



FY 2021



Emergency Medical Services

Operating Fund (EMSOF)

Grant Application

Madison County,

\$57939.33

This application must be returned to:

Mississippi State Department of Health

Bureau of Emergency Medical Services

P. O. Box 1700

Jackson, Mississippi 39215-1700

Attn: EMSOF Grant Administrator

No later than: 5:00 PM, November 13, 2020



Mississippi Emergency Medical Services Operating Fund

Application for Financial Assistance

Step 1: Applicant Information

Applicant

List any changes or additional information below:

Name: Madison County

Address: 555 S West Street

City: Canton, MS 39046

Phone: 601-855-5530 Fax: 601-859-5875

Address: 125 North West Street

City: Canton State: MS Zip: 39046

Phone: _____ Fax: _____

Authorized Agent

(Must be County Chancery Clerk, County President Board of Supervisors, County Administrator, City Mayor, Executive Director EMS District)

Name: Mr. Shelton Vance

Address: 125 West North Street

City: Canton, MS 39046

Phone: 601-855-5530 Fax: 601-859-5875

Title: County Administrator

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: 601 855 5502 Fax: _____

Title: _____

Email: shelton.vance@madison-co.com Sheila.jones@madison-co.com

Minor.Norman@madison-co.com

Email: _____

Current EMS Provider(s):

Primary 911 EMS Agency/ies: Pafford _____

EMS Agency Contact: Greg Pafford Freddie Parker _____

EMS Agency Email: greg@pafford.com _____

(Please note any changes on the right hand side of the page. Attach necessary documentation.)

Grant Amount: \$ 57939.33



Mississippi Emergency Medical Services Operating Fund

Step 2: Local Budgetary Accounting for 2020

Describe what was spent in local dollars (*not* grant dollars) on local EMS last fiscal year.

Attach a copy of the governmental unit printout for actual expenses paid for subsidizing/operating emergency medical services during fiscal year 2020. Example: AAAA County pays BBB Ambulance Service \$100,000.00 per year in subsidy to operate the ambulance service in AAAA County. You would send the printout of the account that shows the \$100,000.00 subsidy was paid.

There may be more than one account for subsidizing/operating emergency medical services. Attach copies of all funds expended on emergency medical services by this governmental unit. This is not your budget or grant-fund purchase items, but instead local governmental unit dollars.

Amount spent in local dollars in FY2020:

\$ 11,300.00



Mississippi Emergency Medical Services Operating Fund

Step 3: Local Proposed Budget for 2021

Describe what is projected to be spent in local dollars (*not* grant dollars) on local EMS this fiscal year.

Attach a copy of your 2021 budget printout for projected expenses for subsidizing/operating emergency medical services in fiscal year 2021.

There may be more than one account for subsidizing/operating emergency medical services. Attach copies of all funds projected to be expended on emergency medical services by this governmental unit. This is not your proposed budget for grant-fund purchase items, but instead local governmental dollars.

Amount projected to be spent in local dollars in FY 2021: \$ 11,300.00

GLMCLM01 GLHIST2020	CASH DISBURSEMENTS DATA ENTRY	GLWCLM97/R4
Fund 001 GENERAL COUNTY FUND	Trans 207980 Amount	11300.00
Claim 3907 Claim Date 9 29 2020	Release Date 9 26 2020	Status P Source CD
Bank 100 Check Date 9 29 2020	Check 54861 Ep	Cash Acct 000 001
Voided	Reason	
Vendor No	Payee PAFFORD EMS	
OUTSTND	Addr1 223 HIGHPOINT DRIVE	Add 20200929 CGLEASON
	Addr2	Chg 00000000
Page No 1	City RIDGELAND MS 39157	1099 Form Type
For Investments CD No	Maturity Date	Rate
Account	Description	Invoice InvoiceDate Amount
001240750	SUBSIDIES FY 2020	9 29 2020 11300.00

Copyright 2009, Delta Computer Systems, Inc. - All Rights Reserved 11/30-GNJ
 F13-MODE F14-PAPERLINK
 F3-Next_Claim,PAGE-UP_for_Prev_Claim F4-Prev_Detail F5-Next_Detail F13-Mode

General Ledger Budgeted Expenditures
2020 - 2021 Fiscal Year through November

Obj.	Description	Adjusted to Date	Encumbrance	Total	Budget	Prorated Budget	16.66 Percent to Date	Unencumbered Balance
001-240 GENERAL COUNTY FUND		AMBULANCE SERVICE						
750 GRANTS & SUBSIDIES				11,300.00		1,883.33		11,300.00
GRANTS & SUBSIDIES				11,300.00		1,883.33		11,300.00
DEPARTMENT TOTAL				11,300.00		1,883.33		11,300.00
FUND TOTAL				11,300.00		1,883.33		11,300.00
REPORT TOTAL				11,300.00		1,883.33		11,300.00



Mississippi Emergency Medical Services Operating Fund

Step 4: Grant Budget Narrative

On the following pages, describe what is planned to be spent in grant dollars on local EMS this fiscal year.

This is not a narrative of your total budget, just how you intend to spend the grant monies. Only the items to be paid for by this grant should be listed. Each item to be purchased or paid for must be listed with an estimated cost. Indicate how each purchase will be an improvement/enhancement to the government EMS units.

The following is an example.

<p>1. Personnel Expenses - EMSOF may only be used to pay payroll and benefit differential pay for governmental units for the first year that a governmental unit improves its' level of ambulance service licensure (i.e., BLS to ALS), staff travel to BEMS approved training opportunities, and tuition for BEMS approved training opportunities. (Go to Page 6 to complete)</p>
<p>2. Contractual Services - Itemize all individual contracts and justify the services provided. (This is where payments to EMS Districts would be justified and listed.) (Go to Page 7 to complete)</p>
<p>3. Commodities - Categorize and give cost of all supplies. You may not purchase supplies for which you bill patients with grant funds. (Go to Page 8 to complete)</p>
<p>4. Equipment - List each non-expendable item to be purchased as shown:</p> <ul style="list-style-type: none">• Justify how each item of equipment relates to EMS activities.• Explain what steps you have taken or will take to insure that you receive the best value for least cost, consistent with state and federal purchasing regulations. (Go to Page 9 to complete)
<p>5. Capital Outlay other than Equipment - EMSOF may be used to purchase capital outlay items that improve local Emergency Medical Services. Explain and justify all cost to be incurred and the relationship to EMS activities. (Example: Building a new station to offer better coverage of the county...) (Go to Page 10 to complete)</p>
<p>6. Escrow - Funds may only be escrowed for up to three (3) years. After the three (3) years, the funds must be expended before escrow of funds can occur again. Please provide a brief explanation of how these funds will be used at the end of the three (3) years and/or justification for escrowing these funds. (Go to Page 11 to complete)</p>
<p>7. Other - Any purchase listed under this caption must be approved by the Emergency Medical Services Advisory Council. (Go to Page 12 to complete)</p>



Mississippi Emergency Medical Services Operating Fund

I. Personnel Expenses

Training (Must be BEMS Approved Course or CEUs)

Name of Training	CEU Hrs	# Students	Tuition Amount	Total
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Travel

Name of Training	Location	Lodging/Meals	Millage	Total
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

Personnel

License # _____ (improves level of service licensure)

Cost: \$ _____

Payroll & Benefits (Differential only for first year of upgrade, i.e., BLS to ALS)



Mississippi Emergency Medical Services Operating Fund

2. Contractual Services

- EMS District Dues** (To be paid for with FY 2021 grant funds.)

Name of EMS District: _____

Attach documentation showing approval in accordance with Miss Code 41-59-53.

Cost: \$ _____

- Other:** _____

Cost: \$ _____

Justification Narrative:



Mississippi Emergency Medical Services Operating Fund

3. Commodities

Non-Disposable Supplies Only.

Item Description	Quantity	Amt Each	Total

Below, provide description on how the above listed purchases will improve the local EMS agency. All commodities must be utilized for direct patient care.



Mississippi Emergency Medical Services Operating Fund

4. Equipment

Item Description	Quantity	Amt Each	Total
AMBULANCE COT	5	11,950. ⁰⁰	59,750. ⁰⁰
AUTOMATIC CPR DEVICE	7	8,150. ⁰⁰	57,050. ⁰⁰

Below, provide description on how the above listed purchases relate to and benefits EMS activities and will improve the local EMS agency. All equipment must be utilized for direct patient care.

THE COTS WILL REPLACE EXISTING COTS ON AMBULANCES THAT ARE WEARING OUT FROM MANY USES, THE NEW COTS WILL ENSURE PT SAFETY.

THE AUTOMATIC CPR DEVICES WILL HELP THE AMBULANCE CREW WITH CPR IF THEY ARE ON SCENE WITH NO EXTRA HELP.

Provide detailed training plan for this equipment.

THE AMBULANCE CREWS ARE ALREADY TRAINED ON THE COTS AND WILL BE TRAINED ON THE AUTOMATIC CPR DEVICES BY THE FACTORY REP AND COMPANY TRAINING OFFICER ONCE PURCHASED.

How did you ensure you received best value for least cost (while following State and federal purchasing regulations).

RECEIVED TWO QUOTES FOR SETTING BUDGET BUT WILL GO OUT FOR REVERSE BID FOR FINAL PURCHASE



Mississippi Emergency Medical Services Operating Fund

5. Capital Outlay other than Equipment

Item: _____ Cost: \$ _____

Justification: _____

Multiple horizontal lines for handwritten justification text.



Mississippi Emergency Medical Services Operating Fund

6. Escrow Amount to be escrowed from FY2021 only: \$ _____

Please provide a brief explanation of how FY 2021 funds will be used and/or justification for escrowing these funds.

Multiple horizontal lines provided for writing the explanation and justification for escrowing funds.

Escrow funds are to be escrowed for three years. On the fourth year's grant application, all escrowed funds and the current year's funds must be expended no later than September 30 of that grant year.

Example: Purchasing a new ambulance or radio system that cost more than your grant amount.

Radio = \$10,000.00

Grant Year 1 = \$3,000.00

Grant Year 2 = \$3,000.00

Grant Year 3 = \$3,000.00

Total Escrow = \$9,000.00

Current Grant Year = \$3,000.00

Must expend a total of \$12,000.00 (Total Escrow + Current Grant Year)



Quote Prepared For Our Valued Customer:
Madison County Board of Supervisors

Account ID:

Quote #: 9909

Customer Contact:

Billing Address:

Shipping Address:

Madison County Board of Supervisors

Madison County Board of Supervisors

Madison County Board of Supervisors

146 W Center St

Canton, MS

39046

Terms:

Valid Until: Dec 31, 2020 Freight Quote #:

Carrier: TBD

FOB Origin: TBD

Your Sales Representative is:

Alex Lester

a.lester@ferno.com

(251) 401-2571

Your Customer Service Contact is:

Diana Hornsby

d.hornsby@ferno.com

(877) 733-0911

Quantity	Item #	Product	Customer Price
5	0015807	POWER X1 - includes Bolster Mattress, SAE Compliant Patient Restraints System, (2) 36V Li-ion Batteries, (1) AC-input Charger, Standard Shock Frame, Backrest Equipment Hook for Monitor, Manual Back-up, Lead Handle, Control End Wheel Locks, Post to lock into Antler/Rail System	\$ 52,732.35
5	1408014	OPTION, SAE, WITH ICS - Cot Compatibility Kit so stretcher will lock into SAE Compliant Floor Fastener	\$ 5,376.75
5	1408000	OPTION, MATTRESS BOLSTER, PIN	\$ 0.00
5	1408007	OPTION, FIXED BACKREST	\$ 0.00
5	1408011	OPTION, 26G RESTRAINT	\$ 0.00
5	0822483	KIT, BATTERY	\$ 0.00
5	0822482	STO-NET, LOAD FRAME POWER X1	\$ 505.85
5	0822485	O2 BOTTLE HOLDER KIT, HEAD END	\$ 656.60

Hard Copy PO Required? Yes No

Approval: _____

Printed Name

Signature

Credit Card: _____

Secure Code: _____

Exp: _____

Subtotal: \$ 59,271.55

Sales Tax: \$ 0.00

Shipping Quote: \$ 480.00

Your Price: \$ 59,751.55

Comments: Shipping cost is estimated and will be updated at time of order. To process order, please email PO or signed FERNO Quote to a.lester@ferno.com. For any questions, please call Alex at 251-401-2571.

Joey.Moore@HenrySchein.com

www.henryschein.com/ems

<http://www.facebook.com/henryscheinems>



Mississippi Emergency Medical Services Operating Fund

Step 5: Annual Expenditure Report for EMSOF Previous Years

The annual expenditure report is a financial summary of the previous year's EMSOF award and/or previous funds escrowed. This report must be completed and returned with all other sections of this new application. No new awards can be granted until this report is completed and signed.

Our records indicate that \$57939 was awarded in 2020.

Attach copies of receipts for all expenditures made during FY 2020.

Example 1: You were awarded \$5,000.00 last year to purchase an external defibrillator, attach receipt(s) for at least \$5,000.00 of the external defibrillator.

- If you spent more, no additional documentation is needed.
- If you spent less, a letter of modification is required.
- Attach training documentation (roster, sign in sheet, agenda, objectives, etc.)

Example 2: You are purchasing a new ambulance that costs more than your grant amount.

Ambulance = \$80,000.00

- If you spent more, no additional documentation is needed.
- If you spent less, a letter of modification is required.
- All purchases of EMS vehicles of any type must include copy of title with receipts.

Example 2:

Grant Year 1 = \$5,000.00

Grant Year 2 = \$5,000.00

Grant Year 3 = \$5,000.00

Total Escrow = \$15,000.00

Last Year's Grant = \$5,000.00

You must have expended the entire amount of \$20,000 for the purchased of an ambulance.

(Receipts for Escrow Funds must be attached to the Escrow Reporting Page 14.)

All grant funds must be placed in an interest bearing account. Prior grant awards not expended by September 30 of the award year must be returned to the State.

I, the undersigned, attest to the fact that I have expended funds as per the previous grants or I have submitted in writing prior approval to amend the previous grant(s), and that the figures found in the above Annual Expenditure Report for EMSOF Previous Years are correct.

