



JOHN H. MERRILL  
SECRETARY OF STATE

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

**County Information**

County Name: Cleburne County Commission

Mailing Address: PO BOX 908  
(Address where check will He Flin, AL 36264  
be mailed)

Name of Primary Contact: Kim Brown  
Direct Telephone Number: 256-463-3827  
Email: kbrown@cleburnecounty.us

Name of Secondary Contact: Ryan Robertson  
Direct Telephone Number: 256-463-5655  
Email: ryanr@cleburnecounty.us

Approved: \$ 8,900.<sup>00</sup>  
J. H. Merrill  
6/15/2020

RECEIVED  
JUN 9 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
<p>Absentee Election Manager days worked March 4, 2020 - May 19, 2020</p> <p style="color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>\$7375.00</p>	<p>Setn 17-11-14 services Absentee Election Manager duties for July, 14, 2020 election.</p>
<p>Additional \$25 Supplemental pay for poll workers.</p> <p style="font-size: 1.2em; color: blue;">61 x 25.<sup>00</sup> =</p> <p style="color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>\$1305.00</p> <p style="color: blue; font-size: 1.5em;">↑ 1525.<sup>00</sup></p>	<p>pollworker additional pay for July 14, 2020 election.</p> <p style="color: blue; font-size: 1.2em;">discussed w/ Judge Roberts via phone 8/12/20</p>
<b>TOTAL:</b>		<p style="color: blue; font-size: 1.5em;">\$ 8,680.00</p> <p style="color: blue; font-size: 1.5em;">8,500.<sup>00</sup></p>

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**  
\$ 8620.00 18,500.00 ✓

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, Warren G. Sarrett III, in my capacity as the Absentee Election Manager of Cleburne 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, Ryan Robertson, in my capacity as Chair/President of Cleburne 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: Cleburne

Signature of Chair/President of the County Commission: Ryan Robertson

Date: 06/08/2020

SWORN AND SUBSCRIBED before me on this 8 day of June, 2020.

MY COMMISSION EXPIRES the 3 day of March, 2023

(SEAL) May Thomas  
SIGNATURE OF NOTARY PUBLIC

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