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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Lamar County

Mailing Address: P.O. Box 338
(Address where check will Vernon, AL 35592
be mailed)

Name of Primary Contact: Sharon D. Nethery

Direct Telephone Number: 2056956321

Email: sdnethery@aol.com

Name of Secondary Contact: Jessie Roberts

Direct Telephone Number: 205-695-7333

Email: lamarcountypayroll@yahoo.com

Approved
J. H. Merrill
6/26/2020
\$ 7873.61

RECEIVED
JUN 10 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
114 Poll workers to be paid 25.00 each under the CARES 2020 <p style="text-align: center;">APPROVED</p> BY: _____ DATE: _____	2,850.00	Poll workers to be paid 25.00 each under the CARES 2020
Absentee Election Manager for days worked starting March 4, 2020 and ending May 19, 2020. <p style="text-align: center;">APPROVED</p> BY: _____ DATE: _____	4,250.00	Absentee Election Manager
Germicidal Foaming Cleaner 3 Cases <p style="text-align: center;">APPROVED</p> BY: _____ DATE: _____ Spray bottles to distribute Hand sanitizer <p style="text-align: center;">APPROVED</p> BY: _____ DATE: _____	390.00 36.64 32.04	For cleaning tables and all serfaces at all voting precincts throughout election day To distribute to all precincts
2 Boxes of paper towels total of 60 rolls <p style="text-align: center;">APPROVED</p> BY: _____ DATE: _____	39.26	For use with germicidal foaming cleaner at all precincts
26 Boxes of 100 count Pro Source Vinyl gloves. <p style="text-align: center;">APPROVED</p> BY: _____ DATE: _____	311.74	For use of poll workers and citizens at all precincts
BY: _____ DATE: _____ <p style="text-align: center;">TOTAL: 7577.64</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
\$ <u>7,877.64</u>

4
7873.64 ✓
[Signature]

[Signature]

I, [Signature] in my capacity as Sheriff of Lamar 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 Lamar 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 Lamar 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, Sharon D. Nethery in my capacity as Chair/President of Lamar 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: Lamar County
Signature of Chair/President of the County Commission: [Signature]
Date: 06/09/2020

SWORN AND SUBSCRIBED before me on this 9th day of June, 2020.
MY COMMISSION EXPIRES the 13th day of May, 2022.
[Seal] [Signature]
SIGNATURE OF NOTARY PUBLIC
(NOTARIZATION REQUIRED ONLY FOR CHAIR/PRESIDENT OF COUNTY COMMISSION)