Signature: Shelton Vance Date: 11/12/2020
(Shelton Vance or Comptroller must sign)



Mississippi Emergency Medical Services Operating Fund

If you currently have grant funds in escrow, you must complete this section.

Use this form to indicate monies previously awarded that have been escrowed for an identified large purchase. (Example: Purchasing a new ambulance or radio system that cost more than your grant amount.) Escrow funds are meant to be escrowed for three years. On the fourth year's grant application, all escrowed funds and the current year's funds must be expended no later than September 30 of that grant year.

Current Escrow Balance, including interest:

	Escrow Amount	Interest Earned	Total with Interest
(Prior FY18)			
FY 2018	\$. 0 .	\$. 0 .	\$. 0 .
FY 2019	\$ 972.81	\$ 69.88	\$ 1042.69
FY 2020	\$ 57939.00	\$ 2189.69	\$ 60128.69
Total for FY'?, FY'18, FY'19, and FY'20			\$ 61,171.38

If funds received prior to FY 2017 are still in escrow, these funds must be expended immediately (within 30 days) or returned to the State Department of Health. This grant application will be placed on hold until proof of compliance is submitted and approved.

2020/11/11



Mississippi Emergency Medical Services Operating Fund

Contract for Supplemental Emergency Medical Services

For the purposes of providing expanded emergency medical services, and in consideration for the mutual covenants contained herein, it is hereby agreed by and between **Madison County** (hereinafter referred to as the grantee) and the Emergency Medical Services Program of the Mississippi State Department of Health (hereinafter referred to as the Department) as follows:

The Grantee agrees that:

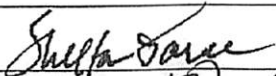
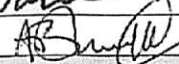
1. Funds received from the Department will be used for the provision of emergency medical services within the Grantee's district in accordance with the specifications set forth in the application and hereby incorporated into and made a part of the contract.
2. Funds received from the Department pursuant to this contract shall be used solely in addition to existing annual emergency medical budgets of the Grantee.
3. The Grantee will maintain its present level of funding for existing emergency medical services throughout the contract.
4. No funds received from the Department shall be used for the payment of any attorney's fees.
5. Financial and progress reports will be submitted by the Grantee to the Department on an annual basis or as requested by the Department. The annual reports for the previous year's funds must be submitted to the Department as part of this application.
6. Emergency medical services will be delivered in compliance with the licensing requirements and regulations of the Department.
7. The Grantee agrees to permit reasonable program review and evaluation by the Department, to provide access to its records, and to cooperate in any other reasonable request for program information.

The Department agrees that:

1. Funds appropriated to the Department for the Emergency Medical Services Operating Fund shall be distributed to Grantee for the support of emergency medical services.
2. The Grantee shall receive funds equal to Grantee's proportionate share of the Emergency Medical Services Operating Fund based on its general population in relation to the total population of the state.

It is mutually agreed by both parties:

1. This contract shall commence on **October 1, 2020**, and remain in effect until **September 30, 2021**.
2. Funds shall be disbursed to the Grantee in a single payment before **June 1, 2021**.
3. The distribution of funds is subject to the receipt of same from the Emergency Medical Services Operating Fund.

Signed	
Applicant/Grantee (<i>Shelton Vance</i>) 	Date: <u>11/12/2020</u>
Applicant/Grantee (<i>Greg Pafford Freddie Parker</i>) 	Date: <u>11/12/2020</u>
For State Department of Health Use Only	
Director, Emergency Medical Services _____	Date: _____
Director, Emergency Planning & Response _____	Date: _____
Director, Health Protection _____	Date: _____
CFO, MSDH _____	Date: _____



Mississippi Emergency Medical Services Operating Fund

(COUNTS TOWARD SCORE)

Grant Recap Sheet

Checklist

- Authorized Agent and EMS Operations Manager attended Grantee Meeting.
- All contact information on page 2 has been verified or any changes noted.
- Official budget has been attached to page 3.
- Official proposed budget has been attached to page 4.
- Grant Narrative (Pages 6-10) have all been completed as needed to avoid any processing delay of your application.
- Escrow (Page 11) amount listed is for use of proposed grant funds only. No local dollars.
- Annual Expenditure Report (page 13) has all receipts, vehicle titles and letters of modification attached.
- Annual Expenditure Report (page 13) has been signed by the comptroller or authorized agent.
- Escrow Report Page (page 14) is completed and all funds are reported appropriately. Include interest as a separate entry.
- All grants funds are being deposited in an interest bearing account with the authorized agent.
- Contract page is signed by Authorized Agent (County Administrator, President of the Board of Supervisors, Chancery Clerk, Mayor, President EMS District).
- Contract page is signed by primary 911 EMS Agency or Agencies authorized contact (Operations Manager).
- Do Not Expend any grant funds until they are received by the authorized governmental agency.

Return the application by 5:00 p.m. November 8, 2020:

Mississippi State Department of Health
Bureau of Emergency Medical Services
ATTN: EMSOF Grant Administrator
P. O. Box 1700
Jackson, Mississippi 39215-1700

Should you have any questions regarding this application or the EMSOF program, please contact: Billie Collier at 601-576-7380, or via email at billie.collier@msdh.ms.gov.



Mississippi Emergency Medical Services Operating Fund

Madison County 57939

For Department Use Only: (Do not write on this page)

Review	BEMS	OEPR	HP
Comments	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Date			
Returned	___/___/___	___/___/___	___/___/___

Grant Administrator Recommendations (Please initial.)

_____ Full approval

_____ Approval with budget modifications

_____ Conditional approval

_____ Non-approval

_____ Referral to EMS Advisory Council

_____ Comments: _____

Date and subject of any additional communications with applicant

Date: _____ **Subject:** _____

Proposed use of funds:

\$ _____	Personnel/Training	\$ _____	Ambulance
\$ _____	Regionalization (_____ District)	\$ _____	ALS Expenditures
\$ _____	Commodities	\$ _____	Communications
\$ _____	BLS Equipment	\$ _____	First Response
\$ _____	Escrow	\$ _____	Other

M#: 7000000915 CC: 45 AD: 2020

2020 Notes	2020 Notes	Recipient	Escrow Notes

Fund	Description	Beginning Balance	Receipts	Disbursements	Journal	Cash Balance	Investment Balance	Total
014	EMSOF GRANT	65396.99	1190.09	5415.70		61171.38		61,171.38
	Total	65396.99	1190.09	5415.70		61171.38		61,171.38

INVOICE



SHIP TO: 1287131
MADISON COUNTY BOARD OF SUPERVISORS
 148 W CENTER ST
 CANTON MS 39046-3735

MAKE PAYMENT TO:
STRYKER SALES CORPORATION
 P.O. BOX 93308
 CHICAGO, IL 60673-330
 PH - 1-800-733-2383

CONTACT:
STRYKER MEDICAL
 1801 Romance Rd Parkway
 Portage, MI 49002
 Phone Number: (800) 327-0770
 Fax Number: (866) 551-2618
 www.stryker.com

BILL TO: 1287128
MADISON COUNTY BOARD OF SUPERVISORS
 PO BOX 608
 CANTON MS 39046-0608

15960 **RECEIVED**
 DEC 30 2019
 BY:

203019

INVOICE NUMBER	DATE	CUSTOMER P.O.	SALES REP	ORDER NUMBER	PAGE
2882416 M	12/23/19	200095	RIEKHOF, JULIE	7939145 SO	1 of 2

TERMS	SHIPPING METHOD
Net 30 days	
SHIPPING INSTRUCTIONS	

LINE NO.	DESCRIPTION	ITEM NUMBER	GTIN	SERIAL NUMBER	QUANTITY SHIPPED	UNIT PRICE	EXTENDED PRICE
15.000	LP15,EN,SPO2,SL/12L,EX,NIBP,CO 2,TR,VR,BT,V4	89577-001855			1	25,148.4000	25,148.40
16.000	LP15 ACCRY SHIPKIT,AHA,S	41577-000284		48591166	1	.0000	
17.000	LP15 gets zero dollar accessories. ELECTRODE-EDGE,ADULT,QC STD,IN TL	11998-000091			2	.0000	
18.000	LP15 gets zero dollar accessories. ASSY - TEST LOAD, ROHS,ENGLISH	21330-001385			1	.0000	
19.000	LP15 gets zero dollar accessories. ASSY, CD-ROM, SERVICE MANUAL, LP15, V4	28500-003612			1	.0000	
20.000	LP15 gets zero dollar accessories. M-LNCS DCI, ADULT REUSABLE SEN SOR, REF 2501,ROHS	11171-000046			1	228.7600	228.76
21.000	M-LNCS DCIP, PED REUSABLE SENS OR, REF 2502,ROHS	11171-000047			1	228.7600	228.76
22.000	NIBP CUFF-REUSEABLE,INFANT, BA YONET	11160-000011			1	17.4800	17.48
23.000	NIBP CUFF-REUSEABLE,CHILD, BAY ONET	11160-000013			1	19.7800	19.76
24.000	NIBP CUFF-REUSEABLE,LARGE ADUL T, BAYONET	11160-000017			1	27.3600	27.36
25.000	NIBP CUFF- REUSEABLE,X-LARGE A DULT, BAYONET	11160-000019			1	38.7600	38.76
26.000	KIT - CARRY BAG, MAIN BAG	11577-000002			1	258.1200	258.12
27.000	KIT - CARRY BAG, SHOULDER STRA P	11577-000001			1	.0000	
28.000	LP15 gets zero dollar accessories. TOP POUCH	11220-000028			1	46.3600	46.36
29.000	KIT - CARRY BAG, REAR POUCH, 3 RD EDITION	11260-000039			1	68.1200	68.12
30.000	BATTERY PACK-LI-ION	21330-001178			3	375.4400	1,126.32

CLAIMS FOR SHORT SHIPMENT MUST BE MADE WITHIN 30 DAYS OF RECEIPT. NO MERCHANDISE MAY BE RETURNED TO STRYKER FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE. Subject to applicable shipping and handling charges.	CURRENCY	SUBTOTAL	SALES TAX	TOTAL
	USD	Continued	Continued	Continued

FINANCE CHARGE OF 1 1/2% (ANNUAL PERCENTAGE RATE IS 18%) IS ADDED TO ALL PAST DUE ACCOUNTS.
 * Lease payment plans are available. If interested, please contact A/R immediately to start the application process. 12/23/2019 22:22:57

INVOICE



SHIP TO:	1287131
MADISON COUNTY BOARD OF SUPERVISORS 146 W CENTER ST CANTON MS 39046-3735	

MAKE PAYMENT TO:
STRYKER SALES CORPORATION P.O. BOX 83308 CHICAGO, IL 60673-330 PH - 1-800-733-2383

CONTACT:
STRYKER MEDICAL 1901 Romance Rd Parkway Portage, MI 49002 Phone Number: (800) 327-0770 Fax Number: (866) 551-2818 www.stryker.com

RECEIVED

DEC 3 0 2019

BY:

BILL TO:	1287128
MADISON COUNTY BOARD OF SUPERVISORS PO BOX 608 CANTON MS 39046-0608	

INVOICE NUMBER	DATE	CUSTOMER P.O.	SALES REP	ORDER NUMBER	PAGE
2882416M	12/23/19	200095	RIEKHOF, JULIE	7939145 SO	2 of 2

TERMS	SHIPPING METHOD
Net 30 days	
SHIPPING INSTRUCTIONS	

LINE NO.	DESCRIPTION	ITEM NUMBER	GTIN	SERIAL NUMBER	QUANTITY SHIPPED	UNIT PRICE	EXTENDED PRICE
91.000	LION CHARGER, STATION, STD P OWER CORD	11577-000004			1	1,489.8000	1,489.80

CLAIMS FOR SHORT SHIPMENT MUST BE MADE WITHIN 30 DAYS OF RECEIPT. NO MERCHANDISE MAY BE RETURNED TO STRYKER FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE. Subject to applicable shipping and handling charges.	CURRENCY	SUBTOTAL	SALES TAX	TOTAL
	USD	26,693.80		26,693.80

FINANCE CHARGE OF 1 1/2% (ANNUAL PERCENTAGE RATE IS 18%) IS ADDED TO ALL PAST DUE ACCOUNTS.
 * Lease payment plans are available. If interested, please contact A/R immediately to start the application process. 12/23/2019 22:22:57

* Receiving Report Number 200098 *

Vendor # 15960
STRYKER SALES CORPORATION
PO BOX 93308

CHICAGO IL 60673

Date Received 1/ 3/2020
Department 232
MEDICAL SERVICES
Requisition Number 200094
Purchase Order 200095

Quantity
Received Description

1.00 EA LIFEPAK 15 V4 MONITOR/DEFIB
NEW PACKAGE AS QUOTED
PER ATTACHED QUOTE

Received By: 

M. HAWKINS

Agrees With Purchase Order Except As Noted:

Purchase Clerk



TO: Madison County Board of Supervisors
 146 West Center Street
 Canton, MS 39046

Attn: Freddie Parker

ZOLL Medical Corporation

Worldwide Headquarters
 269 Mill Rd
 Chelmsford, Massachusetts 01824-4106
 (978) 421-8656 Main
 (800) 348-8011
 (978) 421-0016 Customer Support
 FEDERAL ID#: 04-2711626

QUOTATION 327889 V:1

DATE: December 20, 2019

TERMS: Net 30 Days

FOB: Shipping Point

FREIGHT: Prepay and Add

ITEM	MODEL NUMBER	DESCRIPTION	QTY.	UNIT PRICE	DISC PRICE	TOTAL PRICE
1	601-2221011-01	<p>X Series Manual Monitor/Defibrillator with 4 trace tri-mode display monitor/ defibrillator/ printer, comes with Real CPR Help®, advisory algorithm, advanced communications package (Wi-Fi, Bluetooth, USB cellular modem capable) USB data transfer capable and large 6.5" (16.5cm) diagonal screen, full 12 ECG lead view with both dynamic and static 12-lead mode display.</p> <p>Accessories Included:</p> <ul style="list-style-type: none"> • MFC cable • MFC CPR connector • A/C power adapter/ battery charger • A/C power cord • One (1) roll printer paper • 6.6 Ah Li-Ion battery • Carry case • Declaration of Conformity • Operator's Manual • Quick Reference Guide <p>• One (1)-year EMS warranty</p> <p>Advanced Options: Real CPR Help Expansion Pack CPR Dashboard quantitative depth and rate in real time, release indicator, interruption timer, perfusion performance indicator (PPI) • See - Thru CPR artifact filtering</p>	1	\$37,275.00	\$31,683.75	\$31,683.75

To the extent that ZOLL and Customer, or Customer's Representative have negotiated and executed overriding terms and conditions ("Overriding T's & C's"), those terms and conditions would apply to this quotation. In all other cases, this quote is made subject to ZOLL's Standard Commercial Terms and Conditions ("ZOLL T's & C's") which for capital equipment, accessories and consumables can be found at <http://www.zoll.com/GTC> and for software products can be found at <http://www.zoll.com/SSITC> and for hosted software products can be found at <http://www.zoll.com/SSITC>. Except in the case of overriding T's and C's, any Purchase Order ("PO") issued in response to this quotation will be deemed to incorporate ZOLL T's & C's, and any other terms and conditions presented shall have no force or effect except to the extent agreed in writing by ZOLL.

