

ALABAMA STATE CAPITOL
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MONTGOMERY, AL 36130



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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: St. Clair County

Mailing Address:
(Address where check will be mailed)
165 5th Avenue
Suite 100
Ashville, AL 35953

Name of Primary Contact: Tina Morgan
Direct Telephone Number: 205-594-2404
Email: tmorgan@stclairco.com

Name of Secondary Contact: Michelle Layfield
Direct Telephone Number: 205-594-2425
Email: mlayfield@stclairco.com

Approved: \$24,385.⁰⁰
J. H. Merrill
10/21/20

RECEIVED
JB
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 |
|--|---|---|
| Virus Protection Kits | 6,985.00 APPROVED BY: _____ DATE: _____ | Kits purchased to clean polling places. Includes cleaning supplies, hand sanitizer and masks. |
| 210 Poll Workers | 10,500.00 APPROVED BY: _____ DATE: _____ | Extra \$50.00 each poll worker will receive due to COVID19 \$50.00 x 210 pollworkers |
| Additional Staff for Absentee Voting | 6,900.00 APPROVED BY: _____ DATE: _____ | 2 Additional Staff to assist Absentee Election manager \$75.00 x 46 days x 2 people |
| TOTAL: | | |
| 24,385.00 ✓ | | |

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 |
| \$ <u>24,385.00</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, Mike Baulig, in my capacity as the Judge of Probate of St. Clair 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, Donna L. Gave, in my capacity as the Absentee Election Manager of St. Clair 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, Paul Manning, in my capacity as Chair/President of St. Clair 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: _____

St. Clair County

Signature of Chair/President of the County Commission: _____

Paul Manning

Date: _____

9.25.2020

SWORN AND SUBSCRIBED before me on this 25 day of September, 2020.

MY COMMISSION EXPIRES the 28 day of April, 2021.

(SEAL)

Dina Morgan
SIGNATURE OF NOTARY PUBLIC

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