



FY 2022



**Emergency Medical Services
Operating Fund (EMSOF)
Grant Application
Madison County, \$66559**

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 12, 2021



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: 125 West North Street

City: Canton, MS 39046

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

Address: _____

City: _____ State: _____ Zip: _____

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 *BOS

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: 601 8555502 Fax: _____

Title: _____

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: \$ 66559

Madison County



Mississippi Emergency Medical Services Operating Fund

Step 2: Local Budgetary Accounting for 2021

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 2021. 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 FY2021: \$ 11,300.00

Madison County

Please see attached invoice. This request will be in line for payment on November 15, 2021.

Obj. Description	Adjusted to Date	Encumbrance	Total	Budget	Prorated Budget	Percent to Date	Unencumbered Balance
001-240 GENERAL COUNTY FUND							
750 GRANTS & SUBSIDIES				11,300.00	11,300.00	100.00	11,300.00
GRANTS & SUBSIDIES				11,300.00	11,300.00		11,300.00
DEPARTMENT TOTAL				11,300.00	11,300.00		11,300.00
FUND TOTAL				11,300.00	11,300.00		11,300.00
REPORT TOTAL				11,300.00	11,300.00		11,300.00



November 9, 2021

Minor Norman
Madison County, MS

To Whom It May Concern:

Please accept this letter as our formal request for the 15 cent per capita EMSOF Grant matching funds for Madison County, MS for FY 2021.

If you have any questions or require additional information, please call me at 769-246-5337.

Thank you,

A handwritten signature in blue ink, appearing to read "Freddie Parker", with a long horizontal flourish extending to the right.

Freddie Parker
Director

Invoice

223 Highpoint Dr.
Ridgeland, MS 39157
ph: 601-640-1000
fax: 601-640-1001

Date	Invoice #
11/4/2021	802


Bill To
Madison County, MS 125 West North St. Canton, MS 39046



Terms

Date of Service	Description	Amount
11/4/2021	EMSOF Grant Funding for Fiscal Year 2021	11,300.00

<i>A Private Service in the Public Interest</i>	Total \$11,300.00
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AUTHORIZED BY:  DATE: 11/9/21



Mississippi Emergency Medical Services Operating Fund

Step 3: Local Proposed Budget for 2022

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

Attach a copy of your 2022 budget printout for **projected** expenses for subsidizing/operating emergency medical services in fiscal year 2022.

*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 2022: \$ 16,371.75

Madison County

A budget amendment in the amount of \$4,371.75 will be line for approval on November 15, 2021, BOS board meeting.

Obj.	Description	Adjusted to Date	Encumbrance	Total	Budget	Prorated Budget	Percent to Date	Unencumbered Balance
001-240	GENERAL COUNTY FUND							
	750 GRANTS & SUBSIDIES			12,000.00	12,000.00	2,000.00	16.66	12,000.00
	GRANTS & SUBSIDIES			12,000.00	12,000.00	2,000.00		12,000.00
	DEPARTMENT TOTAL			12,000.00	12,000.00	2,000.00		12,000.00
	FUND TOTAL			12,000.00	12,000.00	2,000.00		12,000.00
	REPORT TOTAL			12,000.00	12,000.00	2,000.00		12,000.00



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.

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)
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)
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)
4. Equipment - List each non-expendable item to be purchased as shown: <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)
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)
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)
7. Other - Any purchase listed under this caption must be approved by the Emergency Medical Services Advisory Council. (Go to Page 12 to complete)

Madison County



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)

Madison County



Mississippi Emergency Medical Services Operating Fund

2. Contractual Services

- EMS District Dues** (To be paid for with FY 2022 grant funds.)

Name of EMS District: _____

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

Cost: \$ _____

- Other:** _____

Cost: \$ _____

Justification Narrative:

Madison County



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.

Madison County



Mississippi Emergency Medical Services Operating Fund

4. Equipment

Item Description	Quantity	Amt Each	Total
VYAIRE REVEL VENTILATOR	1	18,989. ⁰⁰	18,989. 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 REVEL VENTILATOR WILL BE USED FOR TRANSPORTING VENTILATOR DEPENDENT PATIENTS AS WELL AS CRITICALLY ILL OR INJURED PATIENTS BETWEEN FACILITIES. THIS VENTILATOR IS CAPABLE OF REPRODUCING THE SAME SETTINGS AS A HOSPITAL ICU VENTILATOR IN ORDER TO PROVIDE THE BEST OF OUT-OF-HOSPITAL CARE DURING TRANSPORT.

Provide detailed training plan for this equipment.

THE PAFFORD EMS EDUCATION DEPARTMENT WILL CONDUCT ALL TRAINING ON THIS EQUIPMENT. STAFF WILL RECEIVE SPECIFIC TRAINING AROUND VENTILATOR MANAGEMENT, SETTINGS, TROUBLESHOOTING AND APPROPRIATE USE. ALL TRAINING WILL BE OVERSEEN BY THE PAFFORD EMS MEDICAL DIRECTOR.

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

WE RECEIVED QUOTES FROM TWO DIFFERENT VENDORS FOR THE SAME TYPE OF EQUIPMENT. BOTH QUOTES INCLUDED.

