

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: PICKENS

Mailing Address: PO BOX 460
(Address where check will CARROLLTON, AL 35447
be mailed)

Name of Primary Contact: CHERYL BOWLES

Direct Telephone Number: 205-367-2023

Email: admin54@earthlink.net

Name of Secondary Contact: YOLANDA COCKRELL

Direct Telephone Number: 205-367-2022

Email: pickens_cocommission@hotmail.com

Approved:

\$ 11,598.90

J. H. Merrill
10/20/20

RECEIVED

JR

OCT 2 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
\$50 POLL WORKERS' SUPPLEMENT \$75 OVERAGE PAID FOR 7/15/20 RUNOFF ELECTION	\$7,250 (\$ 75)	COVID-19 HAZARDOUS PAY ROLL_OVER
<p style="color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</p> <p>BY: _____ DATE: _____</p>		
GLOVES	\$ 447.92	PPE FOR POLL WORKERS
<p style="color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</p> <p>BY: _____ DATE: _____</p>		
HAND SANITIZER WIPES MASKS FREIGHT	\$ 926.40 \$ 833.70 \$ 650.00 \$ 126.38	FOR SANITIZER STATIONS AT VOTING SITES FOR USE AT VOTING SITES PPE FOR POLL WORKERS FREIGHT
<p style="color: blue; font-weight: bold; font-size: 1.2em;">All APPROVED</p> <p>BY: _____ DATE: _____</p>		
TOTAL:		\$10,158.90 ✓

**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
\$ 10,158.90 ✓

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, _____, 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, Bobby Ingram, in my capacity as Chair/President of Pickens County Commission 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.

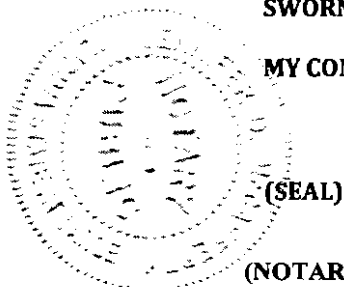
Name of County: PICKENS

Signature of Chair/President of the County Commission: Bobby Ingram

Date: OCTOBER 2, 2020

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

MY COMMISSION EXPIRES the 1 day of March, 2023.



Jennifer D. McCarty
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
Additional Absentee DS-200 voting machine to be rental for Nov. 2020	\$1440. ⁰⁰ APPROVED BY: _____ DATE: _____	To accomodate large numbers of absentee voting due to COVID concerns
TOTAL:	1440. ⁰⁰ ✓	

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
\$ 1440.00

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, Daw H Pate, in my capacity as the Judge of Probate of Pickens 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, KEITH COP PICKENS, 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, Bobby Ingram, in my capacity as Chair President of Pickens 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: _____

Pickens

Signature of Chair/President of the County Commission: _____

Bobby Ingram

Date: _____

SWORN AND SUBSCRIBED before me on this 8th day of October, 2020.

MY COMMISSION EXPIRES the 1st day of March, 2023.

(SEAL)

Jennifer D. McCafferty
SIGNATURE OF NOTARY PUBLIC

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