APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Shelby County

Mailing Address:
(Addess where check will be mailed)
200 West College St, Room 140
Columbiana, AL 35051

Name of Primary Contact: Cheryl Naugher
Direct Telephone Number: 205-670-6507
Email: cnaugher@shelbyal.com

Name of Secondary Contact: Suzanne Smith
Direct Telephone Number: 205-670-5213
Email: ssmith@shelbyal.com

APPROVED 2/21/21

RECEIVED
NOV 25 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.

<table>
<thead>
<tr>
<th>Items or Services to be Purchased or Funded with Concise Description</th>
<th>Cost of Items (Must attach quote or invoice)</th>
<th>Reason for Purchase/Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 ft Extension Cord 6.6 ft HDMI Cord 10ft 3pk Iphone Charger 23 pk Small Spray Bottles</td>
<td>20 @ 7.83 = 156.60 4 @ 8.54 = 34.16 56 @ 12.99 = 714.45 1 @ 9.97 = 9.97</td>
<td>Create social distancing between the polling work stations and sanitizing bottles to disperse disinfectant at the polling location. Total = $915.18</td>
</tr>
<tr>
<td>$50 Supplemental Pay for Pollworkers</td>
<td>25,000 - 22,850 = $2,150 Due to State</td>
<td>List attached. Total = -$2,150.00</td>
</tr>
<tr>
<td>Absentee Staffers</td>
<td>23,250.00 - 19,800.00 = $3,450.00</td>
<td>Absentee Staffers List Attached. Total Absentee Staffer Pay = $3,450.00</td>
</tr>
</tbody>
</table>

**Total:** $2,215.18

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

$ 2,215.18 ✓

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, __________________________, 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, __________________________, in my capacity as Chair/President of __________________________ 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: __________________________

Signature of Chair/President of the County Commission: __________________________

Date: __________________________

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

MY COMMISSION EXPIRES the __________________________ day of __________________________, 2024.

(SIGNATURE OF NOTARY PUBLIC)

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