

ALABAMA STATE CAPITOL  
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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:

Marshall County Commission

Mailing Address:

(Address where check will  
be mailed)

424 Blount Ave  
Ste 305  
Guntersville, AL 35976

Name of Primary Contact:

Doris Trentham

Direct Telephone Number:

256-571-7701

Email:

dtrentham@marshallco.org

Name of Secondary Contact:

Shelly Fleisher

Direct Telephone Number:

256-571-7701

Email:

SFleisher@marshallco.org

Approved:

J. H. Merrill

\$16,760.<sup>30</sup>

6/25/2020

RECEIVED

JUN 12 2020

JTB

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
<p>Absentee MANAGER                      WORK DAYS FROM                      4-1-20 To 5-19-20                      45 days</p> <p style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>\$ 5625.00</p>	
<b>TOTAL:</b>		
\$ 5625.00 ✓		

**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**

\$ 5625.00 ✓

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, Angie Johnson, in my capacity as the Absentee Election Manager of MARSHALL 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, James Hutcherson, in my capacity as Chair/President of MARSHALL 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: MARSHALL County  
Signature of Chair/President of the County Commission: [Signature]  
Date: 6-12-20

SWORN AND SUBSCRIBED before me on this 12 day of June, 2020.  
MY COMMISSION EXPIRES the 30 day of May, 2022.

(SEAL) [Signature]  
SIGNATURE OF NOTARY PUBLIC

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

## 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
Supplemental pay for 207 poll workers @ \$25.00  <b>APPROVED</b> BY: _____ DATE: _____	\$5175.00	
Hand Sanitizer with pumps  <b>APPROVED</b> BY: _____ DATE: _____	\$4260.30	
SAFETY MASKS  <b>APPROVED</b> BY: _____ DATE: _____	\$1700.00	
<b>TOTAL:</b> \$11,135.30 ✓		

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**

\$ 11,135.30 ✓

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, Andrea DeGroy, in my capacity as the Judge of Probate of Marshall 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, James Hutcheson, in my capacity as Chair/President of Marshall 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: Marshall County

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

Date: 06-12-20

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

MY COMMISSION EXPIRES the 30 day of May, 2022.

(SEAL) [Signature]  
SIGNATURE OF NOTARY PUBLIC

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