

ALABAMA STATE CAPITOL
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SUITE S-105
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:

Madison County

Mailing Address:

(Address where check will be mailed)

Madison County Commission
100 Northside Square, Suite 700
Huntsville, AL 35801

Name of Primary Contact:

Karen Callahan

Direct Telephone Number:

256-532-3493

Email:

kcallahan@madisoncountyal.gov

Name of Secondary Contact:

Shelbie Wallace

Direct Telephone Number:

256-532-3555

Email:

swallace@madisoncountyal.gov

RECEIVED

SB

NOV 24 2020

ALABAMA
SECRETARY OF STATE

Approved: \$ 5882.⁰⁰
J.H. Merrill
12/7/20

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
Supplies (see attached)	2783.00	see attached spreadsheet for details
	<p style="text-align: center;">APPROVED</p> <p>BY: _____ DATE: _____</p>	
Supplemental Paid Worker Pay < 1250.00 >		see attached (less workers than estimated)
	<p style="text-align: center;">APPROVED</p> <p>BY: _____ DATE: _____</p>	
2 Full Time Absentee Workers	4350.00	see attached (58 days not prev. submitted)
	<p style="text-align: center;">APPROVED</p> <p>BY: _____ DATE: _____</p>	
TOTAL:		

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
\$ 5882.00 ✓

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, Frank Barger, in my capacity as the Judge of Probate of Madison 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, Debra Kizer Madison, 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, Dale Strong, in my capacity as Chair/President of Madison 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: Madison County
 Signature of Chair/President of the County Commission: [Signature]
 Date: _____

SWORN AND SUBSCRIBED before me on this 23rd day of NOVEMBER, 2020.
 MY COMMISSION EXPIRES the 21st day of OCTOBER, 2023.

(SEAL) [Signature]
 SIGNATURE OF NOTARY PUBLIC

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