

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:** GENEVA

**Mailing Address:** GENEVA COUNTY COMMISSION  
(Address where check will be mailed) PO BOX 430  
GENEVA, ALABAMA 36340

**Name of Primary Contact:** TOBY SEAY

**Direct Telephone Number:** 334-684-5641

**Email:** toby.seay@genevacountyal.gov

**Name of Secondary Contact:** GINA HOLMES

**Direct Telephone Number:** 334-684-5642

**Email:** gina.holmes@genevacountyal.gov

*Approved:*

*\$720,40*

*J. H. Merrill*

*10/19/20*

RECEIVED



SEP 22 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
masks, gloves, sanitizer   <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</div> BY: _____ DATE: _____	\$1451.48	PPE related expense due to COVID-19 for poll workers for the November 3, 2020 General Election
supplemental poll workers pay \$50.00 @ 115 poll workers   <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</div> BY: _____ DATE: _____	\$5750.00	\$50.00 Supplemental Poll Worker Pay for each duly appointed poll worker who works on election day
<b>TOTAL:</b>	\$7201.48 ✓	

**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**

\$ \$7201.48 ✓

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, TOBY SEAY, in my capacity as the Judge of Probate of GENEVA 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, TOBY SEAY, in my capacity as Chair/President of GENEVA 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: GENEVA

Signature of Chair/President of the County Commission: *Toby Seay*

Date: 24 AUGUST 2020

SWORN AND SUBSCRIBED before me on this 24<sup>th</sup> day of August, 2020.

MY COMMISSION EXPIRES the 24<sup>th</sup> day of April, 2020.

(SEAL) *Cindy Williams*  
SIGNATURE OF NOTARY PUBLIC

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