Jonathan Beacom
 EMS Territory Manager
 801-668-1934

1. DELIVERY WILL BE MADE 60-90 DAYS AFTER RECEIPT OF ACCEPTED PURCHASE ORDER.
2. PRICES QUOTED ARE VALID FOR 60 DAYS.
3. APPLICABLE TAX, SHIPPING & HANDLING WILL BE ADDED AT THE TIME OF INVOICING.
4. ALL PURCHASE ORDERS ARE SUBJECT TO CREDIT APPROVAL BEFORE ACCEPTABLE BY ZOLL.
5. FAX PURCHASE ORDER AND QUOTATION TO ZOLL CUSTOMER SUPPORT AT 978-421-8016 OR EMAIL TO ESALES@ZOLL.COM.
6. ALL DISCOUNTS OFF LIST PRICE ARE CONTINGENT UPON PAYMENT WITHIN AGREED UPON TERMS.
7. PLACE YOUR ACCESSORY ORDERS ONLINE BY VISITING www.zollwebstore.com.



TO: Madison County Board of Supervisors
 146 West Center Street
 Canton, MS 39046

Attn: Freddie Parker

ZOLL Medical Corporation
 Worldwide Headquarters
 269 Mill Rd
 Chelmsford, Massachusetts 01824-4105
 (978) 421-8855 Main
 (800) 348-8011
 (978) 421-0015 Customer Support
 FEDERAL ID#: 04-2711828

QUOTATION 327889 V:1

DATE: December 20, 2019

TERMS: Net 30 Days

FOB: Shipping Point

FREIGHT: Prepay and Add

ITEM	MODEL NUMBER	DESCRIPTION	QTY.	UNIT PRICE	DISC PRICE	TOTAL PRICE
		ZOLL Noninvasive Pacing Technology: Masimo Pulse Oximetry SP02 <ul style="list-style-type: none"> • Signal Extraction Technology (SET) • Rainbow SET NIBP Watch Allyn Includes: <ul style="list-style-type: none"> • Smartcuff 10 foot Dual Lumen hose • SureBP Reusable Adult Medium Cuff End Tidal Carbon Dioxide monitoring (ETCO2) Orion Microstream Technology: Order required Microstream tubing sets separately Interpretative 12-Lead ECG: <ul style="list-style-type: none"> • 12-Lead one step ECG cable- includes 4- Lead limb lead cable and removable precordial 6- Lead set 				
2	8000-0330	SpO2 Rainbow Reusable Patient Cable: Connects to LNCS Single Use and Reusable Sensors (4 ft)	1	\$295.00	\$250.75	\$250.75
3	8000-0294	SpO2 LNCS Adult Reusable Sensor (1 each)	1	\$295.00	\$250.75	\$250.75
4	8000-002005-01	Cable Sleeve, Propaq / X Series, ZOLL Blue	1	\$52.45	\$44.58	\$44.58

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Jonathan Beacom
EMS Territory Manager
 801-688-1934

1. DELIVERY WILL BE MADE 80-90 DAYS AFTER RECEIPT OF ACCEPTED PURCHASE ORDER.
2. PRICES QUOTED ARE VALID FOR 60 DAYS.
3. APPLICABLE TAX, SHIPPING & HANDLING WILL BE ADDED AT THE TIME OF INVOICING.
4. ALL PURCHASE ORDERS ARE SUBJECT TO CREDIT APPROVAL BEFORE ACCEPTABLE BY ZOLL.
5. FAX PURCHASE ORDER AND QUOTATION TO ZOLL CUSTOMER SUPPORT AT 978-421-0015 OR EMAIL TO ESALES@ZOLL.COM.
6. ALL DISCOUNTS OFF LIST PRICE ARE CONTINGENT UPON PAYMENT WITHIN AGREED UPON TERMS.
7. PLACE YOUR ACCESSORY ORDERS ONLINE BY VISITING www.zollwebstore.com.



TO: Madison County Board of Supervisors
 148 West Center Street
 Canton, MS 39048

Attn: Freddie Parker.

ZOLL Medical Corporation
 Worldwide Headquarters
 289 Mill Rd
 Chelmsford, Massachusetts 01824-4105
 (978) 421-8855 Main
 (800) 348-8011
 (978) 421-0015 Customer Support
 FEDERAL ID#: 04-2711628

QUOTATION 327886 V:1

DATE: December 20, 2019

TERMS: Net 30 Days

FOB: Shipping Point

FREIGHT: Prepay and Add

ITEM	MODEL NUMBER	DESCRIPTION	QTY.	UNIT PRICE	DISC PRICE	TOTAL PRICE
5	8000-0895	Cuff Kit with Welch Allyn Small Adult, Large Adult and Thigh Cuffs	1	\$167.50	\$133.88	\$133.88
6	8000-0580-01	Six hour rechargeable Smart battery	2	\$519.75	\$441.79	\$883.58
7	8200-000100-01	Single Bay Charger for the SurePower and SurePower II batteries.	1	\$892.25	\$843.41	\$843.41
8	8900-0402	CPR stat-padz HVP Multi-Function CPR Electrodes - 1 pair	1	\$78.75	\$66.94	\$66.94
9	8900-0810-01	pedi-padz® II Pediatric Multi-Function Electrodes - Designed for use with the AED Plus. The AED recognizes when pedi-padz II are connected and automatically proceeds with a pediatric ECG and adjusts energy to pediatric levels. Twenty four (24) month shelf-life. One pair.	1	\$99.75	\$84.79	\$84.79
*Reflects Discount Pricing.						

TOTAL \$34,242.43

To the extent that ZOLL and Customer, or Customer's Representative have negotiated and executed overriding terms and conditions ("Overriding T's & C's"), those terms and conditions would apply to this quotation. In all other cases, this quote is made subject to ZOLL's Standard Commercial Terms and Conditions ("ZOLL T's & C's") which for capital equipment, accessories and consumables can be found at <http://www.zoll.com/GTC> and for software products can be found at <http://www.zoll.com/SSITC>; and for hosted software products can be found at <http://www.zoll.com/SSITC>. Except in the case of overriding T's and C's, any Purchase Order ("PO") issued in response to this quotation will be deemed to incorporate ZOLL T's & C's, and any other terms and conditions presented shall have no force or effect except to the extent agreed in writing by ZOLL.

Jonathan Beacom
 EMS Territory Manager
 601-698-1934

1. DELIVERY WILL BE MADE 60-90 DAYS AFTER RECEIPT OF ACCEPTED PURCHASE ORDER.
2. PRICES QUOTED ARE VALID FOR 60 DAYS.
3. APPLICABLE TAX, SHIPPING & HANDLING WILL BE ADDED AT THE TIME OF INVOICING.
4. ALL PURCHASE ORDERS ARE SUBJECT TO CREDIT APPROVAL BEFORE ACCEPTABLE BY ZOLL.
5. FAX PURCHASE ORDER AND QUOTATION TO ZOLL CUSTOMER SUPPORT AT 978-421-0015 OR EMAIL TO ESALES@ZOLL.COM.
6. ALL DISCOUNTS OFF LIST PRICE ARE CONTINGENT UPON PAYMENT WITHIN AGREED UPON TERMS.
7. PLACE YOUR ACCESSORY ORDERS ONLINE BY VISITING www.zollwebstore.com.



Madison County LP15

Quote Number: 10073770
 Version: 1
 Prepared For: MADISON COUNTY BOARD OF SUPERVISORS
 Attn:

Remit to: P.O. Box 93308
 Chicago, IL 60673-3308
 Rep: Julie Riekhof
 Email: julie.riekhof@stryker.com
 Phone Number:

Quote Date: 11/06/2019
 Expiration Date: 02/04/2020

Delivery Address		End User - Shipping - Billing		Bill To Account	
Name:	MADISON COUNTY BOARD OF SUPERVISORS	Name:	MADISON COUNTY BOARD OF SUPERVISORS	Name:	MADISON COUNTY BOARD OF SUPERVISORS
Account #:	1287131	Account #:	1287131	Account #:	1287128
Address:	146 W CENTER ST CANTON Mississippi 39046-3735	Address:	146 W CENTER ST CANTON Mississippi 39046-3735	Address:	PO BOX 608 CANTON Mississippi 39046-0608

Equipment Products:

Qty.	Product	Description	Qty.	Sell Price	Total
1.0	99577-001955	LIFEPAK 15 V4 Monitor/Defib - Manual & AED, Trending, Noninvasive Pacing, SpO2, NIBP, 12-Lead ECG, EtCO2, BT.	1	\$25,148.40	\$25,148.40
2.0	41577-000284	Ship Kit -QUIK-COMBO Therapy Cable; 2 rolls100mm Paper; RC-4, Patient Cable, 4ft.; NIBP Hose, Coiled; NIBP Cuff, Reusable, adult; 12-Lead ECG Cable, 4-Wire Limb Leads, 5ft; 12-Lead ECG Cable, 6-Wire Precordial attachment	1	\$0.00	\$0.00
3.0	11171-000046	Masimo™M-LNCS® DCI, Adult Reusable SpO2 only Sensor. For use with RC Patient Cable.	1	\$228.76	\$228.76
4.0	11171-000047	Masimo™M-LNCS® DCIP, Pediatric Reusable SpO2 only Sensor. For use with RC Patient Cable.	1	\$228.76	\$228.76
5.0	11160-000011	NIBP Cuff-Reusable, Infant	1	\$17.48	\$17.48
6.0	11160-000013	NIBP Cuff-Reusable, Child	1	\$19.76	\$19.76
7.0	11160-000017	NIBP Cuff -Reusable, Large Adult	1	\$27.36	\$27.36
8.0	11160-000019	NIBP Cuff-Reusable, Adult X Large	1	\$38.76	\$38.76
9.0	11577-000002	LIFEPAK 15 Basic carry case w/right & left pouches; shoulder strap (11577-000001) included at no additional charge when case ordered with a LIFEPAK 15 device	1	\$256.12	\$256.12
10.0	11220-000028	LIFEPAK 15 Carry case top pouch	1	\$46.36	\$46.36
11.0	11260-000039	LIFEPAK 15 Carry case back pouch	1	\$66.12	\$66.12
12.0	21330-001176	LP 15 Lithium-ion Battery 5.7 amp hrs	3	\$375.44	\$1,126.32
13.0	11577-000004	Station Battery Charger - For the LP15	1	\$1,489.60	\$1,489.60
Equipment Total:					\$28,693.80



Madison County LP15

Quote Number: 10073770
Version: 1
Prepared For: MADISON COUNTY BOARD OF SUPERVISORS
Attn:

Remit to: P.O. Box 93308
Chicago, IL 60673-3308
Rep: Julie Riekhof
Email: julie.riekhof@stryker.com
Phone Number:

Quote Date: 11/06/2019
Expiration Date: 02/04/2020

Price Totals:

Grand Total: \$28,693.80

Prices: In effect for 60 days.
Terms: Net 30 Days

Ask your Stryker Sales Rep about our flexible financing options.

AUTHORIZED CUSTOMER SIGNATURE

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule.

Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency.

Terms: Net 30 days. FOB origin. A copy of Stryker Medical's standard terms and conditions can be obtained by calling Stryker Medical's Customer Service at 1-800-Stryker.

In the event of any conflict between Stryker Medical's Standard Terms and Conditions and any other terms and conditions, as may be included in any purchase order or purchase contract, Stryker's terms and conditions shall govern.

Cancellation and Return Policy: In the event of damaged or defective shipments, please notify Stryker within 30 days and we will remedy the situation. Cancellation of orders must be received 30 days prior to the agreed upon delivery date. If the order is cancelled within the 30 day window, a fee of 25% of the total purchase order price and return shipping charges will apply.

PAFFORD



EMERGENCY MEDICAL SERVICES

223 Highpoint Dr.
Ridgeland, MS 39157
Ph: (601) 640-1000 • Fax: (601) 640-1001

11/20/2019

Mr. Minor Norman
Fire Coordinator – Madison County, MS
1633 W Peace Street
Canton, MS 39046

RE: Madison County Cardiac Monitors

Minor,

This letter is to inform you and the Madison County Board of Supervisors that Pafford EMS utilizes Physio Control LifePak 15 cardiac monitor/defibrillators. All of our current ambulances utilize this specific equipment and any cardiac monitor/defibrillator purchased would need to be the same item. This creates consistency across the EMS fleet and allows interoperability between ambulances. All of the fire departments in Madison County utilize Physio Control products as well, therefore allowing our LifePak 15 cardiac monitor/defibrillators to immediately plug in to the fire department equipment when they arrive on scene and initiate care first.

If you have any other questions, please let me know.

