

36130

April 22, 2020

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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Fayette

Mailing Address:

103 1st Ave. N.W. Suite #2
Fayette, AL 35555-2641

Name of Primary Contact: Brooke Slatton

Direct Telephone Number: 205-932-4510

Email:
brookeslatton@gmail.com

Name of Secondary Contact: Holly Duckworth

Direct Telephone Number: 205-932-4510

Email:
hollyduckworth@centurytel.net

Approved:
J. H. Merrill
8,475.2
6/22/2020

RECEIVED

JUN 12 2020

ALABAMA
SECRETARY OF STATE

Items Requested for Funding

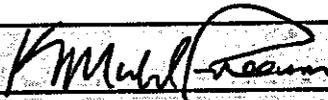
Please complete this section indicating the items or services you will purchase or fund with the COVID-19 pandemic response expenditures. In order to be eligible to receive funds, you must complete all areas in this section. You must attach a quote or invoice for the items requested.

Items or Services to be Purchased or Funded with Concise Description	Cost of Items (Must attach quote or invoice)	Reason for Purchase/Funding
ACA AWARD CO OF AMERICA INVOICE 36417 5/26/20 12" X 10" <p style="text-align: center;">APPROVED</p> BY: _____ DATE: _____	150 SHIELDS@\$3 PER SHIELD TOTAL \$450.00	COVID 19 FACIAL MASKS TO PREVENT TRANSMITTAL OF VIRUS
ABSENTEE MANAGER: SAMANTHA HOWARD <p style="text-align: center;">APPROVED</p> BY: _____ DATE: _____	37 DAYS @ \$125/ DAY TOTAL \$4,625.00	COVID 19 ABSENTEE VOTER
136 POLL WORKERS SUPPLEMENTAL PAY <p style="text-align: center;">APPROVED</p> BY: _____ DATE: _____	136 @ \$25 TOTAL \$3,400.00	APPT. POLLWORKERS SUPPLEMENTAL PAY
TOTAL:		\$8,475.00 ✓

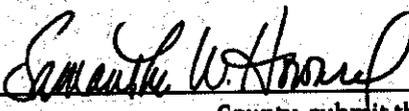
Please provide details for each non-repeating item for which you are seeking funding.
 Make additional pages, if necessary.

Total Request & Certification

Total Amount of Funding Request
\$ \$8,475.00 ✓

I, K. Michael Freeman , in my capacity as the Judge of Probate of Fayette 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)

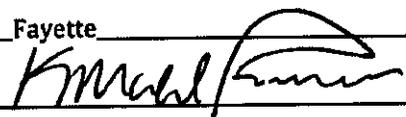
I, Samanta Howard , in my capacity as the Absentee Election Manager of Fayette County, submit this application for Election Expense Funding related to COVID-19.

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

I, K. Michael Freeman, in my capacity as Chair/President of Fayette 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: Fayette
Signature of Chair/President of the County Commission: 

Date: 06/11/2020

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

MY COMMISSION EXPIRES the 1st day of October, 2021.

 (SEAL)
SIGNATURE OF NOTARY PUBLIC

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