

ALABAMA STATE CAPITOL  
600 DEXTER AVENUE  
SUITE S-105  
MONTGOMERY, AL 36130



(334) 242-7200  
FAX (334) 242-4993  
WWW.SOS.ALABAMA.GOV  
JOHN.MERRILL@SOS.ALABAMA.GOV

JOHN H. MERRILL  
SECRETARY OF STATE

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

### County Information

County Name:

Washington County Commission

Mailing Address:

(Address where check will  
be mailed)

P.O. Box 146  
Chatom, AL 36518

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

6/26/2020

\$ 20,553.83

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  <b>APPROVED</b> BY: _____ DATE: _____	\$1 6.57	sanitizing voting center
CIRX Fresh Wipes  <b>APPROVED</b> BY: _____ DATE: _____	\$26.32	sanitizing voting center
CIRX Lemon Wipes  <b>APPROVED</b> BY: _____ DATE: _____	\$19.87	sanitizing voting center
CIRX Wipes  <b>APPROVED</b> BY: _____ DATE: _____	\$13.29	sanitizing voting center
TOTAL: \$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  <b>APPROVED</b> BY: _____ DATE: _____	\$28.15	PPE for pollworkers
Lysol Disinfect Wipes  <b>APPROVED</b> BY: _____ DATE: _____	\$20.45	Sanitizing voting centers
Lysol Spray  <b>APPROVED</b> BY: _____ DATE: _____	\$21.06	Sanitizing voting centers
Easytouch Alcohol Pads  <b>APPROVED</b> BY: _____ DATE: _____	\$16.92	Sanitizing voting center
<b>TOTAL:</b> \$86.58 ✓		

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
Poll workers  <b>APPROVED</b> 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  <b>APPROVED</b> BY: _____ DATE: _____	\$1,375.00	PPE for Pollworkers
Disposable Face Mask General Use  <b>APPROVED</b> BY: _____ DATE: _____	\$2,000.00	PPE for Pollworkers
Gloves - Med  <b>APPROVED</b> BY: _____ DATE: _____	\$13.74	PPE for Pollworkers
Gloves - Large  <b>APPROVED</b> BY: _____ DATE: _____	\$9.16	PPE for Pollworkers
<b>TOTAL:</b> \$ 3,397.90 ✓		

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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
lysol DSF WP  <b>APPROVED</b> BY: _____ DATE: _____	\$3.49	Sanitizing voting center
lysol  <b>APPROVED</b> BY: _____ DATE: _____	\$ 6.99	sanitizing voting center
lysol (18)  <b>APPROVED</b> BY: _____ DATE: _____	\$154.62	sanitizing voting center
Hand sanitizers  <b>APPROVED</b> BY: _____ DATE: _____	\$ 500.00	Pollworkers & voters
<b>TOTAL:</b> \$ 665.10 ✓		

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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
<p>Absentee Election manager Valerie Knapp</p> <p><b>APPROVED</b></p> <p>BY: _____ DATE: _____</p>	\$ 6250.00	Absentee voting
<p>Surface Disinfecting System</p> <p><b>APPROVED</b></p> <p>BY: _____ DATE: _____</p>	\$ 1,461.00	Sanitizing voting center
<p>Halt Disinfectant</p> <p><b>APPROVED</b></p> <p>BY: _____ DATE: _____</p>	\$ 147.20	disinfectant for machine
<p>Sanitizing voting centers. Day before &amp; Day after election</p> <p><b>APPROVED</b></p> <p>BY: _____ DATE: _____</p>	\$ 6300.00	Sanitizing voting Centers
<p><b>TOTAL:</b> \$ 14,158.20 ✓</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

\$

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)