

ALABAMA STATE CAPITOL
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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: PERRY COUNTY

Mailing Address: P.O BOX 478
(Address where check will be mailed) MARION, AL 36756

Name of Primary Contact: CEDRIC HUDSON
Direct Telephone Number: 334-683-2200
Email: COMMISSIONERHUDSON@GMAIL.COM

Name of Secondary Contact: MONICA BRYANT
Direct Telephone Number: 334-683-2200 EXT. 1
Email: MBRYANT2200@GMAIL.COM

*Approved:
J. H. Merrill \$ 21,356.44
10/19/20*

RECEIVED
JB
SEP 30 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
40 FOLDING CHAIRS 31 FOLDING TABLES APPROVED BY: _____ DATE: _____	40 @31.50= 1,259.99 31@60.32=1,869.92 TOTAL: 3,129.91	CHAIR AND TABLES TO ENSURE SOCIAL DISTANCING
105 DESK SHIELDS 48 HAND SANITIZER AND SURFACE WIPES 3 PLY FACE MASK GLOVES 120-4OZ CLEAR PET PLASTIC APPROVED BY: _____ DATE: _____	105@29.00=3,045.00 48@11.99=575.52 2,000@.60=1,200.00 2,000@.40=800.00 120@2.20=264.00 TOTAL: 5,884.52	PPE TO PROTECT VOTERS PPE TO SANITIZE SUFACES PPE TO PROTECT WORKERS/VOTERS PPE TO PROTECT WORKERS/VOTERS PPE SPRAY BOTTLES TO DISINFECT SURFACES AND AREAS
POLL WORKERS APPROVED BY: _____ DATE: _____	100 @50= TOTAL: 5,000.00	SUPPLEMENTAL PAY FOR POLL WORKERS
ELECTION KIT WITH WIPES PLEASE WAIT HERE CIRCLE APPROVED BY: _____ DATE: _____	110@ 1.10=121.00 25@5.88=147.00 SHIPPING=26.34 TOTAL: 294.34	WIPES TO CLEAN PENS AFTER EACH USE. PPE SOCIAL DISTANCING SIGNS
TOTAL: 14,308.77 ✓		

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

Items Requested for Funding

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Items or Services to be Purchased or Funded with Concise Description	Cost of Items (Must attach quote or invoice)	Reason for Purchase/Funding
TEMPORARY STAFF MEMBERS: JONETHA WILLIAMS CHELSEA WILLIAMS APPROVED BY: _____ DATE: _____	75.00 PER DAY @ 45 DAYS X.765(FICA)= 3,400.82 75.00 PER DAY @ 38 DAYS X.765(FICA)= 3,068.03 TOTAL: 6,468.85	ASSIST THE ELECTION ABSENTEE MANAGER ASSIST THE ELECTION ABSENTEE MANAGER
DYMO LABELS APPROVED BY: _____ DATE: _____	2 BOXES @14.41= TOTAL: 28.82	MAILING LABELS FOR BALLOTS
ELECTION KIT WITH WIPES APPROVED BY: _____ DATE: _____	500@ 1.10=550.00 TOTAL: 550.00	PPE WIPES AND MASKS FOR ABSENTEE VOTING
ELECTION BALLOT DROP BOX DENIED BY: _____ DATE: _____	1@1,586.00 TOTAL: 1,586.00	DROP BOX FOR ABSENTEE VOTING LIMITING CONTACT AND EXPOSURE
TOTAL:	8,633.67 ✓	

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
\$ <u>22,942.44</u> ✓

I, Billy Gant in my capacity as Sheriff of Perry 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, Jeldora B. Anderson in my capacity as the Judge of Probate of Perry 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, Miss Jacob-Lynn Perry in my capacity as the Absentee Election Manager of Perry 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, Cedric Hudson in my capacity as Chair/President of Perry County Commission, submit this application for Election Expense Funding related to COVID-19 for the aforesaid county.

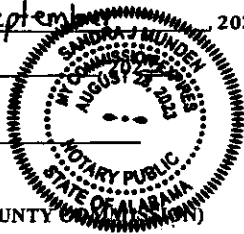
By signing this application, I certify that all information contained herein is accurate and complete to the best of my knowledge, that all state purchasing and/or bid laws and/or local purchasing regulations have been strictly followed related to the proposed purchase(s), that the amount for which I 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: Perry County
Signature of Chair/President of the County Commission: Cedric D. Hudson
Date: 9-25-20

SWORN AND SUBSCRIBED before me on this 25th day of September, 2020.
MY COMMISSION EXPIRES the 28th day of August

(SEAL) Sandra J. Munden
SIGNATURE OF NOTARY PUBLIC



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