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:	Lownes Day 105
Mailing Address: (Address where check will be mailed)	Hayreville, Ac 36040
Name of Primary Contact:	Jacquelyn Thomas 324-548-2331
Direct Telephone Number:	334-548-2331
Email:	j thomas@htenet. net
Name of Secondary Contact:	La Shanda Myaick
Direct Telephone Number:	La Grandra Myrick 334-315-0787
Email:	probate 2365@htenet. ret
Appoil +	11,796.13
V 21 24 . 11	RECEIVED
Appold: \$	JUN 1 2 2020 JB
4 2	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
Masks Choves Alcohol wipes Hand San i tizer Disinfectan t Spray ALL APPROVED	\$ 375, W \$ 320. W \$ 640. W 5 1430. W \$ 465. 15	Poll workers Protection Poll workers Protection Poll workers protection 11 11
Face Shields Shipping for All Items Clorox	675.00 225,W 115.38	Poll Workers Protection
Absenter Election Manager 11 Assitent	5,006.00	Absenter Nanage-Reinbursman 03/04/20-05/19/20
Poll Worker 40 \$\$ \$35.00	\$1547	Poll worke- Supplemental Pay
BY:DATE:	L	1
TOTAL:	11,796. 11,843.13 11,843.13	Joseph Homos

Total Request & Certification

(Sheriff shall sign this certification if any requested funding is applicable to the Sheriff) (Sheriff shall sign this certification if any requested funding is applicable to the Sheriff) (Fudge of Probate shall sign this certification if any requested funding is applicable to the Judge of Probate) (Fudge of Probate shall sign this certification if any requested funding is applicable to the Judge of Probate) (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Judge of Probate) (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager of County, submit this application if any requested funding is applicable to the Absentee Election Manager of Manager) (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager of Manager) (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager of Managery of M	Total Amount of Funding Request \$ 11, 968.13 1, Christopher S. Vest in my capacity as Sheriff of Lowdles County, submit
in my capacity as the Judge of Probate of Lowa des 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) (Absentee Election Manager shall sign this certification if any requested funding is applicable to 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) (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager) (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager) (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager) (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager) (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager) (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager shall state funds. (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager shall state funds. (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager shall state funds. (Absentee Election Expense Funding related to COVID-19. (Absentee Election Manager of County shall	
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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) (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager) (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager) (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. Lacknowledge 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 Aday of A	County, submit this application for Election Expense Funding related to COVID-19.
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) (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager) (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager) (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager) (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager) (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager) (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager) (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager) (Absentee Election Manager) (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager) (Absentee Election Manager) (Absentee Election Manager) (Absentee Election Manager) (Absentee Election Manager shall state Election Expense and complete to the Absentee Election my description is accurate and complete to the Election for Election Saccurate and complete to the best of my knowledge, that all grant monies and complete to the Proposed purchasing require that all grant monies and that any other 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. (Absentee Election Manager) (Absentee Election	(Judge of Probate shall sign this certification if any requested funding is applicable to the Judge of Probate)
I, CARLON CHARGON In my capacity as Chair/President of Lown & S 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 Application and the County Again and State Indiana and Indiana Indiana and Indiana I	County, submit this application for Election Expense Funding related to COVID-19.
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 day of your good and the county day of your good and good good and good good good and good good good good good good good go	(Absentee Election Manager shall sign this certification if any requested fulfilling is applicable to the Manager)
returned to the Alabama Secretary of State of State law may apply. Name of County: Signature of Chair/President of the County Commission: Date: SWORN AND SUBSCRIBED before me on this	County Commission, submit this application for Election Expense Funding related to COVID-17 for the adversarial County Commission, submit this application for Election Expense Funding related to COVID-17 for the adversarial County Co
Signature of Chair/President of the County Commission: Date: SWORN AND SUBSCRIBED before me on this	returned to the Alabama Secretary of State 3 of the state and State law may apply.
Date: SWORN AND SUBSCRIBED before me on this	
SWORN AND SUBSCRIBED before me on this	Signature of Chair/President of the County Commission: (4/12/20)
MY COMMISSION EXPIRES the	
(SEAL) SIGNATURE OF NOTARY PUBLIC	SWORN AND SUBSCRIBED before me on this
(SLAL)	Comball & DAD
	(SEAL) SIGNATURE OF NOTARY PUBLIC (SEAL)

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