ALABAMA STATE CAPITOL 600 DEXTER AVENUE SUITE S-105 MONTGOMERY, AL 36130



(334) 242-7200 Fax (334) 242-4993 WWW.SOS.ALABAMA.GOV JOHN.MERRILL@SOS.ALABAMA.GOV

JOHN H. MERRILL SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information	
County Name: Mailing Address: (Address where check will be mailed)	Greene County PUBOX 656 EUTAW AL 35462
Name of Primary Contact: Direct Telephone Number: Email: Name of Secondary Contact: Direct Telephone Number:	Brende Burke 205 372-6908 bjburke & greene alabama.org Rhonda French 205-372-6909
Email: Apprint: J. H.	rfrench @greenealabama.org #8175 RECEIVED JUN 12 2020 J ALABAMA SECRETARY OF STATE

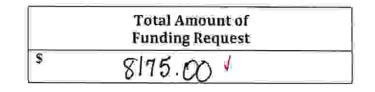
Items Requested for Funding

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
Absentee Election manager	6375.00	working as alighter eliction
APPROVED		
72 poll workers	1800.00	15 polls use 72 workers
APPROVED		
TOTAL:		8175.00

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

Total Request & Certification



Iv
(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)
Varia ma lassi
I. Veronica, M. Jones 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 Jz in my capacity as Chair/President of <u>Greene County Comm</u> 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:
Dates 6 12 2020
SWORN AND SUBSCRIBED before me on this day of day of 2020.
MY COMMISSION EXPIRES the day of day of 202
Khunda W. Freuch
(SEAL) SIGNATURE OF NOTARY PUBLIC

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