Kind regards,

Freddie Parker
Director of Operations
Pafford EMS Central Mississippi
fparker@paffordems.com

12325

Ricks Pro Truck Gluckstadt
238 Calhoun Station Parkway
Madison, MS 39910
601-499-1310

BWH991 Page: 1

Invoice #: 2549

Sale Date: 3/10/2020

Customer: MADISON COUNTY
P.O. BOX 608

Insurance:
Shipping:
Sales Tax:
Total Sale: **6,384.11**

CANTON, MS 39046
UNITED STATES

Contact Information: 601-859-8241

Order Taken By: Barry Crowe
Salesman: MINOR NORMAN

PO #: 200085
Stock #:
VIN #:

204634

Qty	Item #	Item Name	Price	Extended Price
1	(1)	WARN-98080, BRKT KIT GEN_II 2017 FORD SD MOUNTING KIT, A1	\$402.14	\$402.14
1	(1)	WARN-90110, CAR-KT_LRG-FRM_T4MER-GENII_BLK WINCH CARRIER, A1	\$324.02	\$324.02
1	(1)	WARN-98090, GRILLE GD KIT T4MR-GII 17SD BL GRILLE GUARD, A1	\$225.74	\$225.74
1	(1)	WARN-80143, LIGHTBAR-KIT_T4MER-GENII_BLK LIGHTBAR, A1	\$133.22	\$133.22
1	(1)	WARN-47801, WINCH,M15000,12V,90,ROLLER WINCH, A1	\$1,828.99	\$1,828.99
4	(4)	HEISE-HE-SL550, 5 1/2IN SINGLE ROW SLIMLINE LIGHT BAR, A1	\$80.00	\$320.00
1	(1)	RETRAX-80383, RETRAXPRO MX RETRACTABLE SUPER DUTY F-250-350 SHORT BE, A1	\$1,750.00	\$1,750.00
1	(1)	CARGOEASE-CE7548C20, COMMERCIAL 2000 CHEVY,FORD,TITAN SWB 6.5FT CARGOEASE, A1	\$1,250.00	\$1,250.00
1	(1)	ACCESS COVER-80170, 60IN. AGCESS LED STRIP LIGHT-1 SINGLE PACK	\$150.00	\$150.00

(12) total pieces enclosed

** Thank you for your purchase. All wheels must be re-torqued after 500 miles.
Visit RicksProTruck.com to find out about special offers and rebates.

3/26/20 @ 8:45:01

014-232-919

APPROVED
3/25/2020
Minor Norman

Requisition 0200091 Date 12/ 6/2019
 MADISON COUNTY
 P O BOX 608
 CANTON, MS. 39046
 (601) 855-5500
 REFER TO PURCHASING OFFICE

MEDICAL SERVICES
 MINOR NORMAN

Vendor:
 RICKS PRO TRUCK GLUCKSTADT
 238 CALHOUN STATION PARKWAY
 MADISON, MS 39110

Ship To: VIA:
 MADISON COUNTY
 CENTRAL RECEIVING
 146 WEST CENTER STREET
 CANTON, MS 39046

Quantity	Description of Supplies, Equip, Srvc	Unit Cost	EA	Extended
1.00	:014232919 WARN-98080 BRKT KIT GEN :	402.14	EA:	402.14
1.00	:014232919 LABOR INSTALLATION CHARG:	250.00	EA:	250.00
1.00	:014232919 WARN-90110 BLK WINCH CAR:	324.02	EA:	324.02
1.00	:014232919 WARN-98090 GRILL KIT :	225.74	EA:	225.74
1.00	:014232919 LABOR INSTALLATION :	250.00	EA:	250.00
1.00	:014232919 WARN-80143 LIGHTBAR KIT :	133.22	EA:	133.22
1.00	:014232919 WARN-47801 M15000 WINCH :	1828.99	EA:	1828.99
4.00	:014232919 HEISE-HE-SL550 SLIMLINE :	80.00	EA:	320.00
1.00	:014232919 RETRAX-80383 MX RETRACTA:	1750.00	EA:	1750.00
	:SHORT BED COVER :		:	
1.00	:014232919 CE9548C20 CARGOEASE :	1250.00	EA:	1250.00
	:BEDSLIDE :		:	
1.00	:014232919 CCESS COVER 80170 :	150.00	EA:	150.00
	:LED LIGHT STRIPS :		:	

Total \$6,884.11

Approved By: _____




* Receiving Report Number 200178 *

Vendor #
RICKS FEO TRUCK GAUCKSTADT
238 CALHOUN STATION PARKWAY
MADISON, MS 39110

Date Received 3/ 9/2020
Department 232
MEDICAL SERVICES
Requisition Number 200091
Purchase Order 200085

Quantity Received	Description
1.00 EA	WARN-90080 BRKT KIT GEN II
1.00 EA	WARN-90110 BLK WINCH CARRIER
1.00 EA	WARN-90090 GRILL KIT
1.00 EA	WARN-80143 LIGHTBAR KIT
1.00 EA	WARN-47801 M15000 WINCH
4.00 EA	HEISE-HS-3L550 SLIMLINE LIGHT BAR
1.00 EA	RETRAX-80383 MK RETRACTABLE SHORT RED COVER
1.00 EA	CS9548C20 CARGOBASE BEDSLIDE
1.00 EA	CLESS COVER 80170 LED LIGHT STRIPS

Received By: 
R. HARKINS
Agrees With Purchase Order Except As Noted:

Purchase Clerk

Ricks Pct Truck, Gluckstadt
 238 Calhoun Station Parkway
 Madison, MS 39910
 601-499-1310

ENH191 Page: 1

Invoice #: 1065

Customer: MADISON COUNTY
 P.O. BOX 608
 CANTON, MS 39046
 UNITED STATES

Sale Date: 11/05/2019

Insurance:
 Shipping:
 Sales Tax:
 Total Sales: 6,884.11

Contact Information: 601-899-1241

Order Taken By: Barry Crowe
 Salesman:

PO #:
 Stock #:
 VIN #:

Qty	Item #	Item Name	Price	Extended Price
1	(1)	WARN-18080, BRKT KIT GEN_II 2017 FORD SD MOUNTING KIT, A1	\$402.14	\$402.14
1	(1)	LABOR-INSTALLATION, INSTALLATION CHARGE, A1	\$250.00	\$250.00
1	(1)	WARN-10110, CAR-KIT_LRG-FEM_T4MER-GENII_BLK WINCH CARRIER, A1	\$324.02	\$324.02
1	(1)	WARN-18090, GRILLE GD KIT T4MR-GII 17SD BL GRILLE GUARD, A1	\$225.74	\$225.74
1	(1)	LABOR-INSTALLATION, INSTALLATION CHARGE, A1	\$250.00	\$250.00
1	(1)	WARN-10143, LIGHTBAR-KIT_T4MER-GENII_BLK LIGHTBAR, A1	\$133.22	\$133.22
1	(1)	WARN-17801, WINCH#44;M15000#44;12V60#44;906#44;ROLLER WINCH, A1	\$1,828.99	\$1,828.99
4	(4)	BEISE-KB-SL550, S 1/2IN SINGLE ROW SLIMLINE LIGHT BAR, A1	\$80.00	\$320.00
1	(1)	RETRAX-80383, RETRALPRO MK RETRACTABLE SUPER DUTY F-250-310 SHORT DS, A1	\$1,750.00	\$1,750.00
1	(1)	CARGOBASE-CE9546C#4, COMMERCIAL 3000 CHEVY/FORD/DODGE LWB CARGOBASE 200LBS, A1	\$1,250.00	\$1,250.00
1	(1)	ACCESS COVER-80170, 60IN. ACCESS LED STRIP LIGHT-1 SINGLE PACK	\$150.00	\$150.00
		(14) total pieces enclosed		

11/12/19 9 14:27:17



Big 10 Tire Pros
 110 Dees Drive
 Madison, MS 39110
 (601) 607-5151



Invoice #: 5061195

Date: 11/06/2019

Customer Information
 MADISON CO BRD SUPERVISOR
 P O BOX 608
 CANTON, MS 39046

**** ESTIMATE ****

Written By: DALE O LOFTON

Phone: (601) 859-5226

Work Phone: (601) 906-3000

Vehicle: 19/FORD F250
 License:
 Mileage: 0
 Color: Red
 Engine: 6.2L V8
 Vin: 1FT7X2B64KEG53444

Salesperson	Technician	Part Number	Part Description	Qty	FET	Price	Ext Price
		K1A80383	RETRAX ALUMN. COVER	1.00		1,999.99	1,999.99
118		CE9548C20	2000LB COMMERCIAL BED SLI	1.00		1,599.90	1,599.90
118		AC80170	ACCESS LED BED LIGHT	1.00		119.99	119.99
118		WR-98080	BRKT KIT GRN II	1.00		389.99	389.99
118		WR-00110	1 RA RR GEN II WINCH CARRI	1.00		301.99	301.99
118		WR98090	GRILL GUARD KIT	1.00		199.99	199.99
118		WR80143	LIGHT BAR KIT	1.00		122.99	122.99
		WR47801	15000LB WARN WINCH	1.00		1,749.99	1,749.99
118		HE-SL550	HEISE 5 1/2 SINGLE ROW SL	1.00		81.00	81.00
						Sub Total Parts	6,565.83

Salesperson	Technician	Labor Description	Ext Price
		FREE COURTESY CHECK	
		↔ SUPPLY CHARGES ↔	45.76
		install retrax cover	127.50
		ACCESSORY LABOR	127.50
		install LED bed lights	85.00
		INSTALL GR GUARD & WINCH	255.00
			Sub Total Labor
			640.76

No returns on installed accessories. Special orders paid in full in advance, plus freight, and handling. No exchange or refunds. Exchanges on approval of manager and subject to 25% restocking charge- Must be within 5 days.

I hereby authorize the stated repair work to be done along with the necessary material, and hereby grant Big 10 Tire & Accessories permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. Big 10 Tire & Accessories is not responsible for loss or damage to vehicles, or articles left in vehicles, in case of fire, theft or any other cause beyond it's control.

Total Parts:	6,565.83
Total Labor:	640.76
Sub Total:	7,206.59
Haz Waste:	0.00
Sales Tax:	0.00
Total:	7,206.59

[Signature]



Motorola Solutions, Inc.
 800 West Monroe
 Chicago IL 60661
 United States
 Federal Tax ID: 38-1115800

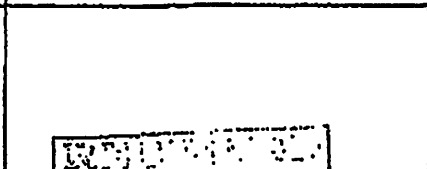
14080

Visit our website at www.motorolasolutions.com

ORIGINAL INVOICE

Transaction Number 18097887	Transaction Date 12-MAR-2020	Transaction Total 4,361.00 USD 205054
F.O. Number 200077	P.O. Date 09-DEC-19	Customer Account No 1038267500
Payment Terms NET 45 DAYS FROM INVOICE DATE		Payment Due Date 26-APR-20

Bill To Address
 MADISON COUNTY
 P O BOX 608
 CANTON MS 38046
 United States



Ship To Address
 JACKSON COMMUNICATIONS INC
 JACKSON COMM 8186887
 309A AIRPORT RD
 PEARL MS 39209
 United States

IMPORTANT INFORMATION
 Ultimate Destination
 MADISON COUNTY
 CENTRAL RECEIVING
 148 W CENTER ST
 CANTON MS 38046
 United States

For questions concerning this invoice please contact
 Motorola at: 1-888-987-7347

Carrier - FED

Sales Order(s): 0953210050051

SPECIAL INSTRUCTIONS / COMMENTS

Line Item #	Item Number	Description	Qty.	Unit Price (USD)	Amount (USD)
1	M26UR6SPW1 N	APX6500 7800 MHZ MID POWER MOBILE SERIAL NUMBERS 627CWF0430	1	600.65	600.65
1a	G67	ADD: REMOTE MOUNT MID POWER	1	252.45	252.45
1b	G72	ADD: APX O3 HANDHELD CH	1	604.10	604.10
1c	G444	ADD: APX CONTROL HEAD SOFTWARE	1	0.00	0.00
1d	G174	ADD: ANT 3DB LOW-PROFILE 762-870	1	38.65	38.65
1e	G806	ADD: ASTRO DIGITAL CAL OPERATION	1	437.75	437.75
1f	G51	ENH: SMARTZONE OPERATION APX6500	1	1,020.00	1,020.00
1g	G361	ENH: P25 TRUNKING SOFTWARE APX	1	255.00	255.00
1h	G996	ENH: OVER THE AIR PROVISIONING	1	65.00	65.00
1i	GA00680	ADD: TDMA OPERATION APX	1	382.50	382.50

Please detach here and return the bottom portion with your payment

Payment Coupon

Transaction Number 18097887	Customer Account No 1038267500	Payment Due Date 26-APR-20	Transaction Total 4,361.00 USD	Amount Paid
--------------------------------	-----------------------------------	-------------------------------	--	-------------

Please put your Transaction Number and your Customer Account Number on your payment for prompt processing.

