

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:

Pike

Mailing Address:

(Address where check will be mailed)

PO Box 1147
Troy, AL 36081

Name of Primary Contact:

McKenzie Wilson

Direct Telephone Number:

334-566-6374

Email:

mwilson@pikecommission.com

Name of Secondary Contact:

Jordan Cox

Direct Telephone Number:

334-566-6374

Email:

jcox@pikecommission.com

Approved: \$ 17,719.75
J. H. Merrill
10/19/20

RECEIVED

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 |
|---|--|---|
| <p>Additional AEM staff 2 Employees, 18 days each</p> | <p>\$2,906.56</p> <p>APPROVED</p> <p>BY: _____ DATE: _____</p> | <p>\$75 per day plus Soc Sec. + Medicare</p> |
| <p>Poll Worker additional payment, \$50 per day 217 workers</p> | <p>\$10,850.00</p> <p>APPROVED</p> <p>BY: _____ DATE: _____</p> | <p>217 ^{poll} workers @ \$50 per day</p> |
| <p>Due back to the State for July election</p> | <p>(650.00)</p> <p>APPROVED</p> <p>BY: _____ DATE: _____</p> | <p>See attached letter.</p> |
| <p>TOTAL: 13,106.56 ✓</p> | | |

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 |
|---|--|--|
| Chuck & Melissa Johnson APPROVED BY: _____ DATE: _____ | \$523.50 | CLEAN & SANITIZE Precinct buildings |
| Turquoise Pharm Med Co PPE APPROVED BY: _____ DATE: _____ | \$137.70 | PPE materials for Poll workers |
| Inclusion Solutions PPE APPROVED BY: _____ DATE: _____ | \$639.00 | PPE related. Necessary to provide additional protection for voters |
| Amazon.com Services LLC View sonic projector projector bag | 389.80 17.27 BY: _____ DATE: _____ | DENIED Provide Poll worker training while meeting CDC/ADPH Guidelines BY: _____ DATE: _____ |
| TOTAL: | 1,707.34 ✓ | |

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 |
|--|--|--|
| <p><u>DF SAFETY</u> 72 small spray bottles</p> <p style="text-align: center;">APPROVED</p> <p>BY: _____ DATE: _____</p> | <p>\$ 90.69</p> | <p>For poll. washers Alcohol PPE related</p> |
| <p>JONES Medical Supply MASKS</p> <p style="text-align: center;">APPROVED</p> <p>BY: _____ DATE: _____</p> | <p>\$ 3000.00</p> | <p>PPE</p> |
| <p>Award Company of America Face Shields</p> <p style="text-align: center;">APPROVED</p> <p>BY: _____ DATE: _____</p> | <p>\$ 222.30</p> | <p>PPE</p> |
| <p>TOTAL:</p> | <p>\$ 3,312.99 ✓</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 |
| \$ <u>18,126.89</u> ✓ |

I, Russell Thomas, in my capacity as Sheriff of Pike 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, Michael Buhn, in my capacity as the Judge of Probate of Pike 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, Jamie Scarborough, in my capacity as the Absentee Election Manager of Pike 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, Robin Sullivan, in my capacity as Chair/President of Pike 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.

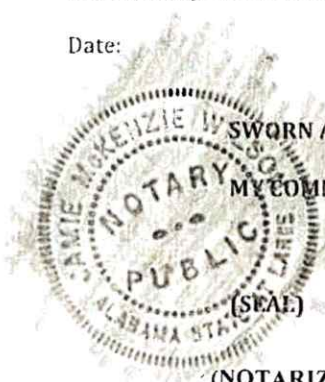
Name of County: _____

Signature of Chair/President of the County Commission: _____

Date: _____

Pike
Robin Sullivan
10/2/20

SWORN AND SUBSCRIBED before me on this 2nd day of October, 2020.
MY COMMISSION EXPIRES the 14 day of December, 2020.



[Signature]
SIGNATURE OF NOTARY PUBLIC

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