

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: Jackson County Commission

Mailing Address: 102 East Laurel Street, Suite 47
(Address where check will Scottsboro, AL 35768
be mailed)

Name of Primary Contact: Denise Johnson

Direct Telephone Number: 256-574-9281

Email: denisejohnson@jcch.net

Name of Secondary Contact: Bob Manning

Direct Telephone Number: 256-574-9283

Email: bobmanning@jcch.net

Spent:
J. H. Merrill
6/22/2020
\$ 23,857.70

RECEIVED

JUN 5 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
Absentee Election Manager 65 days @ \$125.00 <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</div> BY: _____ DATE: _____	\$8,125.00	Absentee Election Manager from March 4, 2020 to May 19, 2020
Hand sanitizer & Spray Bottles <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</div> BY: _____ DATE: _____	\$370.50	Hand sanitizer for voters and poll workers
TOTAL:	\$8,495.50 ✓	

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

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
Protective Face Shields APPROVED BY: _____ DATE: _____	\$2,545.00	Face shields for poll workers
Gloves - Sizes medium & large APPROVED BY: _____ DATE: _____	\$153.90 \$ 61.50	Gloves for election - voters & poll workers
Custom Virus Protection Kits APPROVED BY: _____ DATE: _____	\$8,852.00	Virus protection kits - cleaning, sanitizing and protection kits for election
Poll workers - 150 @ \$25.00 APPROVED BY: _____ DATE: _____	3,750.00	\$25.00 supplemental pay for poll workers
TOTAL:	\$15,362.40 ✓	

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
\$ 23,857.90 ✓

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, Vicki McPhee, in my capacity as the Judge of Probate of Jackson 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, Paul R. Simpson, in my capacity as the Absentee Election Manager of Jackson 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, Tim Guffey, in my capacity as Chair/President of Jackson 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: Jackson

Signature of Chair/President of the County Commission: Tim Guffey

Date: 6-4-20

SWORN AND SUBSCRIBED before me on this 4th day of June, 2020.

MY COMMISSION EXPIRES the 25th day of August, 2021.

(SEAL) Michelle P. Willis
 SIGNATURE OF NOTARY PUBLIC

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