MADISON COUNTY
 P O BOX 608
 CANTON MS 38046
 United States

Approved
 4/16/2020

Send Payments To:

MOTOROLA SOLUTIONS
 Motorola Solutions, Inc.
 P.O. Box 404059
 Atlanta, GA 30384-4059
 United States

DIVERSION CONTRARY TO EXPORT CONTROL LAW IS PROHIBITED

150000 02 04 000124 000403 P



Motorola Solutions, Inc.
 600 West Monroe
 Chicago IL 60661
 United States
 Federal Tax ID: 36-1115800

ORIGINAL INVOICE		
Transaction Number 16097887	Transaction Date 12-MAR-2020	Transaction Total 4,361.00 USD
P.O. Number 200077	P.O. Date 09-DEC-19	Customer Account No 1036267609
Payment Terms NET 45 DAYS FROM INVOICE DATE		Payment Due Date 26-APR-20

Visit our website at www.motorolasolutions.com

Line Item #	Item Number	Description	Qty.	Unit Price (USD)	Amount (USD)
1j	QA00239	ADD: NO GPS ANTENNA NEEDED	1	0.00	0.00
1k	QA01649	ADD: ADVANCED SYSTEM KEY - HARDWARE KEY	1	4.28	4.28
1l	G90	ADD: NO MICROPHONE NEEDED	1	0.00	0.00
1m	B18	ADD: AUXILIARY SPKR 7.5 WATT	1	61.00	61.00
1n	G170	ENH: ENH: RADIO TRACE	1	63.75	63.75
1o	QA06397	DEL: APX GPS ACTIVATION	1	0.00	0.00
1p	G78	ADD: 3Y ESSENTIAL SERVICE	1	168.00	168.00
USD Subtotal					4,361.00
USD Total					4,361.00



100000 03 04 000124 000004 P

Requisition 0200092 Date 12/ 6/2019
MADISON COUNTY
P O BOX 608
CANTON, MS. 39046
(601) 855-5500
REFER TO PURCHASING OFFICE

MEDICAL SERVICES
MINOR NORMAN

Vendor: 14080
MOTOROLA INC
P.O. BOX 404059

Ship To: VIA:
MADISON COUNTY
CENTRAL RECEIVING
146 WEST CENTER STREET
CANTON, MS 39046

ATLANTA GA 30384 4059

Quantity	Description of Supplies, Equip, Srvc:	Unit Cost	EA:	Extended
1.00	014232919 MOTOROLA APX 6500 MID : POWER MOBILE RADIO : PER ATTACHED QUOTE	4570.00		4570.00

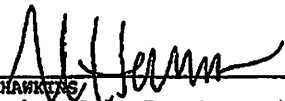
Total \$4,570.00

Approved By: *Minor Norman*

* Receiving Report Number 200233 *

Vendor # 14080	Date Received 4/17/2020
MOTOROLA INC	Department 232
P.O. BOX 404059	MEDICAL SERVICES
	Requisition Number 200092
ATLANTA	Purchase Order 200077
GA 303844059	

Quantity Received	Description
1.00 EA	MOTOROLA APX 6500 MID POWER MOBILE RADIO PER ATTACHED QUOTE

Received By: 
M. HAWKINS
Agrees With Purchase Order Except As Noted:

Purchase Clerk



Paula Merritt
Account Executive
pmerritt@jackson.com

Prepared for: Minor Norman
Company: Madison County
Contact:

Date: 11/6/2019

MSWIN 3119 Contract Pricing

Qty	Model	Description	Unit	List	Ext List	MSWIN List	MSWIN Ext
1	M2SURSW1 N	APX 6501 MID POWER MOBILE	1	2,438.00	\$ 2,438.00	\$ 800.65	\$ 801.63
1	G67	ADD: REMOTE MOUNT MID POWER	1	297.00	\$ 297.00	\$ 232.45	\$ 257.43
1	G72	ADD: APX03 CONTROL HEAD	1	946.00	\$ 946.00	\$ 804.30	\$ 804.30
1	G664	ADD: APX CONTROL HEAD SOFTWARE	1	-	\$ -	\$ -	\$ -
1	G174	ADD: ANT 3DB LOWER PROFILE	1	43.00	\$ 43.00	\$ 35.55	\$ 31.55
1	G856	ADD: ASTRO DIGITAL CAI OPERATION	1	515.00	\$ 515.00	\$ 437.75	\$ 482.75
1	G51	ENTR: STARTZONE OPERATION	1	1,300.00	\$ 1,300.00	\$ 1,030.66	\$ 1,021.00
1	G161	ENTR: P21 TRUNKING SOFTWARE APK	1	300.00	\$ 300.00	\$ 253.66	\$ 251.00
1	G996	ENTR: OVER THE AIR PROVISIONING	1	100.00	\$ 100.00	\$ 85.00	\$ 81.00
1	GA00580	ADD: TDMA OPERATION / APX	1	450.00	\$ 450.00	\$ 382.50	\$ 382.50
1	GA00235	ADD: IFC GPS ANTENNA NEEDED	1	-	\$ -	\$ -	\$ -
1	QA01648JA	ADD: IFC KEY SUPP DATA	1	5.00	\$ 5.00	\$ 4.25	\$ 1.25
1	G90	ADD: IFC MICROPHONE NEEDED	1	-	\$ -	\$ -	\$ -
1	G18	ADD: AUX SPKR 7.5 WATT	1	60.00	\$ 60.00	\$ 51.00	\$ 51.00
1	G170	ENTR: RADIO TRACE/REMOTE MONITOR	1	75.00	\$ 75.00	\$ 63.75	\$ 61.75
1	QA06397A	DEL: API GPS ACTIVATION	1	-	\$ -	\$ -	\$ -
1	G78	ADD: ESSENTIAL SVC	1	168.00	\$ 168.00	\$ 168.00	\$ 161.00
1	SVC	Programming				\$ 39.00	\$ 31.00
1	SVC	Installation				\$ 170.00	\$ 171.00
						TOTAL 5	4,571.00

COURTESY



6393 US Hwy 98 West Telephone (601) 264-5555
HATTIESBURG, MISSISSIPPI 39402

No. 54645

16280

206967

SOLD TO: MADISON COUNTY BOARD OF SUPERVISORS DATE 07/31/2020
STREET PO BOX 608 SALESMAN: HOUSE
CITY CANTON, MS 39046
TELEPHONE NO. 601-855-5503

YEAR	MAKE	MODEL	BODY STYLE	NEW OR USED	KEY NO.	AMOUNT
2020	FORD	F250 PICKUP	PU	F		
SERIAL NO.		STOCK NO.		BODY CODE NO.		
1FT7W2B65LED78302		BG4208		W2B		
<p>A DOCUMENT/SERVICE FEE IS NOT AN OFFICIAL FEE AND IS NOT REQUIRED BY LAW, HOWEVER, IT MAY BE CHARGED TO A BUYER/LESSEE FOR THE PREPERATION, HANDLING AND PROCESSING OF DOCUMENTS AND THE PERFORMANCE OF SERVICES RELATED TO THE SALE OR LEASE OF A MOTOR VEHICLE AND MAY INCLUDE DEALER PROFIT. THIS NOTICE IS REQUIRED BY REGULATION OF THE MISSISSIPPI MOTOR VEHICLE COMMISSION.</p>				<p>SALES PRICE 29098.00 SALES TAX N/A STATE INSPECTION STICKER N/A TITLE FEE 10.00 DOCUMENTARY FEE N/A</p> <hr/> <p>29108.00</p>		
N/A				N/A		
N/A				N/A		N/A
THIS IS A BILL OF SALE				DEPOSIT REC #		CASH DOWN N/A
<p>DEALER <u><i>[Signature]</i></u></p>						REBATE N/A
CASH				N/A		N/A
RECEIVED BY				Po# 200/03		TOTAL
014232						29108.00

THE PURCHASER AUTHORIZES THE DEALER TO INSTALL THE OPTIONAL EQUIPMENT, ACCESSORIES AND SERVICES HEREON DESCRIBED AND TO PLACE THE INSURANCE AS HEREON CHECKED: ACKNOWLEDGES RECEIPT OF THIS CAR AND A COPY OF THIS INVOICE.

PURCHASER'S SIGNATURE *[Signature]*

ALWAYS SHOW SERIAL, MOTOR AND KEY NUMBER

Requisition 0200188 Date 2/27/2020
 MADISON COUNTY
 P O BOX 608
 CANTON, MS. 39046
 (601)855-5500
 REFER TO PURCHASING OFFICE

MEDICAL SERVICES
 MINOR NORMAN

Vendor:
 COURTESY MOTORS, INC
 6393 HWY 98 WEST
 HATTIESBURG, MS 39402

Ship To: VIA:
 MADISON COUNTY
 CENTRAL RECEIVING
 146 WEST CENTER STREET
 CANTON, MS 39046

Quantity	Description of Supplies, Equip, Srvc	Unit Cost	EA	Extended
1.00	:014232919 070-48-52364-4 :FORD 3/4 TON PICKUP TRUCK :CREWCAB 4 WHEEL DRIVE :OXFORD WHITE 6.2 L V-8 GAS	27150.00	EA:	27150.00
1.00	:014232919 OPTION 90L :PWR WINDOWS LOCKS	1024.00	EA:	1024.00
1.00	:014232919 OPTION TBM :ALL TERRAIN TIRES	228.00	EA:	228.00
1.00	:014232919 OPTION 512 :FULL SIZE SPARE TIRE	269.00	EA:	269.00
1.00	:014232919 OPTION 525 :CRUISE CONTROL	214.00	EA:	214.00
1.00	:014232919 OPTION 76R :REVERSE VEHICLE AID SENSOR	223.00	EA:	223.00

Total \$29,108.00

Approved By:

Minor Norman

* Receiving Report Number 200468 *

Vendor #
COURTESY MOTORS, INC
6393 HWY 98 WEST
HATTIESBURG, MS 39402

Date Received 8/ 7/2020
Department 232
MEDICAL SERVICES
Requisition Number 200188
Purchase Order 200153

Quantity Received	Description
1.00 EA	070-48-52364-4 FORD 3/4 TON PICKUP TRUCK CREWCAB 4 WHEEL DRIVE OXFORD WHITE 6.2 L V-8 GAS
1.00 EA	OPTION 90L PWR WINDOWS LOCKS
1.00 EA	OPTION TSM ALL TERRAIN TIRES
1.00 EA	OPTION 512 FULL SIZE SPARE TIRE
1.00 EA	OPTION 525 CRUISE CONTROL
1.00 EA	OPTION 76R REVERSE VEHICLE AID SENSOR

Received By:


M. HAWKINS

MEDICAL SERVICES

Agrees With Purchase Order Except As Noted:

Purchase Clerk

STANDARD/OPTIONAL EQUIPMENT FORM

DESCRIPTION: Truck, Pick-up, 3/4 Ton, Crew Cab, 4 Wheel Drive
VENDOR: Courtesy Motors Inc.
ITEM NO.: 070-48-82385-4
MAKE/MODEL: Ford F-250
ENGINE: 6.2L V-8
PRICE INCLUDING TITLE FEE: \$27,150.00

Miles Per Gallon	
City	
Hwy	
Combined	

Contract No: 8200040248
 Courtesy Motors Inc. E-mail: rbaarden@courtesymotors.com
 8393 HWY 88 West Phone: 1-801-284-8558
 Hattiesburg, MS 39402 Toll Free: 1-800-244-0111
 Richa Baarden

LIST FACTORY COLORS AVAILABLE AT NO CHARGE:
 AGATE BLACK BLUE JEANS ICONIC SILVER MAGNETIC OXFORD WHITE RACE RED STONE GRAY VELOCITY BLUE
 IF COLOR IS NOT MARKED IT WILL BE ORDERED WHITE

ITEM	OPTION CODE	DEALER COST	REQ. OPTION CODE
List optional engines:			
6.7 Turbo Diesel	69T	\$8,881	
7.3L V-8 GAS	69N	\$1,881	

In an effort to be more efficient in government spending and to save taxpayer dollars, this year's contract does not provide for any options other than the ones listed on the Standard Equipment Form. Any vehicles purchased that deviate from this list will be in violation of State Central bid requirements. If you need any equipment other than what is listed on this form, you will need to follow normal purchasing procedures.

- Air Conditioning
- Braking System, Anti-Lock
- Bumper, Rear Step
- Vinyl 40/20/40 Split Bench
- Headliner, Cloth
- Radio, AM/FM, Digital Clock
- Driver & Pass Air Bag
- Pwr Windows/Locks
- Trailer Towing Package
- Transmission, Auto 6-speed
- Telescoping Trailer Tow Mirrors
- Cloth 40/20/40 Seat
- All Terrain Tires
- Box Delete
- Full Size Spare
- Cruise
- Bed Spray-In headliner
- Reverse Vehicle Aid Sensor
- Long wheel Base

	INC		
	INC		
	INC		
	INC		
	INC		
	INC		
	INC		
80L	\$1,024	1,024	X
	INC		
	INC		
	INC		
1S	\$285		
TRM	\$228	228	X
68D	\$588		
612	\$289	289	X
625	\$214	214	X
686	\$842		
76R	\$223	223	X
176WB	\$188		

TOTAL \$29,108.

014-232-919 EMSDF FUNDS



Courtesy Motors Inc.
6393 US Hwy 98 West
HATTIESBURG, MISSISSIPPI 39402
Telephone (601) 264-5555

RETAIL PURCHASE AGREEMENT

Purchaser's Name(s): MADISON COUNTY BOARD OF SUPERVISORS Deal #: 54848
 Address: PO BOX 808 146 WEST CENTER STREET CANTON, MS 39046 Date: 07/31/2020
 Telephone (1): 601-855-5503 Telephone (2): N/A County: MADISON DOB: N/A
 E-mail: N/A D.L./State I.D.#: _____ Issuing State: _____ Exp. Date: _____

The above information has been requested so that we may verify your identity. By signing below, you represent that you are at least 18 years of age and have authority to enter into this Agreement. The Odometer Reading for the Vehicle you are purchasing is accurate unless indicated otherwise. Please refer to the Federal Mileage Statement for full disclosure.

