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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Lamar County

Mailing Address: P.O. Box 338
(Address where check will Vernon, AL 35592
be mailed)

Name of Primary Contact: Sharon D. Nethery, Judge of Probate

Direct Telephone Number: 205-695-9119

Email: sharonnethery.lamar@vote.alabama.gov

Name of Secondary Contact: Jessie Roberts

Direct Telephone Number: 205-695-7333

Email: lamarcountypayroll@yahoo.com

RECEIVED
OCT 2 2020

ALABAMA
SECRETARY OF STATE

Approved: \$ 7978.20
J. H. Merrill
10/15/20

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
Spray Disinfectant	178.20 <div style="text-align: center; color: blue; font-weight: bold;">APPROVED</div> BY: _____ DATE: _____	Sanitation of polling places
156 poll workers suppliment pay to each poll worker	7800.00 <div style="text-align: center; color: blue; font-weight: bold;">APPROVED</div> BY: _____ DATE: _____	50.00 Suppliment pay to all pole workers.
TOTAL:	7978.20 ✓	

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
\$ 7978.20 ✓

I, [Signature], in my capacity as Sheriff of Lamar 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, Sharon A. Netherly, in my capacity as the Judge of Probate of Lamar 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, [Signature], 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, Sharon P. Netherly, in my capacity as Chair/President of Lamar 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.

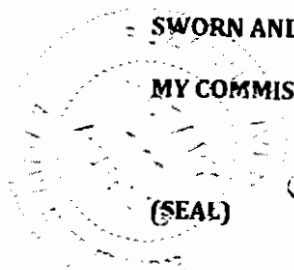
Name of County: Lamar County

Signature of Chair/President of the County Commission: Sharon P. Netherly

Date: October 2, 2020

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

MY COMMISSION EXPIRES the 13th day of May, 2022.



Suzanne Sues
SIGNATURE OF NOTARY PUBLIC

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