

**HARDIN COUNTY FISCAL COURT
RESOLUTION NO. 2015-185**

BE IT RESOLVED, upon recommendation of Judge/Executive Harry L. Berry, to approve a grant application for the 2015-2015 Kentucky Hospital Preparedness Program Grant for the EMS Department.

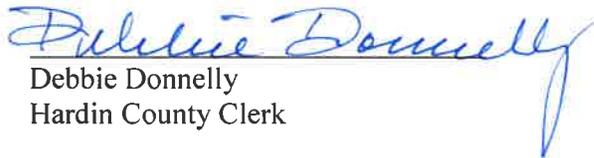
BE IT FURTHER RESOLVED, to authorize the County Judge/Executive to sign all documents concerning this grant, so as to expedite the grant process.

ADOPTED, by the Hardin County Fiscal Court in its regular meeting on 24 November 2015.



Harry L. Berry
Hardin County Judge/Executive

ATTEST:



Debbie Donnelly
Hardin County Clerk

Kentucky Hospital Preparedness Program Grant 2015-16 Cycle Purchase Request/Reimbursement Form

REGION:

DATE OF REQUEST:

ORGANIZATIONAL INFORMATION

HOSPITAL/ORGANIZATION NAME:		<input type="text" value="Hardin County EMS"/>	
COALITION PARTNER TYPE:		<input type="text" value="EMS"/>	
POC name:	<input type="text" value="Tracy Jevning"/>	TITLE:	<input type="text" value="Supervisor"/>
EMAIL:	<input type="text" value="tdjevning@hardin.co"/>		
ADDRESS:	<input type="text" value="170 N. Provident Way"/>		<< NO PO BOXES
ADDRESS:	<input type="text"/>		
CITY:	<input type="text" value="Elizabethtown"/>	ST:	<input type="text" value="Kentucky"/>
		ZIP:	<input type="text" value="42701"/>
PHONE:	<input type="text" value="270-769-3014"/>	FAX:	<input type="text" value="270-769-0387"/>
Does this location have a loading dock? <input type="checkbox"/> YES-Has a loading dock <input checked="" type="checkbox"/> Check if NO loading dock << Check!			
HOSPITAL/ORGANIZATION Federal TIN/SSN:		<input type="text" value="61-6000756"/>	

Is this a REGIONAL GROUP PURCHASE for multiple facilities/organizations? Check if YES Check if NO

If yes - please attach a listing with complete delivery contact information (as shown above) for EACH facility or organization, along with an indication of what/how much each is to receive. ALSO - for large or bulky items, please verify that EACH delivery location has a LOADING DOCK.

<i>PLEASE INDICATE WHAT IS TO BE DONE WITH THIS REQUEST</i>	<i>(Pick #1 or #2)</i>
1. Is KHA/KHREF to purchase this material and ship to the address above/attached?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. ONCE THE SPENDING PLAN IS APPROVED , the organization above will make the purchase. AFTER the materials/services are received the organization will submit the packing slips AND a copy of the paid invoice for reimbursement.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

PREPARED BY:	<input type="text" value="Tracy Jevning"/>
PREPARER's DAY PHONE:	<input type="text" value="270-766-3956"/>
PREPARER's EMAIL:	<input type="text" value="tdjevning@hardin.co"/>

Suggested Vender Information

VENDOR:	<input type="text" value="Dell"/>		
VENDOR SALES CONTACT:	<input type="text" value="Harley Pierce"/>		
VENDOR CONTACT'S EMAIL:	<input type="text" value="Harley_Pierce@Dell.com"/>		
VENDOR ADDRESS 1:	<input type="text" value="One Dell Way RR1-33"/>		
VENDOR ADDRESS 2:	<input type="text"/>		
CITY:	<input type="text" value="Round Rock"/>	ST:	<input type="text" value="Texas"/>
		ZIP:	<input type="text" value="87682"/>
PHONE:	<input type="text" value="512-723-1475"/>	FAX:	<input type="text" value="512-283-4965"/>

