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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Calhoun

Mailing Address: 1702 Noble Street
(Address where check will Suite 103
be mailed) Anniston, AL 36201

Name of Primary Contact: Melissia Wood

Direct Telephone Number: 256-241-2814

Email: mwood@calhouncounty.org

Name of Secondary Contact: Marcia Yarbrough

Direct Telephone Number: 256-241-2811

Email: marciay@calhouncounty.org

Approved: \$ 15,300.⁴⁵
J.H. Merrill
10/19/20

RECEIVED

OCT 2 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
Poll Worker Supplements - Qty. 336	\$16,800.00 APPROVED BY: _____ DATE: _____	Additional \$50 compensation for each Poll Worker
Absentee Election Worker Doressia Scott - 18 days	\$1,350.00 APPROVED BY: _____ DATE: _____	\$75 per day for Absentee Election Worker September 9, 2020 thru October 2, 2020
Absentee Election Worker Vickie Kirby - 15 days	\$1,125.00 APPROVED BY: _____ DATE: _____	\$75 per day for Absentee Election Worker September 9, 2020 thru October 2, 2020
Masking Tape - 20 rolls	\$65.00 APPROVED BY: _____ DATE: _____	To mark floors for social distancing.
TOTAL:		
	\$19,340.00 ✓	

**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
DS200 Precinct Scanner - Qty. 1	\$1,440.00 APPROVED BY: _____ DATE: _____	Additional scanner for Absentee Voting
Disposable Face Masks Qty. - 500	\$500.00 APPROVED BY: _____ DATE: _____	To offer Protection for Poll Workers as well as voters .
Scratch Guard Felt - Qty. 29	\$127.30 APPROVED BY: _____ DATE: _____	To protect acrylic barriers for storage
Sanitizer Wipes Qty. - 1 case	\$169.99 APPROVED BY: _____ DATE: _____	To offer Protection for Poll Workers as well as voters.
TOTAL: \$2,237.29 ✓		

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

Items Requested for Funding

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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
Anti-bacterial handsoap	\$195.00 APPROVED BY: _____ DATE: _____	To place in restrooms for poll workers and voters.
Sanitizer Wipes Qty. - 3 cases	\$509.97 APPROVED BY: _____ DATE: _____	To sanitize voting areas throughout election day. 45 Locations
Lysol Spray Qty. - 60 cans	\$459.00 APPROVED BY: _____ DATE: _____	To sanitize voting areas throughout election day. 45 locations
Nitrile Gloves Qty. - 2,000 medium Qty. - 2,000 large	\$461.10 APPROVED BY: _____ DATE: _____	Personal protection for Poll Workers
TOTAL:	\$1,625.07 ✓	

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Make additional pages, if necessary.

Items Requested for Funding

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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
Professional cleaning of Polling Locations before and after election. Before - 19 locations After - 45 locations	\$11,773.00 APPROVED BY: _____ DATE: _____	To protect poll workers and voters before election and to sanitize after elections as needed.
Hi-Speed Letter Opener	\$2,456.44 APPROVED BY: _____ DATE: _____	To assist Absentee Voting Office with increase in volume of mail received.
Overpayment from July 14, 2020 election	(\$22,125.35) APPROVED BY: _____ DATE: _____	Reduced cost for barriers and sanitizing; Some items not received until after election.
TOTAL:		
(\$7,895.91) ✓		

**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**

\$ 15,306.45 ✓

I, N/A, 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, Alice Martin, in my capacity as the Judge of Probate of Calhoun County, submit this application for Election Expense Funding related to COVID-19.

Alice U. Martin
(Judge of Probate shall sign this certification if any requested funding is applicable to the Judge of Probate)

I, Shasta Platt, in my capacity as the Absentee Election Manager of Calhoun County, submit this application for Election Expense Funding related to COVID-19.

Shasta Platt
(Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager)

I, J. D. Hess, in my capacity as Chair/President of Calhoun 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: Calhoun

Signature of Chair/President of the County Commission: *J. D. Hess*

Date: October 2, 2020

SWORN AND SUBSCRIBED before me on this 2nd day of October, 2020.

MY COMMISSION EXPIRES the 13th day of July, 2021.

(SEAL) *Janice T. Howard*
SIGNATURE OF NOTARY PUBLIC

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