

BOARD OF SUPERVISORS

COUNTY OF MADISON

PROPOSED SUPPLEMENTAL APPROPRIATION

DATE: 2/11/2020

FY2020

Type of Supplement	
<input type="checkbox"/>	Interdepartmental transfer (same fund)
<input type="checkbox"/>	Interfund transfer
<input checked="" type="checkbox"/>	Revenue/Expense offset
<input checked="" type="checkbox"/>	Use of contingency
<input type="checkbox"/>	Other use of fund balance not in original budget

PURPOSE: To appropriate funds for Chest Compression Device (EMS); \$7.5K funded by RSAF grant

GL Account Reference	Account type	Fund Name	Department	Object Code/Source	Debit	Credit
10-240204	Rev	General	N/A	RSAF grant		7,500.00
10-03-32-32600-8108	Exp	General	EMS	Other Equipment	15,867.20	
10-09-91-91100-9200	Exp	General	Contingency	Cont - Genl Ops		8,367.20

15,867.20	15,867.20
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Note: A debit charged to a budgeted expense line increases the appropriated expense; a credit charged to a budgeted expense line item decreases the appropriated expense. A credit charged to a budgeted revenue line item increases the anticipated revenue available.

Office of Emergency Medical Services

Consolidated Grant Program

AWARD PAGE

January 1, 2020 - December 31, 2020 Grant Period

#24

Agency Name: Madison County Emergency Medical Services

Grant Number: TJ-C01/12-19

Item Type (Item)	Status	Quantity Funded	Funding % Level	Amount Funded
Lucas 3 v3.1 Compression Sys.	FUNDED	1	50 / 50	\$7,500.00
Conditions: 13-Acknowledgment must be provided on any printed material, equipment or vehicle as follows: "Funding was made possible by a grant from the Virginia Office of Emergency Medical Services, Virginia Department of Health." 36-All agencies using an ePCR systems will submit in real-time unless approved in writing by the OEMS. EMS data quality will not be assessed for 30 days after an EMS incident to allow resubmission of incomplete ePCRs. 37-Agencies using ImageTrend, ZOLL, or emsCharts EMS ePCR software products must submit EMS data to VPHIB via Web-services.				
Total:				\$7,500.00



COMMONWEALTH of VIRGINIA

Department of Health

PO BOX 2448
RICHMOND, VA 23218

TTY 7-1-1 OR
1-800-828-1120

January 01, 2020

Noah Hillstrom
Madison County Emergency Medical Services
1494 North Main St
Madison, VA 22727

Dear Grant Administrator:

The Office of Emergency Medical Services (OEMS) is pleased to announce that your agency has been awarded funding from the Financial Assistance for Emergency Medical Services Grant Program, known as the Rescue Squad Assistance Fund (RSAF). The attached Award Page itemizes the actual dollar value, quantity, funding level and item(s) your agency has been awarded under this program. The following documents can be completed and submitted via E-Gift:

Memorandum of Agreement: Must be submitted by February 29, 2020.

Instructions for Grant Reimbursement: All items must be submitted in order to process your reimbursement.

Equipment Status/Final Report Form: This form must be submitted sixty (60) days after the grant cycle deadline.

If your agency has had special conditions placed on your grant award, any and all conditions must be met in order to receive reimbursement. Items awarded may be available by state contract, www.eva.virginia.gov, OEMS recommends your agency purchase under state contract if applicable.

Any funding your agency receives through Return to Localities funding cannot be used as the matching share of Rescue Squad Assistance Fund grants or any grants offered using **Four-For-Life** funds. "Any funds received from Section 16.2-694 by a non-state agency cannot be used to match any other funds derived from Section 46.2-691 by that same non-state agency".

All items awarded funding must be ordered from the vendor by **February 29, 2020** invoices for all items awarded funding must be submitted to OEMS by **July 31, 2020**. You must contact OEMS prior to the February 29, 2020 deadline if your agency has encountered difficulties in meeting these deadlines.

