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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Cleburne

Mailing Address: PO BOX 908
(Address where check will Heflin, AL 36264
be mailed)

Name of Primary Contact: Kim Brown

Direct Telephone Number: 2564633827

Email: kbrown@cleburnecounty.us

Name of Secondary Contact: Ryan Robertson

Direct Telephone Number: 2564635655

Email: ryanr@cleburnecounty.us

Approved: \$14,784.90
J. H. Merrill
10/19/20

RECEIVED

SEP 23 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>Absentee Election Manager days worked September 9 - NOV 10, 2020</p> <p style="color: red; font-weight: bold; font-size: 1.2em;">DENIED</p> <p style="font-size: 0.8em;">BY: _____ DATE: _____</p> | <p style="font-size: 1.2em;">\$7,750</p> | <p>Setn 17-11-14 Services AEM Duties - NOV Election</p> |
| <p>Temporary staff to assist AEM Sept 9 - Nov 10, 2020</p> <p style="color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</p> <p style="font-size: 0.8em;">BY: _____ DATE: _____</p> | <p style="font-size: 1.2em;">\$9,150</p> | <p>Assist AEM efficiently handle increase in absentee ballots</p> |
| <p>Additional \$50 supplemental pay for Poll workers (69)</p> <p style="color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</p> <p style="font-size: 0.8em;">BY: _____ DATE: _____</p> | <p style="font-size: 1.2em;">\$3,450</p> | <p>poll worker addl pay for November Election</p> |
| <p>DS200 voting tabulator for AEM</p> <p style="color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</p> <p style="font-size: 0.8em;">BY: _____ DATE: _____</p> | <p style="font-size: 1.2em;">\$1440.00</p> | <p>So AEM can efficiently handle an anticipated increase in absentee ballots</p> |
| TOTAL: | | |

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 |
|---|--|--|
| <p>HAND sanitizer</p> <p>APPROVED</p> <p>BY: _____ DATE: _____</p> | <p>\$625.05</p> | <p>safe & sanitized conditions</p> |
| <p>Disinfecting wipes</p> <p>APPROVED</p> <p>BY: _____ DATE: _____</p> | <p>\$119.85</p> | <p>safe & sanitized conditions</p> |
| | | |
| | | |
| TOTAL: | | |

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
\$ 22,534.90 ✓

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, Ryan Robertson, in my capacity as Chair/President of Cleburne 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: Cleburne
Signature of Chair/President of the County Commission: Ryan Robertson
Date: 9/22/2020

SWORN AND SUBSCRIBED before me on this 22 day of September, 2020.
MY COMMISSION EXPIRES the 8 day of August, 2024.

(SEAL) Emily Williams
SIGNATURE OF NOTARY PUBLIC

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