

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: CHAMBERS

Mailing Address: #2 SOUTH LAFAYETTE STREET
(Address where check will LAFAYETTE, ALABAMA 36862
be mailed)

Name of Primary Contact: REGINA CHAMBERS

Direct Telephone Number: (334) 476-2540

Email: REGINA.CHAMBERS@CHAMBERSCOUNTYAL.GOV

Name of Secondary Contact: DOUGLAS JONES

Direct Telephone Number: (334) 497-1661

Email: JONESUNLIMITED@AOL.COM

NOTE: UNLIMITED IS CORRECT FOR THIS
EMAIL. THERE IS NO SECOND "I"

RECEIVED

OCT 2 2020

ALABAMA
SECRETARY OF STATE

Approved: *J. H. Merrill*
\$22,650.72
10/15/20

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
ABSENTEE ELECTION MANAGER ASSISTANT <p style="text-align: center;">APPROVED</p> <p style="text-align: center;">BY: _____ DATE: _____</p>	\$3,450.00	PERFORMED DUTIES TO ASSIST THE ABSENTEE ELECTION MANAGER FOR THE NOVEMBER 3, 2020 ELECTION
CUSTOM VIRUS PROTECTION KIT WITH NO STYLUS <p style="text-align: center;">APPROVED</p> <p style="text-align: center;">BY: _____ DATE: _____</p>	\$5,394.00	SAFETY ITEMS FOR POLL WORKERS AND VOTERS
FREE STANDING SNEEZE GUARDS <p style="text-align: center;">APPROVED</p> <p style="text-align: center;">BY: _____ DATE: _____</p>	\$3,825.00	SAFETY ITEMS FOR POLL WORKERS AND VOTERS
POLL WORKERS (130 WORKERS @ \$50 EACH) <p style="text-align: center;">APPROVED</p> <p style="text-align: center;">BY: _____ DATE: _____</p>	\$6,500.00	DULY APPOINTED POLL WORKERS ASSIGNED TO WORK THE NOVEMBER 3, 2020 ELECTION
TOTAL:	\$19,169.00 ✓	

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
THREE DISINFECTANT SPRAYERS APPROVED BY: _____ DATE: _____	\$3,481.92	TO DISINFECT THE POLLING PLACES PRIOR TO AND AFTER ELECTIONS
TOTAL:		\$3,481.92

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
\$ 22,650.92 ✓

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, Paul Off, in my capacity as the Judge of Probate of CHAMBERS 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, Lisa M Burdette, in my capacity as the Absentee Election Manager of CHAMBERS 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, Douglas Jean, in my capacity as Chair/President of CHAMBERS 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: CHAMBERS

Signature of Chair/President of the County Commission: Douglas Jean

Date: 10/01/2020



SWORN AND SUBSCRIBED before me on this 1ST day of OCTOBER, 2020.

MY COMMISSION EXPIRES the 1ST day of NOVEMBER, 2022.

Regina Chambers
SIGNATURE OF NOTARY PUBLIC

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