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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: BARBOUR COUNTY COMMISSION

Mailing Address: P. O. BOX 398
(Address where check will CLAYTON, AL 36016
be mailed)

Name of Primary Contact: Raye Ann Calton, County Administrator

Direct Telephone Number: 334-775-8571

Email: rcalton@barbourcountyclayton.com

Name of Secondary Contact: Susan H. Shorter, Judge of Probate

Direct Telephone Number: 334-687-1533

Email: susanhshorter@earthlink.net

Approved: *J. H. Merrill*
\$11,671.00
10/15/20

RECEIVED

JP
OCT 1 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
① Additional Part Time Absentee Election Worker Elizabeth Gray 46 days \$ 75 per day	\$3,450.00 APPROVED BY: _____ DATE: _____	Requested by Absentee Election Manager
② Additional \$50 for PollWorkers x 125	\$6,250.00 APPROVED BY: _____ DATE: _____	Approved by Secretary of State. Sending Poll Worker List from last election, but will have more workers for November election
③ Hand Sanitizer purchased from Quill	\$73.98 APPROVED BY: _____ DATE: _____	COVID Sanitizing items for polling places
④ Protective Masks & Hand Sanitizer ordered from Boosters, Inc. (remainder of order to be delivered in October)	\$1,650.00 APPROVED BY: _____ DATE: _____	COVID Sanitizing items for polling places
TOTAL:		
\$ 11,423.98 ✓		

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

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>5 3 cases of Purrell Hand Sanitizer purchased from Quill <i>Dade Paper</i></p> <p style="text-align: center; font-weight: bold; color: blue; font-size: 1.2em;">APPROVED</p> <p style="text-align: center;">BY: _____ DATE: _____</p>	177.39	COVID Sanitizing items for polling places
<p>6 5 Spray Bottles for alcohol for pollpads purchased from WalMart</p> <p style="text-align: center; font-weight: bold; color: blue; font-size: 1.2em;">APPROVED</p> <p style="text-align: center;">BY: _____ DATE: _____</p>	5.31	COVID Sanitizing items for polling places
<p>7 Estimated expense for additional spray bottles and Isopropyl alcohol</p> <p style="text-align: center; font-weight: bold; color: blue; font-size: 1.2em;">APPROVED</p> <p style="text-align: center;">BY: _____ DATE: _____</p>	15.00	COVID Sanitizing items for polling places
<p>8 Disinfectant supplies for Absentee Election Manager (Estimated)</p> <p style="text-align: center; font-weight: bold; color: blue; font-size: 1.2em;">APPROVED</p> <p style="text-align: center;">BY: _____ DATE: _____</p>	50.00	COVID Sanitizing items for AEM
TOTAL:	<i># 247.70</i> ✓	

**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
\$ 11,671.68 ✓

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, Susan H. Shorer, in my capacity as the Judge of Probate of Barbour 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, Paige Smith Barbour, in my capacity as the Absentee Election Manager of _____ 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, Earl Gilmore, in my capacity as Chair/President of Barbour 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: Barbour

Signature of Chair/President of the County Commission: Earl Gilmore

Date: 10-1-2020

SWORN AND SUBSCRIBED before me on this 1st day of October, 2020.

MY COMMISSION EXPIRES the 14th day of August, 2021.

(SEAL) Raye Ann Callan
SIGNATURE OF NOTARY PUBLIC

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