

Resolution for application for and administration of  
Kentucky Office of Homeland Security Project(s)  
**Marshall County**

RESOLUTION 2018-01

County of Marshall

A RESOLUTION OF THE COUNTY OF Marshall, KENTUCKY AUTHORIZING THE JUDGE/EXECUTIVE TO MAKE APPLICATION FOR AND, UPON APPROVAL, TO ENTER INTO AN AGREEMENT WITH THE KENTUCKY OFFICE OF HOMELAND SECURITY (KOHS), TO EXECUTE ANY DOCUMENTS WHICH ARE DEEMED NECESSARY BY KOHS TO FACILITATE AND ADMINISTER THE PROJECT AND TO ACT AS THE AUTHORIZED CORRESPONDENT FOR THIS PROJECT. THIS RESOLUTION ALSO ESTABLISHES PROCUREMENT POLICY FOR ANY KOHS APPROVED PROJECT FOR THE FY-2018 APPLICATION CYCLE.

WHEREAS, Marshall County, Kentucky desires to make an application for United States Department of Homeland Security and/or Commonwealth of Kentucky funds for a project to be administered by Kentucky Office of Homeland Security:

WHEREAS, it is recognized that an application for and approval of Kentucky Office of Homeland Security funds impose certain obligations and responsibilities upon the county:

NOW, THEREFORE, be it resolved this 10 day of April 2018, by Marshall County, Kentucky.

The Judge/Executive is hereby authorized to execute and furnish all required documentation, including a memorandum of agreement, as may be required by KOHS for the furtherance of the above-referenced project and to act as the authorized correspondent for said project.

For the purpose of any KOHS funded projects using FY-2018 funds the county will use the provisions of KRS 45A for the purchase of equipment and/or services. For any equipment and/or services under \$20,000, three (3) quotes will be obtained. For any equipment and/or services that exceeds \$20,000 the provisions of KRS 45A will apply.

Done this 10 day of April, 2018 on a Motion made by Com. Gold And seconded by Com. Bowlin

Members present voting in Favor: 3

Members Present voting against: 0

BY: [Signature]  
Judge/Executive

ATTEST: [Signature]  
Clerk



**Comprehensive Quotation**

**Sales Account Manager**  
 ANDREA QUIGLEY  
 Andrea.Quigley@stryker.com  
 Cell: 502-939-6166  
 Fax: 859-268-7807

**Remit to:**  
**Stryker Medical**  
 P.O. Box 93308  
 Chicago, IL 60673-3308

End User Shipping Address	Shipping Address	Billing Address
1284284 MARSHALL COUNTY AMBULANCE SERVICE 505 GEORGE MCCLAIN DR BENTON, KY 42025	1284284 MARSHALL COUNTY AMBULANCE SERVICE 505 GEORGE MCCLAIN DR BENTON, KY 42025	1198366 MARSHALL COUNTY AMBULANCE SERVICE PO BOX 533 BENTON, KY 42025

Customer Contact	Ref Number	Date	PO Number	Reference Field	Quote Type
	6441186	03/29/2018	QUOTE		

Line #	Quantity	Item Description	Part #	Unit Price	Extended Price	Item Comments
1.00	2	<b>PowerLOAD</b>	<b>6390000000</b>	<b>\$24,200.00</b>	<b>\$48,400.00</b>	
		Options				
	2	PowerLOAD	6390000000	\$24,200.00	\$48,400.00	
	2	Standard Comp 6390 Power Load	6390026000			
	2	English Manual	6390600000			
	2	1 year parts, labor & travel	7777881660			
	2	UNIVERSAL FLOORPLATE OPTION	6390028000			
	2	ONE PER ORDER, MANUAL, ENG OPT	639000220000			
2.00	2	6506 PWR/PERF-LOAD UPGRD KIT	6506700014	\$1,970.00	\$3,940.00	
3.00	2	ProCare Upgrade Charge	77100003	\$310.00	\$620.00	

Note:  
 FOR 2018 KOHS GRANT APPLICATION  
 VALID UNTIL 12/31/2018

Product Total	\$52,960.00
Freight	\$0.00
Tax	\$0.00
<b>Total Incl Tax &amp; Freight</b>	<b>\$52,960.00</b>

Signature: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Date: \_\_\_\_\_

**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.  
**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.