

ALABAMA STATE CAPITOL
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MONTGOMERY, AL 36130



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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Dallas County

Mailing Address: Judge of Probate
(Address where check will 105 Lauderdale Street
be mailed) Selma, Al 36701

Name of Primary Contact: Jimmy Nunn, Probate Judge/Chairman

Direct Telephone Number: (334) 876-4830

Email: jnunn@dallascounty-al.org

Name of Secondary Contact: Barbara Harrell

Direct Telephone Number: (334) 874-2592

Email: county.admin@dallascounty-al.org

Approved:
J. H. Merrill
6/22/2020
\$38,050.49

RECEIVED

JUN 10 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
Payment to election officials for working the Primary run-off on July 14, 2020 during a pandemic. APPROVED BY: _____ DATE: _____	\$3,975.00	Payment during Covid-19 for working the July 14, 2020 Primary Run-Off Election.
TOTAL:	\$3,975.00 ✓	

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
\$ 3,975.00 ✓

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, Jimmy Nunn, in my capacity as the Judge of Probate of Dallas County 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, _____, 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, Jimmy Nunn, in my capacity as Chair/President of Dallas County 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: Dallas County

Signature of Chair/President of the County Commission: [Signature]

Date: June 10, 2020

SWORN AND SUBSCRIBED before me on this 10th day of June, 2020.

MY COMMISSION EXPIRES the 11th day of January, 2023.

(SEAL) [Signature]
SIGNATURE OF NOTARY PUBLIC

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

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>AEM's reimbursement</p> <p style="text-align: center;">APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>\$9,625.00</p>	<p>AEM's reimbursement for days worked March 4, 2020 thru May 19, 2020 @ \$125.00 per day.</p>
TOTAL:	<p>\$9,625.00 ✓</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	
\$	9,625.00 ✓

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, Symethia Robinson, in my capacity as the Absentee Election Manager of Dallas County, submit this application for Election Expense Funding related to COVID-19.

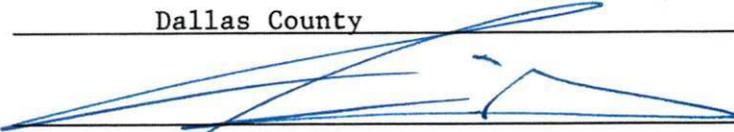
(Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager)

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

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Name of County: Dallas County

Signature of Chair/President of the County Commission: 

Date: June 10, 2020

SWORN AND SUBSCRIBED before me on this 10th day of June, 2020.

MY COMMISSION EXPIRES the 1st day of January, 2023.

(SEAL) René K. Patton
SIGNATURE OF NOTARY PUBLIC

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

Items Requested for Funding

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Items or Services to be Purchased or Funded with Concise Description	Cost of Items (Must attach quote or invoice)	Reason for Purchase/Funding
PPE's, Mask, gloves, hand sanitizer, face shields and wipes <div style="text-align: center;"> APPROVED BY: _____ DATE: _____ </div>	\$22,950.00	Preparation and response to Covid-19 pandemic as it specifically relates to July 14, 2020 Primary run-off Election. All voters, election officials, sheriff officers and workers will each have PPE's to use for the election to protect them from Covid-19
Anit-Slip Tape <div style="text-align: center;"> APPROVED BY: _____ DATE: _____ </div>	\$262.99	Tape to place inside and outside of each precinct to mark off 6ft for the requirement of social distancing.
First-Aid Kits <div style="text-align: center;"> APPROVED BY: _____ DATE: _____ </div>	\$1277.70	First-Aid kits will be placed at each precinct to help prevent the transmission of disease by treating any open wounds to prevent from spreading any disease.
TOTAL:	\$24,490.69 ✓	

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
\$ 24,490.69 ✓

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(Sheriff shall sign this certification if any requested funding is applicable to the Sheriff)

I, _____, in my capacity as the Judge of Probate of Dallas County 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, _____, 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)

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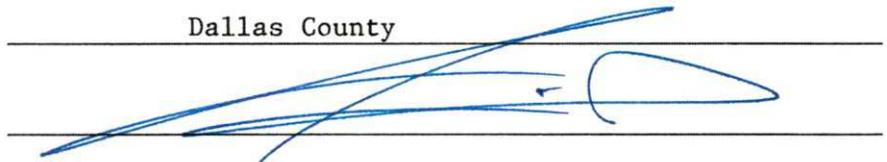
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Name of County:

Dallas County

Signature of Chair/President of the County Commission:



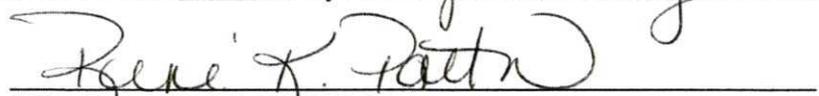
Date:

June 10, 2020

SWORN AND SUBSCRIBED before me on this 10th day of June, 2020.

MY COMMISSION EXPIRES the 1st day of January, 2023.

(SEAL)


SIGNATURE OF NOTARY PUBLIC

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