VENDOR QUOTE ATTACHED (If applicable): Check if YES

IF NO VENDOR QUOTE WHERE DID THE PRICING COME FROM?:

Justification/additional comments:

This request addresses which Capacity/Function?:

Product/Service Information

Extended

PRODUCT DESCRIPTION:		Dell Latitude 14 Rugged (5404), CTO (210-ADEK)					
ITEM/PART NUMBER:		Dell Latitude 14 Rugged (5404), CTO (210-ADEK)					
SIZE:		COLOR/STYLE:					
Quantity:	12	Unit:	Items/Unit:	Cost/Unit:	\$1,654.27	\$19,851.24	
PRODUCT DESCRIPTION:							
ITEM/PART NUMBER:							
SIZE:		COLOR/STYLE:					
Quantity:		Unit:	Items/Unit:	Cost/Unit:		\$0.00	
PRODUCT DESCRIPTION:							
ITEM/PART NUMBER:							
SIZE:		COLOR/STYLE:					
Quantity:		Unit:	Items/Unit:	Cost/Unit:		\$0.00	
PRODUCT DESCRIPTION:							
ITEM/PART NUMBER:							
SIZE:		COLOR/STYLE:					
Quantity:		Unit:	Items/Unit:	Cost/Unit:		\$0.00	
PRODUCT DESCRIPTION:							
ITEM/PART NUMBER:							
SIZE:		COLOR/STYLE:					
Quantity:		Unit:	Items/Unit:	Cost/Unit:		\$0.00	
PRODUCT DESCRIPTION:							
ITEM/PART NUMBER:							
SIZE:		COLOR/STYLE:					
Quantity:		Unit:	Items/Unit:	Cost/Unit:		\$0.00	
PRODUCT DESCRIPTION:							
ITEM/PART NUMBER:							
SIZE:		COLOR/STYLE:					
Quantity:		Unit:	Items/Unit:	Cost/Unit:		\$0.00	
PRODUCT DESCRIPTION:							
ITEM/PART NUMBER:							
SIZE:		COLOR/STYLE:					
Quantity:		Unit:	Items/Unit:	Cost/Unit:		\$0.00	

Product/Service Information

Extended

PRODUCT DESCRIPTION:						
ITEM/PART NUMBER:						
SIZE:		COLOR/STYLE:				
Quantity:	Unit:	Items/Unit:	Cost/Unit:		\$0.00	
PRODUCT DESCRIPTION:						
ITEM/PART NUMBER:						
SIZE:		COLOR/STYLE:				
Quantity:	Unit:	Items/Unit:	Cost/Unit:		\$0.00	
PRODUCT DESCRIPTION:						
ITEM/PART NUMBER:						
SIZE:		COLOR/STYLE:				
Quantity:	Unit:	Items/Unit:	Cost/Unit:		\$0.00	
PRODUCT DESCRIPTION:						
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Quantity:	Unit:	Items/Unit:	Cost/Unit:		\$0.00	
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Quantity:	Unit:	Items/Unit:	Cost/Unit:		\$0.00	
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SIZE:		COLOR/STYLE:				
Quantity:	Unit:	Items/Unit:	Cost/Unit:		\$0.00	
PRODUCT DESCRIPTION:						
ITEM/PART NUMBER:						
SIZE:		COLOR/STYLE:				
Quantity:	Unit:	Items/Unit:	Cost/Unit:		\$0.00	
PRODUCT DESCRIPTION:						
ITEM/PART NUMBER:						
SIZE:		COLOR/STYLE:				
Quantity:	Unit:	Items/Unit:	Cost/Unit:		\$0.00	

PRODUCT/SERVICE COST:	\$19,851.24
ENTER ANY SHIPPING/HANDLING COSTS:	
TOTAL COST:	\$19,851.24

AS MATERIALS OR SERVICES ARE RECEIVED PACKING SLIPS, SHIPPING PAPERS,
AND COMPLETED SERVICE ORDERS SHOULD BE EMAILED OR FAXED TO Khref @ 502-814-0305