Madison County



Master Medical Equipment
 PO Box 11476
 Jackson, TN 38308
 US
 866-468-9558

QUOTATION

Order Number	
1017158	
Order Date	Page
11/11/2021 11:40:24	1 of 1

Quote Expires On: 12/11/2021

Bill To:

Madison County Board of Supervisors
 146 W Center St
 Canton, MS 39046

Ship To:

Madison County Board of Supervisors
 Attn: Minor Norman
 146 W Center St
 Canton, MS 39046

NO PHONE

Customer ID: 26746

Requested By: Minor Norman

PO Number	Ship Route	Account Manager	Sales Representative
		GRANT.COOPER	Grant Cooper

Quantities		Item ID Item Description	Pricing UOM	Unit Price	Extended Price
Ordered	UOM				
1	EA	CF19260-001 Carefusion ReVel Ventilator	EA	19,495.0000	19,495.00

Delivery Instructions:

Total Lines: 1

SUB-TOTAL: 19,495.00
TAX: 0.00
AMOUNT DUE: **19,495.00**
U.S. Dollars



Mississippi Emergency Medical Services Operating Fund

6. Escrow Amount to be escrowed from FY2022 only: \$ 47,570.⁰⁰

Please provide a brief explanation of how FY 2022 funds will be used and/or justification for escrowing these funds.

THE AMOUNT ABOVE WILL USED WITH EMSOF FUNDING RECEIVED IN 2023 TO PURCHASE NEW MONITOR/DEFIBRILLATORS FOR AMBULANCES ASSIGNED TO MADISON COUNTY

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)

Madison County



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 \$57939.33 was awarded in 2021.

Attach copies of receipts for all expenditures made during FY 2021.

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.

Note: Funds were encumbered in FY2021 and the actual payment was made in Nov 2021. See attached.

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: *Nayson S. White*
(Shelton Vance or Comptroller must sign)

Date: *11/12/2021*

Madison County

Account	Objective Name	Clm/Rct#	Trans	Date	Debit Amount	Credit Amount	Balance
014-000-001	CASH IN BANK						59,942.28DB
CD STRYKER SALES		59714	220436-	1 11/01/2021		35400.00	24,542.28DB
CD STRYKER SALES		59714	220436-	2 11/01/2021			24,542.28DB
CD HENRY SCHEIN, INC.		59653	220438-	1 11/01/2021		24450.00	92.28DB
						59850.00	92.28DB
014-000-190	FUND BALANCE						-59,942.28CR
014-000-268	STATE GRANT NON CAP GEN GOV						0.00
014-000-330	INTEREST INCOME						0.00
014-000-387	TRANSFERS IN						0.00
014-000-389	BEGINNING CASH						0.00
014-232-610	PROFESSIONAL SUPPLIES						0.00
014-232-919	OTHER MACHINERY & EQUIP						0.00
CD STRYKER SALES		59714	220436-	1 11/01/2021	35400.00		35,400.00DB
CD STRYKER SALES		59714	220436-	2 11/01/2021			35,400.00DB
CD HENRY SCHEIN, INC.		59653	220438-	1 11/01/2021	24450.00		59,850.00DB
					59850.00		59,850.00DB



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

14080

Visit our website at www.motorolasolutions.com

ORIGINAL INVOICE

Transaction Number 8230268339	Transaction Date 19-MAR-2020	Transaction Total 209.00 USD 214219
P.O. Number 200077	P.O. Date	Customer Account No 1036267509
Payment Terms Net Due In 30 Days		Payment Due Date 18-APR-2020

Bill To Address
 MADISON COUNTY
 ATTN: Accounts Payable
 P O BOX 608
 CANTON MS 39046
 United States

Ship To Address
 MADISON COUNTY
 JACKSON COMMUNICATIONS INC
 309A AIRPORT RD
 PEARL MS 39208
 United States

IMPORTANT INFORMATION
 Contract Number
 USC000191267

Sales Order(s): USC000191267

For all Invoice payment inquiries contact
 SLT4EB@motorolasolutions.com
 Telephone: 800-247-2346
 Fax: +1(631)883-4238

SPECIAL INSTRUCTIONS / COMMENTS
 General Comment: Regular Invoice

Line Item #	Item Number	Description	Qty.	Unit Price (USD)	Amount (USD)
		Equipment at Site: 0003 1036267509 JACKSON COMMUNICATIONS INC 309A AIRPORT RD PEARL MS 39208 United States			
1	LSV00Q00202A	DEVICE PROGRAMMING:07-MAR-2020:06-MAR-2025	5	7.80	39.00
2	LSV00Q00203A	DEVICE INSTALLATION:07-MAR-2020:06-MAR-2025	5	34.00	170.00
Site MS Tax at 0%					0.00
Site Total					209.00

Please detach here and return the bottom portion with your payment

Payment Coupon

Transaction Number 8230268339	Customer Account No 1036267509	Payment Due Date 18-APR-2020	Transaction Total 209.00 USD	Amount Paid
----------------------------------	-----------------------------------	---------------------------------	---------------------------------	-------------

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

MADISON COUNTY
 ATTN: Accounts Payable
 P O BOX 608
 CANTON MS 39046
 United States

