

ALABAMA STATE CAPITOL
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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Clarke County Commission

Mailing Address: P.O. Box 548
(Address where check will Grove Hill, AL 36451
be mailed)

Name of Primary Contact: Christy Roberts

Direct Telephone Number: (251)275-3507

Email: cclarke@clarkecountyal.com

Name of Secondary Contact: Rick Harvey

Direct Telephone Number: (251)275-3507

Email: rharvey@clarkecountyal.com

Approved:
J.H. Merrill
\$ 10,091.60
10/15/20

RECEIVED

JB

SEP 22 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
<p>Custom Virus Protection Kits</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold; color: blue;">APPROVED</p> <p style="text-align: center;">BY: _____ DATE: _____</p>	<p>\$5,564.00</p>	<p>Each kit includes approximately 250 disinfectant hand wipes, 20 pairs of sanitary protective gloves, 20 surgical masks for poll workers, 10 micro poll worker hand sanitizer for poll workers, 1 voter handheld sanitizer pump bottle, 10 isopropyl alcohol screen wipes, 3 microfiber cloths, 10 sanitary headset covers, and instructions on how to disinfect consistent with CDC guidelines, voting system manufacturer recommendations, and health care professional best practices, and an additional sign displaying protective efforts.</p>
<p>Additional Absentee Ballot Machine Rental</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold; color: blue;">APPROVED</p> <p style="text-align: center;">BY: _____ DATE: _____</p>	<p>\$1,440.00</p>	<p>Additional absentee ballot machine, Model DS200, due to expected increase in absentee votes due to COVID-19.</p>
<p>Supplemental pay for poll workers</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold; color: blue;">APPROVED</p> <p style="text-align: center;">BY: _____ DATE: _____</p>	<p>\$5,850.00</p>	<p>Additional \$50.00 supplemental pay for 117 poll workers who work on election day</p>
<p>Temporary staff for the Absentee Election Manager</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold; color: blue;">APPROVED</p> <p style="text-align: center;">BY: _____ DATE: _____</p>	<p>\$3,150.00</p>	<p>Temporary staff to assist the Absentee Election Manager due to the expected increase in absentee voting due to COVID-19</p>
TOTAL:	<p>\$16,004.00</p>	<p>✓</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	
\$	\$16,004.00 ✓

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, William Frank O'Neil, in my capacity as the Judge of Probate of Clarke 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, Demmond Padgett, in my capacity as the Absentee Election Manager of Clarke 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, Bill H. Taylor, in my capacity as Chair/President of Clarke 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: Clarke
 Signature of Chair/President of the County Commission: Bill H Taylor
 Date: 9/18/2020

SWORN AND SUBSCRIBED before me on this 18th day of September, 2020.

MY COMMISSION EXPIRES the 15 day of September, 2023.

(SEAL) [Signature]
 SIGNATURE OF NOTARY PUBLIC

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

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
60 boxes of Pens	\$87.60	Ink pens for use during the November Election
<div style="color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</div> <div style="color: blue; font-size: 0.8em;">BY: _____ DATE: _____</div>		
TOTAL:	\$87.60	✓

**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
\$ \$87.60 ✓

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, _____, in my capacity as the Judge of Probate of _____ 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, _____, 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, Bill H. Taylor, in my capacity as Chair/President of Clarke 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: Clarke
Signature of Chair/President of the County Commission: Bill H. Taylor
Date: 10/2/2020

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

MY COMMISSION EXPIRES the 22nd day of April, 2024.

(SEAL) Angela C. Lewis
SIGNATURE OF NOTARY PUBLIC

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