RESOLUTION 2020-16

A RESOLUTION AUTHORIZING THE SUBGRANT OF CORONAVIRUS RELIEF FUNDS AND DECLARING AN EMERGENCY

On this date, December 7, 2020, the Council of the Village of Centerburg did meet and discuss the subgrant of funds received the Village of Centerburg under the Coronavirus Aid, Relief and Economic Security Act. The following resolutions are hereby adopted by the Village of Centerburg Council:

NOW, THEREFORE, be it resolved by the Council of the Village of Centerburg, Ohio:

<u>Section 1:</u> That the Village of Centerburg will enter into a Subgrant Agreement with the Central Ohio Joint Fire District ("Joint Fire District") whereby the Village of Centerburg will reimburse the Joint Fire District for certain equipment expenses for the time period between March 1, 2020 and December 31, 2020.

Section 2: This Resolution shall take effect and in full force from and after the earliest period allowed by law.

WHEREFORE, This Resolution is hereby declared an emergency and shall take effect and be in full force from and after its passage and approval by the Mayor.

DATE PASSED: 12/7/2020
ATTEST: Signature on file

Signature on file

Signature on file

DATE APPROVED AS TO FORM:

Signature on file

I hereby certify that the Resolution or a summary of the Resolution was published once a week for two consecutive weeks on <u>Jan</u>, <u>Of</u>, 2021 and <u>Jan</u>, 2021 in the Mount Vernon News in conformance with the Ohio Revised Code.

COUNSEL

Signature on file
FISCAL OFFICER

Subgrant Agreement

Opportunity Title: Village of Centerburg Coronavirus Relief Funds

Funding Organization: U.S. Department of Treasury

Prime Recipient: Ohio Office of Budget and Management

CFDA Number and Grant Name: 21.019 Coronavirus Relief Fund

Project Start Date: March 1, 2020

Project End Date: December 31, 2020

Grantor: Village of Centerburg, Village Administrator Joseph Hardin

49 1/2 East Main Street, Centerburg, Ohio 43011

Subgrantee: Central Ohio Joint Fire District

Award Amount: \$45,110.31

Payment Method: Grantor will make payment to Subgrantee on a reimbursement basis. Reimbursement payment will be limited solely to certain equipment expenses. Subgrantee will submit purchase order and invoice documentation evidencing expenses for the equipment which will be reviewed by Grantor for approval.

Project Description: Funds are limited to reimbursement for equipment expenses.

Requirements: This Agreement is executed pursuant to Section 200.331 of the Corona Virus Aid, Relief and Economic Security Act relating to Requirements for Pass-Through Entities and the parties hereto intend this Agreement and all funds reimbursement thereunder to be in compliance with Section 200.331.

Revisions: Grantor reserves the right to revise agreement if guidance from the U.S. Treasury changes.

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Signature on file

VILLAGE ADMINISTRATOR

CENTRAL OHIO JOINT FIRE DISTRICT

Signature on file

CHIEF

CENTRAL OHIO JOINT FIRE DIST, KNOX COUNTY

Reprint Regular Purchase Order

Office Of

CENTRAL OHIO JOINT FIRE DIST 5138 COLUMBUS ROAD CENTERBURG, OH 43011

Vendor

Stryker Sales Corporation P.O. Box 93308 Chicago, IL 60673-3308

Purchase Order

 Number:
 27-2020

 Total:
 \$50,000.00

 Issue:
 12/09/2020

Expires:

Ship To

CENTRAL OHIO JOINT FIRE DIST SPECIAL 5138 COLUMBUS ROAD CENTERBURG, OH 43011

Bill To

CENTRAL OHIO JOINT FIRE DIST SPECIAL 5138 COLUMBUS ROAD CENTERBURG, OH 43011

Miscellaneous

Approval:

Quantity	Unit	Item Description	Unit Price	Subtotal
1.00		ems equipment	\$50,000.00	\$50,000.00

Account Description	Amount
Machinery, Equipment and Furniture{Turn-out Gear}	\$50,000.00

Material on this order is exempted from Ohio Sales Tax and Federal Excise Taxes.

