

ALABAMA STATE CAPITOL  
600 DEXTER AVENUE  
SUITE S-105  
MONTGOMERY, AL 36130



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JOHN H. MERRILL  
SECRETARY OF STATE

## APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

### County Information

County Name:

Etowah County

Mailing Address:  
(Address where check will  
be mailed)

800 Forrest Av  
Suite 113  
Gadsden AL 35901

Name of Primary Contact:

Direct Telephone Number:

Email:

Kevin Dollar, CFO  
256-549-5310  
kdollar@etowahcounty.org

Name of Secondary Contact:

Direct Telephone Number:

Email:

Hon. Scott W. Hassell, Judge of Probate  
256-549-5310  
Scotthassell.etowah@vote.alabama.gov

Approved: *J. H. Merrill*  
\$20,700.<sup>74</sup>  
10/19/20

RECEIVED

SB  
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
50 Sneeze Guards 200 Face shields Shipping for Face shields/ Sneeze guards 20 boxes of Disposable face masks 5 boxes of gloves (100/box)(L) 5 boxes of gloves (100 box)(XL) 6 packs of alcohol wipes (1200 per box) 10 -5gal buckets Micro fiber cleaning cloths	3,617.50 600.00 300.00 79.80 49.95 49.95 19.85 33.00 21.94	* Personal protective equipment for the 11/3/20 General Election " APPROVED" BY: _____ DATE: _____ " _____ " _____ " _____
Disinfecting wipes Professional Cleaning Service Rental of additional absentee ballot machine Additional pay for 247 poll workers @ \$50.00 each.	99.95 1875.00 1440.00 12,350.00	" APPROVED" BY: _____ DATE: _____ * Professional Cleaning service to disinfect the polling locations before and after the election. * Due to volume of absentee votes " APPROVED" BY: _____ DATE: _____ " APPROVED" BY: _____ DATE: _____
Absentee Election Worker	3,375.00	" APPROVED" BY: _____ DATE: _____ Worker for the Absentee election manager for 11-03-2020 General Election (45 days @ \$75 per day)
Absentee Election Worker	3,075.00	" APPROVED" BY: _____ DATE: _____ Worker for the Absentee election manager for 11-03-2020 General Election (41 days @ \$75 per day)
<b>TOTAL:</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**

\$ 26,986.94 ✓

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, Scott W. Hassell , in my capacity as the Judge of Probate of Etowah 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, Cassandra Johnson, in my capacity as the Absentee Election Manager of Etowah County, submit this application for Election Expense Funding related to COVID-19. 

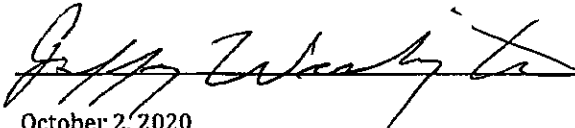
(Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager)

I, Jeffery Washington, in my capacity as Chair/President of Etowah 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: Etowah

Signature of Chair/President of the County Commission: 

Date: October 2, 2020

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

MY COMMISSION EXPIRES the 30<sup>th</sup> day of December, 2023.

(SEAL)   
SIGNATURE OF NOTARY PUBLIC

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