

Attachment B

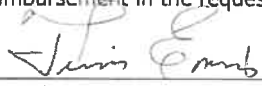
**2020 HAVA CARES Act Grant Request Cover Page**

**Federal Award ID:** WV20101CARES CFDA 90.404 **Budget Period:** 3/28/2020 – 12/31/2020

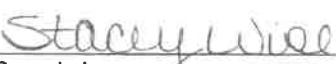
The County Commission of BROOKE County, on the 1<sup>st</sup> day of July 2020, herein make application for a 2020 HAVA Act subgrant or reimbursement in the total amount of \$30,029.57, as reflected in the "request" in Attachment C.

With regard to required matching funds, the County Commission represents that it has the required percentage of matching funds as required by Code of State Rules §153-10; and that the County has the authority and ability to spend the requested funds through lawful purchasing procedures no later than one hundred twenty (120) days from receipt of the award.


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.

  
\_\_\_\_\_  
Commissioner

7-1-2020  
Date

  
\_\_\_\_\_  
Commissioner

7-1-2020  
Date

  
\_\_\_\_\_  
Commissioner

7-1-2020  
Date

\_\_\_\_\_  
\*Commissioner

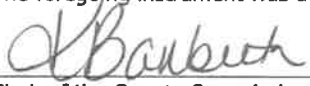
\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Commissioner

\_\_\_\_\_  
Date

\*If applicable

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

  
\_\_\_\_\_  
Clerk of the County Commission

7-1-2020  
Date

Attachment C

County: BROOKE

Date: 7-1-20

### 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:

**VENDOR & DESCRIPTION**

1. <u>CASTO &amp; HARRIS-BALLOTS</u>	Cost: <u>\$14,787.41</u>
2. <u>ELECTION SYSTEMS &amp; SOFTWARE-BALLOTS</u>	Cost: <u>\$1,118.52</u>
3. <u>EXTRA ELECTION STAFF-SALARIES</u>	Cost: <u>\$7,003.15</u>
4. <u>US POSTAL SERVICE-POSTAGE</u>	Cost: <u>\$5700.00</u>
5. <u>ANCHOR SUPPLIES-WIPES, GLOVES, Q-TIPS</u>	Cost: <u>\$593.72</u>
6. <u>TRI-STATE PHARMACY-HAND SANITIZER</u>	Cost: <u>\$336.00</u>
7. <u>BORDEN OFFICE EQUIPMENT-LABELS, STORAGE BINS, TONER</u>	Cost: <u>\$456.91</u>
8. <u>KROGER-STORAGE BAGS FOR PRECENT KITS</u>	Cost: <u>\$33.86</u>
9. _____	Cost: _____
10. _____	Cost: _____
Total	Cost: <u>\$30,029.57</u>

**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

---

### 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	
Brooke County Clerk's Office	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix: <input type="text"/>	* First Name: <input type="text" value="Kimberly"/> Middle Name: <input type="text" value="Michelle"/>
* Last Name: <input type="text" value="Barbetta"/>	Suffix: <input type="text"/>
* Title: <input type="text" value="County Clerk"/>	
* SIGNATURE: <input type="text" value="K Barbetta"/>	* DATE: <input type="text" value="7-1-2020"/>

---