

ALABAMA STATE CAPITOL
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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:

Shelby County

Mailing Address:

(Address 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.
J.H. Merrill
12/7/20
\$2,215.18

RECEIVED

JB

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.

Items or Services to be Purchased or Funded with Concise Description	Cost of Items (Must attach quote or invoice)	Reason for Purchase/Funding
6ft Extension Cord 6.6 ft HDMI Cord 10ft 3pk Iphone Charger 23 pk Small Spray Bottles BY: _____ DATE: _____	20 @ 7.83= 156.60 4 @ 8.54= 34.16 55 @ 12.99= 714.45 1 @ 9.97= 9.97	create social distancing between the polling work stations and spray bottles to dispense disinfectant at the polling location. Total= \$915.18
\$50 Supplemental Pay for Pollworkers Previously Claimed/Requested: 500 Pollworkers @ 50/day= \$25,000.00 Actual Pollworkers Paid 457 Pollworkers @ 50/day=\$22,850.00 APPROVED BY: _____ DATE: _____	25,000-22,850= \$2,150 Due to State	List attached. Total= -2,150.00
Absentee Staffers Approved for 9/8-10/9/20 31 days @ \$75= 2,325.00*3= \$6,975.00 Approved for 10/9-11/11/20 34 days @ \$75= 2,550.00*13=\$33,150.00 Actual Absentee Staffers Pay= \$23,250.00 (list attached) Previously Claimed/Requested= \$19,800 APPROVED BY: _____ DATE: _____	23,250.00-19,800.00= \$3,450.00	Absentee Staffers List Attached. Total Absentee Staffer Pay= \$3,450.00
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, Ali S. [Signature], in my capacity as the Judge of Probate of Shelby 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, [Signature], in my capacity as Chair/President of Shelby County Commission, submit this application for Election Expense Funding related to COVID-19 for the aforesaid county.

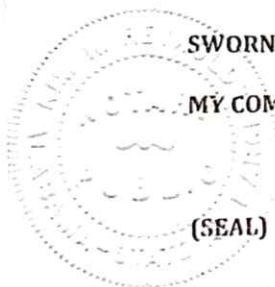
By signing this application, I certify that all information contained herein is accurate and complete to the best of my knowledge, that all state purchasing and/or bid laws and/or local purchasing regulations have been strictly followed related to the proposed purchase(s), that the amount for which I 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: Shelby 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 21 day of November, 2024.

[Signature]
SIGNATURE OF NOTARY PUBLIC

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