APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Limestone County

Mailing Address: 310 West Washington St
                     Athens, AL 35611

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

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.

<table>
<thead>
<tr>
<th>Items or Services to be Purchased or Funded with Concise Description</th>
<th>Cost of Items (Must attach quote or invoice)</th>
<th>Reason for Purchase/Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sanitizer 12oz liquid squeeze bottles</td>
<td>$306.30</td>
<td>To provide one bottle per precinct for workers to clean hands or hard surfaces.</td>
</tr>
<tr>
<td>2. 3-ply/surgical masks</td>
<td>$540.00 $2,840.40</td>
<td>To provide each precinct with at least 100 masks for voters</td>
</tr>
<tr>
<td>3. KN95 masks</td>
<td>$998.00</td>
<td>To provide each worker with one mask.</td>
</tr>
<tr>
<td>4. Nitrile Gloves</td>
<td>$300.00</td>
<td>To provide at least two (2) pair gloves to each worker at every precinct.</td>
</tr>
<tr>
<td>5. Alcohol Wipes/10 pack</td>
<td>$437.50</td>
<td>To provide individual packs to every worker at every precinct.</td>
</tr>
<tr>
<td>6. Sanitizer 2oz gel</td>
<td>$583.00</td>
<td>To provide individual sanitizer to every worker at every precinct.</td>
</tr>
<tr>
<td>7. Sanitizer 16oz gel pump bottles</td>
<td>$747.65</td>
<td>To provide hand sanitizer at entrance and exit of every precinct.</td>
</tr>
<tr>
<td>8. Face Shields</td>
<td>$806.32</td>
<td>To provide and make available to every worker at every precinct.</td>
</tr>
<tr>
<td>9. 80/20 Sneeze Guards</td>
<td>$5,872.50</td>
<td>To provide extra protection to workers at every precinct. One sneeze guard for every electronic poll book.</td>
</tr>
<tr>
<td>10. Clorox Brand Wipes</td>
<td>$193.95</td>
<td>(5 cases) To provide each precinct with disinfecting wipes to clean electronic poll pads, voting machines and pens/stylus throughout Election Day.</td>
</tr>
</tbody>
</table>

**TOTAL:** $13,625.62

Please provide details for each non-repeating item for which you are seeking funding. Make additional pages, if necessary.
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<td>11. Additional pay for election workers</td>
<td>$4,775.00</td>
<td>To provide an additional $25.00 to each worker – approximately 191 workers.</td>
</tr>
<tr>
<td>12. Absentee Election Manager</td>
<td>$4,750.00</td>
<td>To provide reimbursement for additional days worked from March 4, 2020 to May 19, 2020</td>
</tr>
</tbody>
</table>

**TOTAL:** $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, ______________, 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, ______________, in my capacity as the Absentee Election Manager of ______________ 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, ______________, in my capacity as Chair/President of ______________ 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: ______________

Signature of Chair/President of the County Commission: ______________

Date: ______________

SWORN AND SUBSCRIBED before me on this __________ day of ______________, 2020.

MY COMMISSION EXPIRES the __________ day of ______________, 202_.

(Signature of Notary Public)

(Notarization required only for Chair/President of County Commission)