

ALABAMA STATE CAPITOL
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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Washington County Commission

Mailing Address: P.O. Box 146
(Address where check will Chatom, AL 36518
be mailed)

Name of Primary Contact: Sonya Kirkwood
Direct Telephone Number: 251-847-2208
Email: Sonyake@wcalabama

Name of Secondary Contact: Kelly Jones
Direct Telephone Number: 251-847-2208
Email: Jones@wcalabama.com

Approved: J. H. Merrill \$ 20,553.83
6/26/2020

RECEIVED
JUN 10 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
BC Clean Wipes APPROVED BY: _____ DATE: _____	\$1 6.57	sanitizing voting center
CIRX Fresh Wipes APPROVED BY: _____ DATE: _____	\$26.32	sanitizing voting center
CIRX Lemon Wipes APPROVED BY: _____ DATE: _____	\$19.87	sanitizing voting center
CIRX Wipes APPROVED BY: _____ DATE: _____	\$13.29	sanitizing voting center
TOTAL:	\$1 46.05 ✓	

Please provide details for each non-repeating item for which you are seeking funding.
 Make additional pages, if necessary.

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Items or Services to be Purchased or Funded with Concise Description	Cost of Items (Must attach quote or invoice)	Reason for Purchase/Funding
OTC Manual Gloves APPROVED BY: _____ DATE: _____	\$28.15	PPE for pollworkers
Lysol Disinfect Wipes APPROVED BY: _____ DATE: _____	\$20.45	Sanitizing voting centers
Lysol Spray APPROVED BY: _____ DATE: _____	\$21.06	Sanitizing voting centers
Easytouch Alcohol Pads APPROVED BY: _____ DATE: _____	\$16.92	Sanitizing voting center
TOTAL:	\$86.58 ✓	

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 Make additional pages, if necessary.

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Items or Services to be Purchased or Funded with Concise Description	Cost of Items (Must attach quote or invoice)	Reason for Purchase/Funding
Poll workers <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</div> BY: _____ DATE: _____	\$ 2200.00	\$ 25 supplemental pay for each poll worker.
TOTAL:	\$ 2200.00 ✓	

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Make additional pages, if necessary.

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Items or Services to be Purchased or Funded with Concise Description	Cost of Items (Must attach quote or invoice)	Reason for Purchase/Funding
Fluid Resistant Full Face mask Shield <p style="text-align: center;">APPROVED</p> BY: _____ DATE: _____	\$1,375.00	PPE for Pollworkers
Disposable Face Mask General Use <p style="text-align: center;">APPROVED</p> BY: _____ DATE: _____	\$2,000.00	PPE for Pollworkers
Gloves - Med <p style="text-align: center;">APPROVED</p> BY: _____ DATE: _____	\$13.74	PPE for Pollworkers
Gloves - Large <p style="text-align: center;">APPROVED</p> BY: _____ DATE: _____	\$9.16	PPE for Pollworkers
TOTAL:		
\$ 3,397.90 ✓		

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Items or Services to be Purchased or Funded with Concise Description	Cost of Items (Must attach quote or invoice)	Reason for Purchase/Funding
lysol DSF WP APPROVED BY: _____ DATE: _____	\$3.49	Sanitizing voting center
lysol APPROVED BY: _____ DATE: _____	\$ 6.99	sanitizing voting center
lysol (18) APPROVED BY: _____ DATE: _____	\$154.62	sanitizing voting center
Hand sanitizers APPROVED BY: _____ DATE: _____	\$ 500.00	Pollworkers & voters
TOTAL: \$ 665.10 ✓		

Please provide details for each non-repeating item for which you are seeking funding. Make additional pages, if necessary.

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Items or Services to be Purchased or Funded with Concise Description	Cost of Items (Must attach quote or invoice)	Reason for Purchase/Funding
Absentee Election manager Valerie Knapp APPROVED BY: _____ DATE: _____	\$ 6250.00	Absentee voting
Surface Disinfecting System APPROVED BY: _____ DATE: _____	\$ 1,461.00	Sanitizing voting center
Halt Disinfectant APPROVED BY: _____ DATE: _____	\$ 147.20	disinfectant for machine
Sanitizing voting centers. Day before & 3 Day after election APPROVED BY: _____ DATE: _____	\$ 6300.00	Sanitizing voting Centers
TOTAL:	\$ 14,158.20 ✓	

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	
\$	20,553.83 ✓

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, NICK WILLIAMS, in my capacity as the Judge of Probate of WASHINGTON 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, Valerie Knapp, in my capacity as the Absentee Election Manager of Washington 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, Allen Bailey, in my capacity as Chair/President of Washington 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: Washington
 Signature of Chair/President of the County Commission: Allen Bailey
 Date: June 9, 2020

SWORN AND SUBSCRIBED before me on this 9th day of June, 2020.

MY COMMISSION EXPIRES the _____ day of _____, 202__.

(SEAL) Sonja Turkwood
 SIGNATURE OF NOTARY PUBLIC

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