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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: St. Clair County

Mailing Address:
(Address where check will
be mailed)
165 5th Avenue
Suite 100
Ashville, AL 35953

Name of Primary Contact: Tina Morgan
Direct Telephone Number: 205-594-2404
Email: tmorgan@stclairco.com

Name of Secondary Contact: Michelle Layfield
Direct Telephone Number: 205-594-2425
Email: mlayfield@stclairco.com

Approved: *18,335.00
John H. Merrill
6/2/2020

RECEIVED

JUN 12 2020

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>Virus Protection Kits</p> <p>APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>6,345.00</p>	<p>Kits purchased to clean polling places. Includes cleaning supplies, hand sanitizer and masks.</p>
<p>Coroplast Signs</p> <p>APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>340.00</p>	<p>Signs to hang in polling places reminding to keep 6-foot distance.</p>
<p>Absentee Election manager</p> <p>APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>7,000.00</p>	<p>Absentee Election Manager days worked March 4 - May 19. 56 days x \$125.00</p>
<p>Poll worker List</p> <p>APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>4,650.00</p>	<p>Extra \$25 each poll worker will receive due to COVID 19. 186 poll workers x \$25</p>
<p>TOTAL: \$18,335.00 ✓</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
\$ 18,335.00 ✓

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, Mike Bond in my capacity as the Judge of Probate of St. Clair 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, Kevin Z. Gann in my capacity as the Absentee Election Manager of St. Clair 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, Paul Manning in my capacity as Chair/President of St. Clair 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: St. Clair County
Signature of Chair/President of the County Commission: Paul Manning
Date: 6.11.2020

SWORN AND SUBSCRIBED before me on this 11 day of June, 2020.
MY COMMISSION EXPIRES the 28 day of April, 2021.

(SEAL) Jina Moreau
SIGNATURE OF NOTARY PUBLIC

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