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JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Macon County

Mailing Address:
(Address where check will be mailed) 101 East Rosa Parks Ave., STE 106
ATTN: Susan Thomas
Tuskegee, Alabama 36083

Name of Primary Contact: Susan B. Thomas

Direct Telephone Number: (334) 724-2502

Email: sbthomas@charter.net

Name of Secondary Contact: Judge James Cooper

Direct Telephone Number: (334) 724-2507

Email: jamescooper105@gmail.com

Approved: \$ 760.00
J.H. Merrill
12/7/20

RECEIVED

JH

DEC 1 2020

ALABAMA
SECRETARY OF STATE

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.

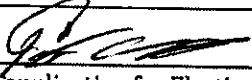
Items or Services to be Purchased or Funded with Concise Description	Cost of Items (Must attach quote or invoice)	Reason for Purchase/Funding
Return of Supplemental Pay for 4 high school intern poll workers	4 X \$50 = -200.00 APPROVED BY: _____ DATE: _____	4 High school students failed to report to duty on election day. \$200 to be returned to the SOS
COVID-19 Posters – How to wear a Mask and & Voter Safety Signage 28 Wall Posters at \$4.29 each	\$120.00 APPROVED BY: _____ DATE: _____	To inform voters arriving at the pools n election day on how to properly wear and mask and stressing importance e of voter safety while voting. VENDOR: McQuick Printing
20 Gallons of Hand Sanitizer 14 – Hand Pumps for the gallon hand sanitizer	\$700.00 APPROVED DATE: _____ \$140.00 APPROVED BY: _____ DATE: _____	For use as voters entered the polling sites and for use by the poll workers at each site VENDOR: Boosters, Inc
TOTAL:		\$960.00 – 200.00 = \$760 ✓

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

Total Amount of Funding Request
\$760.00 ✓

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, JAMES COOPER , in my capacity as the Judge of Probate of MACON COUNTY 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, Louis Maxwell, in my capacity as Chair/President of the Macon 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: _____ MACON _____

Signature of Chair/President of the County Commission:  _____

Date: 12/01/2020 _____ Louis Maxwell _____

SWORN AND SUBSCRIBED before me on this 1st day of December, 2020.

MY COMMISSION EXPIRES the 24th day of April, 2022.





 SIGNATURE OF NOTARY PUBLIC

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