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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Shelby County

Mailing Address: 200 West College St, Room 140
(Address where check will Columbiana, AL 35051
be mailed)

Name of Primary Contact: Cheryl Naugher

Direct Telephone Number: 205-670-6507

Email: cnaugher@shelbyal.com

Name of Secondary Contact: Suzanne Smith

Direct Telephone Number: 205-670-5213

Email: ssmith@shelbyal.com

*Approved: \$22,121.85
John H. Merrill
6/24/20*

RECEIVED

JUN 9 2020

ALABAMA
SECRETARY OF STATE

JB

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>Order Number 618304-0 Date 05/15/2020 Strickland Companies</p> <p style="text-align: center;">APPROVED</p> <p>Sanitizer, Foam, 1 Gal Sanitizer, Foam, 8 oz Gloves, Nitrile, Med Gloves, Nitrile, Lg Mask, Disposable, 50 ct BY: _____ DATE: _____ Alcohol, Rubbing, Isopropyl, 70% Cleaning Cloth, Microfiber Disinfectant, Free-N-Clear Disposable Personal Face Shield Spray Bottle with Trigger, 16 oz</p>	<p>50@41.63= 2,081.65 17@97.92= 1,664.64 2@7.08= 14.17 2@7.08= 14.17 16@37.28= 596.48 45@ 2.52= 113.40 13@ 28.78= 374.14 15@16.28= 244.20 400@4.99= 1,996.00 200@2.99= 598.00</p>	<p>Products purchased through order number 618304-0 from Strickland Companies was for the sanitation and personal protection of polling locations, and workers.</p> <p style="text-align: right;">Strickland Companies Order Total=7,696.85 (Document attached)</p>
<p>\$25 Supplemental Pay for Pollworkers</p> <p style="text-align: center;">APPROVED</p> <p>229 Pollworkers BY: _____ DATE: _____</p> <p style="text-align: center;">APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>229*25= 5,725.00</p>	<p>List attached.</p> <p style="text-align: right;">Total for Supplemental Pay= 5,725.00</p>
<p>Absentee Election Manager Reimbursement March 4, 2020 until May 19, 2020</p> <p style="text-align: center;">APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>8,700.00</p>	<p>3/4/2020-5/19/2020 AEM</p> <p style="text-align: right;">Total AEM Pay= 8,700.00</p>
TOTAL:	\$22,121.85 ✓	

**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	
\$	22,121.85 ✓

I, R. John Samaniego, in my capacity as Sheriff of Shelby 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, Allen S. B., in my capacity as the Judge of Probate of Shelby 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, MARY H. HARRIS, in my capacity as the Absentee Election Manager of Shelby 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, J. Elwyn Bearden, in my capacity as Chair/President of Shelby 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: Shelby County

Signature of Chair/President of the County Commission: J. Elwyn Bearden

Date: 6-8-20

SWORN AND SUBSCRIBED before me on this 8th day of June, 2020.

MY COMMISSION EXPIRES the 17th day of March, 2024.

(SEAL) Charity R Hogg
SIGNATURE OF NOTARY PUBLIC

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