YEAR 2020	MAKE FORD	MODEL F250 PICKUP	COLOR OXFORD WHITE	STOCK NO. BG4208
VIN/SERIAL NO. 1FT7W2B65LED78302		ODOMETER READING <input type="checkbox"/> Not Accurate 8	SALESPERSON	
THE VEHICLE IS: <input type="checkbox"/> NEW <input type="checkbox"/> USED		PRIOR USE DISCLOSURE: <input type="checkbox"/> DEMONSTRATOR <input type="checkbox"/> EXECUTIVE OR FACTORY OFFICIAL <input type="checkbox"/> RENTAL <input type="checkbox"/> OTHER		
WARRANTY STATEMENT			CASH PRICE OF VEHICLE	29098.00
<p>Unless otherwise indicated below, our Dealership is selling this Vehicle to you with the Implied Warranties only. No express warranties are given by our Dealership unless the box beside "Our Used Vehicle Limited Warranty Applies" is marked below. Any warranties by a manufacturer or supplier other than our Dealership are theirs, not ours, and only such manufacturer or supplier shall be liable for performance under such warranties. We neither assume nor authorize any other person to assume for us any liability in connection with the sale of the Vehicle and the related goods and services. CONTRACTUAL DISCLOSURE STATEMENT (USED VEHICLES ONLY) The information you see on the window form for this Vehicle is part of this contract. Information on the window form overrides any contrary provisions in the contract of sale. Traducción española: Ver el dorso.</p> <p><input type="checkbox"/> Used Vehicle Sold AS-IS. The Vehicle you are purchasing is a used Vehicle that is more than 6 model years old or has been driven more than 75,000 miles. Our Dealership expressly disclaims all warranties, express and implied, including any implied warranties of merchantability or fitness for a particular purpose, in connection with the sale of this Vehicle. Please refer to the Acknowledgement of As-Is Sale attached.</p> <p><input type="checkbox"/> Our Used Vehicle Limited Warranty Applies. We are providing the attached Used Vehicle Limited Warranty in connection with this transaction.</p> <p><input type="checkbox"/> You have purchased a Service Contract between you and <u>N/A</u>. If our Dealership enters into a Service Contract with you at the time of, or within 90 days of, the date of this transaction, we may not disclaim the implied warranties.</p>			N/A	
TRADE-IN VEHICLE INFORMATION			LIC, TITLE, & REG FEES	10.00
Year: <u>N/A</u>	Make: <u>N/A</u>	Model: <u>N/A</u>	Color: <u>N/A</u>	
VIN/Serial No: <u>N/A</u>	Odometer Reading: <u>N/A</u>			
Trade-in Allowance:	Balance Owed & Lienholder: <u>N/A</u>			
<p>**The Deposit/Down Payment received from you is <u>not refundable</u>, except as set forth in this Retail Purchase Agreement. In the case of a Deposit, we will refrain from selling the Vehicle for _____ days.</p> <p>X _____ X <u>N/A</u></p> <p>*DOCUMENT/SERVICE FEE: A DOCUMENT/SERVICE FEE IS NOT AN OFFICIAL FEE AND IS NOT REQUIRED BY LAW, HOWEVER, IT MAY BE CHARGED TO A BUYER/LESSEE FOR THE PREPARATION, HANDLING AND PROCESSING OF DOCUMENTS AND THE PERFORMANCE OF SERVICES RELATED TO THE SALE OR LEASE OF A MOTOR VEHICLE AND MAY INCLUDE DEALER PROFIT. THIS NOTICE IS REQUIRED BY REGULATION OF THE MISSISSIPPI MOTOR VEHICLE COMMISSION.</p>			DOCUMENT/SERVICE FEE*	N/A
OTHER MATERIAL UNDERSTANDINGS AND INTEGRATED DOCUMENTS			TOTAL SELLING PRICE	29108.00
CASH			LESS: TRADE-IN ALLOWANCE	N/A
			N/A	N/A
			SUBTOTAL	29108.00
			TOTAL DUE	29108.00
			DEPOSIT/DOWN PAYMENT**	N/A
			N/A	N/A
			CASH DUE AT DELIVERY	N/A
			AMOUNT TO BE FINANCED	29108.00

This Agreement and any documents which are part of this transaction or incorporated herein comprise the entire agreement affecting this Retail Purchase Agreement and no other agreement or understanding of any nature concerning the same has been made or entered into, or will be recognized. I have read all of the terms and conditions of this Agreement and agree to them as if they were printed above my signature. I further acknowledge receipt of a copy of this Agreement. This Agreement shall not become binding until signed and accepted by an Authorized Representative of the Dealership.

Purchaser: [Signature] Accepted by Authorized Dealership Representative: [Signature]
 Purchaser: N/A

1. Terms Used in This Agreement: This Retail Purchase Agreement contains the following words and phrases that appear throughout this Agreement and have particular meanings:

- **Agreement** - Means all of the pages of this Retail Purchase Agreement together with any documents incorporated into this Agreement by reference, whether such reference is made in this Agreement or in the document itself.
- **Your, Your, Means the Purchaser(s)** identified in this Agreement.
- **We, Us, Our** - Means the Dealer(s) identified in this Agreement and its Authorized Representatives.
- **Manufacturer** - Means the company that manufactured the Vehicle.
- **Vehicle** - Means the Vehicle that you are purchasing from us as described in this Agreement.
- **Trade-In Vehicle** - Means the vehicle you are delivering to us as part of this transaction as identified in this Agreement.

2. Our Right to Increase the Price: We may increase the price of the Vehicle after we accept this Agreement if the Trade-In Vehicle is reappraised, new equipment is required by state or federal law, or the increase is caused by state or federal tax rate changes. If the price is increased, you may cancel this Agreement within full refund of any Deposit/Down Payment, provided that the cancellation occurs prior to you taking delivery of the purchased Vehicle.

3. Manufacturer's Design Changes: In the event the Manufacturer changes or modifies the design of or any part or accessory of the Vehicle after your order for the Vehicle has been entered by us, you will not have any claim or right against us if the Vehicle does not contain such changes or modifications, nor shall we be required to effect such changes or modifications to the Vehicle.

4. Your Representations and Warranties: You represent, warrant and affirm to us that (a) You are not purchasing a new Vehicle for resale or export within the period beginning on the date the Vehicle title is issued to you and ending on the date one (1) year thereafter. You confirm that we are relying on this representation and agree that we would not sell the Vehicle to you without this representation. If we are required by the Manufacturer to forfeit or repay any manufacturer incentives, allowance and/or special pricing, or if we suffer any loss or harm as a result of your breach of this provision, you agree to indemnify and hold us harmless from any such cost, loss or harm suffered as a result of or arising because of your breach; (b) the Deposit/Down Payment and any amounts due to us have been paid in full; any check given to us will be honored by your bank, and that no part of the Deposit/Down Payment has been loaned to you by us or any third party; (c) all statements made by you in this Agreement and any other documents completed in connection with this transaction are true and correct; and (d) you are who you have represented yourself to be and you have purchased the Vehicle for your own use and not on behalf of another person, unless you have disclosed otherwise to us.

5. Your Representations Regarding the Trade-In Vehicle: Any Trade-In Vehicle delivered by you to us in connection with this transaction shall be accompanied by a Certificate of Title or documents sufficient to enable us to obtain a Certificate of Title to the Trade-In Vehicle in accordance with applicable state law. You warrant that the Trade-In Vehicle delivered to us is properly titled to you, has never been titled as or declared a total loss, salvage, junk, reconditioned, rebuilt, flood, lemon buyback vehicle, or any other title brand; that you have the right to sell or otherwise convey such Trade-In Vehicle; that such Trade-In Vehicle is free and clear of liens or encumbrances, except as may be noted in this Agreement; that all emission control equipment is on the Trade-In Vehicle and appears properly connected and undamaged; that you have accurately disclosed any information known to you regarding prior use of the vehicle, prior damage, paint work, modifications and any mechanical defects; and, unless you have told us otherwise, that you have not removed equipment from the Trade-In Vehicle subsequent to our appraisal, that the odometer reading shown is accurate, and all airbags in the vehicle are of original equipment and have never been deployed or disconnected.

6. Trade-In Vehicle Payout: If you are delivering a Trade-In Vehicle in connection with this transaction and the actual amount of the Balance Owed on the Trade-In Vehicle is greater than the amount of the Balance Owed as listed in this Agreement, you agree to pay the difference to us. If the actual amount of the Balance Owed is less than the amount listed, we will pay or credit the difference to you.

7. Our Appraisal of Your Trade-In Vehicle: If you are delivering a Trade-In Vehicle to us in connection with this transaction and the delivery will not be made until delivery of the Vehicle being purchased from us, we shall have the right to reappraise your Trade-In Vehicle at the time of delivery. This reappraised amount shall be the amount allowed for the Trade-In Vehicle. If you are dissatisfied with the reappraisal, you may cancel this Agreement with full refund of any Deposit/Down Payment, provided that the cancellation occurs prior to you taking delivery of the purchased Vehicle.

8. Remedies Upon Cancellation: You agree that we are not liable for any damages resulting from our failure to deliver the Vehicle if the failure is caused by the manufacturer, an accident, fire, act of nature or any other causes beyond our control. This Agreement may be renegotiated or canceled (with full refund of any Deposit/Down Payment) if the Vehicle is not delivered to you on the date specified or pursuant to Paragraphs 2 or 7. If you have delivered a Trade-In Vehicle to us, the Trade-In Vehicle will be returned to you if we have not already sold it. If we have already sold the Trade-In Vehicle, we will refund the agreed upon Trade-In Allowance. Regardless of whether we return the Trade-In Vehicle or have already sold it, you shall be responsible for paying to us the Balance Owed on the Trade-In Vehicle if we have paid the Balance Owed to the Lessor. We may keep any portion of the amount you have paid to us as a Deposit/Down Payment and any Trade-In Allowance we owe to you to offset against the amount you owe us. If the actual amount you owe us is less than the amount of the Deposit/Down Payment, you agree to pay the difference to us. You are responsible for paying the cost of repairing any damage and any other losses, liabilities, damages, claims, costs and expenses arising out of your use, possession and control of the Vehicle.

9. Purchaser's Default and Dealer's Remedies: In the event you have agreed to pay the amount to be financed in cash or financing is being obtained by you through a credit source and we do not receive the amount to be financed from you at the time of delivery of the Vehicle or on the date promised in this Agreement, you shall be permitted, at our sole discretion, to the choice of remedies in this Agreement, which may be used separately or together, including: (1) cancel this Retail Purchase Agreement; (2) repossess the Vehicle without notice (if permitted by law); (3) rescind the sales transaction; (4) seek collection for amounts due; (5) retain any cash down payment made by you; and/or (6) in the event that you have delivered a Trade-In Vehicle as part of the consideration for your purchase of the Vehicle from us, to sell such Trade-In Vehicle and reimburse the Dealer's portion of the proceeds of such sale for any reasonable expenses incurred in connection with preparing and offering the Trade-In Vehicle for sale and any actual damages suffered by us as a result of your default. Regardless of whether we return the Trade-In Vehicle or have already sold it, you shall be responsible for paying to us the Balance Owed on the Trade-In Vehicle if we have paid the Balance Owed to the Lessor and for any reasonable expenses incurred by us in connection with preparing or reconditioning the Trade-In Vehicle for sale. Any remedies in this Paragraph 9 shall be in addition to, and not in lieu of, any other remedies available under the Retail Purchase Agreement or at law or equity. Any waiver of all or part of a remedy hereunder is not a continuing waiver. If the actual amount you owe us is greater than the amount of the down payment and/or proceeds from the sale of your Trade-In Vehicle, you agree to pay the difference to us upon demand and if the actual amount you owe us is less, then we will pay the difference to you.

10. Security Agreement: Purchaser hereby grants the Dealer(s), its successors and assigns, a security interest in the Vehicle, equipment and accessories to be purchased pursuant to this Agreement, and such security interest shall remain in effect until all sums due hereunder have been paid in full. Other Products and Services: The Dealer(s) offers its customers goods and services from various suppliers. The amounts charged to customers for such goods or services may be greater than the Dealer's cost, and/or the Dealer may receive a commission or other payment in connection with the purchase of such goods or services. You are not required to purchase any other goods or services from us, nor are you required to finance the Amount to be Financed under this Agreement with a particular lending source. In the event the Agreement includes a charge for other goods or services for which you must complete an application for coverage, and for any reason such coverage cannot be provided, you will receive a credit for the amount charged. If the cost of other goods or services was included in the amount to be financed in connection with this transaction, then this credit will be applied to the outstanding balance you owe to the Lender.

12. Dealer Assisted Financing: If we assist you to obtain financing for this transaction, the Annual Percentage Rate may be negotiated with us and we may receive a fee, commission or other compensation from the Lender. We do not make any representations or warranties regarding whether you obtained the best rate or could have obtained a better rate from us or a third party.

13. CONTRACTUAL DISCLOSURE STATEMENT (USED VEHICLES ONLY) The information you see on the window form for this Vehicle is part of the contract. Information on the window form overrides any contrary provisions in the contract of sale. **SPANISH TRANSLATION:** Guía para compradores de vehículos usados. La información que ve en el formulario de la ventana de este vehículo forma parte del presente contrato. La información del formulario de la ventana de este vehículo forma parte del contrato de venta.

14. GOVERNING LAW; THE TERMS AND CONDITIONS OF THIS AGREEMENT (INCLUDING ANY DOCUMENTS WHICH ARE A PART OF THIS TRANSACTION OR INCORPORATED HEREIN BY REFERENCE) AND ANY SALE HEREUNDER WILL BE GOVERNED BY THE LAWS OF THE STATE OF MISSISSIPPI.

15. LIMIT ON DAMAGES: TO THE EXTENT PERMITTED BY MISSISSIPPI LAW, PURCHASER EXPRESSLY WAIVES AND SHALL NOT BE ENTITLED TO RECOVER FROM THE DEALERSHIP ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES TO PERSONS, DAMAGES TO OTHER VEHICLES, DAMAGES TO PROFITS OR INCOME, OR ANY OTHER INCIDENTAL DAMAGES.

16. Entire Agreement and Signing Other Documents: This Agreement and any documents which are part of this transaction or incorporated herein by reference comprise the entire agreement affecting this transaction. No other agreement or understanding of any nature has been made or will be recognized. You agree to sign any and all documents necessary to complete the terms of this transaction.

274 Commerce Park
 Dr. Ste-M
 Ridgeland, MS 39157



Invoice

601-853-3106

Date	Invoice #
9/9/2020	15926

15208

Bill To
 MADISON COUNTY FIRE COORDINATOR
 MADISON COUNTY
 FIRE COORDINATOR

Ship To	207511

PO # 200078

P.O. No.	Terms	Due Date	Account #	Project
F250 GRANT TRUCK	Net 30	10/9/2020		
Description	Qty	Rate	Amount	
LABOR	9	95.00	855.00	
SOS BLUEPRINT SYSTEM GLD PKG2 ENGKTGD002	1	1,038.00	1,038.00T	
SOS BLUEPRINT LINK F250 ENGLNK002	1	226.32	226.32T	
SOS NFORCE TRAFFIC BAR DUAL 6 MOD 6 module Interior Traffic Controller w/ Brackets 12LED Dual color QE052880	1	375.36	375.36T	
SOS NLINE DRIVERS 48 QE052880	1	299.00	299.00T	
SOS NLINE PASSENGER 48 QE052880	1	299.00	299.00T	
SOS MPOWER 4" LIGHTHEAD STUD MNT RED/WHITE 4" LIGHTHEAD STUD MOUNT EMPS2STS4D	8	90.16	721.28T	
SOS UNDERCOVER HIDEAWAY RW 10' LED HIDEAWAY LIGHTHEAD ELUC3H010D	2	61.18	122.36T	
SOS NROADS LIGHTBAR 54 QE052880	1	967.38	967.38T	
		0.00%	0.00	

APPROVED 9/11/2020
Mina

Thank you for your business!