Wire Transfer Details

CHICAGO
 Routing Transit No: 026009593
 SWIFT: BOFAUS3N
 Bank Account No: 3756319819

Send Payments To:

MOTOROLA SOLUTIONS
 Motorola Solutions, Inc.
 13104 Collections Center Drive
 Chicago IL 60693
 United States
 Please provide your remittance details to:
US.remittance@motorolasolutions.com



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

ORIGINAL INVOICE			
Transaction Number 8230268339		Transaction Date 19-MAR-2020	
P.O. Number 200077		P.O. Date	Customer Account No 1036267509
Payment Terms Net Due In 30 Days		Payment Due Date 18-APR-2020	
Transaction Total 209.00 USD			

Visit our website at www.motorolasolutions.com

		USD Subtotal		209.00
Total Tax MS		0.00		
		USD Total Tax		0.00
		USD Total		209.00
		USD Amount Due		209.00



* *

APPROVED
By Albert Jones III at 11:42 am, Apr 26, 2021





Paula Merritt
Account Executive
pmerritt@tckson.com

Prepared for: Minor Norman
Company: Madison County
Contact:

Date: 11/6/2019
MSWIN 3429 Contract Pricing

Qty	Model	Description	Unit List	Ext List	MSWIN Unit	MSWIN Ext
1	M2SURS9W1 N	APX 6501 MID POWER MOBILE	\$ 2,438.00	\$ 2,438.10	\$ 800.05	\$ 801.69
1	G67	ADD: REMOTE MOUNT MID POWER	\$ 297.00	\$ 297.10	\$ 252.45	\$ 257.45
1	G72	ADD: APX 09 CONTROL HEAD	\$ 946.00	\$ 946.10	\$ 804.10	\$ 804.10
1	G444	ADD: AP1 CONTROL HEAD SOFTWARE	\$ -	\$ -	\$ -	\$ -
1	G174	ADD: ANT 208 LOWER PROFILE	\$ 43.00	\$ 43.10	\$ 36.55	\$ 36.55
1	G806	ADD: AS RO DIGITAL CAL OPERATION	\$ 515.00	\$ 515.10	\$ 437.75	\$ 437.75
1	G51	ENH: SMARTZONE OPERATION	\$ 1,200.00	\$ 1,200.10	\$ 1,020.00	\$ 1,021.00
1	G361	ENH: P21 TRUNKING SOFTWARE APX	\$ 300.00	\$ 300.10	\$ 256.00	\$ 256.00
1	G996	ENH: OVER THE AIR PROVISIONING	\$ 100.00	\$ 100.10	\$ 85.00	\$ 85.00
1	GA005ED	ADD: TDMA OPERATION APX	\$ 450.00	\$ 450.10	\$ 382.50	\$ 382.50
1	GA002B5	ADD: NC GPS ANTENNA NEEDED	\$ -	\$ -	\$ -	\$ -
1	QA01G487A	ADD: IIV KEY SUPP DATA	\$ 5.00	\$ 5.00	\$ 4.25	\$ 4.25
1	G90	ADD: NC MICROPHONE NEEDED	\$ -	\$ -	\$ -	\$ -
1	B18	ADD: ALX SPKR 7.5 WATT	\$ 60.00	\$ 60.10	\$ 51.00	\$ 51.00
1	G170	ENH: B310 TRACE/REMOTE MONITOR	\$ 75.00	\$ 75.10	\$ 63.75	\$ 63.75
1	QA06597AA	DEL: AP1 GPS ACTIVATION	\$ -	\$ -	\$ -	\$ -
1	G78	ADD: 3VESENTIAL SVC	\$ 168.00	\$ 168.00	\$ 168.00	\$ 168.00
1	SVC	Programming			\$ 30.00	\$ 31.00
1	SVC	Installation			\$ 170.00	\$ 171.00
					TOTAL \$	4,571.00

* due now

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

ATLANTA

GA 30384 4059

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 MOTOROLA APX 6500 MID : POWER MOBILE RADIO : PER ATTACHED QUOTE	4570.00	EA	4570.00

Total

\$4,570.00

Approved By: _____

Minor Norman

* Receiving Report Number 200233 *

Vendor # 14080
MOTOROLA INC
P.O. BOX 404059
ATLANTA GA 303844059

Date Received 4/17/2020
Department 232
MEDICAL SERVICES
Requisition Number 200092
Purchase Order 200077

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



SHIP TO: 03777647
 Madison County
 146 W Center St
 Canton, MS 39046-3735

16162

EQUIPMENT INVOICE

BILL TO: 03777646 **216016**
 Madison Co Bd Of Supervisors
 Po Box 608
 Canton, MS 39046-0608

Madison Co Bd Of Supervisors
 Po Box 608
 Canton, MS 39046-0608

REFERENCE#	17432050
INVOICE#	95912853
INVOICE DATE	07/08/2021
FED ID# 11-3136595 DUNS#01-243-0880	
CENTER	HENRY SCHEIN MATRX M
ORDER#	EQ21070200134
CUSTOMER PO#	210369
BALANCE DUE	\$26161.50

