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

(334) 242-7200
FAX (334) 242-4993
WWW.SOS.ALABAMA.GOV
JOHN.MERRILL@SOS.ALABAMA.GOV

JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Jackson County Commission

Mailing Address:
(Address where check will be mailed)
102 East Laurel Street, Suite 47
Scottsboro, AL 35768

Name of Primary Contact: Bob Manning
Direct Telephone Number: 256-574-9283
Email: bobmanning@jcch.net

Name of Secondary Contact:
Direct Telephone Number:
Email:

Approved: $25,184.00
J. H. Merrill
10/19/20

RECEIVED
JB
SEP 30 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
Protective Face Shields	$2,345.00 APPROVED BY:_____ DATE:_____	Face shields for poll workers
Custom Virus Protection Kits	$9,724.00 APPROVED BY:_____ DATE:_____	Pollworker virus protection kits with 20 stylus - cleaning, sanitizing and protection kits for election
Red masking tape	$140.00 APPROVED BY:_____ DATE:_____	To mark Xs for 6 feet apart social distancing
Poll workers - 135 @ $50.00 credit for overpayment (15 @ $25.00)	6,750.00 (375.00) APPROVED BY:_____ DATE:_____	$50.00 supplemental pay for poll workers Paid for 150 but only had 135 poll workers
TOTAL:	$18,584.00 ✓	

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

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
Temporary employee to help with Absentee Ballot process 44 days @ $75.00	$3,300.00 APPROVED BY:_____ DATE:_____	Temporary help with Absentee Ballot process from Sep 9, 2020 to Nov 10, 2020
Temporary employee to help with Absentee Ballot process 44 days @ $75.00	$3,300.00 APPROVED BY:_____ DATE:_____	Temporary help with Absentee Ballot process from Sep 9, 2020 to Nov 10, 2020
TOTAL:	$6,600.00 ✓	

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
$ 25,184.00 ✓

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, Vicki _____, in my capacity as the Judge of Probate of Jackson 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 Jackson 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, Tim Guffey, in my capacity as Chair/President of Jackson 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: Jackson

Signature of Chair/President of the County Commission: _____

Date: 9-30-20

SWORN AND SUBSCRIBED before me on this 30th day of September, 2020.

MY COMMISSION EXPIRES the 2nd day of February, 2024.

_____

(SEAL) **SIGNATURE OF NOTARY PUBLIC**

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