

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: Limestone County

Mailing Address: 310 West Washington Street
(Address where check will Athens, AL 35611
be mailed)

Name of Primary Contact: Kaye Gordon

Direct Telephone Number: 256-216-3427

Email: kaye.gordon@limestonecounty-al.gov

Name of Secondary Contact: Bobbi Bailey

Direct Telephone Number: 256-216-3393

Email: bobbi.bailey@limestonecounty-al.gov

Approved: \$1520.00
J.H. Merrill
12/7/20

RECEIVED
JB
NOV 24 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
1. Additional Absentee Ballot Machine	\$1,440.00 APPROVED BY: _____ DATE: _____	To provide a third absentee machine to process 7,156 absentee ballots. Each machine certified to process up to 2,400 ballots.
2. Temporary Staff to assist with Provisional Voter Affirmations	\$80.00 APPROVED BY: _____ DATE: _____	To provide Board of Registrars with additional staff to assist in counting and verifying 614 Provisional Voter Affirmations.
TOTAL:	\$1,520.00 ✓	

**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
\$ 1,520.00 ✓

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, **CHARLES C. WOODROOF**, in my capacity as the Judge of Probate of **LIMESTONE** 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, **COLLIN DALY**, in my capacity as Chair/President of **LIMESTONE** 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: LIMESTONE
Signature of Chair/President of the County Commission: [Signature]
Date: 11-23-20

WITNESSED AND SUBSCRIBED before me on this 23 day of November, 2020.
MY COMMISSION EXPIRES the 3rd day of August, 2022.
[Signature]
SIGNATURE OF NOTARY PUBLIC
NOTARIZATION REQUIRED ONLY FOR CHAIR/PRESIDENT OF COUNTY COMMISSION