Please detach and mail above with your payment

LINE#	ITEM#	DESCRIPTION	TAX	QTY	UNIT PRICE	TOTAL PRICE
SR Type: Office Expansion						
		AT070221 AT/IN				
1	7002234	DEFIBTECH LL Lifeline ARM	Y	3	8150.00	24450.00
		S/N: 500014463				
		S/N: 500012813				
		S/N: 500011624				

APPROVED 8/5/2021
 Miss Thomas
 014-232-919

REFERENCE# 17432050	Labor	.00
INVOICE# 95912853	Equipment & Parts	24450.00
INVOICE DATE 07/08/2021	SUB TOTAL	24450.00
ORDER# EQ21070200134	Shipping & Handling	
Customer Service 1-800-645-6594	Tax	1711.50
Option 1 for Equipment; Option 5 for Credit and Billing	ORDER TOTAL	26161.50
** See reverse side for Terms Of Sale **	Less Deposit	
Page: 1	BALANCE DUE	\$26161.50



VALUED CUSTOMER
INVOICE

70 Well Way, Wilmington, Ohio 45177-9371
 Phone 937.382.1451 / 877.733.0911
 Fax 937.382.1191 / Int'l Fax 937.382.6569
 www.ferno.com

216017

16383

SHIP TO
 MADISON COUNTY
 1633 WEST PEACE STREET
 ATTN: FIRE SERVICES MINOR NORMAN
 CANTON MS 39046
 UNITED STATES

SOLD TO
 MADISON COUNTY
 PO BOX 608
 CANTON MS 39046
 UNITED STATES

Invoice 888708	Page 1	Invoice Date 8/03/21	Ship Date 8/03/21
P.O. Number 210370		P.O. Rev	
Terms AR-Net 30		Due Date 9/02/21	
Customer 16352100	Order 290076	Sales Rep 41 ALEX LESTER	
Shipping Instructions R&L-Prepaid and Allow			
Carrier: R & L CARRIERS			
Final Dest Cntry: UNITED STATES			
Weight: 795.000 LB Ship No: 1			
<small>Read all Instructions. Acceptance of your offer is expressly conditioned on your assent to the Terms and Conditions on the face side and reverse side. Such instructions, Term and Conditions constitute the contract between the parties.</small>			

REMIT IN US FUNDS ONLY TO:
 FERNO-WASHINGTON, INC.
 Attention: Acot. Receivable
 70 Well Way
 Wilmington, OH 45177-9371
 Tin#: 310595222

Transaction Currency: USD US Dollar

CHECK SHIPMENT WHEN RECEIVED. FREIGHT DAMAGE MUST BE REPORTED TO CARRIER WITHIN 48 HRS.

Qty. Shipped	U/M	Backordered	ITEM NUMBER / DESCRIPTION	UNIT PRICE	NET SALES AMOUNT
3.000	EA		SHIP VIA R&L LIFTGATE AND EXCESSIVE LENGTH. QUOTE 75687 ✓ 0015807-1 POWER X1 1408014-1 ✓ OPTION, SAE, WITH ICS 1408002 OPTION, FOLD DOWN SIDE RAIL 1408005 OPTION, SHOCK FRAME LEGREST 1408007-1 ✓ OPTION, FIXED BACKREST 1408012 OPTION, NO WHEEL LOCK 1408047-1 ✓ OPTION, MATTRESS BOLSTER DERBY 1408011 ✓ OPTION, 26G RESTRAINT 1408018 OPTION, WITHOUT MAG TRACKER 1408036-1 ✓ OPTION, WITH HEAD END O2 1408023 OPTION, LITHIUM ION- N. AMERICA Serial number: 21S024383 21S024384 21S024385	11,508.334 \$	34,525.00
			PREPAID FREIGHT CHARGES		475.00

APPROVED 8/5/2021
Mina Norman
014-232-919

NET SALES: 34,525.00
 MISC. CHARGES .00
 FREIGHT: 475.00
 TAXES: .00
 TERMS DISCOUNT: .00

Please pay this Amount: \$ 35,000.00 USD

Thank you for allowing the Ferno Team to serve you.

Requisition 0210421 Date 6/25/2021 MEDICAL SERVICES
 MADISON COUNTY MINOR NORMAN
 P O BOX 608
 CANTON, MS. 39046
 (601) 855-5500
 REFER TO PURCHASING OFFICE

Vendor:
 FERNO
 70 WEIL WAY
 WILMINGTON, OHIO 45177
 877-733-0911

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

Quantity	Description of Supplies, Equip, Srvc:	Unit Cost		Extended
3.00	014232919 0015807 POWER X1 AMBULAN: :INCLUDES: BOLSTER MATTRESS, SAE :COMPLIANT PATIENT RESTRAINT 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 LOCK, :POST TO LOCK INTO ANTLER/RAIL SYSTEM	10305.226	EA:	30915.68
3.00	014232919 1408014 OPTION, SAE, WITH: :COT COMPATIBILITY KIT FOR :SAE COMPLIANT FLOOR FASTENER	1072.14	EA:	3216.42
3.00	014232919 1408000 OPTION, MATTRESS: :PIN NULL	0.00	EA:	
3.00	014232919 1408007 OPTION, FIXED BA:	0.00	EA:	
3.00	014232919 1408011 OPTION, 26G REST:	0.00	EA:	
3.00	014232919 0822483 KIT, BATTERY NUL:	0.00	EA:	
3.00	014232919 1408036 OPTION, WITH HEA:	130.9666	EA:	392.90
1.00	014232919 SHIPPING/FREIGHT	475.00	EA:	475.00

