

ALABAMA STATE CAPITOL
600 DEXTER AVENUE
SUITE S-105
MONTGOMERY, AL 36130

(334) 242-7200
FAX (334) 242-4993
WWW.SOS.ALABAMA.GOV
JOHN.MERRILL@SOS.ALABAMA.GOV

JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: MARSHALL County Commission

Mailing Address:
(Address where check will be mailed)
424 Blount Ave.
STE 305
Guntersville, AL 35976

Name of Primary Contact: DORIS Trentham

Direct Telephone Number: 256-571-7701

Email: dtrentham@marshallco.org

Name of Secondary Contact: Shelly Fleisher

Direct Telephone Number: 256-571-7701

Email: SFleisher@marshallco.org

Approved: \$300.00
J.H. Merrill
12/7/20

RECEIVED

JB

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
<p>Absentee Election Temporary Worker</p> <p style="color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>\$300.00</p>	
TOTAL:	\$ 300.00	

**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	
\$	300.00 ✓

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, _____ in my capacity as the Judge of Probate of _____ 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, Angie Johnson in my capacity as the Absentee Election Manager of Marshall 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, James Hitcherson in my capacity as Chair/President of Marshall 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: _____

Marshall County

Signature of Chair/President of the County Commission: _____

[Signature]

Date: _____

12-1-20

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

MY COMMISSION EXPIRES the 31 day of May, 2022.

(SEAL) [Signature]
SIGNATURE OF NOTARY PUBLIC

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

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APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name:

MARSHALL County Commission

Mailing Address:

(Address where check will be mailed)

424 Blount Ave.
STE 305
Guntersville, AL 35976

Name of Primary Contact:

Doris Trentham

Direct Telephone Number:

256-571-7701

Email:

dtrentham@marshallco.org

Name of Secondary Contact:

Shelly Fleisher

Direct Telephone Number:

256-571-7701

Email:

SFleisher@marshallco.org

Approved:

J.H. Merrill

12/8/20

\$ 3,572.59

RECEIVED

JB

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
STudent Interns WORKing Election Day 30 @ \$50.00	\$ 1,500.00	APPROVED BY: _____ DATE: _____
MASKS LMS Capital	\$ 980.00	APPROVED BY: _____ DATE: _____
STylus Pens Superior Cleaning	\$ 960.00	APPROVED BY: _____ DATE: _____
Sanitizing Supplies STAPLES	\$ 132.59	APPROVED BY: _____ DATE: _____
TOTAL:	\$ 3,572.59	✓

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
\$ 3,572.59 ✓

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, _____, in my capacity as the Judge of Probate of MARSHALL 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, JAMES HUTCHESON, in my capacity as Chair/President of MARSHALL COUNTY 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: MARSHALL COUNTY
Signature of Chair/President of the County Commission: _____
Date: 12-1-20

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

MY COMMISSION EXPIRES the 31 day of May, 2022

(SEAL) David Leather
SIGNATURE OF NOTARY PUBLIC

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