APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Cleburne County

Mailing Address:
PO Box 908
Heflin, AL 36264

Name of Primary Contact: Kim Brown
Direct Telephone Number: 256.463.3827
Email: kbrown@cleburnecounty.us

Name of Secondary Contact: Ryan Robertson
Direct Telephone Number: 256.463.5655
Email: ryanr@cleburnecounty.us

Approval: $420.00

Received: 12/4/20

John H. Merrill
Secretary of State

November 16, 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>
</tr>
</thead>
<tbody>
<tr>
<td>(6) metal election boxes Due to increased number of absentee ballots</td>
<td>120.00</td>
<td>Increase in the number of absentee ballots</td>
</tr>
<tr>
<td><strong>APPROVED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BY: ___________________  DATE: ___________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student pollworker interns</td>
<td>300.00</td>
<td>Supplemental state of emergency allowance</td>
</tr>
<tr>
<td><strong>APPROVED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BY: ___________________  DATE: ___________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please provide details for each non-repeating item for which you are seeking funding. Make additional pages, if necessary.
# Total Request Certification

<table>
<thead>
<tr>
<th>Total Amount</th>
<th>Pending Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>$420.00</td>
<td>$420.00</td>
</tr>
</tbody>
</table>

I, Ryan Robertson, in my capacity as Chair/President of Cleburne 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: Cleburne

Signature of Chair/President of the County Commission:

Date: 11/10/2020

SWORN AND SUBSCRIBED before me on this 10th day of November, 2020.

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

(SIGNATURE OF NOTARY PUBLIC)

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