

ALABAMA STATE CAPITOL
600 DEXTER AVENUE
SUITE S-105
MONTGOMERY, AL 36130



(334) 242-7200
FAX (334) 242-4993
WWW.SOS.ALABAMA.GOV
JOHN.MERRILL@SOS.ALABAMA.GOV

JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name:

Marengo County Commission

Mailing Address:

(Address where check will
be mailed)

P.O. Box 480715

Linden, AL 36748

Name of Primary Contact:

Meredith Hammond, Administrator

Direct Telephone Number:

334-295-2203

Email:

marengocounty@bellsouth.net

Name of Secondary Contact:

Laurie Hall, Probate Judge

Direct Telephone Number:

334-295-2210

Email:

marengoprobate@gmail.com

Approved: $\$10,269.99$
J. H. Merrill
6/25/2020

RECEIVED

JUN 11 2020

ALABAMA
SECRETARY OF STATE

JTB

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
Absentee Election Manager (AEM) Reimbursement APPROVED BY: _____ DATE: _____	\$5,750.00	AEM Reimbursement for 46 days @ \$125 / day March 4 to May 19
Supplemental Pay for duly appointed poll workers APPROVED BY: _____ DATE: _____	\$1,875.00	\$25.00 supplemental pay per poll worker (75 total)
Reusable bags for supplies Sponges for cleaning stylus mason jars for cleaning stylus Pens webcam & pens facemasks APPROVED BY: _____ DATE: _____	▶ 48.48 ▶ 32.37 ▶ 43.20 \$453.60 \$ 251.63 \$ 806.32	Items needed such as PPE & disinfectant products to keep poll workers & citizens safe
C-folds & garbage bags Disposable Masks Gloves, Masks, sanitizer disinfectant bottles for sanitizer APPROVED BY: _____ DATE: _____	▶ 174.61 68.89 734.66 31.23	Items needed such as PPE & disinfectant products to keep poll workers & voters safe
BY: _____ DATE: _____ TOTAL:		\$10,269.99 ✓

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**

\$ 10,269.99 ✓

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, Laurie S. Hall, in my capacity as the Judge of Probate of Marengo 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 _____ 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, Freddie Armstead, in my capacity as Chair/President of Marengo 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: Marengo

Signature of Chair/President of the County Commission: [Signature]

Date: 6-10-20

SWORN AND SUBSCRIBED before me on this 10 day of June, 2020.

MY COMMISSION EXPIRES the 28 day of June, 2021.

(SEAL) Meredith b. Hammond
SIGNATURE OF NOTARY PUBLIC

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