

December 17, 2020

Governor's Office of Management and Budget  
ATTN: Duncan Evans  
350 North State Street, Suite 150  
Salt Lake City, UT 84114

Re: Grand County Reimbursement of CARES Act Funds

Dear Mr. Evans:

Attached is a reimbursement request from Jana Smith, Grand Chief Deputy Clerk/Auditor, to cover the county's coronavirus-related expenses for the 2020 General Election. Please reimburse Grand County **\$1,834.36** using the following fund: 2320/060/1640/2320/7115 function COVI. In addition, it is understood that the total may be split into two documents due to the prior and current fiscal year.

Please let me know if you have any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "Justin Lee", is written over a horizontal line.

Justin Lee  
Director of Elections  
Office of the Utah Lieutenant Governor



## CARES ACT FUNDING REIMBURSEMENT REQUEST

STATE OF UTAH

OFFICE OF THE UTAH LIEUTENANT GOVERNOR

### Requester's Information

1. County: GRAND
2. Name and title of individual filling out this application: Jana Smith, Chief Dep Clerk/Auditor
3. Contact Phone #: 435.259.1378 Contact Email: janasmith@grandcountyutah

### Reimbursement Information

4. Identify the election(s) for which these funds were used: 2020 General
5. Total amount approved by the state: \$ 1835.00
6. Total amount of reimbursement: \$ 1834.36
7. On the next page, provide a breakdown of expenses that are being reimbursed. You may attach a separate spreadsheet to this application if desired.
  - Receipts, invoices, or other documentation of cost must be provided with this request. If the county cannot produce these items, it must provide a detailed explanation as to why.
  - Expenditures must serve the purpose to "prevent, prepare for, and respond to the coronavirus." Be as specific and detailed as possible in the descriptions of expenditures. Explanations that are vague may be rejected. For example, "COVID Notices" is unacceptable, but explanations such as, "Mailed a postcard notice to all residents in the county on May 25, 2020 informing them of the changes to election processes due to COVID" are desired.
  - Reimbursements for regular staff overtime or staff expenses must be submitted with timesheets or other satisfactory documentation.
  - Expenditures may not supplant the county's budget (i.e., funds may not cover costs that the county would normally incur).

### County Clerk Declaration and Signature

Initial the statements and sign below:

[Signature] I affirm the expenditures listed in this request were used, or will be used, to prevent, prepare for, and respond to coronavirus for the 2020 Federal election cycle.

[Signature] I affirm the expenditures listed in this request did not, or will not, supplant the county's budget.

County Clerk's Signature

15 DEC 2020  
Date

Description of expenditure. Be specific and detailed as possible.	Amount (\$)	Receipt, invoices, or other documentation provided (Yes/No). If 'NO,' please provide a detailed explanation as to why documentation is not available.
Payroll for help to man the outdoor ballot dropbox on Monday and Election Day to limit the number of voters inside of the Courthouse.	\$1241.27	Yes ✓
We had the office professionally cleaned and disinfected before and after the Election.	\$200.00	Yes ✓
Purchased a pop-up canopy for protection from weather for those manning the ballot dropbox outside the Courthouse on Monday and Election day.	\$143.10	Yes ✓
Purchased larger, locked ballot dropbox to place outside of the office door to limit people in our office and be able to line/bag ballots for removal to place ballots in vault.	\$249.99	Yes ✓

**Time Card Reminders:** Overtime is calculated after 40 actual hours per week have been worked. Public Safety Overtime is calculated after 80 actual hours have been worked per pay period. Holiday(not worked), Vacation, Comp and Sick time are not included in computing hours worked for overtime calculation. Supervisors authorize all overtime and if Compensatory Time will be earned instead of paid overtime. Comp time will be calculated by payroll at 1.5 times each hour of overtime. Example: 41 hours actual time worked. 40 hours in Regular column; 1 hour in overtime column or 1 hour in comp time column. Payroll will compute the accrued Comp time at the 1.5 rate. Signatures and time worked detail are required. Please call Payroll, 259-4990, if you have any questions.



