APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: CHOCTAW COUNTY

Mailing Address: 117 S. MULBERRY AVE. SUITE 9
BUTLER, ALABAMA 36904

Name of Primary Contact: JESSICA HARE, ADMINISTRATOR
Direct Telephone Number: (205) 459-2100 ext. 1
Email: choctawcounty15@yahoo.com

Name of Secondary Contact: MICHAEL W. ARMISTEAD, PROBATE JUDGE/CHAIRMAN
Direct Telephone Number: (205) 459-2414
Email: probatejudge15@tds.net

RECEIVED
JUN 11 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>36 boxes of gloves</td>
<td>$218.32 (see invoice)</td>
<td>36 voting locations- 1 box per location</td>
</tr>
<tr>
<td>3 cases of New Jax Disinfectant (12 cans per case)</td>
<td>$180.24 (see invoice)</td>
<td>1 can per voting location</td>
</tr>
<tr>
<td>4 boxes of 3 ply disposable face masks</td>
<td>$232.44 (see invoice)</td>
<td>1 box per voting location</td>
</tr>
<tr>
<td>6 cases of Purell Sanitizing wipes (6 containers)</td>
<td>$708.00 (see quote)</td>
<td>1 container per voting location</td>
</tr>
<tr>
<td>3 cases of Purell Foam Hand Sanitizer for Dispenser (2 bottles per case)</td>
<td>$239.97 (see invoice)</td>
<td>1 bottle per voting location</td>
</tr>
<tr>
<td>15 cases of Purell Foam Hand Sanitizer for Dispenser</td>
<td>$1,195.65 (see quote)</td>
<td>1 bottle per voting location</td>
</tr>
<tr>
<td>36 Hand Sanitizer Dispenser Metal Stands</td>
<td>$7,163.89 (see quote)</td>
<td>1 stand per voting location</td>
</tr>
<tr>
<td>153 poll workers @ $25.00 each</td>
<td>$3,825.00</td>
<td>Appointed poll workers</td>
</tr>
<tr>
<td>Absentee Election Manager 37 days @ $125.00 per day March 4-May 19, 2020</td>
<td>$4,525.00</td>
<td>Absentee Election Manager Expense</td>
</tr>
</tbody>
</table>

**TOTAL:** $18,502.71

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

Total Amount of Funding Request

$18,502.71 ✓

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 ___________________________, 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 ___________________________, 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: ___________________________

Signature of Chair/President of the County Commission: ___________________________

Date: ___________________________

June 11, 2020

SWORN AND SUBSCRIBED before me on this 11th day of JUNE, 2020.

MY COMMISSION EXPIRES the 10th day of MARCH, 2024.

(SEAL) ___________________________

SIGNATURE OF NOTARY PUBLIC

(NOTARIZATION REQUIRED ONLY FOR CHAIR/ПRESIDENT OF COUNTY COMMISSION)