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JOHN H. MERRILL  
SECRETARY OF STATE

## APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

### County Information

**County Name:** Clarke County Commission

**Mailing Address:** P.O. Box 548  
(Address where check will be mailed) Grove Hill, AL 36451

**Name of Primary Contact:** Christy Roberts

**Direct Telephone Number:** (251)275-3507

**Email:** cclarke@clarkecountyal.com

**Name of Secondary Contact:** Rick Harvey

**Direct Telephone Number:** (251)275-3507

**Email:** rharvey@clarkecountyal.com

Approved: <sup>\$</sup> 15,239.<sup>00</sup>  
J. H. Merrill  
6/19/2020

RECEIVED

JUN 9 2020 JB

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
<p>31 Custom Virus Protection Kits</p> <p><b>APPROVED</b></p> <p>BY: _____ DATE: _____</p>	<p>\$5,564.00</p>	<p>Each kit includes approximately 250 disinfectant hand wipes, 20 pairs of sanitary protective gloves, 20 surgical masks for poll workers, 10 micro poll worker hand sanitizer for poll workers, 1 voter handheld sanitizer pump bottle, 10 isopropyl alcohol screen wipes, 3 microfiber cloths, 10 sanitary headset covers, and instructions on how to disinfect consistent with CDC guidelines, voting system manufacturer recommendations, and health care professional best practices, and an additional sign displaying protective efforts.</p>
<p>Absentee Election Manager</p> <p><b>APPROVED</b></p> <p>BY: _____ DATE: _____</p>	<p>\$6,375.00</p>	<p>Absentee Election Manager attendance report for days worked from March 4, 2020 to May 19, 2020. Absentee Election Manager worked 51 days at \$125.00 per day.</p>
<p>Supplemental pay for poll workers</p> <p><b>APPROVED</b></p> <p>BY: _____ DATE: _____</p>	<p>\$3,300.00</p>	<p>Additional \$25.00 supplemental pay for 132 poll workers who work on election day.</p>
<b>TOTAL:</b>	<p><b>\$15,239.00</b> ✓</p>	

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



**Total Request & Certification**

<b>Total Amount of Funding Request</b>
\$ <b>\$15,239.00</b> ✓

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, William David Davis, in my capacity as the Judge of Probate of Clarke 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, Summer Rodriguez, in my capacity as the Absentee Election Manager of Clarke 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, Tyrone Moye, in my capacity as Chair/President of Clarke 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: Clarke  
 Signature of Chair/President of the County Commission: Tyrone Moye  
 Date: 6-9-2020

SWORN AND SUBSCRIBED before me on this 9<sup>th</sup> day of June, 2020.

MY COMMISSION EXPIRES the 15<sup>th</sup> day of September, 2023.

(SEAL) Jimmy Wilo  
 SIGNATURE OF NOTARY PUBLIC

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