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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: LOWNDES

Mailing Address: PO BOX 65
(Address where check will HAYNEVILLE, AL 36040
be mailed)

Name of Primary Contact: JACQUELYN THOMAS

Direct Telephone Number: 334-548-2331

Email: JTHOMAS@HTCNET.NET

Name of Secondary Contact: LASHANDRA MYRICK

Direct Telephone Number: 334-315-0787

Email: PROBATE2365@HTCNET.NET

Approved: \$ 17,305.24
J. H. Merrill
10/15/20

RECEIVED
OCT 5 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 WIPES WIPES DISINFECTING SPRAY GLOVES CLEANCLIDE SANITIZING POLLING LOCATIONS SANITIZING POLLING LOCATIONS POLL WORKER 80 @ \$50.00 (detailed list will be provided later) | \$225.00 \$1,000.00 \$15.15 \$595.00 \$135.00 \$104.22 \$1,762.94 \$1,762.93 \$4,000.00 | PPE FOR POLL WORKERS PPE FOR POLL WORKERS PPE FOR POLL WORKERS PPE FOR POLL WORKERS PPE FOR POLL WORKERS PPE FOR POLL WORKERS PPE FOR POLL WORKERS BEFORE ELECTION AFTER ELECTION POLL WORKER SUPPLEMENTAL PAY |
| ABSENTEE TEMPORARY WORKERS @ \$75.00 PER DAY FROM SEPT. 9, 2020-NOV. 3, 2020 DS200 ADDITIONAL MACHINE | \$6,450.00 \$1,440.00 | ABSENTEE TEMPORARY WORKERS PER DAY REIMBURSEMENT ADDITIONAL ABSENTEE TABULATOR |
| | -125.00 | Carry Forward From July 14, 2020 CARES Act disbursement |
| | | |
| TOTAL: | | |

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
\$ 17,490.24 ✓

\$ 17,490.24
- 125.00

\$ 17,365.24

I, Christopher S. Beck, in my capacity as Sheriff of Lowndes 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, Karronda Myr, in my capacity as the Judge of Probate of Lowndes 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, Johanne M King, 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, Carnell McAlpine, in my capacity as Chair/President of Lowndes 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: Lowndes

Signature of Chair/President of the County Commission: Carnell McAlpine

Date: 10-2-2020

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

MY COMMISSION EXPIRES the 19th day of September, 2023.

(SEAL) [Signature]
SIGNATURE OF NOTARY PUBLIC

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