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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Clay County
Mailing Address: Clay County Commission
(Address where check will be mailed) 41771 Hwy 77 N.
Ashland, AL 36251

Name of Primary Contact: Mary Wood
Direct Telephone Number: 256-252-4748
Email: marywood@claycountyal.com

Name of Secondary Contact: Linda Varner
Direct Telephone Number: 256-252-4716
Email: lvarner@claycountyal.com

Approved: J. H. Merrill
\$ 4,485.¹⁵
6/26/2020

RECEIVED
JUN 11 2020 213
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
4 cases pump bottle hand sanitizer 16 oz bottles x 12 5 cases liquid disinfectant 60 spray triggers 2 cases paper towels 4 boxes 1000 disinfectant towelettes 4 case alcohol based sanitizer.	\$860.15 APPROVED BY: _____ DATE: _____	To prepare & return polling locations to safe & sanitary conditions for July 14, 2020 primary runoff election.
poll workers (additional \$25.00 fees) x 75	\$1,875.00 APPROVED BY: _____ DATE: _____	additional fees for July 2020 run-off election = March run-off postponed due to COVID 19
absentee election manager duties (March 4 thru May 19)	\$1,750.00 APPROVED BY: _____ DATE: _____	see attached
TOTAL:	\$4485.00	

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**

\$ 4,485.15 ✓

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, Dianne Branch, in my capacity as the Judge of Probate of Clay County, submit this application for Election Expense Funding related to COVID-19.

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

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

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

I, Bennie Morrison, in my capacity as Chair/President of Clay 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: _____

Signature of Chair/President of the County Commission: _____

Date: _____

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

MY COMMISSION EXPIRES the 28th day of June, 2021.

(SEAL)

Kristina Nis
SIGNATURE OF NOTARY PUBLIC

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