Grand County, Utah

125 E Center, Moab, Utah

Employee Number: 729

Employee Name: Debbie Lawley

Week Starting: 11/02/20

Week Ending: 11/15/20  
Actual

Day	Date	Time In	Time Out	Time In	Time Out	Time Hrs	Regular	Over time	Comp Time	Comp Taken	Holiday	Sick	Vacation	Holiday Worked
Monday	11/2/2020	7:00	12:00	1:00	5:00	9:00	9.00							
Tue	11/3/2020	7:00	12:00	1:00	5:00	9:00	9.00							
Wed	11/4/2020	7:30	12:00	1:00	5:00	8.50	8.50	4.50	4.00					
Thu	11/5/2020	8:00	12:00	1:00	5:00	8:00	8.00							
Fri	11/6/2020	8:00	12:00	1:00	5:00	8:00	8.00							
Sat	11/7/2020						0.00							
Sun	11/8/2020						0.00							
Totals Week 1:							47.00	42.50	4.50					
Mon	11/9/2020	8:00	12:00	1:00	5:00	8:00	8.00							
Tues	11/10/2020	8:00	12:00	1:00	5:00	8:00	8.00							
Wed	11/11/2020	Holiday					0.00							
Thu	11/12/2020	VAC					0.00						8.00	
Fri	11/13/2020	VAC					0.00						8.00	
Sat	11/14/2020						0.00							
Sun	11/15/2020						0.00							
Totals Week 2:							16.00	16.00	0.00	0.00	8.00	0.00	16.00	0.00
Pay Period Total:							82.50	58.50	4.50	0.00	8.00	0.00	16.00	0.00

Judge

Supervisor Signature:

By execution and signature of this time sheet the employee and supervisor agree that the hours stated are accurate and correct.

Time Card Reminders: Overtime is calculated after 40 actual hours per week have been worked. Public Safety Overtime is calculated after 80 actual hours have been worked per pay period. Holiday(not worked), Vacation, Comp and Sick time are not included in computing hours worked for overtime calculation. Supervisors authorize all overtime and if Compensatory Time will be earned instead of paid overtime. Comp time will be calculated by payroll at 1.5 times each hour of overtime. Example: 41 hours actual time worked. 40 hours in Regular column; 1 hour in overtime column or 1 hour in compliance column. Payroll will compute the accrued Comp time at the 1.5 rate. Signatures and time worked detail are required. Please call Payroll, 259-4990, if you have any questions.



125 E Center, Moab, Utah

Employee Number: 938

Employee Name: Vesta Higgs

Week Starting: 11/02/20

Week Ending: 11/15/20

COVID-19 Hours Reporting Link:

<https://forms.gle/rnM1kp4PaABww7MaA>

Day	Date	Time In	Time Out	Actual Hrs	Regular	Over time	COVID -19 Regula	OT	Comp Time	Comp Taken	Holiday	Sick	COVID-19 Sick (SELF OR OTHER)	Vacation	Holiday	Called out - OT	On Call - ST	FMLA	Other
Monday	11/2/2020	6:00 AM	2:00 PM	8															
Tue Election	11/3/2020	6:00	2:00 PM	8															
Wed	11/4/2020	6:00 AM	2:00 PM	8			1.00												
Thu	11/5/2020	6:00 AM	2:00 PM	8			1.00												
Fri	11/6/2020	6:00 AM	2:00 PM	8			1.00												
Sat	11/7/2020			0															
Sun	11/8/2020			0															
Totals Week 1:				40.00	0.00	0.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mon	11/9/2020	6:00 AM	2:00 PM	8			1.00												
Tue	11/10/2020			0															
Wed	11/11/2020			0							8.00								
Thu	11/12/2020			0															
Fri	11/13/2020			0															
Sat	11/14/2020			0															
Sun	11/15/2020			0															
Total Week 2				8.00	0.00	0.00	1.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total				48.00	0.00	0.00	4.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

→ Help on Election Day  
To have a Drop Box  
outside on the lawn

\$154.40

3/5

8.00

8.00

Employee Signature: Vesta Higgs

I, the employee agree that I have filled out my timecard accurately.

Supervisor Signature:

I, the supervisor agree that I have reviewed this timecard and it is correct to the best of my knowledge.

By execution and signature of this time sheet the employee and supervisor agree that the hours stated are accurate and correct.

Time Card Reminders: Overtime is calculated after 40 actual hours per week have been worked. Public Safety Overtime is calculated after 80 actual hours have been worked per day period. Holiday(not worked), Vacation, Comp and Sick time are not included in computing hours worked for overtime calculation. Supervisors authorize all overtime and if Compensatory Time will be earned instead of paid overtime. Comp time will be calculated by payroll at 1.5 times each hour of overtime. Example: 41 hours actual time worked. 40 hours in Regular column; 1 hour in overtime column or 1 hour in comp time column. Payroll will compute the accrued Comp time at the 1.5 rate. Signatures and time worked detail are required. Please call Payroll, 259-4990, if you have any questions.





