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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Lauderdale

Mailing Address:
(Address where check will be mailed)
P.O. Box 1059
Florence AL 35631

Name of Primary Contact: Brenda Bryant
Direct Telephone Number: 256-760-5747
Email: bbryant@lauderdalecountyal.gov

Name of Secondary Contact: Shana Thompson
Direct Telephone Number: 256-760-5859
Email: sthompson@lauderdalecountyal.gov

Approved: \$ 25,071.²⁰
J. H. Merrill
10/19/20

RECEIVED
OCT 1 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 for Election Day	\$11,550.00	231 workers x \$50.00
<p>APPROVED</p> <p>BY: _____ DATE: _____</p>		
DS 200 Voting Tabulators	\$2,880.00	2 Tabulators x \$1,440.00
<p>APPROVED</p> <p>BY: _____ DATE: _____</p>		
AEM Temporary staff	\$8,250.00	2 x \$75/day x 55 days
<p>APPROVED</p> <p>BY: _____ DATE: _____</p>		
PPE	\$723.20	20 CS WIPES @ 30.36 \$607.20 10 BX GLOVES @ 11.60 \$116.00
<p>APPROVED</p> <p>BY: _____ DATE: _____</p>		
Tables at Polls	\$1,668.00	Social Distancing at Polls 12 x \$139.00
<p>TOTAL: APPROVED</p> <p>BY: _____ DATE: _____</p>		

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**

\$ 25,071.20 ✓

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, Will Motlow, in my capacity as the Judge of Probate of Lauderdale 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, Missy Homan, in my capacity as the Absentee Election Manager of Lauderdale 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, Danny Pettus, in my capacity as Chair/President of Lauderdale 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: Lauderdale

Signature of Chair/President of the County Commission: Danny Pettus

Date: 10/1/2020

SWORN AND SUBSCRIBED before me on this 1st day of October, 2020.

MY COMMISSION EXPIRES the 3rd day of January, 2024.

Brenda August
SIGNATURE OF NOTARY PUBLIC

(SEAL)

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