

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: CHOCTAW

Mailing Address: 117 S. MULBERRY AVE. SUITE 9
(Address where check will be mailed) BUTLER, AL 36904

Name of Primary Contact: JESSICA HARE

Direct Telephone Number: 205-459-2100 ext. 1

Email: choctawcounty15@yahoo.com

Name of Secondary Contact: MICHAEL W. ARMISTEAD

Direct Telephone Number: 205-459-2414

Email: probatejudge15@tds.net

*Approved. # 250.00
J.H. Merrill
12/7/20*

RECEIVED
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
5 poll workers @\$50.00 each <i>Please see spreadsheet amount highlighted in Red. (attached to email)</i>	\$250.00	Appointed poll workers (appointed after prior application was sent in) <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</div> BY: _____ DATE: _____
TOTAL:	\$250.00 ✓	

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
\$ 250.00 ✓

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, _____, 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, MICHAEL W. ARMISTEAD, in my capacity as Chair/President of CHOCTAW County Commission, submit this application for Election Expense Funding related to COVID-19 for the aforesaid county.

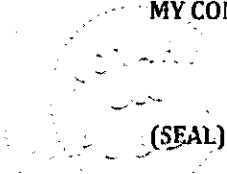
By signing this application, I certify that all information contained herein is accurate and complete to the best of my knowledge, that all state purchasing and/or bid laws and/or local purchasing regulations have been strictly followed related to the proposed purchase(s), that the amount for which I 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: CHOCTAW
Signature of Chair/President of the County Commission: [Signature]
Date: DECEMBER 1, 2020

SWORN AND SUBSCRIBED before me on this 1st day of DECEMBER, 2020.

MY COMMISSION EXPIRES the 10th day of MARCH, 2024.



[Signature]
SIGNATURE OF NOTARY PUBLIC

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