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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Crenshaw

Mailing Address: Crenshaw County Commission
(Address where check will be mailed) P. O. Box 227
Luverne, AL 36049

Name of Primary Contact: David H. Smyth (County Administrator)

Direct Telephone Number: (334) 403-0749 c

Email: dhsrbs01@yahoo.com

Name of Secondary Contact: Charlie Sankey, Jr. (Commission Chairman)

Direct Telephone Number: (334) 372-0843 c

Email: cs@fcbl.com

Approved: \$1672.05
J.H. Merrill
12/7/20

RECEIVED

JB
NOV 4 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>Originally filed for 76 supplemental poll workers \$50/CARES bonus; however we actually had 91 work. Therefore, 15 addl appointed workers requested reimbursement here.</p> <p style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>15 poll workers x \$50 each = \$750.00 requested.</p>	<p>Add'l poll workers that were not included in the original estimate.</p>
<p>(10) ten foot extension cords (3) twenty five foot ext cords (2) power strips</p> <p style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>@ \$5.99 each @ \$9.99 each @ \$3.99 each ----- Totals: \$59.90 + 29.97 + 7.98 = \$97.85</p>	<p>Extension cords & power strips to facilitate safe spacing of poll books and voters in voting precincts due to COVID.</p>
<p>(7) poll workers that were claimed @ March election; David Brewer stated these did not qualify for \$25 COVID bonus as not "day workers". We owe \$25 each back to State.</p> <p style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>(7) workers x \$25 each = (\$175 cr) due back to State</p>	<p>Night workers shouldn't have rec'd the \$25 CARES election bonus per David Brewer. Difference deducted from this reimbursement request.</p>
TOTAL:	\$672.85 ✓	

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
\$ 672.85 ✓

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)

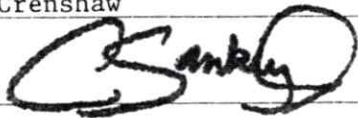
I, Will Tate, in my capacity as the Judge of Probate of Crenshaw County, submit this application for Election Expense Funding related to COVID-19.
(Judge of Probate shall sign this certification if any requested funding is applicable to the Judge of Probate)

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, Charlie Sankey, Jr., in my capacity as Chair/President of the Crenshaw 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: Crenshaw
Signature of Chair/President of the County Commission: 
Date: 11-4-2020

SWORN AND SUBSCRIBED before me on this 4th day of November, 2020.
MY COMMISSION EXPIRES the 19 day of March, 2022.

(SEAL) 
SIGNATURE OF NOTARY PUBLIC

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