

ALABAMA STATE CAPITOL
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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Marion

Mailing Address: PO BOX 460
(Address where check will Hamilton, AL 35570
be mailed)

Name of Primary Contact: Kalyn Moore

Direct Telephone Number: (205) 921-3172

Email: marioncountycommission@gmail.com

Name of Secondary Contact: Lisa Childers

Direct Telephone Number: (205) 921-3172

Email: mcc.49.al@gmail.com

Approved:
J.H. Merrill

6/22/2020

↑ 8877.40

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
<p>Absentee Manager March 4 - May 19, 2020 \$125 per day x 50 days APPROVED BY: _____ DATE: _____</p>	<p>\$6,250.00</p>	<p>TO reimburse pay the Absentee Election Manager 6/18/20 - Lisa Childers (JB)</p>
<p>79 poll workers \$25 additional pay. APPROVED BY: _____ DATE: _____</p>	<p>\$1,975.00</p>	<p>TO pay the poll workers additional \$25.00. 6/18/20 - Lisa Childers (JB)</p>
<p>Sanitizer, disinfectant masks, paper towels APPROVED BY: _____ DATE: _____</p>	<p>\$652.40</p>	<p>TO prevent the spread of COVID-19 6/18/20 - Lisa Childers (JB)</p>
<p>TOTAL:</p>		

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
\$ 8,877.40 ✓

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)

[Signature], in my capacity as the Judge of Probate of Marion 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)

Denise Nixon, in my capacity as the Absentee Election Manager of Marion 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, Keith Nichols, in my capacity as Chair/President of Marion 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: Marion

Signature of Chair/President of the County Commission: Keith Nichols

Date: 6-12-2020

SWORN AND SUBSCRIBED before me on this 12th day of June, 2020.

MY COMMISSION EXPIRES the 13th day of December, 2023.

(SEAL) Halyn Moore
SIGNATURE OF NOTARY PUBLIC

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