

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



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JOHN H. MERRILL  
SECRETARY OF STATE

## APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

### County Information

County Name: Limestone County

Mailing Address: 310 West Washington Street  
(Address where check will Athens, AL 35611  
be mailed)

Name of Primary Contact: Ramona Robinson

Direct Telephone Number: 256-216-3877

Email: ramona.robinson@limestonecounty-al.gov

Name of Secondary Contact: Bobbi Bailey

Direct Telephone Number: 256-216-3393

Email: bobbi.bailey@limestonecounty-al.gov

*Approved:*

*\$24,911.38*

*J. H. Merrill*  
*10/17/20*

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
1. Additional Absentee Ballot Machine	\$1,440.00 <b>APPROVED</b> BY: _____ DATE: _____	To provide an additional absentee machine for increased amount of absentee ballots
2. Clorox Wipes and Germ-x Sanitizer	\$315.09 (35.91, 70.58, 35.98, 35.91, 29.97, 70.76, 35.98) <b>APPROVED</b> BY: _____ DATE: _____	To provide each precinct and every worker with disinfecting wipes for machines, poll pads and pens/stylus, as well as sanitizer for workers and voters.
3. Face Shields	\$649.99 <b>APPROVED</b> BY: _____ DATE: _____	To provide and make available to every worker at every precinct.
4. Acrylic Safety Barrier	\$2,866.03 <b>APPROVED</b> BY: _____ DATE: _____	To provide extra protection to workers at every precinct. One barrier at every poll pad and one barrier at every ballot table.
5. Colored Masking Tape	\$299.50 <b>APPROVED</b> BY: _____ DATE: _____	To provide to each precinct for marking floors to make aware of social distancing guidelines.
6. Delineator Posts	\$60.87 \$202.90 <b>APPROVED</b> BY: _____ DATE: _____	To provide to certain precincts for additional social distancing guidelines.
7. KN95 Masks	<del>\$585.00</del> <b>APPROVED</b> BY: _____ DATE: _____	To provide to each worker, at each precinct.
8. Nitrile Gloves	\$800.00 <b>APPROVED</b> BY: _____ DATE: _____	To provide to each worker, at each precinct, at least two pairs.
<b>TOTAL: \$7,219.38 ✓</b>		

**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
9. Stylus	\$500.00 <b>APPROVED</b>	To provide additional stylus to every worker and voter at every precinct.
10. Ball Point Pens	BY: <del>\$3,192.00</del> <b>APPROVED</b>	To provide every voter at every precinct with their own individual pen.
11. Additional pay for Election Workers	BY: <del>\$14,000.00</del> <b>APPROVED</b>	To provide an additional \$50 to every worker at every precinct. Approximately 280 workers.
	BY: _____ DATE: _____	
<b>TOTAL:</b>	<b>\$17,692.00</b> ✓	

**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**  
\$ 24,911.38 ✓

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, Charles C. Woodroof, in my capacity as the Judge of Probate of Limestone 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, Collin Daly, in my capacity as Chair/President of Limestone 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: LIMESTONE  
Signature of Chair/President of the County Commission: [Signature]  
Date: 10-1-2020

SWORN AND SUBSCRIBED before me on this 1st day of October, 2020.  
My COMMISSION EXPIRES the 3rd day of August, 2022.  
Pam Ball  
SIGNATURE OF NOTARY PUBLIC  
NOTARY PUBLIC REQUIRED ONLY FOR CHAIR/PRESIDENT OF COUNTY COMMISSION