

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: BALDWIN COUNTY COMMISSION

Mailing Address: 312 COURTHOUSE SQUARE STE 11  
(Address where check will BAY MINETTE, ALABAMA 36507  
be mailed)

Name of Primary Contact: CIAN HARRISON

Direct Telephone Number: 251-937-0303

Email: CIAN.HARRISON@BALDWINCOUNTYAL.GOV

Name of Secondary Contact: DONNA G. BRYARS

Direct Telephone Number: 251-580-1838

Email: DGBRYARS@BALDWINCOUNTYAL.GOV

*Approval: 10,775.00*  
*J.H. Merrill*  
*12/7/20*

RECEIVED

*JB*

DEC 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
<p>12 Additional Absentee Election Workers paid at \$75.00 per day from September 9, 2020 to November 10, 2020.</p> <p style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</p> <p style="text-align: center; color: blue;">BY: _____ DATE: _____</p>	<p>\$14,175.00</p> <p>Previous funding over payment of \$3,400 will be deducted from the above amount. This over payment resulted in the number of poll workers that did not work the November 3, 2020 General Election.</p>	<p>Jody Wise, the Absentee Election Manager, has requested for 12 additional workers to be paid for time worked for the November 3, 2020, General Election. Her office issued over 15,000 ballots, which is triple the amount compared to any other election. These additional workers assisted with assisting voters with applications, making copies, putting together ballot packets, advising voters on how to complete ballots, notarizing the voter's signature, opening absentee mailed applications, handing out voter applications, and etc.</p>
TOTAL:		

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**  
**\$ 10,775.00 ✓**

NA in my capacity as Sheriff of NA 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)

NA in my capacity as the Judge of Probate of NA 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)

George W. Adams in my capacity as the Absentee Election Manager of  Baldwin  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, JOE DAVIS III in my capacity as Chair/President of Baldwin 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.

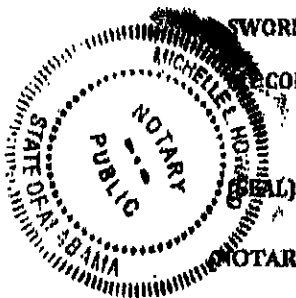
Name of County: \_\_\_\_\_

Signature of Chair/President of the County Commission: Joe Davis III

Date: December 1, 2020

My Commission Expires: SWORN AND SUBSCRIBED before me on this 1st day of December, 2020.

COMMISSION EXPIRES the \_\_\_\_\_ day of \_\_\_\_\_, 202



Michelle Howard  
SIGNATURE OF NOTARY PUBLIC

NOTARIZATION REQUIRED ONLY FOR CHAIR/PRESIDENT OF COUNTY COMMISSION)

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

### County Information

**County Name:** BALDWIN COUNTY COMMISSION

**Mailing Address:** 312 COURTHOUSE SQUARE STE 11  
(Address where check will BAY MINETTE, ALABAMA 36507  
be mailed)

**Name of Primary Contact:** CIAN HARRISON

**Direct Telephone Number:** 251-937-0303

**Email:** CIAN.HARRISON@BALDWINCOUNTYAL.GOV

**Name of Secondary Contact:** DONNA G. BRYARS

**Direct Telephone Number:** 251-580-1838

**Email:** DGBRYARS@BALDWINCOUNTYAL.GOV

RECEIVED

DEC 16 2020

ALABAMA  
SECRETARY OF STATE

*Approved: J.H. Merrill \$4,125.00  
12/15/2020*

A handwritten signature in blue ink, likely belonging to John H. Merrill, the 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
Assistant Absentee Election Manager, paid at \$75.00 per day from September 9, 2020 to November 10, 2020 for a total of 55 days	\$4,125.00  <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</div> BY: _____ DATE: _____	She assisted with assisting voters with applications, making copies, putting together ballot packets, advising voters on how to complete ballots, notarizing the voter's signature, opening absentee mailed applications, handing out voter applications, and etc.
<b>TOTAL:</b>		

**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**

**\$ 4,125.00**

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, Gods & Wife / Baldwin 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, Joe Davis, III in my capacity as Chair/President of Baldwin 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:

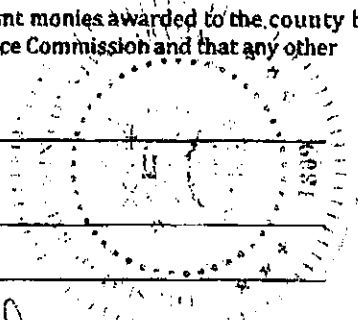
Baldwin

Signature of Chair/President of the County Commission:

Joe Davis III

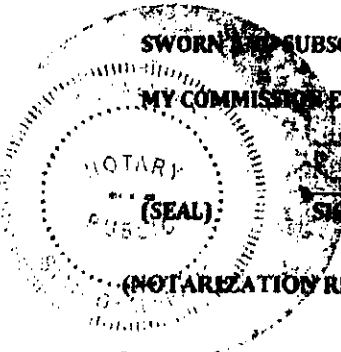
Date:

12/15/2020



SWORN AND SUBSCRIBED before me on this 15<sup>th</sup> day of December, 2020.

MY COMMISSION EXPIRES the 5<sup>th</sup> day of May, 2024.



Monica English  
SIGNATURE OF NOTARY PUBLIC

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