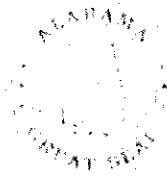


ALABAMA STATE CAPITOL
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MONTGOMERY, AL 36130



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JOHN.MERRILL@SOS.ALABAMA.GOV

JOHN H. MERRILL
SECRETARY OF STATE

APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19

County Information

County Name: Washington County Commission

Mailing Address: P.O. Box 146
(Address where check will Chatom, AL 36518
be mailed)

Name of Primary Contact: Sonya Kirkwood

Direct Telephone Number: 251-847-2208

Email: sonyake@wealabama.com

Name of Secondary Contact: Kelly Jones

Direct Telephone Number: 251-847-2208

Email: jones@wealabama.com

Approved: \$2,331.⁰⁵
J.H. Merrill
12/8/2020

RECEIVED
JB

DEC 3 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
Wash Co. Comm.	\$641.65	postage for absentee ballots APPROVED BY: _____ DATE: _____
Student pollworkers	\$450.00	extra money for pollworkers APPROVED BY: _____ DATE: _____
Absentee machine	\$1,440.00	use for absentee voting APPROVED BY: _____ DATE: _____
I used march 3rd Election poll register totals for reimbursement instead of using July. There were 4 more poll workers in march than there was in July so I'm deducting the \$200.00 that was paid to us on ck# 1010044397	-200.00	poll worker overpayment APPROVED BY: _____ DATE: _____
TOTAL: 2,331.65 ✓		

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

makeup

Total Request & Certification

Total Amount of Funding Request	
\$	# 2,331.65 ✓

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, [Signature], in my capacity as the Judge of Probate of WASHINGTON 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, Valerie Knapp, in my capacity as the Absentee Election Manager of Washington 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, Allen Bailey, in my capacity as Chair/President of Washington 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: Washington
 Signature of Chair/President of the County Commission: Allen Bailey
 Date: November 17, 2020

SWORN AND SUBSCRIBED before me on this 17th day of November, 2020.

MY COMMISSION EXPIRES the 15th day of November, 2020.

(SEAL) Sonya Kirkwood
 SIGNATURE OF NOTARY PUBLIC

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