

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: Morgan

Mailing Address: Morgan County Commission
(Address where check will P. O. Box 668
be mailed) Decatur, AL 35602

Name of Primary Contact: Julie Reeves

Direct Telephone Number: 256-351-4735

Email: jreeves@co.morgan.al.us

Name of Secondary Contact: Kate Terry

Direct Telephone Number: 256-351-4681

Email: kterry@co.morgan.al.us

Approved: \$ 1800.00
J.H. Merrill
12/7/20

RECEIVED

SB

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
NORTH ALABAMA CHEMICAL - ZIP-LOCK BAGS <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</div> BY: _____ DATE: _____	26.40	GALLON SIZE ZIP-LOCK BAGS FOR DIVIDING OUT PRECINCT SUPPLIES
LOWES - BOXES <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</div> BY: _____ DATE: _____	27.90	MEDIUM AND LARGE HEAVY DUTY BOXES FOR PRECINCT SUPPLIES
ELECTION SYSTEMS & SOFTWARE, LLC - CHECK-IN SHIELDS, CASES <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</div> BY: _____ DATE: _____	187.50	4 CHECK-IN PROTECTIVE SHIELDS 5 CASE FOR CHECK-IN PROTECTIVE SHIELDS - 25% OF ORDER TOTAL INVOICE 1 OF 2
ELECTION SYSTEMS & SOFTWARE, LLC - CHECK-IN SHIELDS, CASES <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</div> BY: _____ DATE: _____	562.50	INVOICE 2 OF 2, 75% BALANCE REMAINDER
TOTAL:		

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

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>FASTENAL - DISPOSABLE MASKS</p> <p style="text-align: center;">APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>1945.74</p>	<p>3,500 DISPOSABLE FACE MASKS TO BE USED AT POLLING PRECINCTS FOR POLL WORKER AND PUBLIC USE</p>
<p>STUDENT POLL WORKERS</p> <p style="text-align: center;">APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>(900.00)</p>	<p>TOTAL NUMBER OF STUDENT POLL WORKER WORKED - 20 DIFFERENCE 18 @ 50.00 SUBMITTED - 38 OCT 1</p> <p>*SEE ATTACHED EMAIL</p>
<p>POLL WORKER</p> <p style="text-align: center;">APPROVED</p> <p>BY: _____ DATE: _____</p>	<p>(50.00)</p>	<p>TOTAL NUMBER OF POLL WORKERS WORKED - 286 DIFFERENCE - 1 @ 50.00 SUBMITTED - 287 OCT 1</p> <p>*SEE ATTACHED EMAIL</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
\$ 1,800.04 ✓

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, Greg Cain, in my capacity as the Judge of Probate of Morgan 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, Ray Long, in my capacity as Chair/President of Morgan County Commission, submit this application for Election Expense Funding related to COVID-19 for the aforesaid county.

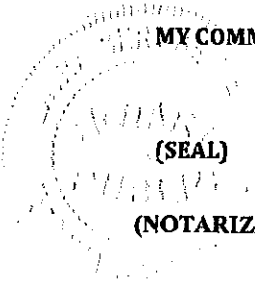
By signing this application, I certify that all information contained herein is accurate and complete to the best of my knowledge, that all state purchasing and/or bid laws and/or local purchasing regulations have been strictly followed related to the proposed purchase(s), that the amount for which I 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: Morgan County
Signature of Chair/President of the County Commission: [Signature]
Date: Nov 30, 2020

SWORN AND SUBSCRIBED before me on this 30 day of November, 2020.

MY COMMISSION EXPIRES the 20 day of February, 2022.



Laura Shreds Vest
SIGNATURE OF NOTARY PUBLIC

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