

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: FAYETTE

Mailing Address: PO BOX 670  
(Address where check will FAYETTE, AL 35555  
be mailed)

Name of Primary Contact: K. Michael Freeman

Direct Telephone Number: 205-932-4519

Email: kmfreeman@centurytel.net

Name of Secondary Contact: Susan Sims

Direct Telephone Number: 205-932-4519

Email: susansims@centurytel.net

*Approved*

*\$ 7,531.04*

*J. H. Merrill*  
*10/19/20*

RECEIVED

OCT 20 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 Fee	137 Poll Workers X \$50=\$6850  <b>APPROVED</b> BY: _____ DATE: _____	Supplemental pay for appointed Poll Workers
Extra Ballot Marking Pens Bic Round Stick Xtra Life Med Point	Quantity = 2208 Total \$172.04 <b>APPROVED</b> BY: _____ DATE: _____	Extra pens for marking ballots in Precincts.
Hand Sanitizers	Quantity = 39 bottles Total \$171.80  <b>APPROVED</b> BY: _____ DATE: _____	To provide hand sanitizer bottles for poll workers and voters for precincts.
Face Shields	Quantity 150 Total \$337.20 <b>APPROVED</b> BY: _____ DATE: _____	To provide face shields for poll workers
<b>TOTAL:</b>	\$7531.04 ✓	

Please provide details for each non-repeating item for which you are seeking funding.  
Make additional pages, if necessary.

**Total Request & Certification**

<b>Total Amount of Funding Request</b>	
\$	7531.04 ✓

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)

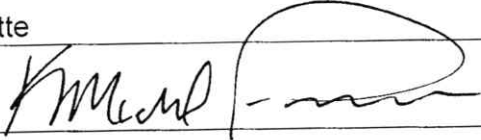
I, K. Michael Freeman, in my capacity as the Judge of Probate of Fayette County, submit this application for Election Expense Funding related to COVID-19.  
 (Judge of Probate shall sign this certification if any requested funding is applicable to the Judge of Probate)

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, K. Michael Freeman, in my capacity as Chair/President of Fayette 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: Fayette  
 Signature of Chair/President of the County Commission:   
 Date: 10-02-2020

SWORN AND SUBSCRIBED before me on this 2nd day of October, 2020.  
 MY COMMISSION EXPIRES the 3rd day of January, 2023.

(SEAL)  Susan M. Sims  
 SIGNATURE OF NOTARY PUBLIC

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