



BETH CHAPMAN
SECRETARY OF STATE

MEMORANDUM

To: Probate Judges and County Commission Chairs

From: Beth Chapman
Secretary of State

Date: September 15, 2010

Re: Application for HAVA County Reimbursements – Part II

I am pleased to announce the Application for HAVA County Reimbursements – Part II. Alabama has approximately \$6.7 million to fairly and equitably distribute among the 67 counties. My staff has worked diligently to develop guidelines and an application that allows the Secretary of State's Office to fairly and equitably distribute funds in each county.

Enclosed is a breakdown by county of the maximum amount of money available for reimbursement in each county based on the total number of registered voters; instructions for filling out the application for county reimbursements; and the application for county reimbursements. The allowable cost categories used for reimbursement may be found in the enclosed reference. Each county can submit reimbursement requests for allowable expenses until the county has no remaining funds left. The approved expenses will be deducted from the county's allowance and a check mailed with each submission. My apologies for this time-consuming process, but we must have this detailed information for federal auditing purposes.

Reimbursement requests should be received in the Secretary of State's Office mailed to:

Office of the Secretary of State
Attn: Tamara Cofield
100 N. Union St., Suite 770
Montgomery, AL 36130

Please include all necessary documentation with each application, including all requested signatures. If you have questions, please contact Tamara Cofield at (334) 242-7228 or tamara.cofield@sos.alabama.gov.



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Application for HAVA County Reimbursements – Part II

Instructions for Filling Out Application

Section 1 – County Information

1. Please fill out all information requested.
2. If any information does not apply please put N/A.

Section 2 – Allowable Cost Categories

1. Enter the amount requested for each category which you are seeking reimbursement.
2. In the first table titled “Total Reimbursement for HAVA County Reimbursement Allowable Categories,” enter the total amounts claimed in the listed categories using the HAVA Reference Sections as needed.
3. In the subsequent tables list the detailed expenditures and totals for each category provided.
4. Include your “Approval Number” with your “Reason for Purchase” for each expenditure.

Section 3 – Total Request & Certification

1. Add the subtotals from each section of your request.
2. The Probate Judge **and** the County Commission Chair must **both** sign the application. Their signatures must be witnessed by a notary public.
3. There is no due date. Funds are available to each county until expended. Please submit your application to:

Office of the Secretary of State
Attn: Tamara Cofield
100 N. Union St., Suite 770
Montgomery, AL 36130

**Total Money Available for Application for
HAVA County Reimbursements – Part II**

County	Total Voters*	Money Available
AUTAUGA	34,321	\$ 78,274.27
BALDWIN	113,893	\$ 259,750.33
BARBOUR	16,413	\$ 37,432.35
BIBB	12,111	\$ 27,620.98
BLOUNT	31,623	\$ 72,121.07
BULLOCK	7,633	\$ 17,408.22
BUTLER	12,876	\$ 29,365.68
CALHOUN	65,530	\$ 149,451.15
CHAMBERS	23,024	\$ 52,509.74
CHEROKEE	14,285	\$ 32,579.12
CHILTON	26,401	\$ 60,211.50
CHOCTAW	10,743	\$ 24,501.05
CLARKE	17,850	\$ 40,709.64
CLAY	10,011	\$ 22,831.61
CLEBURNE	9,217	\$ 21,020.77
COFFEE	28,990	\$ 66,116.11
COLBERT	35,209	\$ 80,299.49
CONECUH	10,067	\$ 22,959.33
COOSA	8,156	\$ 18,601.00
COVINGTON	21,324	\$ 48,632.63
CRENSHAW	9,203	\$ 20,988.84
CULLMAN	48,931	\$ 111,594.60
DALE	29,398	\$ 67,046.62
DALLAS	31,463	\$ 71,756.16
DEKALB	35,992	\$ 82,085.24
ELMORE	43,651	\$ 99,552.75
ESCAMBIA	20,947	\$ 47,772.82
ETOWAH	62,459	\$ 142,447.26
FAYETTE	11,075	\$ 25,258.22
FRANKLIN	21,205	\$ 48,361.23
GENEVA	15,793	\$ 36,018.34
GREENE	7,707	\$ 17,576.99
HALE	12,102	\$ 27,600.45

