

ALABAMA STATE CAPITOL
600 DEXTER AVENUE
SUITE S-105
MONTGOMERY, AL 36130



(334) 242-7200
FAX (334) 242-4993
WWW.SOS.ALABAMA.GOV
JOHN.MERRILL@SOS.ALABAMA.GOV

JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Conecuh County Commission

Mailing Address: P.O. Box 347
(Address where check will be mailed) Evergreen, AL 36401

Name of Primary Contact: Stephanie Brown, County Administrator
Direct Telephone Number: 251-578-7001
Email: sbrown@conecuhcounty.us

Name of Secondary Contact: Sharon Brooks, Accounts Payable Clerk
Direct Telephone Number: 251-578-7000
Email: sbrooks@conecuhcounty.us

Approved: J. H. Merrill
6/24/20

RECEIVED
JUN 12 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
Item # DER00228 ReadyKleen One-Step Disinfectant 1 qt spray 28 @ \$11.95 ea	\$ 334.60 APPROVED BY: _____ DATE: _____	COVID-19 expenditure for July 14, 2020 election
Item # DER00106 Gelrite Gel Hand Sanitizer 16 oz pump 28 @ \$5.75 ea	\$ 161.00 APPROVED BY: _____ DATE: _____	COVID-19 expenditure for July 14, 2020 election
Item # GLF0614-030 Gold Leaf Vinyl PFGloves Large 100/Box 28 boxes @ \$5.00 per box	\$ 140.00 APPROVED BY: _____ DATE: _____	COVID-19 expenditure for July 14, 2020 election
Item # GLF Proceduremask Gold Leaf Procedure Mask 50/Box 6 @ \$55.00 per box	\$ 330.00 APPROVED BY: _____ DATE: _____	COVID-19 expenditure for July 14, 2020 election
TOTAL:	\$ 965.60 ✓	

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

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
Item # MET PT-KF-85 Paper towels Kitchen Roll White 30/case 1 case @ \$33.40 per case	<p style="text-align: center;">APPROVED</p> BY: _____ DATE: _____ \$33.40	COVID-19 expenditure for July 14, 2020 election
Absentee Election Manager 22 days @ \$125 ⁰⁰ per day	<p style="text-align: center;">APPROVED</p> BY: _____ DATE: _____ \$2750.00	COVID-19 expenditure for July 14, 2020
Poll Workers 119 @ \$95 ⁰⁰	<p style="text-align: center;">APPROVED</p> BY: _____ DATE: _____ \$9975.00	COVID-19 expenditure for July 14, 2020
<p style="text-align: right;">TOTAL:</p>	<p style="text-align: center;">5758.40 ✓</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
\$ 6,724.00 ✓

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, David Jackson CONECUH, in my capacity as the Absentee Election Manager of _____ 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)

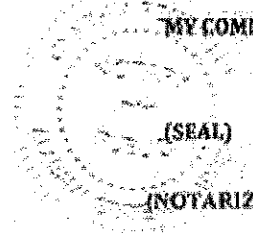
I, Leonard Millender, in my capacity as Chair/President of Concuh County Commission, submit this application for Election Expense Funding related to COVID-19 for the aforesaid county.

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: Concuh
 Signature of Chair/President of the County Commission: Leonard Millender
 Date: 06-17-2020

SWORN AND SUBSCRIBED before me on this 12th day of June, 2020.
 MY COMMISSION EXPIRES the 23rd day of 01, 2021.



Cynthia Renee Lee My Commission Expires 01/23/2021
 SIGNATURE OF NOTARY PUBLIC

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