APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: BARBOUR COUNTY COMMISSION

Mailing Address: P. O. BOX 398
(Address where check will be mailed)
CLAYTON, AL 36016

Name of Primary Contact: Raye Ann Calton, County Administrator
Direct Telephone Number: 334-775-8571
Email: rcalton@barbourcountyclayton.com

Name of Secondary Contact: Susan H. Shorter, Judge of Probate
Direct Telephone Number: 334-687-1533
Email: susanhshorter@earthlink.net

Approved: JH Merrill
12/7/20

RECEIVED
33
NOV 23 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.

<table>
<thead>
<tr>
<th>Items or Services to be Purchased or Funded with Concise Description</th>
<th>Cost of Items (Must attach quote or invoice)</th>
<th>Reason for Purchase/Funding</th>
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| **Additional Part Time Absentee Election Workers**<br>Elizabeth Gray estimated 46 days $ 3450<br>Actual 59 days $75.00 per day is an additional<br>Tina Wade 4 days @ $75 per day<br>Tracy Green 4 days @ $75 per day | $975.00<br>$300.00<br>$300.00 | Requested by Absentee Election Manager  
Approved by: [Signature]  
Date: [Date] |
| **Barbara Flurry- Payroll expense 5 hours x $13.50**<br>FICA/Mediclaid on $91.50 | $91.50<br>$7.00<br>$109.25 | Went to Montgomery to pick up Hand Sanitizer  
Approved by: [Signature]  
Date: [Date] |
| **Hand Sanitizer purchased from Quill Check# 11455** | $92.06 | COVID Sanitizing items for polling places  
Approved by: [Signature]  
Date: [Date] |
| **Donna Noblett - 3 Bottles Alcohol**<br>Susan Shorter - Alcohol<br>Less: Amount estimated in October<br>Net Difference | $ 5.89<br>$ 1.85<br>($15.00)<br>($ 7.26) | Alcohol and Spray Bottles for alcohol  
Approved by: [Signature]  
Date: [Date] |

**TOTAL:** $1,867.55

Please provide details for each non-repeating item for which you are seeking funding. Make additional pages, if necessary.
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<td>Hand Sanitizer and Surface Wipes- Boosters</td>
<td>($68.00)</td>
<td>COVID Sanitizing items for polling places</td>
</tr>
<tr>
<td>This claim: $837.00 = previously submitted $745 = $1582.00, Estimated was $1650.00. The difference is ($68.00)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>October estimated poll workers on October claim</td>
<td>($300.00)</td>
<td>October claim estimated 125 pollworkers, actual poll workers was 119</td>
</tr>
<tr>
<td>Less: Overage from March election</td>
<td>($82.63)</td>
<td>Amount received for March election was $82.63 more than actual expenses</td>
</tr>
<tr>
<td>Disinfectant supplies for Absentee Election Manager Estimated- not needed</td>
<td>($50.00)</td>
<td></td>
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<td><strong>U-Haul Rental (additional amount)</strong></td>
<td>$467.60</td>
<td>The Probate Judge had COVID. Under quarantine and needed to test the voting machines which are stored in the Clayton Courthouse.</td>
</tr>
<tr>
<td>Travel reimbursement for Shirley Giglio and Donna Noblett.</td>
<td>$197.52</td>
<td>The Probate Judge had Covid and was under quarantine. These 2 employees had to perform duties to facilitate her in preparing for the election.</td>
</tr>
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Total: **$665.12**

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

$1,000.00 2,032.04

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, ____________________________, in my capacity as Chair/President of ____________________________ 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: ____________________________

SWORN AND SUBSCRIBED before me on this ______ day of ______________, 2020.

MY COMMISSION EXPIRES the ______ day of ______________, 2021.

(SEAL) ____________________________

SIGNATURE OF NOTARY PUBLIC

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