



JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: PERRY COUNTY

Mailing Address: P.O. BOX 478
(Address where check will be mailed) Marion, Alabama 36756

Name of Primary Contact: CEDRIC HUDSON - CHAIRMAN
Direct Telephone Number: (334) 683-2200 / (334) 410-0519
Email: commissionerhudson@gmail.com

Name of Secondary Contact: TAMARA KENNIE
Direct Telephone Number: (334) 683-2200 ext 1
Email: kenniepcc53@gmail.com

*Approved: ↑ 12,258.18
J. H. Merrill
6/22/20*

RECEIVED
JUN 10 2020
ALABAMA SECRETARY OF STATE *JH*

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
Hand Sanitizer 24/8oz Bottles Hand Sanitizer 8 gallons 1 Pump for Gallon sanitizer 64 spray bottles 54 pkg KN95 Masks (6 in each pkg) Gloves (10 cases of 100) <div style="text-align: center;">APPROVED</div> BY: _____ DATE: _____	\$311.04 \$250.00 \$ 8.50 \$160.00 \$297.00 \$ 59.00	Personal Protection Equipment (PPE) PPE PPE PPE (to fill with sanitizer from gallon jugs) PPE PPE
300 Alcohol Wipes (10 per pack) Lysol Disinfectant (1 case) Steriphene II Disinfectant (1 cs) Clorox Bleach (1 case) Clorox Total 360 Electrostatic Sprayer <div style="text-align: center;">APPROVED</div> BY: _____ DATE: _____	\$480.00 \$ 78.91 \$142.44 \$ 88.00 \$5,333.29	Cleaning and Sanitation Cleaning and Sanitation Cleaning and Sanitation Cleaning and Sanitation Cleaning and Sanitation - this will provide a long-term solution to disinfecting and sanitizing all of the polling places. We formerly contracted with Servepro but they are no longer in our area and other locations are booked or cannot come on a regular basis.
Absentee Election Manager reimbursement from (3/4/2020 to May 19, 2020) Supplemental Pay (Poll Workers) \$25.00 each <div style="text-align: center;">APPROVED</div> BY: _____ DATE: _____ <div style="text-align: center;">APPROVED</div> BY: _____ DATE: _____	\$3,250.00 \$1,800	Allowable Reimbursable Exp by SOS Allowable Reimbursable Exp by SOS
TOTAL:	\$12,258.18 ✓	

**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**

\$ 12,258.18 ✓

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, Eldera B. Anderson, in my capacity as the Judge of Probate of Perry 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, Mia Jacobs Surme, in my capacity as the Absentee Election Manager of Perry 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, Cedric Hudson, in my capacity as Chair/President of Perry 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: Perry

Signature of Chair/President of the County Commission: Cedric Hudson

Date: 6/10/2020

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

MY COMMISSION EXPIRES the 19 day of February, 2024.

(SEAL) Monica R. Bryant
SIGNATURE OF NOTARY PUBLIC

MONICA BRYANT
NOTARY PUBLIC
ALABAMA STATE AT LARGE
COMM. EXP. 02/19/24

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

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:

PERRY COUNTY

Mailing Address:

P.O. BOX 478

(Address where check will
be mailed)

Marion, Alabama 36756

Name of Primary Contact:

CEDRIC HUDSON - CHAIRMAN

Direct Telephone Number:

(334) 683-2200 / (334) 410-0519

Email:

commissionerhudson@gmail.com

Name of Secondary Contact:

TAMARA KENNIE

Direct Telephone Number:

(334) 683-2200 ext 1

Email:

kenniepcc53@gmail.com

Approved:
J.H. Merrill \$ 1585.⁰⁰
6/26/2020

Total Request & Certification

Total Amount of Funding Request
\$ 1,985.00 ✓

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, Goldena B. Anderson, in my capacity as the Judge of Probate of Perry 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)

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Signature of Chair/President of the County Commission: Cedric Hudson

Date: 6/10/2020

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

MY COMMISSION EXPIRES the 19 day of February, 2024.

(SEAL)

Monica Bryant
SIGNATURE OF NOTARY PUBLIC

MONICA BRYANT
NOTARY PUBLIC
ALABAMA STATE AT LARGE
COMM. EXP. 02/19/24

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