

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: Blount

Mailing Address: 220 2nd Avenue East Room 106
(Address where check will Oneonta, AL 35121
be mailed) _____

Name of Primary Contact: Chris Green, Chairman, Blount County Commission
Direct Telephone Number: 205-625-6868 ext #3239
Email: cgreen@blountcountyal.gov

Name of Secondary Contact: Jacki Goode, Assistant County Administrator
Direct Telephone Number: 205-625-6868 ext #3234
Email: jgoode@blountcountyal.gov

Approved: \$2,500.00
J.H. Merrill
12/7/20

RECEIVED

JH

NOV 13 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
1) Additional pay for election poll workers per SOS instructions. Original total submitted on September 29, 2020 was the number that worked the run off. 113 were submitted 9/29/2020 125 actually worked 11/3/2020 see attached disbursement ledger for total	12 workers @ \$50 each = \$600.00 38 workers @ 50 each = \$1,900.00 See attached disbursements ledger.	APPROVED Additional pay for election poll workers due to COVID-19 requirements. BY: _____ DATE: _____ Student poll workers due to COVID-19. APPROVED BY: _____ DATE: _____
2) Student poll workers		
TOTAL:	\$2,500.00 ✓	

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

\$ \$2,500.00 ✓

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, Chris Green, in my capacity as the Judge of Probate of Blount 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, Chris Green, in my capacity as Chair/President of Chairman 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.

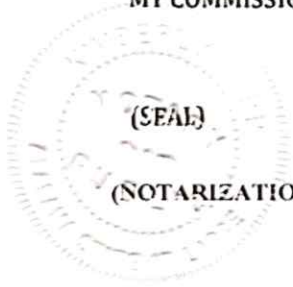
Name of County: Blount

Signature of Chair/President of the County Commission: Chris Green

Date: 11-13-2020

SWORN AND SUBSCRIBED before me on this 13th day of November, 2020.

MY COMMISSION EXPIRES the 14th day of July, 2024.



Kimberly Hip
SIGNATURE OF NOTARY PUBLIC

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