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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: CHOCTAW COUNTY

Mailing Address:
(Address where check will be mailed)
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

Approved:
J. H. Merrill
6/15/2020
\$ 18,502.71

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.

Items or Services to be Purchased or Funded with Concise Description	Cost of Items (Must attach quote or invoice)	Reason for Purchase/Funding
36 boxes of gloves APPROVED BY: _____ DATE: _____ 3 cases of New Jax Disinfectant (12 cans per case) APPROVED BY: _____ DATE: _____ 4 boxes of 3 ply disposable face masks APPROVED BY: _____ DATE: _____ 6 cases of Purell Sanitizing wipes (6 containers per case) APPROVED BY: _____ DATE: _____	\$228.32 (see invoice) \$180.24 (see invoice) \$232.44 (see invoice) \$708.00 (see quote)	July 14, 2020 election PPE supplies and expenses 36 voting locations- 1 box per location 1 can per voting location 1 box per voting location 1 container per voting location
3 cases of Purell Foam Hand Sanitizer for Dispenser (2 bottlers per case) APPROVED BY: _____ DATE: _____ 15 cases of Purell Foam Hand Sanitizer for Dispenser APPROVED BY: _____ DATE: _____ 36 Hand Sanitizer Dispenser Metal Stands APPROVED BY: _____ DATE: _____	\$239.97 (see invoice) \$1,199.85 (see quote) \$7,163.89 (see quote)	1 bottle per voting location 1 bottle per voting location 1 stand per voting location
153 poll workers @ \$25.00 each Absentee Election Manager 37 days @ \$125.00 per day March 4-May 19, 2020 APPROVED BY: _____ DATE: _____	\$3,825.00 \$4,625.00 BY: _____ DATE: _____	Appointed poll workers Absentee Election Manager Expense
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, CAROL MASON _____, in my capacity as the Absentee Election Manager of CHOCTAW 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) *Carol Lynn Mason*

I, MICHAEL W. ARMISTEAD _____, in my capacity as Chair/President of CHOCTAW 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: CHOCTAW
Signature of Chair/President of the County Commission: *[Signature]*
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.



[Signature]
SIGNATURE OF NOTARY PUBLIC

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