Resolution to request reimbursements
From
2020 HAVA CARES Act Grant
For the
Clay County Commission
Clay County, West Virginia

WHEREAS, the Clay County Commission has incurred additional cost to safely administer the June 9, 2020 Primary Election due to the COVID-19 Virus. Additional cost included printing additional Absentee Ballots, Envelopes for mailing and receiving Absentee Ballots, Mailing Labels, postage for mailing Absentee Ballots, Ink Pens for Voter to use at Polling places, Hand Sanitizer and wipes for Early Voting and Polling Places.

WHEREAS, said County need to apply for reimbursement of cost under the 2020 HAVA CARES Act Grant.

NOW, THEREFORE, BE IT RESOLVED, that the Honorable Greg Fitzwater, President, Clay County Commission, is hereby authorized by the County Commission to sign all documents pertaining to the 2020 HAVA CARES Act Grant agreement.

Given under our hands this the 8th day of July, 2020.

_________________________  President
Greg Fitzwater

_________________________  Commissioner
Susan O. Grif

_________________________  Commissioner
Connie Kinds

Attest: _____________________  Clerk
Connie Walsman
2020 HAVA CARES Act Grant Request Cover Page

Federal Award ID: WV20101CARES
Budget Period: 3/28/2020 – 12/31/2020

The County Commission of Clay County, on the 8th day of July, 2020, herein make application for a 2020 HAVA CARES Act sub-grant or reimbursement in the total amount of $34,116.34, as reflected in the "request" in Attachment C.

We, the undersigned, hereby affirm and swear by our signatures below that the County Commission has met and passed a resolution authorizing the County to purchase or request reimbursement in the request form (Attachment C) to enter into this grant agreement.

[Signatures and dates]

*Commissioner

*Commissioner

*Commissioner

*If applicable

The foregoing instrument was acknowledged before me on the following date:

[Signature and date]

Clerk of the County Commission

[Signature and date]
2020 HAVA CARES ACT SUB-GRANT REQUEST

Requests for sub-grants for may be requested by submitting all the following documents to the Secretary of State’s Office. Guidance on the 2020 HAVA CARES Act Sub-grant can be found in the Instructions and the Grant Notification. Any request that does not include all required documentation may be rejected and the additional requirements will be requested to be submitted for consideration:

All requests:

Itemized sub-grant request descriptions:

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<th>VENDOR &amp; DESCRIPTION</th>
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Total Estimated Cost $3,416.34

Additional information required:

Recipient sub-grants (grant of funds to make purchase) must include attachments including:
1. Three vendor quotes or cost estimates for product or services

Reimbursements of qualified purchases that have been made must also include:
1. Proof of payment for all items
2. Invoice from the vendor or vendors, if applicable
3. Acceptance of Delivery documentation for purchased items or services
4. List of equipment identification or serial numbers

All requests must be accompanied with:
1. 2020 CARES Act Sub-grant request cover page (Attachment B)
2. Non-lobbying Certification (Attachment D)
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

* APPLICANT'S ORGANIZATION

[Signature: Clay County Commission]

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: __________________ * First Name: ___________________ Middle Name: ___________________ * Last Name: ___________________ Suffix: ___________________

* Title: ___________________ [Signature: ___________________]

* SIGNATURE: ___________________ * DATE: ___________________ [Signature: ___________________ July 8, 2020]