Total	\$4,903.70
Payments/Credits	\$0.00
Balance Due	\$4,903.70

Notify us immediately of any shortage or damage.
 This invoice will be the only copy sent. Please remit payment within terms.
 Interest charge of 1.5% per month applied after due date.
 Thank you for your business.

Requisition 0200093 Date 12/ 6/2019
 MADISON COUNTY
 P O BOX 608
 CANTON, MS. 39046
 (601) 895-3500
 REFER TO PURCHASING OFFICE

MEDICAL SERVICES
 MINOR NORMAN

Vendor: 15208
 SOUTHERN CONNECTION POLICE SUPPLIES, LLC
 274 COMMERCE PARK DRIVE
 SUITE M
 RIDGELAND MS 39157

Ship To: VIA:
 MADISON COUNTY
 CENTRAL RECEIVING
 146 WEST CENTER STREET
 CANTON, MS 39046

Quantity	Description of Supplies, Equip, Srvc	Unit Cost	EA	Extended
1.00	014232919 SOS BLUPRINT SYSTEM WARN:	1038.00	EA:	1038.00
1.00	014232919 SOS BLUPRINT LINK WARN:	226.32	EA:	226.32
1.00	014232919 SOS NFORCE TRAFFIC BAR :	375.36	EA:	375.36
1.00	014232919 SOS NLINE DRIVERS :	299.00	EA:	299.00
1.00	014232919 SOS NLINE PASSENG :	299.00	EA:	299.00
8.00	014232919 SOS MPOWER LIGHTHEAD :	90.16	EA:	721.28
2.00	014232919 SOS UNDERCOVER HIDEAWAY :	61.18	EA:	122.36
1.00	014232919 SOS BROADS LIGHTBAR :	967.38	EA:	967.38
9.00	014232919 LABOR (HOURS) :	95.00	EA:	855.00

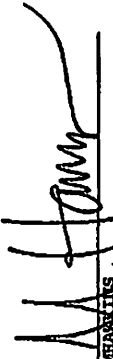
Total \$4,903.70

Approved By: *Minor Norman*

* Receiving Report Number 200573 *

Vendor # 15208
SOUTHERN CONNECTION POLICE SUPPLIES
274 COMMERCE PARK DRIVE
SUITE M
RIDGELAND MS 39157
Date Received 9/11/2020
Department 232
MEDICAL SERVICES
Requisition Number 200093
Purchase Order 200078

Quantity Received	Description
1.00 EA	SOS BLOODPRINT SYSTEM WARNING LIGHTS
1.00 EA	SOS BLOODPRINT LINK WARNING LIGHTS
1.00 EA	SOS FORCE TRAFFIC BAR
1.00 EA	SOS FLAME DRIVERS
1.00 EA	SOS FLAME PASSENG
8.00 EA	SOS MPOWHER LIGHTHEAD
2.00 EA	SOS UNDERCOVER HIDEAWAY
1.00 EA	SOS MROADS LIGHTYEAR
9.00 EA	LABOR (HOURS)

Received By: 
M. H. WILLIAMS
Agrees With Purchase Order Except As Noted:

Purchase Clerk

Printed: 11/02/2019 02:41:40 PM
 Store: 1

QUOTE

Quote Order: #0004
 Quoted: 11/02/2019
 Page 1



The Southern Connection Police Supplies
 274 Commerce Park Dr, Suite M
 Ridgeland, MS 39167
 tscps@bellsouth.net
 (601) 863-3108

Bill To: Madison County Emergency Management
 Madison County Emergency Management
 Madison County Emergency Management
 CANTON, MS 39048
 601-808-3000

Order Status: Pending

albert.jones@madison-ca.com; jennifer.taylor@madiso
 INSTRUCTIONS: Q052880
 F260 GRANT TRUCK

Item Name	Attribute	Size	Qty	Price	Ext Price	Lookup	Item #
SOS BLUEPRINT SYSTEM	GLD PKG2		1	\$1,038.00	\$1,038.00	ENGLK0002	17139
SOS BLUEPRINT LINK	F260		1	\$228.32	\$228.32	ENGLNK002	18844
SOS MPOWER TRAFFIC BAR	DUAL	6 MOD	1	\$378.38	\$378.38	Q052880	18444
	6 module Interfer Traffic Controller w/ Brackets 12LED Dual color						
SOS NLINE	DRIVERS	48	1	\$289.00	\$289.00	Q052880	18748
SOS NLINE	PASSENG	48	1	\$289.00	\$289.00	Q052880	18748
SOS MPOWER 4" LIGHTHEAD	STUD MNT RED/WHIT		8	\$90.16	\$721.28	EMP628T84D	18859
	4" LIGHTHEAD STUD MOUNT						
SOS UNDERCOVER HIDEAWAY	RW	10'	2	\$61.18	\$122.36	ELUC3H010D	18825
	LED HIDEAWAY LIGHTHEAD						
SOS MROADS LIGHTBAR		54	1	\$887.38	\$887.38	Q052880	25823
LABOR			10	\$88.00	\$880.00		7578

Total Qty Ordered: 28 0 28

Percent Unfilled: 100

Subtotal: \$4,888.70
 0 % Tax: + 50.00
TOTAL: \$4,938.70
 Deposit Balance: \$0.00
 Balance Due: \$4,938.70

THIS QUOTE EXPIRES IN 30 DAYS

Ricks Pro Truck Gluckstadt
238 Calhoun Station Parkway
Madison, MS 39910
601-499-1310

ENW991 Page: 1

Invoice #: 2424

12325

Customer: MADISON COUNTY
P.O. BOX 608

CANTON, MS 39046
UNITED STATES

Sale Date: 2/27/2020

Insurance:
Shipping:
Sales Tax:
Total Sale: 500.00

Contact Information: 601-859-8241

Order Taken By: Barry Crowe
Salesman: MINOR NORMAN / REF INV #1065

PO #: 200085
Stock #:
VIN #:

207523

Qty	Item #	Item Name	Price	Extended Price
1	(1)	LABOR-INSTALLATION, INSTALLATION CHARGE, A1 (1) piece enclosed	\$500.00	\$500.00

** Thank you for your purchase. All wheels must be re-torqued after 500 miles.
Visit RicksProTruck.com to find out about special offers and rebates.

APPROVED 9/3/2020
Minor Norman
014-232-919

9/03/20 © 8:21:26

Requisition 0200091 Date 12/ 6/2019 MEDICAL SERVICES
 MADISON COUNTY MINOR NORMAN
 P O BOX 608
 CANTON, MS. 39046
 (601) 855-5500
 REFER TO PURCHASING OFFICE

Vendor:
 RICKS PRO TRUCK GLUCKSTADT
 238 CALHOUN STATION PARKWAY
 MADISON, MS 39110

Ship To: VIA:
 MADISON COUNTY
 CENTRAL RECEIVING
 146 WEST CENTER STREET
 CANTON, MS 39046

Quantity	Description of Supplies, Equip, Srvc	Unit Cost	EA	Extended
1.00	:014232919 WARN-98080 BRKT KIT GEN :	402.14	EA:	402.14
1.00	:014232919 LABOR INSTALLATION CHARG:	250.00	EA:	250.00
1.00	:014232919 WARN-90110 BLK WINCH CAR:	324.02	EA:	324.02
1.00	:014232919 WARN-98090 GRILL KIT :	225.74	EA:	225.74
1.00	:014232919 LABOR INSTALLATION :	250.00	EA:	250.00
1.00	:014232919 WARN-80143 LIGHTBAR KIT :	133.22	EA:	133.22
1.00	:014232919 WARN-47801 M15000 WINCH :	1828.99	EA:	1828.99
4.00	:014232919 HEISE-HE-SL550 SLIMLINE :	80.00	EA:	320.00
1.00	:014232919 RETRAX-80383 MX RETRACTA:	1750.00	EA:	1750.00
	:SHORT BED COVER :		:	
1.00	:014232919 CE9548C20 CARGOEASE :	1250.00	EA:	1250.00
	:BEDSLIDE :		:	
1.00	:014232919 CCESS COVER 80170 :	150.00	EA:	150.00
	:LED LIGHT STRIPS :		:	

 Total \$6,884.11

Approved By: *Minor Norman*



Mississippi Application for Tax Exempt Government Tag

Return application to: #1

MS Department of Revenue
Motor Vehicle Licensing Bureau
P.O. Box 1140
Jackson, MS 39215-1140

Source of Funds (If more than one source, mark all applicable boxes)

Federal
 State
 County
 City
 Private

207351

Name of Department, Agency, or Commission		
Madison County Board of Supervisors		
Mailing Address (Numerical and Street, including Rural Route)		
P. O. Box 608		
City	State	Zip
Canton	MS	39046

Title Number (Or Attach Copy of Title Application)

1FT7W2B65LED78302

Vehicle Identification Number

Certification is hereby made that this vehicle complies with all applicable state laws including Miss Code Ann § 25-1-87, § 27-19-27, and § 27-19-59.

Heather Dancer
Signature

County Administrator

Title

8/13/2020 601-855-5502

Date Phone

For all departments, agencies or commissions other than state or federal, the registration fee must be paid.

State or Federal.....\$0.00
 Tag Fee Only.....\$10.00
 Tag Fee and Mail Fee.....\$12.00

Total Fee 12.00

Madison County

Description of markings found on sides and rear of vehicle

014-232-682

Additional Instructions And Procedures for Government Tag Applicants

1. One tag application must be completed for each vehicle.
2. If payment is required, do not staple or clip the payment to application.
3. If the government entity applying for a tag is anything other than a state or an established city or county agency, a copy of the code section, minutes, or document that establishes that entity as a federal, state, county or city government agency or instrumentality must be submitted before a tag can be issued. (Initial application only)
4. The tags on all vehicles that are sold, traded, or taken out of service should be returned to this office immediately. All returned tags should be accompanied with a letter of explanation that should contain the VIN number of the vehicle, the tag number assigned and the title number of the vehicle. You may not place an old tag on a new vehicle or switch tags.
5. All motor vehicles that are issued Tax Exempt Government tags must comply with Miss Code Ann. § 25-1-87, § 27-19-27 and § 27-19-59.
6. If you need to order additional applications for Tax Exempt Government Tags or have any questions regarding this form, please contact the Motor Vehicle Services at (601)923-7143 or fax inquiries to (601)923-7134.



780021841000

DEPARTMENT OF REVENUE STATE OF MISSISSIPPI



Application for Title

Application #: W1396806656

County Code MADISON

Date 31-Jul-2020

Fast Track Application

Lessor (if Leased)

Lessor Mailing Address

Owner(s) or Lessee(s) if Leased

MADISON COUNTY BOARD OF SUPERVISORS

Registered Physical Address (DO NOT GIVE A PO BOX)

146 W CENTER ST CANTON MS 39046-3735

AND AND / OR OR

Registered Mailing Address (if Different)

PO BOX 608 CANTON MS 39046-0608

Vehicle ID, Year, Make, Model, Body Style, Fuel Type, Color, Unladen Weight, Gross Vehicle Weight, Odometer Reading, Odometer Code, Brands, etc.

Primary Lienholder's Information

Secondary Lienholder's Information

Date of Lien

Date of Lien

Designated Agent COURTESY MOTORS INC

Designated Agent Number 64035716100

Signature

31-Jul-2020

Date

I/WE, THE UNDERSIGNED, CERTIFY THAT THE VEHICLE DESCRIBED ABOVE IS OWNED BY ME AND I HEREBY MAKE APPLICATION FOR A CERTIFICATE OF TITLE FOR SAID MOTOR VEHICLE...

DISCLOSURE STATEMENT AND PRIVACY ACT NOTICE DRIVER'S LICENSE NUMBERS ARE REQUIRED BY STATE LAW AND WILL BE USED IN THE ADMINISTRATION OF STATE MOTOR VEHICLE LAWS...

