

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: Walker

Mailing Address:
(Address where check will be mailed)
1801 Third Ave South
Suite 113
Jasper AL 35501

Name of Primary Contact: Robbie Dickerson
Direct Telephone Number: 205-302-8063 cell
Email: r.dickerson@walkercounty.al.us

Name of Secondary Contact: Jerry Davis
Direct Telephone Number: same
Email: j.davis@walkercounty.al.us

Approved: \$3,970.21
J.H. Merrill
12/8/22

RECEIVED
JB
DEC 4 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>Various Supplies</p> <p style="text-align: center; color: blue; font-weight: bold;">APPROVED</p> <p style="text-align: center; color: blue;">BY: _____ DATE: _____</p>	<p>2163.00</p>	<p>Disinfectant Pre-cleaning PPE</p>
<p>Election Training & Supplies</p> <p style="text-align: center; color: blue; font-weight: bold;">APPROVED</p> <p style="text-align: center; color: blue;">BY: _____ DATE: _____</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">DENIED</p> <p style="text-align: center; color: red;">BY: _____ DATE: _____</p>	<p>1482.29 \$1,344.28 TF</p> <p style="color: blue;">TV STAND TV TAX</p>	<p>Travel to classes misc supplies power strips</p> <p style="color: blue;">19.00 498.00 57.70</p>
<p>Election Training & Supplies</p> <p style="text-align: center; color: blue; font-weight: bold;">APPROVED</p> <p style="text-align: center; color: blue;">BY: _____ DATE: _____</p>	<p>1552.00 \$997.55 TF</p>	<p>ext cords tape for cords travel</p>
<p>TOTAL:</p>	<p>5198.37 \$4,504.91 TF</p>	

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
\$ ~~51,983.7~~

\$ 4,504.91 TF

I, _____, in my capacity as Sheriff of Walker 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, A. C. Tucker, in my capacity as the Judge of Probate of Walker 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, Stacy Olson, in my capacity as the Absentee Election Manager of Walker 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, Steve Miller, in my capacity as Chair/President of Walker 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: Walker

Signature of Chair/President of the County Commission: X Steve Miller

Date: 12-1-2020

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

MY COMMISSION EXPIRES the 21 day of February, 2022

(SEAL) Kelcie Dickerson
SIGNATURE OF NOTARY PUBLIC

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