Total \$35,000.00

Approved By: *Minor Norman*

* Receiving Report Number 210571 *

Vendor # Date Received 8/10/2021
FERMO Department 232
70 WELL WAY MEDICAL SERVICES
WILMINGTON, OHIO 45177 Requisition Number 210421
877-733-0911 Purchase Order 210370

Quantity Received	Description
3.00 EA	0015807 POWER X1 AMBULANCE COX INCLUDES: BOLSTER MATTRESS, SAE COMPLIANT PATIENT RESTRAINT 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 LOCK, POST TO LOCK INTO ANTLER/RAIL SYSTEM
3.00 EA	1408014 OPTION, SAE, WITH ICS COT COMPATIBILITY KIT FOR SAE COMPLIANT FLOOR FASTENER
3.00 EA	1408000 OPTION, MATTRESS BOLSTER PIN NULL
3.00 EA	1408007 OPTION, FIXED BACKREST NULL
3.00 EA	1408011 OPTION, 26G RESTRAINT NULL
3.00 EA	1408036 OPTION, WITH HEAD END O2
1.00 EA	EA SHIPPING/FREIGHT

Received By: Clara Griffin
Agrees With Purchase Order Except As Noted:

Purchase Clerk

Account	Objective Name	Clm/Rct#	Trans	Date	Debit Amount	Credit Amount	Balance
014-000-001	CASH IN BANK						61,171.38DB
CR MADISON COUNTY	INTEREST INCOME	210654	210682-	7 01/29/2021		369.23	61,540.61DB
CR MADISON COUNTY	INTEREST INCOME	210777	210810-	7 02/28/2021		50.26	61,590.87DB
CR MADISON COUNTY	INTEREST INCOME	211017	211062-	7 04/30/2021		22.04	61,612.91DB
CD MOTOROLA SOLUTIONS, INC.	MOTOROLA APX 6500 MID	57944	214219-	1 05/03/2021			61,612.91DB
CD MOTOROLA SOLUTIONS, INC.	PROGRAMMING	57944	214219-	2 05/03/2021		39.00	61,573.91DB
CD MOTOROLA SOLUTIONS, INC.	INSTALLATION	57944	214219-	3 05/03/2021		170.00	61,403.91DB
CR SOM-DEPARTMENT OF HEALTH	STATE GRANT NON CAP G	211647	211707-	1 07/14/2021	7939.33		69,343.24DB
CR SOM-DEPARTMENT OF HEALTH	EMSOF GRANT	211647	211707-	2 07/14/2021			69,343.24DB
CR SOM-DEPARTMENT OF HEALTH	STATE GRANT NON CAP G	211648	211708-	1 07/29/2021	50000.00		119,343.24DB
CR SOM-DEPARTMENT OF HEALTH	EMSOF GRANT	211648	211708-	2 07/29/2021			119,343.24DB
CR MADISON COUNTY	INTEREST INCOME	211509	211568-	7 07/30/2021	18.52		119,361.76DB
CD HENRY SCHEIN, INC.	LIFELINE ARM CPR DEVI	58944	216016-	1 08/17/2021		24450.00	94,911.76DB
CD FERNO-WASHINGTON, INC.	0015807 POWER X1 AMBU	58931	216017-	1 08/17/2021		30915.68	63,996.08DB
CD FERNO-WASHINGTON, INC.	1408014 OPTION, SAE, W	58931	216017-	2 08/17/2021		3216.42	60,779.66DB
CD FERNO-WASHINGTON, INC.	1408036 OPTION, WITH	58931	216017-	3 08/17/2021		392.90	60,386.76DB
CD FERNO-WASHINGTON, INC.	SHIPPING/FREIGHT	58931	216017-	4 08/17/2021		475.00	59,911.76DB
CR MADISON COUNTY	INTEREST INCOME	212033	212100-	7 09/30/2021	30.52		59,942.28DB
014-000-190	FUND BALANCE				58429.90	59659.00	59,942.28DB
014-000-268	STATE GRANT NON CAP GEN GOV						-61,171.38CR
CR SOM-DEPARTMENT OF HEALTH	STATE GRANT NON CAP G	211647	211707-	1 07/14/2021		7939.33	0.00
CR SOM-DEPARTMENT OF HEALTH	EMSOF GRANT	211647	211707-	2 07/14/2021			-7,939.33CR
CR SOM-DEPARTMENT OF HEALTH	STATE GRANT NON CAP G	211648	211708-	1 07/29/2021		50000.00	-57,939.33CR
CR SOM-DEPARTMENT OF HEALTH	EMSOF GRANT	211648	211708-	2 07/29/2021			-57,939.33CR
014-000-330	INTEREST INCOME						-57,939.33CR
CR MADISON COUNTY	INTEREST INCOME	210654	210682-	7 01/29/2021		369.23	0.00
CR MADISON COUNTY	INTEREST INCOME	210777	210810-	7 02/28/2021		50.26	-369.23CR
CR MADISON COUNTY	INTEREST INCOME	211017	211062-	7 04/30/2021		22.04	-419.49CR
CR MADISON COUNTY	INTEREST INCOME	211509	211568-	7 07/30/2021		18.52	-441.53CR
CR MADISON COUNTY	INTEREST INCOME	212033	212100-	7 09/30/2021		30.52	-460.05CR
014-000-387	TRANSFERS IN					490.57	-490.57CR
014-000-389	BEGINNING CASH						0.00
014-232-610	PROFESSIONAL SUPPLIES						0.00
014-232-919	OTHER MACHINERY & EQUIP						0.00
CD MOTOROLA SOLUTIONS, INC.	MOTOROLA APX 6500 MID	57944	214219-	1 05/03/2021			39.00DB
CD MOTOROLA SOLUTIONS, INC.	PROGRAMMING	57944	214219-	2 05/03/2021		39.00	209.00DB
CD MOTOROLA SOLUTIONS, INC.	INSTALLATION	57944	214219-	3 05/03/2021		170.00	24,659.00DB
CD HENRY SCHEIN, INC.	LIFELINE ARM CPR DEVI	58944	216016-	1 08/17/2021	24450.00		55,574.68DB
CD FERNO-WASHINGTON, INC.	0015807 POWER X1 AMBU	58931	216017-	1 08/17/2021	30915.68		58,791.10DB
CD FERNO-WASHINGTON, INC.	1408014 OPTION, SAE, W	58931	216017-	2 08/17/2021	3216.42		59,184.00DB
CD FERNO-WASHINGTON, INC.	1408036 OPTION, WITH	58931	216017-	3 08/17/2021	392.90		59,659.00DB
CD FERNO-WASHINGTON, INC.	SHIPPING/FREIGHT	58931	216017-	4 08/17/2021	475.00		59,659.00DB
					58429.90	59659.00	59,659.00DB

