

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:** Escambia

**Mailing Address:** P O Box 848  
(Address where check will Brewton, AL 36427  
be mailed) \_\_\_\_\_  
\_\_\_\_\_

**Name of Primary Contact:** Tony Sanks

**Direct Telephone Number:** 251-867-0231

**Email:** tsanks@co.escambia.al.us

**Name of Secondary Contact:** Molly Ruzic

**Direct Telephone Number:** 251-867-0374

**Email:** mrusic@co.escambia.al.us

*Approved - \$19,950.00*  
*J. H. Merrill*  
*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
Poll workers' supplemental pay - 142 poll workers @ \$50 each	7,100.00  <b>APPROVED</b> BY: _____ DATE: _____	
Hand sanitizer <b>APPROVED</b> Face masks <b>APPROVED</b> Gloves <b>APPROVED</b> Alcohol wipes <b>APPROVED</b> BY: _____ DATE: _____	1,552.50 229.50 2,369.10 1,109.70	Health/safety - disease prevention
Temporary staff (2) (1) 44 days @ \$75/day (1) 38 days @ \$75/day	3,300.00 <b>APPROVED</b> 2,850.00 <b>APPROVED</b> BY: _____ DATE: _____	To assist AEM with absentee ballots.
Model DS200 Precinct Scanner includes scanner, carrying case, paper roll, and 1 standard 4GB memory device. Equipment installation shipping and handling.	1,440.00  <b>APPROVED</b> BY: _____ DATE: _____	Extra Absentee voting machine for Nov. 3 General Election.
<b>TOTAL:</b>	\$19,950.80 ✓	

**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	
\$	19,950.80 ✓

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, John Robert Fountain, in my capacity as the Absentee Election Manager of Escambia 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, Raymond Wiggins, in my capacity as Chair/President of Escambia 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: Escambia

Signature of Chair/President of the County Commission: Raymond Wiggins

Date: October 2, 2020

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

MY COMMISSION EXPIRES the 20 day of August, 2024.

(SEAL) Shacey W. Cain  
SIGNATURE OF NOTARY PUBLIC

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