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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Jackson County Commission

Mailing Address: 102 East Laurel Street, Suite 47
(Address where check will Scottsboro, AL 35768
be mailed)

Name of Primary Contact: Bob Manning

Direct Telephone Number: 256-574-9283

Email: bobmanning@jcch.net

Name of Secondary Contact: _____

Direct Telephone Number: _____

Email: _____

Approved: \$ 1090.00
J.H. Merrill
12/7/20

RECEIVED
JB

NOV 23 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>Red masking tape</p> <p style="text-align: center;">APPROVED</p> <p>BY: _____ DATE: _____</p>	\$140.00	<p>To mark Xs for 6 feet apart social distancing (Used for Jul 14, 2020 run-off election, but not filed. Was ordered after deadline for filing.)</p>
<p>Poll workers - 19 @ \$50.00 (Difference of actual vs filed for reimbursement) 154 - 135 = 19</p> <p style="text-align: center;">APPROVED</p> <p>BY: _____ DATE: _____</p>	\$950.00	<p>\$50.00 supplemental pay for poll workers. The actual number of poll workers for Nov 3 general election was 154. We had submitted for 135 poll workers based on list used in July.</p>
TOTAL:	\$1,090.00 ✓	

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
\$ 1,090.00 ✓

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, *[Signature]*, in my capacity as the Judge of Probate of Jackson 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, *[Signature]*, in my capacity as the Absentee Election Manager of Jackson 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, Tim Guffey, in my capacity as Chair/President of Jackson 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: Jackson

Signature of Chair/President of the County Commission: *[Signature]*

Date: 11-23-20

SWORN AND SUBSCRIBED before me on this 23rd day of November, 2020.

MY COMMISSION EXPIRES the 2nd day of February, 2024.

(SEAL) *[Signature]*
SIGNATURE OF NOTARY PUBLIC

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