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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: HENRY COUNTY

Mailing Address:
(Address where check will
be mailed) HENRY COUNTY COMMISSION
101 COURT SQUARE, SUITE B
ABBEVILLE, AL 36310

Name of Primary Contact: SHERRY LIPSCOMB, ADMINISTRATOR

Direct Telephone Number: 334-585-3708

Email: sherry1henryco37@comcast.net

Name of Secondary Contact: KAREN SCOTT

Direct Telephone Number: 334-585-3708

Email: kscotthcc37@comcast.net

Approved: J. H. Merrill
651.52
12/7/20

RECEIVED
JB

NOV 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.

Items or Services to be Purchased or Funded with Concise Description	Cost of Items (Must attach quote or invoice)	Reason for Purchase/Funding
<p>U.S. Business Products</p> <p>BIC GSM240-Medium Black pens 240 per box / purchased 3 boxes @ 30.60 per box. Cost per pens .1275</p> <p>Requested by Absentee Election Manager for absentee voting - Voters given new pen for voting due to COVID19.</p>	<p>\$ 91.80</p> <p style="font-size: 1.2em; color: blue; font-weight: bold;">APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>Shirlene Vickers, Absentee Election Manager, requested pens so those voting absentee would not be using the same pens to vote. Voters were allowed to take pens after voting. Cost per pens was .1275, which was easier than trying to keep the pens sanitized.</p> <p>The disinfectant wipes were used to</p>
<p>U.S. Business Products</p> <p>Case of disinfectant wipes</p> <p>Requested by Absentee Election Manager to clean and sanitize the tables and chairs after each absentee voter.</p>	<p>\$ 39.98</p> <p style="font-size: 1.2em; color: blue; font-weight: bold;">APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>clean and sanitize the tables and chairs used by absentee voters. These items were used in the prevention, preparation and response to COVID19.</p>
	<p>Ck# 22512 11-10-20</p>	
TOTAL:	<p>\$ 131.78 ✓</p>	

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

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
Office Depot Purchased 26 cases (50 ct) of Masks to be used at the voting houses on Nov. 3, 2020 Masks made available to voters upon entering polling locations - but not required.	\$519.74 Ck# 22316 10-14-20 <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</div> BY: _____ DATE: _____	Requested by Claudette Hawthorne, Chief Probate Clerk, to be used at all polling locations/voting houses throughout the county on November 3, 2020 General Election. These masks were used in the prevention, preparation and response to COVID19.
TOTAL:	\$ 519.74	

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
\$ 651.52 ✓

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)

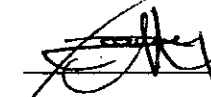
I, _____, in my capacity as the Absentee Election Manager of _____ County, submit this application for Election Expense Funding related to COVID-19.
 (Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager)

I, David Money, in my capacity as Chair/President of HENRY 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: HENRY

Signature of Chair/President of the County Commission: 

Date: November 16, 2020

SWORN AND SUBSCRIBED before me on this 16th day of November, 2020.

MY COMMISSION EXPIRES the 3rd day of December, 2022.

(SEAL) 
 SIGNATURE OF NOTARY PUBLIC

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