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**JOHN H. MERRILL**  
SECRETARY OF STATE

## APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

### County Information

**County Name:** Lawrence

**Mailing Address:**  
(Address where check will be mailed)  
Lawrence County Commission  
P.O. Box 307  
Moulton, AL 35650

**Name of Primary Contact:** Heather Dyar, County Administrator

**Direct Telephone Number:** 256-974-0663

**Email:** lawrenceco.dyar@gmail.com

**Name of Secondary Contact:** Greg Dutton, Probate Judge

**Direct Telephone Number:** 256-974-2442

**Email:** gd2222.gd@gmail.com

*Approved:*  
*J. H. Merrill*  
*6/22/2020*  
*10,656.00*

RECEIVED

JUN 10 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
Surface Sanitizer - 1 surface sanitizing mist machine.  <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</div> BY: _____ DATE: _____	\$925.00	To clean/disinfect tables, chairs & other surface areas at each polling site.
Surface sanitizer concentrate solution - 2 gallons concentrate  <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</div> BY: _____ DATE: _____	\$100.00 per gallon Total cost = \$200.00	To use in the surface sanitizing mist machine. To aid in sanitizing polling sites.
<b>TOTAL: Total this page = \$1,125.00</b>		✓

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

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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>Hand sanitizer - 8 oz. liquid hand sanitizer 80% alcohol 6 cases = 72 bottle</p> <p style="text-align: center;"><b>APPROVED</b></p> <p>BY: _____ DATE: _____</p>	<p>\$66.00 per case or \$5.50 per bottle</p> <p>Total cost = \$396.00</p>	<p>To supply poll workers and voters at voting sites</p>
<p>Face masks - 40 cases of 3 ply disposable face masks</p> <p style="text-align: center;"><b>APPROVED</b></p> <p>BY: _____ DATE: _____</p>	<p>\$47.50 per cases</p> <p>Total cost = \$1,900.00</p>	<p>PPE to supply poll workers and voters at voting sites</p>
<p>Gloves - 30 boxes of nitrile gloves, size XL. 100 gloves per box</p> <p style="text-align: center;"><b>APPROVED</b></p> <p>BY: _____ DATE: _____</p>	<p>\$9.00 per box</p> <p>Total cost = \$270.00</p>	<p>PPE to supply poll workers and voters at voting sites</p>
<p>Paper Towels - 2 cases paper towels, ESS, 30RL</p> <p style="text-align: center;"><b>APPROVED</b></p> <p>BY: _____ DATE: _____</p>	<p>\$45.00 per case</p> <p>Total Cost = \$90.00</p>	<p>To clean/disinfect tables, chairs &amp; other areas that voters &amp; poll workers are using.</p>
<b>TOTAL: Total this page = \$2,656.00</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 pay - 150 poll workers @ \$25.00 each  <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</div> BY: _____ DATE: _____	\$3,750.00	COVID-19 related supplemental duly appointed poll worker pay who work July 14, 2020 primary runoff election.
Absentee election manager reimbursement \$125.00 per diem x total # days 25 = \$3,125.00  <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</div> BY: _____ DATE: _____	\$3,125.00	COVID-19 AEM reimbursement for days worked beginning March 4, 2020 and ending May 19, 2020 for July 14, 2020 primary runoff election.
<b>TOTAL: Total this page = \$6,875.00</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**  
\$10,656.00 ✓

I, \_\_\_\_\_, in my capacity as Sheriff of \_\_\_\_\_ County, submit this application for Election Expense Funding related to COVID-19.

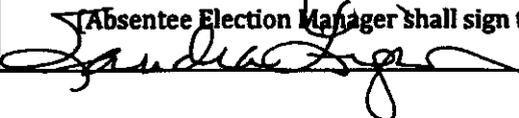
(Sheriff shall sign this certification if any requested funding is applicable to the Sheriff)

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, Sandra Ligon, in my capacity as the Absentee Election Manager of Lawrence 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, Bobby Burch, in my capacity as Chair/President of Lawrence County Commission 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: Lawrence

Signature of Chair/President of the County Commission: Bobby Burch

Date: 6/11/2020

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

MY COMMISSION EXPIRES the 6th day of July, 2020.

Rolmi Brac  
SIGNATURE OF NOTARY PUBLIC



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