

ALABAMA STATE CAPITOL
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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Colbert County Commission

Mailing Address: 201 North Main Street
(Address where check will Tuscumbia, AL 35674
be mailed)

Name of Primary Contact: April Bearden

Direct Telephone Number: 256-314-5777

Email: abearden@colbertco.org

Name of Secondary Contact: Roger Creekmore

Direct Telephone Number: 256-386-8501

Email: rcreekmore@colbertco.org

Approved: \$10,117.50
J. H. Merrill
6/15/20

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>\$25.00 additional pay for poll workers 35 Inspectors and 119 Clerks @ \$25.00 = \$3,850.00</p> <p style="text-align: center;">APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>\$3,850.00</p>	<p>Covid-19</p>
<p>Absentee Election Manager Pay for Mark R. Eady from March 4 - May 19th, 2020 \$5,750.00</p> <p style="text-align: center;">APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>\$5,750.00</p>	<p>Covid-19</p>
<p>200 Surgical Mask purchased from American Paper and Twine for the Poll Workers for Primary Run Off. \$.97 Cents Each X 200 = \$194.00</p> <p style="text-align: center;">APPROVED</p> <p>Hand Sanitizer for Polling Places to be used @ Primary Run Off 50 X \$6.00 = \$300.00</p> <p style="text-align: center;">APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>\$194.00</p> <p style="text-align: center;">\$300.00</p>	<p>Covid-19</p> <p>Covid-19</p>
<p>Gloves (2 cases) purchases for Poll Workers to be used during Primary Run Off 2 X \$11.75 = \$23.50</p> <p style="text-align: center;">APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>\$23.50</p>	<p>Covid-19</p>
TOTAL:		<p>10,117.50 ✓</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
\$ 10,117.50 ✓

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, Dee Rose, in my capacity as the Judge of Probate of Colbert 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, Mark R. Eady, in my capacity as the Absentee Election Manager of Colbert 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, Jimmy Gardiner, in my capacity as Chair/President of Colbert 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: Colbert
Signature of Chair/President of the County Commission: [Signature]
Date: 06-09-2020

SWORN AND SUBSCRIBED before me on this 9th day of June, 2020.

MY COMMISSION EXPIRES the _____ day of _____ MY COMMISSION EXPIRES ~~1-23-2022~~

(SEAL) [Signature]
SIGNATURE OF NOTARY PUBLIC

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