

ALABAMA STATE CAPITOL  
600 DEXTER AVENUE  
SUITE S-105  
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:** Limestone County

**Mailing Address:** 310 West Washington St  
(Address where check will Athens, AL 35611  
be mailed)

**Name of Primary Contact:** Ramona Robinson

**Direct Telephone Number:** 256-216-3877

**Email:** ramona.robinson@limestonecounty-al.gov

**Name of Secondary Contact:** Bobbi Bailey

**Direct Telephone Number:** 256-216-3393

**Email:** bobbi.bailey@limestonecounty-al.gov

*Approved*  
**J. H. Merrill**  
6/24/2020  
\$23,150.<sup>02</sup>

RECEIVED

JUN 9 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
1. Sanitizer 12oz liquid squeeze bottles  <b>APPROVED</b>	\$306.30	To provide one bottle per precinct for workers to clean hands or hard surfaces.
2. 3-ply/surgical masks BY: _____ DATE: _____ <b>APPROVED</b>	\$540.00 \$2,840.40	To provide each precinct with at least 100 masks for voters
3. KN95 masks BY: _____ DATE: _____ <b>APPROVED</b>	\$998.00	To provide each worker with one mask.
4. Nitrile Gloves BY: _____ DATE: _____ <b>APPROVED</b>	\$300.00	To provide at least two (2) pair gloves to each worker at every precinct.
5. Alcohol Wipes/10 pack <b>APPROVED</b>	\$437.50	To provide individual packs to every worker at every precinct.
6. Sanitizer 2oz gel BY: _____ DATE: _____ <b>APPROVED</b>	\$583.00	To provide individual sanitizer to every worker at every precinct.
7. Sanitizer 16oz gel pump bottles BY: _____ DATE: _____ <b>APPROVED</b>	\$747.65	To provide hand sanitizer at entrance and exit of every precinct.
8. Face Shields BY: _____ DATE: _____ <b>APPROVED</b>	\$806.32	To provide and make available to every worker at every precinct.
9. 80/20 Sneeze Guards BY: _____ DATE: _____ <b>APPROVED</b>	\$5,872.50	To provide extra protection to workers at every precinct. One <del>sneeze guard for every electronic</del> poll book.
10. Clorox Brand Wipes  <b>APPROVED</b> BY: _____ DATE: _____	\$193.95	(5 cases) To provide each precinct with disinfecting wipes to clean electronic poll pads, voting machines and pens/stylus throughout Election Day.
<b>TOTAL:</b>	\$13,625.62 ✓	

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

## Items Requested for Funding

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Items or Services to be Purchased or Funded with Concise Description	Cost of Items (Must attach quote or invoice)	Reason for Purchase/Funding
11. Additional pay for election workers <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</div>	\$4,775.00	To provide an additional \$25.00 to each worker - approximately 191 workers.
12. Absentee Election Manager BY: _____ DATE: _____ <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</div> BY: _____ DATE: _____	\$4,750.00	To provide reimbursement for additional days worked from March 4, 2020 to May 19, 2020
<b>TOTAL:</b>	\$9,525.00 ✓	

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

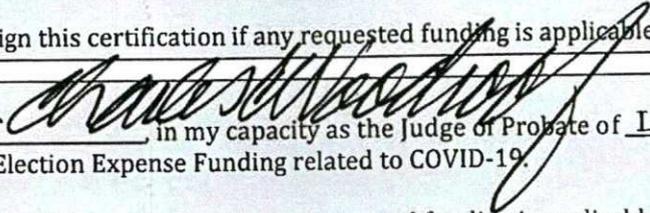
**Total Request & Certification**

**Total Amount of Funding Request**

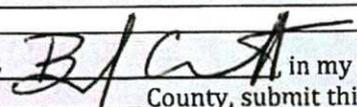
\$ 23,150.62 ✓

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, Charles C. Woodroof , in my capacity as the Judge of Probate of Limestone 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, Brad Curnutt , in my capacity as the Absentee Election Manager of Limestone County, submit this application for Election Expense Funding related to COVID-19.

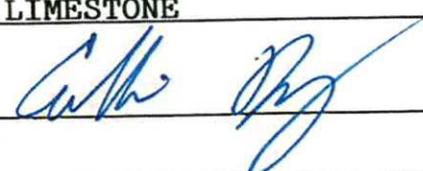
(Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager)

I, Collin Daly, in my capacity as Chair/President of Limestone 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.

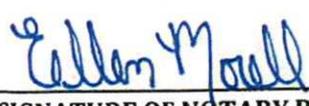
Name of County: LIMESTONE

Signature of Chair/President of the County Commission: 

Date: \_\_\_\_\_

SWORN AND SUBSCRIBED before me on this 9<sup>th</sup> day of June, 2020.

MY COMMISSION EXPIRES the 6<sup>th</sup> day of November, 2021.

(SEAL)  SIGNATURE OF NOTARY PUBLIC

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