

ALABAMA STATE CAPITOL
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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Greene County

Mailing Address:
(Address where check will be mailed)
P O Box 656
EUTAW AL 35462

Name of Primary Contact: Brenda Burke
Direct Telephone Number: 205 372-6908
Email: bjburke@greenealabama.org

Name of Secondary Contact: Rhonda French
Direct Telephone Number: 205-372-6909
Email: rfrench@greenealabama.org

Approved: J. H. Merrill \$ 8,750.00
6/22/2020

RECEIVED

JUN 12 2020 JB

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
<p>Absentee Election manager</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="margin: 0;">APPROVED</p> <p style="margin: 0;">BY: _____ DATE: _____</p> </div>	<p>6375.00</p>	<p><i>working as absentee election</i></p>
<p>72 poll workers</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="margin: 0;">APPROVED</p> <p style="margin: 0;">BY: _____ DATE: _____</p> </div>	<p>1800.00</p>	<p><i>15 polls use 72 workers</i></p>
TOTAL:		<p>8175.00 ✓</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	
\$	8175.00 ✓

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, Veronica M. Jones
GREENE, 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, Allen Turner, Jr, in my capacity as Chair/President of Greene County Comm 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: GREENE COUNTY

Signature of Chair/President of the County Commission: Allen Jones Jr

Date: 6/12/2020

SWORN AND SUBSCRIBED before me on this 12th day of June, 2020.

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

(SEAL) Rhonda W. French
 SIGNATURE OF NOTARY PUBLIC

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