

Attachment B

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

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

CFDA 90.404

The County Commission of BARBOUR County, on the 12th day of JUNE, 2020, herein make application for a 2020 HAVA CARES Act sub-grant or reimbursement in the total amount of \$ 7,047.52, 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.

Suzie Overholser  
Commissioner

6/18/20  
Date

Tim McDaniel  
Commissioner

6/18/20  
Date

[Signature]  
Commissioner

6-18-20  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

*\*If applicable*

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

Connie Kaufman  
Clerk of the County Commission

6-12-2020  
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:

<b>VENDOR &amp; DESCRIPTION</b>		
1.	<u>CASTO &amp; HARRIS-ELECTION ENVELOPES</u>	Cost: <u>\$3,150.00</u>
2.	<u>5,000 EA-OF#7976,1977&amp;1978</u>	Cost: _____
3.	_____	Cost: _____
4.	<u>CASTO &amp; HARRIS</u>	Cost: <u>\$3,897.52</u>
5.	<u>9,468 ADD'L ABSENTEE BALLOTS</u>	Cost: _____
6.	<u>DEM/REP/NON</u>	Cost: _____
7.	_____	Cost: _____
8.	_____	Cost: _____
9.	_____	Cost: _____
10.	_____	Cost: _____

Total Estimated Cost \$ 7,047.52

**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)

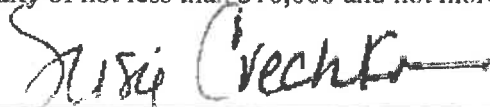
**Attachment A**

**CERTIFICATION REGARDING LOBBYING**

Certification for Contracts, Grants, Loans, and Cooperative Agreements

**Statement for Loan Guarantees and Loan Insurance**

The undersigned certifies, 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 Form to Report Lobbying," 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. C. 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.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
President

\_\_\_\_\_  
Title

\_\_\_\_\_  
Barbour County Commission

\_\_\_\_\_  
Organization