*Active and Inactive as shown in the Voter Registration System - 7/31/2010

**Total Money Available for Application for
HAVA County Reimbursements – Part II**

County	Total Voters*	Money Available
HENRY	11,538	\$ 26,314.17
HOUSTON	60,634	\$ 138,285.07
JACKSON	33,949	\$ 77,425.87
JEFFERSON	412,057	\$ 939,758.75
LAMAR	10,276	\$ 23,435.98
LAUDERDALE	51,544	\$ 117,553.94
LAWRENCE	22,955	\$ 52,352.37
LEE	85,956	\$ 196,035.75
LIMESTONE	44,547	\$ 101,596.22
LOWNDES	10,232	\$ 23,335.63
MACON	17,642	\$ 40,235.27
MADISON	210,086	\$ 479,133.12
MARENGO	15,293	\$ 34,878.02
MARION	18,888	\$ 43,076.96
MARSHALL	47,301	\$ 107,877.13
MOBILE	259,960	\$ 592,878.37
MONROE	15,926	\$ 36,321.67
MONTGOMERY	144,548	\$ 329,663.73
MORGAN	65,942	\$ 150,390.77
PERRY	8,290	\$ 18,906.61
PICKENS	13,345	\$ 30,435.31
PIKE	19,259	\$ 43,923.08
RANDOLPH	15,092	\$ 34,419.60
RUSSELL	30,201	\$ 68,877.98
SHELBY	120,049	\$ 273,790.03
ST CLAIR	54,294	\$ 123,825.74
SUMTER	10,147	\$ 23,141.78
TALLADEGA	48,927	\$ 111,585.48
TALLAPOOSA	25,953	\$ 59,189.77
TUSCALOOSA	110,099	\$ 251,097.54
WALKER	44,261	\$ 100,943.95
WASHINGTON	13,783	\$ 31,434.23
WILCOX	9,120	\$ 20,799.55

*Active and Inactive as shown in the Voter Registration System - 7/31/2010

**Total Money Available for Application for
HAVA County Reimbursements – Part II**

County	Total Voters*	Money Available
WINSTON	16,059	\$ 36,625.00
Grand Total	2,937,756	\$ 6,700,000.00

*Active and Inactive as shown in the Voter Registration System - 7/31/2010



BETH CHAPMAN
SECRETARY OF STATE

Application for HAVA County Reimbursements – Part II

Section 1 – County Information

Name of County:

Mailing Address:

Name of Person Completing Form:

Title/Position:

Telephone:

Email:

Name of Probate Judge:

Telephone:

Email:

Name of County Commission Chair:

Telephone:

Email:

Name of County Purchasing Agent:

Telephone:

Email:

Name of Primary Contact:

Title/Position:

Telephone:

Email:

Section 2 – Cost Categories

Please complete this section of **allowable cost categories** for which you are seeking reimbursements. In order to be eligible to receive funds, you must complete all areas in this section. If an area does not apply to your county or you are not seeking reimbursement please put **N/A**.

Allowable costs include new initiatives and improvements that have **not** been previously paid for with **county or state money**. If costs were previously expensed through another source, please receive prior approval whether the expense is an allowable cost for reimbursement with the Secretary of State Office by contacting **Tamara Cofield** at **(334) 242-7228** or tamara.cofield@sos.alabama.gov.

BEFORE a county makes any expense, it must be verified with the Secretary of State Office that it is an approved expenditure. If the SOS Office approves the expense, the county will be provided with an approval number to reference on the HAVA County Reimbursement application.

