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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Franklin

Mailing Address: P.O. Box 1028
(Address where check will Russellville, AL 35653
be mailed)

Name of Primary Contact: Leah Mansell, County Administrator

Direct Telephone Number: (256) 332-8853

Email: lmansell@hiwaay.net

Name of Secondary Contact: Barry Moore, Probate Judge & Chairman

Direct Telephone Number: (256) 332-8800

Email: fcpjudge@hiwaay.net

Approved: $\$185.70$
J. H. Merrill
6/22/2020

RECEIVED

JUN 10 2020

ALABAMA
SECRETARY OF STATE

JB

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>Absentee Election Manager Reimbursement for working days from March 4, 2020 through May 19, 2020.</p> <p style="text-align: center;">APPROVED</p> <p style="text-align: center;">BY: _____ DATE: _____</p> <p>Anita Scott, Absentee Election Manager</p>	\$2,125.00	Reimbursement for days worked March 4, 2020 through May 19, 2020
<p>Virus Protection Kits for each precinct</p> <p style="text-align: center;">APPROVED</p> <p style="text-align: center;">BY: _____ DATE: _____</p> <p>Inclusion Solutions</p>	\$4,347.20	For the protection of poll workers and voters at each precinct through sanitization
<p>\$25.00 supplemental pay for poll workers on election day</p> <p style="text-align: center;">APPROVED</p> <p style="text-align: center;">BY: _____ DATE: _____</p> <p>See attached poll worker list from March 3, 2020 Primary</p>	\$2,575.00	Supplemental pay for poll workers for election day
<p>Spray disinfectant for each precinct for spot disinfecting</p> <p style="text-align: center;">APPROVED</p> <p style="text-align: center;">BY: _____ DATE: _____</p> <p>American Paper and Twine</p>	\$138.50	Spray disinfectant for spot disinfecting as needed
TOTAL:	9,185.70 ✓	

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	
\$	9,185.70 ✓

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, *[Signature]*, in my capacity as the Judge of Probate of Franklin 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, *[Signature]*, in my capacity as the Absentee Election Manager of Franklin 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, Barry Moore, in my capacity as Chair/President of Franklin 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: Franklin

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

Date: 6/10/2020

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

MY COMMISSION EXPIRES the 20th day of December, 2022.

(SEAL) *[Signature]*
SIGNATURE OF NOTARY PUBLIC

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