Fund	Description	Beginning Balance	Receipts	Disbursements	Journal	Cash Balance	Investment Balance	Total
014	EMSOF GRANT	59911.76	30.52			59942.28		59,942.28
	Total	59911.76	30.52			59942.28		59,942.28



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
FY 2019	\$	\$	\$ —
FY 2020	\$	\$	\$ —
FY 2021	\$ 601.76	\$ 30.52	\$ 92.28
Total for FY'19, FY'20, and FY'21			\$ 92.28

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.

Madison County

FY 2021 funds have been encumbered and escrow funds in the amount of \$ 59,850.00 have been spent as of November 1, 2021.

See attachment



SHIP TO: 03777647
 Madison County
 146 W Center St
 Canton, MS 39046-3735

220438

EQUIPMENT INVOICE

BILL TO: 03777646
 Madison Co Bd Of Supervisors
 Po Box 608
 Canton, MS 39046-0608

16162

Madison Co Bd Of Supervisors
 Po Box 608
 Canton, MS 39046-0608

REFERENCE#	19932600
INVOICE#	98844877
INVOICE DATE	09/16/2021
FED ID# 11-3136595 DUNS#01-243-0880	
CENTER	HENRY SCHEIN MATRX M
ORDER#	EQ21091300133
CUSTOMER PO	210467
BALANCE DUE	\$24450.00

Please detach and mail above with your payment

LINE#	ITEM#	DESCRIPTION	TAX	QTY	UNIT PRICE	TOTAL PRICE
SR Type: Office Expansion						
		AT091421AT/IN				
1	7002234	DEFIBTECH LL Lifeline ARM		3	8150.00	24450.00
		S/N: 500015299				
		S/N: 500014566				
		S/N: 500014594				

RE-PRINT

REFERENCE# 19932600	Labor	.00
INVOICE# 98844877	Equipment & Parts	24450.00
INVOICE DATE 09/16/2021	SUB TOTAL	24450.00
ORDER# EQ21091300133	Shipping & Handling	
	Tax	
	ORDER TOTAL	24450.00
	Less Deposit	
	BALANCE DUE	\$24450.00

Customer Service 1-800-645-6594
 Option 1 for Equipment; Option 5 for Credit and Billing
 "See reverse side for Terms Of Sale"
 Page: 1

Requisition 0210523 Date 9/13/2021
MADISON COUNTY
P O BOX 608
CANTON, MS. 39046
(601)855-5500
REFER TO PURCHASING OFFICE

MEDICAL SERVICES
MINOR NORMAN

Vendor: 16162
HENRY SCHEIN, INC.
DEPT CH 10241

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

PALATINE IL 60055 0241

Quantity	Description of Supplies, Equip, Srvc	Unit Cost	EA	Extended
3.00	014232919 LIFELINE ARM : CPR DEVICE WITH C :AND CARRY CASE	8150.00		24450.00

Total

\$24,450.00

Approved By: Mina Norman



Master Medical Equipment
 PO Box 11476
 Jackson, TN 38308
 US
 866-468-9558

QUOTATION

Order Number	
1012866	
Order Date	Page
08/31/2021 08:38:14	1 of 1

Quote Expires On: 09/30/2021

Bill To:

Pafford EMS Inc of LA
 1300 Commerce St.
 Ruston, LA 71270
 USA

Ship To:

Pafford EMS Inc of LA
 1300 Commerce St.
 Ruston, LA 71270
 USA

318-497-6007

Customer ID: 15804

PO Number	Ship Route	Account Manager	Sales Representative
		ASHLEY.FERRELL	Grant Cooper

Quantities		Item ID Item Description	Pricing UOM	Unit Price	Extended Price
Ordered	UOM				
3	EA	DFTRCF-A1000EN Lifeline ARM Chest Compression System	EA	8,500.0000	25,500.00

Delivery Instructions:

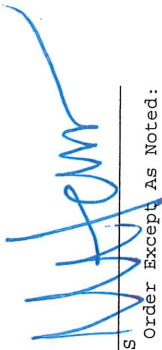
Total Lines: 1

SUB-TOTAL: 25,500.00
TAX: 0.00
AMOUNT DUE: 25,500.00
 U.S. Dollars

* Receiving Report Number 220017 *

Vendor # 16162
HENRY SCHEIN, INC.
DEPT CH 10241
PALATINE IL 600550241
Date Received 10/13/2021
Department 232
MEDICAL SERVICES
Requisition Number 210523
Purchase Order 210467

Quantity Received	Description
3.00 EA	LIFELINE ARM CPR DEVICE WITH CHARGER AND CARRY CASE



Received By: MHAWKINS
Agrees With Purchase Order Except As Noted:

Purchase Clerk

INVOICE



220436

SHIP TO: 1287131
 MADISON COUNTY BOARD OF SUPERVISORS
 146 W CENTER ST
 CANTON MS 39046-3735
 15960

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

CONTACT:
 STRYKER MEDICAL
 1901 Romence 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

INVOICE NUMBER	DATE	CUSTOMER P.O.	SALES REP	ORDER NUMBER	PAGE
3534555 M	09/29/21	210464	RIEKHOF, JULIE	9855527 SL	1 of 1

TERMS Net 30 days	SHIPPING METHOD
SHIPPING INSTRUCTIONS	DELIVERY INSTRUCTIONS

LINE NO.	DESCRIPTION	ITEM NUMBER	GTIN	PROMO CODE	SERIAL NUMBER	QUANTITY SHIPPED	UNIT PRICE	EXTENDED PRICE
1.000	3 New AT units sold Kenco delivered 6506 MTS PWRPRO COT HIGH CNFIG	650605550003	07613327513271		2102020700002 2102020700007 2102020700008	3	11,800.0000	35,400.00
<p>APPROVED 10/13/2021 <i>Minor Team</i></p> <p>RECEIVED OCT 06 2021 BY:</p> <p>Sina rec'd 10/12/2021</p>								

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	35,400.00		35,400.00

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.

Requisition 0210520 Date 9/10/2021 MEDICAL SERVICES
MADISON COUNTY MINOR NORMAN
P O BOX 608
CANTON, MS. 39046
(601) 855-5500
REFER TO PURCHASING OFFICE

Vendor: 15960
STRYKER SALES CORPORATION
PO BOX 93308

CHICAGO IL 60673

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

Quantity	Description of Supplies, Equip, Srvc	Unit Cost	EA	Extended
3.00	014232919 STRYKER POWER-PRO XT AMB: :STRETCHER AS DESCRIBED IN QUOTE	11800.00		35400.00

Total \$35,400.00

Approved By: *Norman*



Power PRO

Quote Number: 10281149

Version: 1

Prepared For: MADISON COUNTY BOARD OF SUPERVISORS

Attn:

Remit to: Stryker Medical

P.O. Box 93308

Chicago, IL 60673-3308

Rep: Julie Riekhof

Email: julie.riekhof@stryker.com

Phone Number: 6624185709

Quote Date: 08/17/2021

Expiration Date: 09/30/2021

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:

#	Product	Description	Qty	Sell Price	Total
1.0	6506000000	Power-PRO XT	3	\$11,800.00	\$35,400.00
1.1	6085033000	PR Cot Retaining Post			
1.2	7777881669	3 Yr X-Frame Powertrain Wrnty			
1.3	7777881670	2 Yr Bumper to Bumper Warranty			
1.4	6506026000	Power Pro Standard Components			
1.5	6500001430	X-RESTRAINT PACKAGE			
1.6	0054030000	DOM SHIP (NOT HI, AK, PR, GM)			
1.7	650606160000	ONE PER ORDER, MANUAL, ENG OPT			
1.8	6500082000	Knee-Gatch/Trendelenburg			
1.9	6506038000	Steer Lock Option			
1.10	6092036018	J Hook			
1.11	6506034001	6506 PERFORMANCE-LOAD OPTION			
1.12	6500028000	120V AC SMRT Charging Kit			
1.13	6500003130	KNEE GATCH BOLSTER MATRSS, XPS			
1.14	6506040000	XPS Option			
1.15	6085046000	Retractable Head Section O2			
1.16	0054200994	No Runner/HE O2			
1.17	6500315000	3 Stage IV Pole PR Option			



Power PRO

Quote Number: 10281149

Remit to: Stryker Medical

Version: 1

P.O. Box 93308

Chicago, IL 60673-3308

Prepared For: MADISON COUNTY BOARD OF SUPERVISORS

Rep: Julie Riekhof

Attn:

Email: julie.riekhof@stryker.com

Phone Number: 6624185709

Quote Date: 08/17/2021

Expiration Date: 09/30/2021

#	Product	Description	Qty	Sell Price	Total
1.18	6506012003	STANDARD FOWLER			
1.19	6500130000	Pocketed Back Rest Pouch			
1.20	6500128000	Head End Storage Flat			
1.21	6500147000	Equipment Hook			
Equipment Total:					\$35,400.00

Price Totals:

Grand Total: \$35,400.00

Comments:

Trial/demo Power PRO pricing

Prices: In effect for 60 days.