125 E Center, Moab, Utah

Employee Number: 1044

Employee Name: Renee Baker

Week Starting: 11/02/20

Week Ending: 11/15/20

COVID-19 Hours Reporting Link:

<https://forms.gle/rpM1kp4PaABwwZMaA>

Day	Date	Time In	Time Out	Time In	Time Out	Actual Hrs	Regula	Over time	COVID -19 Regula	COVID -19 OT	Comp Time	Comp Taken	Holiday	Sick	Vacation	Worked	Called out - OT	Holiday	On Call	FMLA	Other	
Monday	11/02/20	8:00 AM	5:00 PM			9	8.00															
Tue Election	11/03/2020	8:00 AM	12:00 AM			16	2.00				14.00											
Wed	11/04/2020	8:00 AM	7:00 PM			11	8.00															
Thu	11/05/2020	8:00 AM	4:00 PM			8	8.00															
Fri	11/06/2020	8:00 AM	4:00 PM			8	8.00															
Sat	11/07/2020					0																
Sun	11/08/2020					0																
Totals Week 1:							52.00	34.00	0.00	0.00	14.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Mon	11/09/2020	8:00 AM	4:00 PM			8	8.00															
Tue	11/10/2020	8:00 AM	4:00 PM			8	8.00															
Wed	11/11/2020					0	8.00						8.00									
Thu	11/12/2020	8:00 AM	4:00 PM			8	8.00															
Fri	11/13/2020	8:00 AM	4:00 PM			8	8.00															
Sat	11/14/2020					0																
Sun	11/15/2020					0																
Total Week 2							32.00	40.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Total							84.00	74.00	0.00	0.00	14.00	0.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Help on Election Day to have a Drop Box outside on lawn.

4475.30

4/5 ✓

/s/ Renee Baker

Employee Signature:

/s/ Chris Baird

Supervisor Signature:

☒ I, the employee agree that I have filled out my timecard accurately.

☒ I, the supervisor agree that I have reviewed this timecard and it is correct to the best of my knowledge.

By execution and signature of this time sheet the employee and supervisor agree that the hours stated are accurate and correct.

Time Card Reminders: Overtime is calculated after 40 actual hours per week have been worked. Public Safety Overtime is calculated after 80 actual hours have been worked per day period. Holiday(not worked), Vacation, Comp and Sick time are not included in computing hours worked for overtime calculation. Supervisors authorize all overtime and if Compensatory Time will be earned instead of paid overtime. Comp time will be calculated by payroll at 1.5 times each hour of overtime. Example: 41 hours actual time worked. 40 hours in Regular column; 1 hour in overtime column or 1 hour in comp time column. Payroll will compute the accrued Comp time at the 1.5 rate. Signatures and time worked detail are required. Please call Payroll, 259-4990, if you have any questions.



125 E Center, Moab, Utah

Employee Number: 1258  
Employee Name: Cassie Marian  
Week Starting: 11/02/20  
Week Ending: 11/15/20

COVID-19 Hours Reporting Link:  
<https://forms.gle/rpM1kp4PaBww7MaA>

Day	Date	Time In	Time Out	Time In	Time Out	Actual Hrs	Regular	Over time	COVID -19 Regula	COVID -19 OT	Comp Time	Comp Taken	Holiday	Sick	Vacation	Worked	Called out - OT	On Call - ST	FMLA	Other	
Monday	11/02/20	8:00 AM	5:00 PM			9	8.00														
Tue	11/03/20	7:00 AM	9:00 PM			14	8.00				6.25										
Wed	11/04/20	8:15 AM	5:00 PM			8.75	8.00														
Thu	11/05/20	8:00 AM	2:30 PM			6.5	8.00														
Fri	11/06/20	8:00 AM	12:00 PM	1:00 PM	5:00 PM	8	8.00														
Sat	11/07/20					0															
Sun	11/08/20					0															
Totals Week 1:							46.25	40.00	0.00	0.00	6.25	0.00	0.00	0.00	0.00						
Mon	11/09/20					0	8.00														
Tue	11/10/20	7:30 AM	12:00 PM	1:00 PM	5:00 PM	8.5	8.00														
Wed	11/11/20					0	8.00							8.00							
Thu	11/12/20	8:00 AM	2:30 PM			6.5	8.00														
Fri	11/13/20	8:00 AM	5:00 PM			9	8.00														
Sat	11/14/20					0															
Sun	11/15/20					0															
Total Week 2							24.00	40.00	0.00	0.00	0.00	0.00	8.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	
Total							70.25	80.00	0.00	0.00	6.25	0.00	8.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Help on Election Day  
To have a Drop Box  
outside on lawn.

