

ALABAMA STATE CAPITOL  
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JOHN H. MERRILL  
SECRETARY OF STATE

### APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

#### County Information

County Name:

Lowndes

Mailing Address:

(Address where check will be mailed)

PO Box 65  
Hayenville, AL 36044

Name of Primary Contact:

Jacquelyn Thomas

Direct Telephone Number:

334-548-2381

Email:

jthomas@htcnet.net

Name of Secondary Contact:

Lashandra Myrick

Direct Telephone Number:

334-315-0787

Email:

probate2315@htcnet.net

Approved: \$6,281.15  
J.H. Merrill  
12/8/20

RECEIVED

DEC 1 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
Gloves 5 Boxes	67.50	PPE for Poll Workers
Alcohol Wipes 12 packs	240.00	PPE for Poll Workers
Face Masks 12 Boxes	540.00	PPE for Poll Workers
Freight Charge	35.73	" " " "
Sneeze Guard Table Dividers	4,601.72	" " " "
95 Bottles for Ink Pen Cleaning	\$ 8.00	" " " "
Storage Containers for Transporting PPE for Poll	<del>\$23.40</del> \$23.10	" " " "
Spray Bottles for Poll Workers	<del>\$10.00</del> \$9.50	" " " "
Storage Containers for Transporting	\$4.40	" " " "
Absentee Poll Worker Temporary @ \$75.00 per day beginning Nov. 4, 2020 - NOVEMBER 13, 2020 - DECEMBER 3, 2020 + DECEMBER 4, 2020 10 DAYS @ \$75.00	\$750.00	" " " "
<del>\$6,281.15</del> \$6,281.15 ✓		
<b>TOTAL:</b>		
<del>6,281.55</del>		

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

**Total Request & Certification**

<b>Total Amount of Funding Request</b>
\$ _____

\$ 6201.<sup>15</sup> ✓  


I, Christopher S. West, in my capacity as Sheriff of Lowndes 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, Lakisha Ray, in my capacity as the Judge of Probate of Lowndes 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, Dennis King, in my capacity as the Absentee Election Manager of Lowndes 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 King, in my capacity as Chair/President of Lowndes 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.

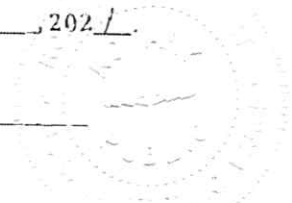
I acknowledge that any misrepresentation of truth or accuracy may require that all grant monies awarded to the county be returned to the Alabama Secretary of State's Office or the United States Election Assistance Commission and that any other penalties provided by Federal and State law may apply.

Name of County: Lowndes  
 Signature of Chair/President of the County Commission: Charlie King  
 Date: 12/1/20

SWORN AND SUBSCRIBED before me on this 1ST day of DECEMBER, 2020.

MY COMMISSION EXPIRES the 21ST day of MAY, 2021.

(SEAL) Robert Gas Grant  
 SIGNATURE OF NOTARY PUBLIC



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