Terms: Net 30 Days

Contact your local Sales Representative for more information about our flexible payment options.

AUTHORIZED CUSTOMER SIGNATURE



877.733.0911
www.Ferno.com

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

Account ID:

Quote #: 12828

Customer Contact:

Billing Address:

Shipping Address:

Minor Norman

Madison County Board of Supervisors

Madison County Board of Supervisors

146 W Center St

146 W Center St

Canton, MS

Canton, MS

39046

39046

Terms:

Valid Until: Aug 31, 2021 Freight Quote #:

Carrier: Truck

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
3	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	\$ 30,827.52
3	1408014	OPTION, SAE, WITH ICS - Cot Compatibility Kit so stretcher will lock into SAE Compliant Floor Fastener	\$ 3,206.40
3	1408034	OPTION, MATTRESS BOLSTER HOOK	\$ 0.00
3	1408007	OPTION, FIXED BACKREST	\$ 0.00
3	1408011	OPTION, 26G RESTRAINT - SAE Compliant Restraints Kit	\$ 0.00
3	1408023	OPTION,LITHIUM ION- N. AMERICA - 36 Volt Lithium Ion, Memory Free Battery - each stretchers comes with (2) Batteries.	\$ 0.00
3	1408005	OPTION, SHOCK FRAME LEGREST	\$ 0.00
3	0822482	STO-NET, LOAD FRAME POWER X1. - Head end storage net	\$ 301.44
3	1408036	OPTION, WITH HEAD END O2 HOLDER	\$ 391.68
3	1408003	OPTION, SURFACE EXTENDER - Side Wings	\$ 4,091.52
3	1590160	IV POLE, POWERX1 (LAIV-3SPX1)	\$ 766.08

Hard Copy PO Required? Yes No

Approval: _____

Printed Name

Signature

Credit Card: _____

Secure Code: _____

Exp: _____

Subtotal: \$ 39,584.64

Sales Tax: \$ 0.00

Shipping Quote: \$ 300.00

Your Price: \$ 39,884.64

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. Thank you for this opportunity! -Alex

Order subject to credit approval by Ferno. If not quoted, shipping and any applicable sales tax will be added to invoice. Credit cannot be allowed on returns of special or modified items. Prices and specifications are subject to change without notice.

76 Wel Way Wilmington, Ohio 45177 / info@ferno.com / 888.388.1349 FAX

* Receiving Report Number 220035 *

Vendor # 15960
STRYKER SALES CORPORATION
PO BOX 93308
CHICAGO IL 60673
Date Received 10/22/2021
Department 232
MEDICAL SERVICES
Requisition Number 210520
Purchase Order 210464

Quantity Received	Description
3.00 EA	STRYKER POWER-PRO XT AMBULANCE STRETCHER AS DESCRIBED IN QUOTE

Received By: 
MEAMKJNF
Agrees With Purchase Order Except As Noted:

Purchase Clerk

Account	Objective Name	Clm/Rct#	Trans	Date	Debit Amount	Credit Amount	Balance
014-232-610	PROFESSIONAL SUPPLIES						0.00
014-232-919	OTHER MACHINERY & EQUIP						0.00
CD STRYKER SALES	POWER-PRO XT AMBULANC	59714	220436-	1 11/01/2021	35400.00		35,400.00DB
CD STRYKER SALES	STRETCHERS (3)	59714	220436-	2 11/01/2021			35,400.00DB
CD HENRY SCHEIN, INC.	LIFELINE ARM CPR DEVI	59653	220438-	1 11/01/2021	24450.00		59,850.00DB
					59850.00		59,850.00DB

Fund	Description	Beginning Balance	Receipts	Disbursements	Journal	Cash Balance	Investment Balance	Total
014	EMSOF GRANT	59942.28		59850.00		92.28		92.28
Total		59942.28		59850.00		92.28		92.28



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, 2021** and remain in effect until **September 30, 2022**.
2. Funds shall be disbursed to the Grantee in a single payment before **June 1, 2022**.
3. The distribution of funds is subject to the receipt of same from the Emergency Medical Services Operating Fund.

Signed
Applicant/Grantee (Shelton Vance) [Signature] Date: 11/12/2021
Applicant/Grantee (Greg Pafford Freddie Parker) [Signature] Date: 11/12/2021
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

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 12, 2021:

**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.

Madison County



Mississippi Emergency Medical Services Operating Fund

Madison County 66559.2403

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#: 700000915

2020 Notes	2021 Notes	Recipient	Escrow Notes