

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: Coosa County Commission

Mailing Address: PO Box 10
(Address where check will be mailed) Rockford AL 35136

Name of Primary Contact: Bridget Graham, County Administrator

Direct Telephone Number: 256-377-1350

Email: coosacountyadm@gmail.com

Name of Secondary Contact: Agatha Hill, AR Clerk

Direct Telephone Number: 256-377-2420 option 1

Email: coosahill@gmail.com

Approved: $\$10,257.41$
J. H. Merrill
6/15/2020

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.

Ref #

Ref #	Items or Services to be Purchased or Funded with Concise Description	Cost of Items (Must attach quote or invoice)	Reason for Purchase/Funding
(1)	14 boxes/200 alcohol prep wipes	\$160.86 ✓	Wipe down iPads/stylus/pens/pencils
(2)	21 2/pack Medyskin Hand Sanitizer	\$495.15 ✓	Proper hand sanitization/worker/public
(3)	3 cases household towels (paper)	\$78.84 ✓	Wipe surfaces after spray sanitizer
(3)	4 cases Lynx hospital disinfectant	\$236.36 ✓	Surface sanitizer/wipe or air dry
(3)	2 boxes/100 per box gloves	\$10.68 ✓	L/XL Latex powder free/hand protection
(3)	2 boxes/100 per box gloves	\$7.08 ✓	L/XL Vinyl powder free/hand protection
(3)	2 boxes/100 per box gloves	\$9.84 ✓	L/XL Vinyl Exam gloves/hand protection
(4)	1 pack/100 Stylus	\$29.60 ✓	Have extra to clean between usage
(5)	250 plastic face shields	\$750.00 ✓	Protection from droplet/airborne spray
<p>BY: _____ DATE: _____</p> <p style="font-size: 2em; color: blue; font-weight: bold;">APPROVED</p>			
(6)	2hrs/10 polling locations/cleaning	\$379.00 -	Sanitization of polling locations
(7)	Absentee Election Managers service	\$6250.00 ✓	\$125.00/50 days of service
(8)	74 Poll workers	\$1850.00 ✓	\$25.00 additional charge per pollworker
<p>BY: _____ DATE: _____</p> <p style="font-size: 2em; color: blue; font-weight: bold;">APPROVED</p>			
TOTAL:		\$10,257.41 ✓	

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
\$ 10,257.41 ✓

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) N/A

I, Richard M Dean, in my capacity as the Judge of Probate of Coosa 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, Richard M Dean, in my capacity as the Absentee Election Manager of Coosa 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, Todd J. Adams, in my capacity as Chair/President of Coosa 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: Coosa

Signature of Chair/President of the County Commission: Todd J Adams

Date: 6/12/2020

SWORN AND SUBSCRIBED before me on this 12th day of June, 2020.

MY COMMISSION EXPIRES the 12th day of June, 2020.

Pamela Denise Weather
(SEAL) SIGNATURE OF NOTARY PUBLIC

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