First Owner/Lessee's Signature

License #

Print one copy for each of the following: MS Department of Revenue, Owner, Designated Agent, and Lienholder (if Applicable)

Joint Owner/Lessee's Signature

License #

Fund	Description	Beginning Balance	Receipts	Disbursements	Journal	Cash Balance	Investment Balance	Total
014	EMSOF GRANT	65396.99	1190.09	5415.70		61171.38		61,171.38
Total		65396.99	1190.09	5415.70		61171.38		61,171.38

Account	Objective Name	Clm/Rct#	Trans	Date	Debit Amount	Credit Amount	Balance
014-000-001	CASH IN BANK						74,935.42DB
CD STRYKER SALES CORPORATION	LIFEPAK 15 V4 MONITOR	52032	203019-	1 01/22/2020		28693.80	46,241.62DB
CR MADISON COUNTY	INTEREST INCOME	200781	200819-	7 03/10/2020	69.88		46,311.50DB
CD RICK'S PRO TRUCK, INC.	WARN-98080 BRKT KIT G	53148	204634-	1 04/06/2020		402.14	45,909.36DB
CD RICK'S PRO TRUCK, INC.	WARN-90110 BLR WINCH	53148	204634-	2 04/06/2020		324.02	45,585.34DB
CD RICK'S PRO TRUCK, INC.	WARN-98090 GRILL KIT	53148	204634-	3 04/06/2020		225.74	45,359.60DB
CD RICK'S PRO TRUCK, INC.	WARN-80143 LIGHTBAR K	53148	204634-	4 04/06/2020		133.22	45,226.38DB
CD RICK'S PRO TRUCK, INC.	WARN-47801 M15000 WIN	53148	204634-	5 04/06/2020		1828.99	43,397.39DB
CD RICK'S PRO TRUCK, INC.	HEISE-HB-SL550 SLIMLI	53148	204634-	6 04/06/2020		320.00	43,077.39DB
CD RICK'S PRO TRUCK, INC.	RETRAX-80383 MK RETRA	53148	204634-	7 04/06/2020		1750.00	41,327.39DB
CD RICK'S PRO TRUCK, INC.	CE9548C20 CARGOEASE	53148	204634-	8 04/06/2020		1250.00	40,077.39DB
CD RICK'S PRO TRUCK, INC.	CCESS COVER 80170	53148	204634-	9 04/06/2020		150.00	39,927.39DB
CR SOM-DEPARTMENT OF HEALTH	STATE GRANT-EMSO 202	201056	201106-	1 04/29/2020	57939.00		97,866.39DB
CD MOTOROLA INC	MOTOROLA APX 6500 MID	53345	205054-	1 05/04/2020		4361.00	93,505.39DB
CR MADISON COUNTY	INTEREST INCOME	201325	201391-	7 06/30/2020	999.60		94,504.99DB
CD COURTESY FORD MOTORS	F250 PICKUP 2020	54321	206967-	1 08/18/2020		27150.00	67,354.99DB
CD COURTESY FORD MOTORS	OPTION 90L	54321	206967-	2 08/18/2020		1024.00	66,330.99DB
CD COURTESY FORD MOTORS	OPTION TBM	54321	206967-	3 08/18/2020		228.00	66,102.99DB
CD COURTESY FORD MOTORS	OPTION 512	54321	206967-	4 08/18/2020		269.00	65,833.99DB
CD COURTESY FORD MOTORS	OPTION 525	54321	206967-	5 08/18/2020		214.00	65,619.99DB
CD COURTESY FORD MOTORS	OPTION 76R	54321	206967-	6 08/18/2020		223.00	65,396.99DB
CD MS DEPARTMENT OF REVENUE	TAGS - 1FT7W2B65LED78	54525	207351-	1 09/08/2020		12.00	65,384.99DB
CR MADISON COUNTY	INTEREST INCOME	201756	201836-	7 09/18/2020	670.21		66,055.20DB
CD SOUTHERN CONNECTION POLICE SUP	SOS BLUEPRINT SYSTEM W	54815	207511-	1 09/22/2020		1038.00	65,017.20DB
CD SOUTHERN CONNECTION POLICE SUP	SOS BLUEPRINT LINK WA	54815	207511-	2 09/22/2020		226.32	64,790.88DB
CD SOUTHERN CONNECTION POLICE SUP	SOS NFORCE TRAFFIC BA	54815	207511-	3 09/22/2020		375.36	64,415.52DB
CD SOUTHERN CONNECTION POLICE SUP	SOS NLINE DRIVERS	54815	207511-	4 09/22/2020		299.00	64,116.52DB
CD SOUTHERN CONNECTION POLICE SUP	SOS NLINE PASSENGER	54815	207511-	5 09/22/2020		299.00	63,817.52DB
CD SOUTHERN CONNECTION POLICE SUP	SOS MPOWER LIGHTHEAD	54815	207511-	6 09/22/2020		721.28	63,096.24DB
CD SOUTHERN CONNECTION POLICE SUP	SOS UNDERCOVER HIDEAW	54815	207511-	7 09/22/2020		122.36	62,973.88DB
CD SOUTHERN CONNECTION POLICE SUP	SOS NROADS LIGHTBAR	54815	207511-	8 09/22/2020		967.38	62,006.50DB
CD SOUTHERN CONNECTION POLICE SUP	LABOR (HOURS)	54815	207511-	9 09/22/2020		855.00	61,151.50DB
CD RICK'S PRO TRUCK, INC.	LABOR INSTALLATION CH	54794	207523-	1 09/22/2020		250.00	60,901.50DB
CD RICK'S PRO TRUCK, INC.	LABOR INSTALLATION	54794	207523-	2 09/22/2020		250.00	60,651.50DB
CR MADISON COUNTY	INTEREST INCOME	201859	201944-	7 09/30/2020	519.88		61,171.38DB
					60198.57	73962.61	61,171.38DB
014-000-190	FUND BALANCE						-74,935.42CR
014-000-268	STATE GRANT NON CAP GEN GOV						0.00
CR SOM-DEPARTMENT OF HEALTH	STATE GRANT-EMSO 202	201056	201106-	1 04/29/2020		57939.00	-57,939.00CR
						57939.00	-57,939.00CR
014-000-330	INTEREST INCOME						0.00
CR MADISON COUNTY	INTEREST INCOME	200781	200819-	7 03/10/2020	69.88		-69.88CR
CR MADISON COUNTY	INTEREST INCOME	201325	201391-	7 06/30/2020	999.60		-1,069.48CR
CR MADISON COUNTY	INTEREST INCOME	201756	201836-	7 09/18/2020	670.21		-1,739.69CR
CR MADISON COUNTY	INTEREST INCOME	201859	201944-	7 09/30/2020	519.88		-2,259.57CR
						2259.57	-2,259.57CR

Account	Objective Name	Clm/Rct#	Trans	Date	Debit Amount	Credit Amount	Balance
014-232-682	TAGS & INSPECTIONS						0.00
CD MS DEPARTMENT OF REVENUE	TAGS - 1FT7W2B65LED78	54525	207351-	1 09/08/2020	12.00		12.00DB
					12.00		12.00DB
014-232-919	OTHER MACHINERY & EQUIP						0.00
CD STRYKER SALES CORPORATION	LIFEPAK 15 V4 MONITOR	52032	203019-	1 01/22/2020	28693.80		28,693.80DB
CD RICK'S PRO TRUCK, INC.	WARN-98080 BRKT KIT G	53148	204634-	1 04/06/2020	402.14		29,095.94DB
CD RICK'S PRO TRUCK, INC.	WARN-90110 BLK WINCH	53148	204634-	2 04/06/2020	324.02		29,419.96DB
CD RICK'S PRO TRUCK, INC.	WARN-98090 GRILL KIT	53148	204634-	3 04/06/2020	225.74		29,645.70DB
CD RICK'S PRO TRUCK, INC.	WARN-80143 LIGHTBAR K	53148	204634-	4 04/06/2020	133.22		29,778.92DB
CD RICK'S PRO TRUCK, INC.	WARN-47801 M15000 WIN	53148	204634-	5 04/06/2020	1828.99		31,607.91DB
CD RICK'S PRO TRUCK, INC.	HEISE-HB-SL550 SLIMLI	53148	204634-	6 04/06/2020	320.00		31,927.91DB
CD RICK'S PRO TRUCK, INC.	RETRAX-80383 MX RETRA	53148	204634-	7 04/06/2020	1750.00		33,677.91DB
CD RICK'S PRO TRUCK, INC.	CE9548C20 CARGOASE	53148	204634-	8 04/06/2020	1250.00		34,927.91DB
CD RICK'S PRO TRUCK, INC.	CCESS COVER 80170	53148	204634-	9 04/06/2020	150.00		35,077.91DB
CD MOTOROLA INC	MOTOROLA APX 6500 MID	53345	205054-	1 05/04/2020	4361.00		39,438.91DB
CD COURTESY FORD MOTORS	F250 PICKUP 2020	54321	206967-	1 08/18/2020	27150.00		66,588.91DB
CD COURTESY FORD MOTORS	OPTION 90L	54321	206967-	2 08/18/2020	1024.00		67,612.91DB
CD COURTESY FORD MOTORS	OPTION TBM	54321	206967-	3 08/18/2020	228.00		67,840.91DB
CD COURTESY FORD MOTORS	OPTION 512	54321	206967-	4 08/18/2020	269.00		68,109.91DB
CD COURTESY FORD MOTORS	OPTION 525	54321	206967-	5 08/18/2020	214.00		68,323.91DB
CD COURTESY FORD MOTORS	OPTION 76R	54321	206967-	6 08/18/2020	223.00		68,546.91DB
CD SOUTHERN CONNECTION POLICE SUP	SOS BLUPRINT SYSTEM W	54815	207511-	1 09/22/2020	1038.00		69,584.91DB
CD SOUTHERN CONNECTION POLICE SUP	SOS BLUEPRINT LINK WA	54815	207511-	2 09/22/2020	226.32		69,811.23DB
CD SOUTHERN CONNECTION POLICE SUP	SOS NFORCE TRAFFIC BA	54815	207511-	3 09/22/2020	375.36		70,186.59DB
CD SOUTHERN CONNECTION POLICE SUP	SOS NLINE DRIVERS	54815	207511-	4 09/22/2020	299.00		70,485.59DB
CD SOUTHERN CONNECTION POLICE SUP	SOS NLINE PASSENGER	54815	207511-	5 09/22/2020	299.00		70,784.59DB
CD SOUTHERN CONNECTION POLICE SUP	SOS MPOWER LIGHTHEAD	54815	207511-	6 09/22/2020	721.28		71,505.87DB
CD SOUTHERN CONNECTION POLICE SUP	SOS UNDERCOVER HIDEAW	54815	207511-	7 09/22/2020	122.36		71,628.23DB
CD SOUTHERN CONNECTION POLICE SUP	SOS NROADS LIGHTBAR	54815	207511-	8 09/22/2020	967.38		72,595.61DB
CD SOUTHERN CONNECTION POLICE SUP	LABOR (HOURS)	54815	207511-	9 09/22/2020	855.00		73,450.61DB
CD RICK'S PRO TRUCK, INC.	LABOR INSTALLATION CH	54794	207523-	1 09/22/2020	250.00		73,700.61DB
CD RICK'S PRO TRUCK, INC.	LABOR INSTALLATION	54794	207523-	2 09/22/2020	250.00		73,950.61DB
					73950.61		73,950.61DB

Account	Objective Name	Clm/Rct#	Trans	Date	Debit Amount	Credit Amount	Balance
014-000-387	TRANSFERS IN						0.00
014-000-389	BEGINNING CASH						0.00
014-232-682	TAGS & INSPECTIONS						0.00
CD MS DEPARTMENT OF REVENUE	TAGS - 1FT7W2B65LED78	54525	207351-	1 09/08/2020	12.00		12.00DB
					12.00		12.00DB
014-232-919	OTHER MACHINERY & EQUIP						0.00
CD STRYKER SALES CORPORATION	LIFEPAK 15 V4 MONITOR	52032	203019-	1 01/22/2020	28693.80		28,693.80DB
CD RICK'S PRO TRUCK, INC.	WARN-98080 BRKT KIT G	53148	204634-	1 04/06/2020	402.14		29,095.94DB
CD RICK'S PRO TRUCK, INC.	WARN-90110 BLK WINCH	53148	204634-	2 04/06/2020	324.02		29,419.96DB
CD RICK'S PRO TRUCK, INC.	WARN-98090 GRILL KIT	53148	204634-	3 04/06/2020	225.74		29,645.70DB
CD RICK'S PRO TRUCK, INC.	WARN-80143 LIGHTBAR K	53148	204634-	4 04/06/2020	133.22		29,778.92DB
CD RICK'S PRO TRUCK, INC.	WARN-47801 M15000 WIN	53148	204634-	5 04/06/2020	1828.99		31,607.91DB
CD RICK'S PRO TRUCK, INC.	HEISE-HE-SLS50 SLIMLI	53148	204634-	6 04/06/2020	320.00		31,927.91DB
CD RICK'S PRO TRUCK, INC.	RETRAX-80383 MK RETRA	53148	204634-	7 04/06/2020	1750.00		33,677.91DB
CD RICK'S PRO TRUCK, INC.	CE9548C20 CARGOEASE	53148	204634-	8 04/06/2020	1250.00		34,927.91DB
CD RICK'S PRO TRUCK, INC.	CCESS COVER 80170	53148	204634-	9 04/06/2020	150.00		35,077.91DB
CD MOTOROLA INC	MOTOROLA APX 6500 MID	53345	205054-	1 05/04/2020	4361.00		39,438.91DB
CD COURTESY FORD MOTORS	F250 PICKUP 2020	54321	206967-	1 08/18/2020	27150.00		66,588.91DB
CD COURTESY FORD MOTORS	OPTION 90L	54321	206967-	2 08/18/2020	1024.00		67,612.91DB
CD COURTESY FORD MOTORS	OPTION TBM	54321	206967-	3 08/18/2020	228.00		67,840.91DB
CD COURTESY FORD MOTORS	OPTION 512	54321	206967-	4 08/18/2020	269.00		68,109.91DB
CD COURTESY FORD MOTORS	OPTION 525	54321	206967-	5 08/18/2020	214.00		68,323.91DB
CD COURTESY FORD MOTORS	OPTION 76R	54321	206967-	6 08/18/2020	223.00		68,546.91DB
CD SOUTHERN CONNECTION POLICE SUP	SOS BLUEPRINT SYSTEM W	54815	207511-	1 09/22/2020	1038.00		69,584.91DB
CD SOUTHERN CONNECTION POLICE SUP	SOS BLUEPRINT LINK WA	54815	207511-	2 09/22/2020	226.32		69,811.23DB
CD SOUTHERN CONNECTION POLICE SUP	SOS NFORCE TRAFFIC BA	54815	207511-	3 09/22/2020	375.36		70,186.59DB
CD SOUTHERN CONNECTION POLICE SUP	SOS NLINE DRIVERS	54815	207511-	4 09/22/2020	299.00		70,485.59DB
CD SOUTHERN CONNECTION POLICE SUP	SOS NLINE PASSENGER	54815	207511-	5 09/22/2020	299.00		70,784.59DB
CD SOUTHERN CONNECTION POLICE SUP	SOS MPOWER LIGHTHEAD	54815	207511-	6 09/22/2020	721.28		71,505.87DB
CD SOUTHERN CONNECTION POLICE SUP	SOS UNDERCOVER HIDEAW	54815	207511-	7 09/22/2020	122.36		71,628.23DB
CD SOUTHERN CONNECTION POLICE SUP	SOS NROADS LIGHTBAR	54815	207511-	8 09/22/2020	967.38		72,595.61DB
CD SOUTHERN CONNECTION POLICE SUP	LABOR (HOURS)	54815	207511-	9 09/22/2020	855.00		73,450.61DB
CD RICK'S PRO TRUCK, INC.	LABOR INSTALLATION CH	54794	207523-	1 09/22/2020	250.00		73,700.61DB
CD RICK'S PRO TRUCK, INC.	LABOR INSTALLATION	54794	207523-	2 09/22/2020	250.00		73,950.61DB
					73950.61		73,950.61DB