this application for Election Expense Funding related to COVID-19.

(Sheriff shall sign this certification if any requested funding is applicable to the Sheriff)

I, ________________________, in my capacity as the Judge of Probate of ______________ County, submit this application for Election Expense Funding related to COVID-19.

(Judge of Probate shall sign this certification if any requested funding is applicable to the Judge of Probate)

I, ________________________, in my capacity as the Absentee Election Manager of ______________ County, submit this application for Election Expense Funding related to COVID-19.

(Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager)

I, ________________________, in my capacity as Chair/President of ______________ County Commission, submit this application for Election Expense Funding related to COVID-19 for the aforesaid county.

By signing this application, I certify that all information contained herein is accurate and complete to the best of my knowledge, that all state purchasing and/or bid laws and/or local purchasing regulations have been strictly followed related to the proposed purchase(s), that the amount for which I am seeking funding will be spent only on items or services in this application and that no individual or company for which funding will be spent has been suspended or debarred from access to federal funds.

I acknowledge that any misrepresentation of truth or accuracy may require that all grant monies awarded to the county be returned to the Alabama Secretary of State's Office or the United States Election Assistance Commission and that any other penalties provided by Federal and State law may apply.

Name of County: Bibb

Signature of Chair/President of the County Commission: Rodney Stabler

Date: June 5, 2020

I, ________________________, Notary Public, do hereby certify that I saw the above-mentioned person make this affidavit, that I know him to be the person therein described, and that I have also due cause to believe that he was the person who executed the same.

Notary Public in the State of Alabama

Signature of Notary Public: Lisabeth Vinings

(Notarization required only for Chair/President of County Commission)