



JOHN H. MERRILL  
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Crenshaw

Mailing Address: Crenshaw County Commission  
(Address where check will P. O. Box 227  
be mailed) Luverne, AL 36049

Name of Primary Contact: David H. Smyth (County Administrator)

Direct Telephone Number: (334)403-0749 c

Email: dhsrbs01@yahoo.com

Name of Secondary Contact: Charlie Sankey, Jr. (Commission Chairman)

Direct Telephone Number: (334)372-0843 c

Email: cs@fcbl.com

*Approved:*  
*J. H. Merrill*  
*4/22/2020*  
*\$6,205.00*

RECEIVED

JUN 11 2020

ALABAMA  
SECRETARY OF STATE

*STB*

## 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.

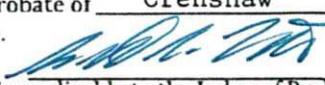
Items or Services to be Purchased or Funded with Concise Description	Cost of Items (Must attach quote or invoice)	Reason for Purchase/Funding
Absentee Election Manager 30 days x \$125/day  <div style="text-align: center;"><b>APPROVED</b></div> BY: _____ DATE: _____	\$3,750.00	AEM days worked between March 4, 2020 and May 19, 2020  30 days @ \$125.00 per day. Attendance work calendar attached.
Supplemental poll workers duly appointed to work July 14, 2020 election  <div style="text-align: center;"><b>APPROVED</b></div> BY: _____ DATE: _____	\$2,475.00	July 14, 2020 run-off election duly appointed election workers.  Appointment list attached.
<b>TOTAL:</b>		\$ 6,225.00 ✓

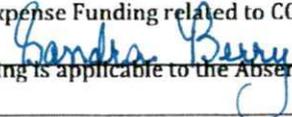
**Please provide details for each non-repeating item for which you are seeking funding.  
Make additional pages, if necessary.**

**Total Request & Certification**

**Total Amount of Funding Request**  
\$ 6,225.00 ✓

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)

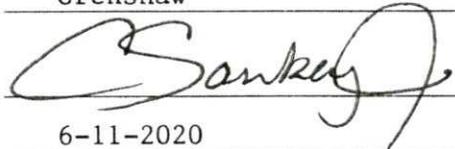
I, Will Tate, in my capacity as the Judge of Probate of Crenshaw County, submit this application for Election Expense Funding related to COVID-19.   
(Judge of Probate shall sign this certification if any requested funding is applicable to the Judge of Probate)

I, Sandra Berry, in my capacity as the Absentee Election Manager of Crenshaw 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, Charlie Sankey, in my capacity as Chair/President of Crenshaw 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: Crenshaw  
Signature of Chair/President of the County Commission:   
Date: 6-11-2020

SWORN AND SUBSCRIBED before me on this 11 day of June, 2020.  
MY COMMISSION EXPIRES the 19 day of March, 2022.

(SEAL)   
SIGNATURE OF NOTARY PUBLIC

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