If you have any questions, please contact Luke Parker, OEMS Grant Program Manager at (804) 888-9106, luke.parker@vdh.virginia.gov or Linwood P. Pulling, Grant Specialist at (804) 888-9105, Linwood.Pulling@vdh.virginia.gov or 1-800-523-6019 for additional grant information.

Congratulations,

Gary R. Brown, Director



Emergency Care

11811 Willows Road NE
 P.O. Box 97006
 Redmond, WA 98073-9706 U.S.A.
 www.physio-control.com
 tel 800.442.1142
 Sales Order fax 800.732.0956
 Service Plan fax 800.772.3340

To MADISON CTY VOL RESCUE SQUAD
 Attn: Noah Hillstrom, EMS Director
 1473 N MAIN ST
 MADISON,VA 22727
 540.543.2103
nhillstrom@madisonco.virginia.gov

Quote Number 00189405
 Revision # 1
 Created Date 8/18/2019
 Sales Consultant Robertson Gagnon

robertson.gagnon@stryker.com

FOB Destination
 Terms All quotes subject to credit approval and the following terms and conditions
 NET Terms Net 30

Contract NASPO17 #OK-SW-300

Expiration Date 11/16/2019

Product	Product Description	Quantity	List Price	Unit Discount	Unit Sales Price	Total Price
11576-000060	LUCAS Battery Desk-Top Charger	1.00	1,235.00	-240.50	994.50	994.50
11576-000071	LUCAS Power Supply	1.00	391.00	0.00	391.00	391.00
11576-000080	LUCAS Battery - Dark Grey - Rechargeable LiPo	1.00	755.00	-149.80	605.20	605.20
99576-000063	LUCAS 3, v3.1 Chest Compression System INCLUDES HARD SHELL CASE, SLIM BACK PLATE, TWO (2) PATIENT STRAPS, (1) STABILIZATION STRAP, (2) SUCTION CUPS, (1) RECHARGEABLE BATTERY, AND INSTRUCTIONS FOR USE WITH EACH DEVICE. The device can connect wirelessly to the LIFENET System for setup options, post-event report generation and asset management.	1.00	16,190.00	-2,313.50	13,876.50	13,876.50
LUCAS-PCPTOS-4-POS-UP	LUCAS Service - 4 YEAR. On-site ProCare Protect. Up Front Payment.. On-site ProCare Protect Coverage for LUCAS Includes: -Services performed at customer's location by a Stryker Technical Specialist -Parts and labor necessary to restore device to original specifications -Access to a nation-wide technical support network -Discounts on accessories, disposables, and -UPgrades -Updates to the latest software version -Preconfigured loaner device provided if needed	1.00	4,560.00	-684.00	3,876.00	3,876.00

Subtotal USD 19,743.20

Estimated Tax USD 0.00

Estimated Shipping & Handling USD 0.00

Current Sales Tax Rates will be applied at the time of Invoice and tax rate is based on the Ship To location

Grand Total USD 19,743.20

	Pricing Summary Totals
List Price Total	USD 23,131.00
Total Contract Discounts Amount	USD -3,387.80
Total Discount	USD 0.00
Trade In Value	USD 0.00
Tax + S&H	USD 0.00

GRAND TOTAL FOR THIS QUOTE
USD 19,743.20

Please provide a company issued Purchase Order that includes Billing and Shipping Address.
PO must reference payment terms of Net 30 days.

- OR -

Required information if no Purchase Order is provided

Billing Address same as address on quote	Shipping Address same as Billing Address
Account Name _____	Account Name _____
Address _____	Address _____
City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____
Accounts Payable Contact Information	
Accounts Payable Contact _____	Accounts Payable Phone Number _____
Accounts Payable Email _____	Customer is Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Customer Signature	
Name _____	Signature _____
Title _____	Date _____

Optional information:

Special Ship to Address _____

Comments _____

For Multiple End Users, please attach a supporting document with End User name, physical location, product type and quantity

Reference Number RG/00307901/215762