

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:

Jefferson County

Mailing Address:

(Address where check will  
be mailed)

ATTN: Probate Court - Elections  
716 Richard Arrington, Jr. Blvd N.  
Birmingham, AL 35203  
Suite 140

Name of Primary Contact:

Alexandria Stephens, Elections Coordinator

Direct Telephone Number:

205-254-7387

Email:

stephensa@jccal.org

Name of Secondary Contact:

Tony Petelos, County Manager

Direct Telephone Number:

205-731-2880

Email:

petelost@jccal.org

Approved: \$451,005.<sup>12</sup>  
J.H. Merrill  
6/22/20

RECEIVED

JUN 11 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
KN95 Masks (4,300) <b>APPROVED</b> BY: _____ DATE: _____	\$2.99/ea. \$12,857 Total	PPE for poll workers, election day Field technicians, Absentee Staff
Gloves, Latex (17,500) <b>APPROVED</b> BY: _____ DATE: _____	\$0.158/ea. \$2,765 Total	PPE for poll workers, election day Field technicians, Absentee Staff
1 Gallon hand Sanitizer with pump (847) <b>APPROVED</b> BY: _____ DATE: _____	\$46/ea + \$200 est. Freight \$39,162 Total	PPE for precincts, election Schools & election day return sites, election day Field technicians, Absentee Offices.
Disinfectant Wipes (450) <b>APPROVED</b> BY: _____ DATE: _____	\$5.50/ea \$2,475 Total	PPE for precincts, election Schools & election day return sites, Absentee Offices.
<b>TOTAL:</b>		

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
Face Shields (2,000)  <b>APPROVED</b> BY: _____ DATE: _____	\$3.40 /ea.  \$6,800 Total	Election day PPE for poll workers.
10 oz hand sanitizer bottles (30) <b>APPROVED</b> BY: _____ DATE: _____	\$7.75 /ea.  \$232.50 Total	PPE for election day field technicians
Disinfectant Spray (24)  <b>APPROVED</b> BY: _____ DATE: _____	\$2.07 /ea.  \$49.68 Total	Sanitation of training room, Absentee offices
Social Distancing Signage (200) <b>APPROVED</b> BY: _____ DATE: _____	\$9.00 /ea.  \$1,800 Total	For precincts
BY: _____ DATE: _____ <b>TOTAL:</b>		

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
Poll Worker Supplemental Funding (1,557) <b>APPROVED</b>	\$25 /ea. <del>\$38,295</del> 38,925 Total	Per S.O.S. office 38,925 total  10/16/20
BY: _____ DATE: _____ Cleaning Services (171 locations) <b>APPROVED</b>	\$0.39/sq. Ft. \$324,738.94 Total	Sanitize precincts before & after voting.
BY: _____ DATE: _____ Absentee Election Manager Compensation- Birmingham (53 days) <b>APPROVED</b>	\$200 /day \$10,600 Total	Per S.O.S. office
BY: _____ DATE: _____ Absentee Election Manager Compensation- Bessemer (53 days) <b>APPROVED</b>	\$200 /day \$10,600 Total	Per S.O.S. office
BY: _____ DATE: _____ <b>TOTAL:</b>		

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

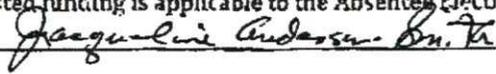
**Total Request & Certification**

Total Amount of Funding Request  
~~\$ 450,375.00~~

4451,005.12 ✓  


I, Capl Cecil Paul Sr Sheriff MARK TOTHWAY in my capacity as Sheriff of Jefferson 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, Sherri C. Friday in my capacity as the Judge of Probate of Jefferson 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)  

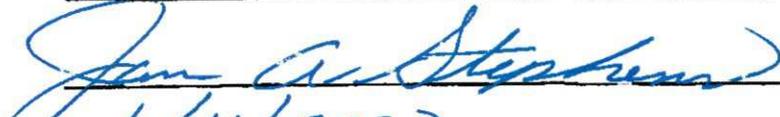

I, Jacqueline Anderson-Smith in my capacity as the Absentee Election Manager of Jefferson Co County, submit this application for Election Expense Funding related to COVID-19  
(Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager)  


I, James A. Stephens in my capacity as Chair/President of Jefferson 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: Jefferson

Signature of Chair/President of the County Commission: 

Date: 6/11/2020

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

MY COMMISSION EXPIRES the 8th day of August, 2020.

(SEAL)   
SIGNATURE OF NOTARY PUBLIC

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