FISCAL OFFICER CERTIFICATE

It is hereby certified that the amount of \$50,000.00 required to meet the contract agreement, obligation, or expenditure for the above, has been lawfully appropriated, authorized or directed for such purpose and is in the Treasury or in the process of collection to the credit of the

------ Miscellaneous Capital Projects ------

Fund (and others as above) free from any obligation or certification now outstanding.

Certification:

Signature on file

Date: 12/09/2020

Fiscal Officer: Robin Santo

Signature on file

This order is not valid unless

Fiscal Officer Certificate is signed.

INVOICE

CENTRAL OHIO JOINT FIRE DIST

5138 COLUMBUS RD

43011 OH

Stryker

SHIP TO: 1322247	MAKE PAYMENT TO:
CENTRAL OHIO JOINT FIRE DIST 5138 COLUMBUS RD 43011 OH	STRYKER SALES CORPORATION P.O. BOX 93308 CHICAGO, IL 60673-3308
BILL TO: 1322247	The price shown on this invoice is net of discounts pr of purchase. Some of the products listed on this invoice

The price shown on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to rebates or additional discounts, for which documentation is provided by Stryker. You must properly report and appropriately reflect discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payors as required by law or contract, and provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

CONTACT

STRYKER MEDICAL
1901 Romence Rd Parkway
Portage, MI 49002
Phone Number: 800) 327-0770
Fax Number: (866) 551-2618
www.stryker.com

INVOICE NUMBER	DATE	CUSTOMER P.O.	SALES REP	ORDER NUMBER	PAGE
8950040 DM	12/09/20	Power Cot & Load 12/9/20	#N/A	8950040 SO	1 of 2
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SHIPPING INSTRU	ICTIONS				

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LINE NO.	DESCRIPTION	ITEM NUMBER	SERIAL NUMBER	QUANTITY SHIPPED	UNIT PRICE	EXTENDED PRICE
1.000	POWER PRO AMBULANCE COT	6506000000		1	15,731.4600	15,731.46
1.001	PR COT RETAINING POST OPTION	6085033000	w w	1	0.000	
1.002	STANDARD COMPONENT 6506PWR PRO	6506026000	w w	1	0.000	
1.003	XPS OPTION	6506040000	os W	1	1,979.5000	1,979.50
1.004	NO RUNNER	0054200994	w w	1	0.000	
1.005	EQUIPMENT HOOK OPTION	6500147000	w W	1	52.2600	52.26
1.006	POWER LOAD COMPATIBLE OPTION	6506127000	w w	1	1,676.7600	1,676.76
1.007	KNEE GATCH/TRENDELENBURG	6500082000	w W	1	790.1800	790.18
1.008	RETRCTBLE HDSCTN O2 HLDR OPTN	6085046000	w os	1	182.0000	182.00
1.009	BACKREST STORAGE POUCH OPTION	6500130000	os W	1	256.7900	256.79
1.010	H/E STORAGE FLAT OPTION	6500128000	os os	1	137.8500	137.85
1.011	ONE PER UNIT MANUAL, ENG OPT	6506600000	W W	1	0.000	
1.012	SMRT BATTERY PACK OPTION	6500033000	os W	1	401.8500	401.85
1.013	SMRT CHARGER MOUNTING BRKT OPT	6500034000	OS SS	1	36.0400	36.04
1.014	SMRT 120V AC NORTH AMERICA	6500028000		1	0.000	
1.015	J-HOOK	6092036018		1	0.000	
1.016	KNEE GATCH BOLSTER MATRSS, XPS	6500003130		1	0.000	
	S SHORT SHIPMENT MUST BE MADE WITH IN 30 DAYS NO MERCHANDISE MAY BE RETURNED TO STRYKER	CURRENCY	SUBTOT,	AL	SALES TAX	TOTAL
	WITHOUT OUR EXPRESS PERMISSION IN ADVANCE.					
	ect to applicable shipping and handling charges.	USD	Continu	ed	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.

