

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:

Marion County

Mailing Address:

(Address where check will be mailed)

PO BOX 460
HAMILTON, AL 35570

Name of Primary Contact:

Kalyn Moore

Direct Telephone Number:

205-921-3172

Email:

marioncountycorruption@gmail.com

Name of Secondary Contact:

Direct Telephone Number:

Email:

RECEIVED
13
OCT 2 2020

ALABAMA
SECRETARY OF STATE

Approved: \$15,160.43
J. H. Merrill
10/19/20

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
Stylus (15,000 quantity)	4,800.00 APPROVED BY: _____ DATE: _____	So voters do not have to share a stylus, thus slowing the spread of germs.
Pens (35 packs)	1,354.15 APPROVED BY: _____ DATE: _____	So voters do not have to share a pen, thus slowing the spread of germs.
MASKS, sanitizer, disinfectant cleaner, paper towels, face shields	1,314.44 APPROVED BY: _____ DATE: _____	to give poll workers disinfecting tools, masks, sanitizers, and face shields.
150 Poll workers (\$50 additional pay)	7,500.00 APPROVED BY: _____ DATE: _____	To pay \$50 additional to poll workers.
TOTAL:		

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
hand sanitizer folding tables alcohol wipes glue <div style="text-align: center;"> APPROVED BY: _____ DATE: _____ </div>	191.84	Personal protection, to allow space for absentee voting, and to seal secret ballot envelopes without licking the envelope.
Absentee manager 4 1/2 days - \$125 per day <div style="text-align: center;"> DENIED BY: _____ DATE: _____ </div>	5750.00	To manage the collection of absentee ballots.
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
\$ 20,910.43 ✓

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, Paige Nichols Vick, in my capacity as the Judge of Probate of Marion County 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, Denise Nixon Marion, 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, Keith Nichols, in my capacity as Chair/President of Marion County 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: MARION
Signature of Chair/President of the County Commission: Keith Nichols
Date: 10/3/2020

SWORN AND SUBSCRIBED before me on this 2nd day of October, 2020.
MY COMMISSION EXPIRES the 13 day of December, 2020.

(SEAL) Kalyn Moore
SIGNATURE OF NOTARY PUBLIC

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