Approval Process:

1. Contact, Tamara Cofield at tamara.cofield@sos.alabama.gov or (334) 242-7228, prior to purchase to receive an approval number.
2. Approval numbers will use the following format:
 - a. Year + 4-digit number, starting with 0001 and continuing.
 - b. Example: 2010-0001, 2010-0034, 2010-0234, etc.
3. **NO REIMBURSEMENT** will be made without approval prior to purchase.
4. Any purchase of \$7,500 or more must be competitively bid or have a sole source justification letter as required by state law.

Total Reimbursement for HAVA County Reimbursement Allowable Categories

HAVA Allowable Cost Categories	Reference Section	Amount Requested
Improving Administration of Federal Elections	101	\$
Compliance with HAVA Title III Requirements	101 (b) (A)	\$
Voter Education about Procedures, Rights, and Technology	101 (b) (C)	\$
Training for Election Personnel	101 (b) (D)	\$
Accessibility Improvements (Disabilities)	101 (b) (G)	\$
Education: (Voters, Election Officials, Poll Workers)	254 (3)	\$
Voting Systems	301	\$
Provisional Voting & Voting Information Requirements	302	\$
TOTAL		\$

Please provide details for each area for which you are seeking reimbursement. List all purchases made. Include copies of all supporting documentation (receipts, invoices, etc.). Failure to provide proper documentation will result in a delay in processing your application. Make additional copies of this form if necessary.

A. Improving Administration of Federal Elections

Date	Purchase	Reason for Purchase/ Approval Number	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

B. Compliance with HAVA Title III Requirements

Date	Purchase	Reason for Purchase/ Approval Number	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

C. Voter Education about Procedures, Rights, and Technology

Date	Purchase	Reason for Purchase/ Approval Number	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

D. Election Personnel Training

Date	Purchase	Reason for Purchase/ Approval Number	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

E. Accessibility Improvements (Individuals w/Disabilities)

Date	Purchase	Reason for Purchase/ Approval Number	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

F. Education: (Voters, Election Officials, Poll Workers)

Date	Purchase	Reason for Purchase/ Approval Number	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

G. Voting Systems

Date	Purchase	Reason for Purchase/ Approval Number	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

H. Provisional Voting & Voting Information Requirements

Date	Purchase	Reason for Purchase/ Approval Number	Amount
			\$
			\$
			\$
			\$
TOTAL			\$

Section 3 - Total Request & Certification

Please add the subtotals from each section of your request.

Total Amount of Reimbursement Request
\$ _____

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As the **Probate Judge and the chief election official** for \_\_\_\_\_ County, I submit this Application for HAVA County Reimbursements - Part II. By signing this application, I certify that all information contained herein is accurate and complete to the best of my knowledge and that the amount for which I am seeking reimbursement was spent in accordance with the requirements of the Help America Vote Act of 2002 (Pub. L. 107-252). I acknowledge that any misrepresentation of truth or accuracy may require that all grant monies awarded to the county be returned to the United States Election Assistance Commission and that any other penalties provided by Federal and State law may apply.

**Name of Probate Judge:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

*Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.*  
*My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.*

*( Seal )*

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_  
*Printed name of Notary Public*

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As the **County Commission Chair** for _____ County, I submit this Application for HAVA County Reimbursements - Part II. By signing this application, I certify that all information contained herein is accurate and complete to the best of my knowledge and that the amount for which I am seeking reimbursement was spent in accordance with the requirements of the Help America Vote Act of 2002 (Pub. L. 107-252). I acknowledge that any misrepresentation of truth or accuracy may require that all grant monies awarded to the county be returned to the United States Election Assistance Commission and that any other penalties provided by Federal and State law may apply.

Name of County Commission Chair: _____
Signature: _____
Date: _____

Sworn and subscribed before me this _____ day of _____, 20____.
My commission expires the _____ day of _____, 20____.

(Seal)

Signature of Notary Public

Printed name of Notary Public