

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: Clay County

Mailing Address:  
(Address where check will be mailed)  
41771 Highway 77 N  
Ashland, AL 36251

Name of Primary Contact: Mary Wood  
Direct Telephone Number: 256-252-4748  
Email: marywood@ClayCountyAl.com

Name of Secondary Contact: Linda Varner  
Direct Telephone Number: 256-252-4716  
Email: lvarner@ClayCountyAl.com

Approved: \$ 17,947.19  
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
Sneeze guard screens Quantity = 60  <b>APPROVED</b> BY: _____ DATE: _____	\$9,905.00	Protection for poll workers at designated poll worker stations November 3, 2020 election.
Gloves for polling locations \$59.99 <b>APPROVED</b> BY: _____ DATE: _____	\$67.19	Protection for pollworkers at polling locations
Absentee election manager duties May-July 2020 *see attached <b>DENIED</b> BY: _____ DATE: _____	\$4,125.00	Absentee election manager duties for July 14, 2020 runoff.
Poll workers = 100 x \$50.00 Student intern poll workers 9 x \$50.00 = Runoff last minute pollworker fill in = 8 x \$25.00 <b>APPROVED</b> BY: _____ DATE: _____	\$5,000.00 \$450.00 \$200.00	- Poll workers for 11/3/20 election supplemental pay - Student intern poll workers for 11/3/20 election day compensation. - Pollworker fillins for 7/14/20 runoff election supplemental pay
<p style="text-align: center;"><b>TOTAL:</b> BY: _____ DATE: _____ <i>Continued to next page</i></p>		

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
Richard Halsey -  Joseph Halsey -	\$610.32 <b>DENIED</b> BY: _____ DATE: _____ \$342.80 <b>DENIED</b> BY: _____ DATE: _____	Election machine Custodians for runoff election. 7/14/2020. *see attached timesheets & mileage logs.
Absentee Manager duties and staff. Julie [unclear] manager - 19 days Sandy Harris - staff - 15 days Kim Lamberth - staff - 10 days @ 75 <sup>00</sup> per day	<b>DENIED</b> \$2375.00 \$1125.00 \$1200.00	Absentee election manager duties plus staff for November 3, 2020 election <b>APPROVED</b> <b>APPROVED</b> BY: _____ DATE: _____
<b>TOTAL: \$25,400.31 ✓</b>		

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**  
\$ 25,400.31 ✓

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, Dianne Blanch in my capacity as the Judge of Probate of Clay 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 Clay 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)

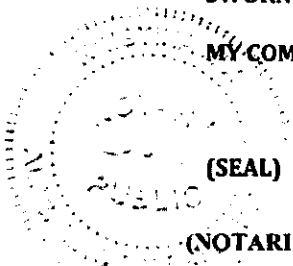
I, Bennie D. Morrison in my capacity as Chair/President of Clay County Commission, submit this application for Election Expense Funding related to COVID-19 for the aforesaid county.

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: Clay County  
Signature of Chair/President of the County Commission: [Signature]  
Date: 9/30/2020

SWORN AND SUBSCRIBED before me on this 30th day of September, 2020.  
MY COMMISSION EXPIRES the 28th day of June, 2021.



[Signature]  
SIGNATURE OF NOTARY PUBLIC  
My Commission Expires 6-28-2021

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