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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: CHILTON COUNTY

Mailing Address:
(Address where check will be mailed)
P O BOX 1948
CLANTON AL 35046

Name of Primary Contact: SYLVIA SINGLETON
Direct Telephone Number: 205-755-1551
Email: ssingleton@chiltoncounty.org

Name of Secondary Contact: MAKESHA CLECKLEY
Direct Telephone Number: 205-755-1551
Email: mcleckley@chiltoncounty.org

App'd:
J. H. Merrill
\$ 12,747.⁴⁵
10/15/20

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
ABSENTEE ELECTION MGR APPROVED BY: _____ DATE: _____	6,750.00	TEMPORARY HELP FOR ELECTION
SANITIZING SUPPLIES APPROVED BY: _____ DATE: _____	197.45	SANITIZING SUPPLIES FOR NOVEMBER 3RD ELECTION
ADDITIONAL SUPPLEMENTAL PAY-POLL WORKERS APPROVED BY: _____ DATE: _____	6,000.00	GENERAL ELECTION NOV. 3RD SUPPLEMENTAL PAY 120X\$50
TOTAL:	12,947.45 ✓	

**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	
\$	12,947.45 ✓

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, Jan L. Calhoun, in my capacity as the Judge of Probate of CHILTON 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, [Signature], in my capacity as the Absentee Election Manager of CHILTON 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, JOSEPH PARNELL, in my capacity as Chair/President of CHILTON CO 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: CHILTON

Signature of Chair/President of the County Commission: Joseph Parnell

Date: SEPTEMBER 24, 2020

SWORN AND SUBSCRIBED before me on this 24 day of SEPTEMBER, 2020.

MY COMMISSION EXPIRES the 7 day of AUGUST, 2022.

(SEAL)

[Signature]
SIGNATURE OF NOTARY PUBLIC

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