

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: Covington County

Mailing Address: P.O. Box 188
(Address where check will Andalusia, AL 36420
be mailed)

Name of Primary Contact: Rachel Faust

Direct Telephone Number: 334-428-2619

Email: rachel.faust@covcounty.com

Name of Secondary Contact: Karen L. Sowell

Direct Telephone Number: 334-428-2611

Email: karen.sowell@covcounty.com

Approved: \$23,027.00
J. H. Merrill
6/11/20

RECEIVED

JUN 11 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
Alcohol wipes Sanitizer by the gallon Pumps for gallons for sanitizer Spray bottles Masks Social Distance Signs Pollworks (154) APPROVED Absentee Election Manager <u> </u> DATE: <u> </u>	\$ 936.00 \$ 1,000.00 \$ 36.00 \$ 550.00 \$10,680.00 \$ 600.00 \$ 3,850.00 \$ 5,500.00 ^{5375.00}	To clean surfaces and pens To sanitize hands To pump the sanitizer out To spray hand sanitizer To keep germs away Reminder to keep social distance Pay pollworkers additional pay for July 14, 2020 Primary Election Pay from March 11, 2020-May 19, 2020
(not approved as requested)		
TOTAL:	\$23,152.00	

23,027.00 ✓

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
\$ 23,152.00	\$ 23,027.00

[Handwritten signature]

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, Amy W. Jones, in my capacity as the Absentee Election Manager of Covington 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)

[Handwritten signature: Amy W. Jones]

I, Gregory B. White, in my capacity as Chair/President of Covington 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: Covington

Signature of Chair/President of the County Commission: *[Handwritten signature: Gregory B. White]*

Date: June 11, 2020

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

MY COMMISSION EXPIRES the 5th day of May, 2024.



[Handwritten signature: Rachel Faust]
SIGNATURE OF NOTARY PUBLIC

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