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JOHN H. MERRILL  
SECRETARY OF STATE

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

**County Information**

County Name: MARSHALL County Commission

Mailing Address:  
(Address where check will be mailed)  
424 Blount Ave.  
STE 305  
Guntersville, AL 35976

Name of Primary Contact: DORIS Trentham  
Direct Telephone Number: 256-571-7701  
Email: dtrentham@marshallco.org

Name of Secondary Contact: Shelly Fleisher  
Direct Telephone Number: 256-571-7701  
Email: SFleisher@MARSHALLCO.ORG

Approved: J. H. Merrill  
10/20/20  
\$ 20,976.<sup>92</sup>

RECEIVED  
113  
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
Supplemental pay For Poll workers. 37 Inspectors @ \$50.00 188 workers @ \$50.00	\$11,250.00  <b>APPROVED</b> BY: _____ DATE: _____	See Attached worker List.
Refillable Pump Bottles (Amazon) \$79.45 1 gallon Disinfectant (SAFETY MASTERS) \$240.00	\$319.45  <b>APPROVED</b> BY: _____ DATE: _____	
SAFETY MASKS (SAFETY MASTERS) \$6000.00 (SEAM SEAL) \$537.00 (LNU CAPITAL) \$1470.00	\$8007.00  <b>APPROVED</b> BY: _____ DATE: _____	
Gloves (MARSHALL INDUSTRIAL SUPPLIES) \$600.00	\$1600.00  <b>APPROVED</b> BY: _____ DATE: _____	
<b>TOTAL:</b>	\$20,176.45 ✓	

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
Disinfectant wipes. (Boosters, Inc) \$ 575.52	\$ 575.52  <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</div> BY _____ DATE: _____	
<b>TOTAL:</b> \$ 575.52 ✓		

**Please provide details for each non-repeating item for which you are seeking funding.  
Make additional pages, if necessary.**

**Total Request & Certification**

<b>Total Amount of Funding Request</b>
\$ <u>20,751.97</u> ✓

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, Andrea LeCroy, in my capacity as the Judge of Probate of Marshall 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, David Kelley, in my capacity as <sup>vice</sup> Chair/President of Marshall 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: Marshall  
 Signature of Chair/President of the County Commission: David Kelley  
 Date: 10-1-20

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

MY COMMISSION EXPIRES the 31 day of May, 2022



(SEAL) David J. Hunter  
 SIGNATURE OF NOTARY PUBLIC

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

**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
<p>Absentee Election Temporary worker</p> <p style="text-align: center;"><b>APPROVED</b></p> <p style="text-align: center;">BY: _____ DATE: _____</p>	<p style="text-align: center;">\$225.00</p>	
<b>TOTAL:</b>		<p>\$ 225.00 ✓</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
\$ 225.00 ✓

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, \_\_\_\_\_, in my capacity as the Judge of Probate of \_\_\_\_\_ 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, Annie Johnson, in my capacity as the Absentee Election Manager of Marshall 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, David Kelley, in my capacity as <sup>vice</sup> Chair/President of Marshall 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: MARSHALL

Signature of Chair/President of the County Commission: David Kelley

Date: 10-1-20

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

MY COMMISSION EXPIRES the 31 day of May, 2022.

(SEAL) David Inman  
SIGNATURE OF NOTARY PUBLIC

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