5/9 ✓  
\$335.15

Cassie Marian

Employee Signature:

Supervisor Signature:

☒ I, the employee agree that I have filled out my timecard accurately.

☐ I, the supervisor agree that I have reviewed this timecard and it is correct to the best of my knowledge.

By execution and signature of this time sheet the employee and supervisor agree that the hours stated are accurate and correct.

Time Card Reminders: Overtime is calculated after 40 actual hours per week have been worked. Public Safety Overtime is calculated after 80 actual hours have been worked per pay period. Holiday(not worked), Vacation, Comp and Sick time are not included in computing hours worked for overtime calculation. Supervisors authorize all overtime and if Compensatory Time will be earned instead of paid overtime. Comp time will be calculated by payroll at 1.5 times each hour of overtime. Example: 41 hours actual time worked, 40 hours in Regular column; 1 hour in overtime column or 1 hour in comp time column. Payroll will compute the accrued Comp time at the 1.5 rate. Signatures and time worked detail are required. Please call Payroll, 259-4990, if you have any questions.



LICENSE: 2567 - INSURED  
INVOICE & AGREEMENT

codinajackie@gmail.com

DATE \_\_\_\_\_

**LICENSE: 2567 - INSURED  
INVOICE & AGREEMENT**

DATE \_\_\_\_\_

WALKER DRUG-MOAB  
290 S. MAIN ST  
MOAB, UT 84532

PHONE: (435) 259-5959

PAGE NO 1

COVID

GRAND COUNTY CLERK OFFICE  
125 E. CENTER  
MOAB UT 84532

CUST # 101877  
TERMS: NET 10TH  
P.O. # CLERKS ORRIC  
REF. # PO # CLERKS ORRICE

INV # 165357  
DATE: 11/03/20  
CLERK: JAICEE R  
TERM # 554  
TIME: 11:35  
\*\*\*\*\*  
\* INVOICE \*  
\*\*\*\*\*

QUANTITY	UM	ITEM	DESCRIPTION	SUG. PRICE	PRICE/PER	EXTENSION
1	EA	246892	QUIKSHADE 10X10 CANOPY		159.00 /EA	159.00 N
			Pop-up canopy for outdoor Drop Box Protection for employees manning the Drop Box Election / Covid exp.	143.10		0.00 159.00 159.00 15.90 0.00 143.10
** AMOUNT CHARGED TO ACCOUNT **						
						TAXABLE NON-TAXABLE SUB-TOTAL DISCOUNT TAX AMOUNT TOTAL INVOICE

11089 CD copy 1 fine

Received By



10-4255-950-000  
Covid-19

Details for Order #112-7854587-6634649

Order Placed: October 5, 2020

PO number : maintenance

Amazon.com order number: 112-7854587-6634649

Order Total: \$249.99

Not Yet Shipped	
<b>Items Ordered</b>	<b>Price</b>
1 of: winbest Large Steel Freestanding Floor Parcel Lockable Drop Slot Mail Box, Grey Sold by: WB Gear ( <a href="#">seller profile</a> ) Condition: New	\$249.99
<b>Shipping Address:</b> Grand County/Maintenance 125 E CENTER ST MOAB, UT 84532-2429 United States	
<b>Shipping Speed:</b> Standard Shipping	Item(s) Subtotal: \$249.99 Shipping & Handling: \$0.00 Total before tax: \$249.99 Sales Tax: \$0.00 <b>Total for This Shipment: \$249.99</b>

Payment information	
<b>Payment Method:</b> Visa   Last digits: 8693	Item(s) Subtotal: \$249.99 Shipping & Handling: \$0.00
<b>Billing address</b> Grand County/Maintenance 125 E CENTER ST MOAB, UT 84532-2429 United States	Total before tax: \$249.99 Estimated Tax: \$0.00 <b>Grand Total: \$249.99</b>

To view the status of your order, return to [Order Summary](#) .

[Conditions of Use](#) | [Privacy Notice](#) © 1996-2020, Amazon.com, Inc.