



JOHN H. MERRILL  
SECRETARY OF STATE

## APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

### County Information

County Name:

PICKENS COUNTY COMMISSION

Mailing Address:

(Address where check will  
be mailed)

PO BOX 460

CARROLLTON AL 35447

Name of Primary Contact:

CHERYL BOWLES

Direct Telephone Number:

205-367-2023

Email:

admin54@earthlink.net

Name of Secondary Contact:

YOLANDA COCKRELL

Direct Telephone Number:

205-367-2022

Email:

pickens\_cocommission@hotmail.com

Approved \* 15,402.23  
J. H. Merrill  
6/24/20

RECEIVED

JUN 4 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
25 Portable Hand Sanitizer Dispenser Stand (reimburse Cheryl Bowles) 25 Clear-VU 46 Liquid & Gel Dispenser 32 gallons Han-I-Size Gel Freight <div style="text-align: center; margin-top: 10px;">                           BY: _____ DATE: _____                     </div>	\$3,780.00  \$1,621.75 \$1,852.80 \$ 123.68	Sanitizer Dispenser for Polling Sites
20 boxes Exam Gloves 4 boxes Disposable Masks <div style="text-align: center; margin-top: 10px;">                           BY: _____ DATE: _____                     </div>	\$ 92.00 \$ 292.00	PPE for Poll Workers
36 days Absentee Election Manager 136 (scheduled) Poll Workers <div style="text-align: center; margin-top: 10px;">                           BY: _____ DATE: _____                     </div>	\$4,500.00 \$3,400.00	COVID-19 Extension Additional \$25
<b>TOTAL:</b>		\$15,662.23 ✓

**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	
\$	15,662.23 ✓

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, *[Signature]*, in my capacity as the Absentee Election Manager of Pickens 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, Bobby Ingram, in my capacity as Chair/President of Pickens 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.

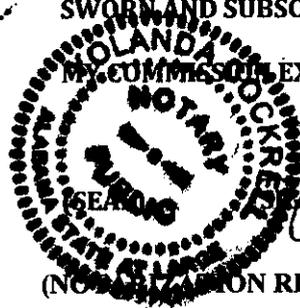
Name of County: Bobby Ingram

Signature of Chair/President of the County Commission: *Bobby Ingram*

Date: 6/4/2020

SWORN AND SUBSCRIBED before me on this 4<sup>th</sup> day of June, 2020.

My Commission Expires the 23<sup>rd</sup> day of October, 2023.



*Yolanda Cockrell*  
SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES 10/23/2023

(NO NOTARIZATION REQUIRED ONLY FOR CHAIR/PRESIDENT OF COUNTY COMMISSION)