INVOICE

INVOICE	
SHIP TO: 1322247	MAKE PAYMENT TO:
CENTRAL OHIO JOINT FIRE DIST 5138 COLUMBUS RD 43011 OH	STRYKER SALES CORPORATION P.O. BOX 93308 CHICAGO, IL 60673-3308
BILL TO: 1322247	The price shown on this invoice is net of discounts of purchase. Some of the products listed on this inv
CENTRAL OHIO JOINT FIRE DIST 5138 COLUMBUS RD 43011 OH	rebates or additional discounts, for which documen Stryker. You must properly report and appropriately rebates in Medicare/Medicaid cost reports and all of filed with third party payors as required by law or co agents of the United States or a state agency with

CONTACT

STRYKER MEDICAL 1901 Romence Rd Parkway Portage, MI 49002 Phone Number: 800) 327-0770 Fax Number: (866) 551-2618

www.stryker.com

of discounts provided at the time on this invoice may be subject to h documentation is provided by opropriately reflect discounts and ts and all claims for payment by law or contract, and provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

NVOICE NUMBER	DATE	CUSTOMER P.O.	SALES REP	ORDER NUMBER	PAGE
8950040 DM	DM 12/09/20 Power Cot & Load 12/9/20		#N/A	8950040 SO	2 of 2
	ERMS			SHIPPING METHO	D
N	IET 30				4
SHIPPING INSTRU	JCTIONS				

Deposit Tov	vards an Order					
LINE NO.	DESCRIPTION	ITEM NUMBER	SERIAL NUMBER	QUANTITY SHIPPED	UNIT PRICE	EXTENDED PRICE
1.017	STEER LOCK OPTION	6506038000		1	758.6400	758.64
1.018	3 YR X-FRAME POWERTRAIN WRRNTY	7777881669		1	0.000	
1.019	2 YR BUMPER TO BUMPER WARRANTY	7777881670		1	0.000	
1.020	DOM SHIP (NOT HI, AK, PR, GM)	0054030000		1	0.000	
1.021	3 STAGE IV POLE PR OPTION	6500315000		1	341.4800	341.48
1.022	X-RESTRAINT PACKAGE	6500001430		1	0.000	
1.023	STANDARD FOWLER	6506012003		1	0.000	
1.024	LABEL, WIRELESS	639000010902		1	0.000	
2.000	MTS POWER LOAD	639005550001		1	24,302.6700	24,302.67
1	SHORT SHIPMENT MUST BE MADE WITH IN 30 DAYS	CURRENCY	SUBTOTA		SALES TAX	TOTAL
	NO MERCHANDISE MAY BE RETURNED TO STRYKER WITHOUT OUR EXPRESS PERMISSION IN ADVANCE.					IOTAL
	ect to applicable shipping and handling charges.	USD	46,647.4	8		46,647.48

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.





Mark McCann <cojfdmccann420@gmail.com>

FW: Central Joint Fire Order # 8950040 - invoice needed

1 message

Landry, Peter <peter.landry@stryker.com> To: Mark McCann <cojfdmccann420@gmail.com> Wed, Dec 9, 2020 at 11:19 AM

Here you go. That was faster than I expected 😞



Do you need me to call Locky to have him e-mail his invoice to you before your meeting today as well?

Pete Landry

Account Manager Stryker Medical - Emergency Care P (614) 701-8678 1-800-442-1142 Peter.landry@stryker.com www.strykeremergencycare.com



From: medicalarteam <medicalarteam@stryker.com> Sent: Wednesday, December 9, 2020 11:18 AM To: Landry, Peter <peter.landry@stryker.com>

Subject: FW: Central Joint Fire Order # 8950040 - invoice needed

I'll be glad to assist, please find attached the invoice(s) requested. Please kindly attach the original quote if modifications are needed.

Andreina Padilla

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Accounts Receivable Analyst Stryker Costa Rica Finance Center San Antonio Business Park Floor 5, Tower 4 Belén, Heredia Province Costa Rica

P#: (800)733-2383 Opt: 2 & 3 andreina.padilla@stryker.com

Hi Team,

Sorry for the urgent request but the Chief needs this invoice back for his meeting today at 3:00 EST. Can you please prioritze this one and e-mail this to us as soon as possible.

Thank you!

From: Landry, Peter

Sent: Wednesday, December 9, 2020 10:18 AM

To: medicalarteam <medicalarteam@stryker.com>; Mark McCann <cojfdmccann420@gmail.com>; 'David Miller' <dmillercojfd@gmail.com>

Subject: Central Joint Fire Order #8950040 - invoice needed

Hi Team,

Can you please e-mail an invoice for order # 8950040.

Thank you!

Follow this link to read our Privacy Statement

