



September 13, 2017

Joe Kernell
County Administrator
County Square, Suite 2400
Greenville, SC 29601

Re: FY2017 Grant-in-Aid fund

Dear Mr. Kernell:

The South Carolina Department of Health and Environmental Control ("DHEC"), in accordance with Proviso 34.8 of the 2017-2018 Appropriations ("Act"), will distribute state appropriated funds among Counties for the purpose of improving and upgrading the Emergency Medical Services system throughout the state. The funds are allocated in accordance with the following methodology or formula: 50% of the funds appropriated will be allocated equally among the 46 counties in SC and the remaining 50% will be allocated based on the proportion of the population in each county. Greenville County's allocation for Fiscal Year 2016-2017 is determined to be \$31,993.47.

By signing and returning this letter to DHEC, Greenville County agrees that it is entitled to a portion of funds and understands how the money was allocated. The funds will be used in accordance with Proviso 34.8 of the Act and any applicable statutes and regulations. Please sign and send the **original** letter to Mary Neely, Grant in Aid, DHEC Bureau of EMS, 2600 Bull Street, Columbia, SC 29201.

Proviso 117.21 in the Miscellaneous Provisions section of the Act requires organizations receiving contributions from DHEC to provide the following documentation by **November 1st** of the year that the funds are to be received:

1. An accounting of how the state funds will be spent;
2. A copy of your adopted budget for the current year; and
3. A copy of your organization's most recent operating financial statement.

In addition to these requirements, Proviso 34.8 requires local matching funds to be provided by the recipients of the allocations. In order to meet these requirements we will need the following:

4. Documentation that the receiving party meets the 5.5% matching amount and a description of local Matching funds.

Disbursement of these funds will take place once this information has been received and processed by DHEC. If the funds are used in a manner that is different from what was described in the submission under item #1, you must submit a letter describing the use of the funds with a statement that the funds were spent in accordance with the two Provisos, on or before June 30, 2018.

The above documentation must be sent by mailing paper copies to Mary Neely, Grant in Aid, Bureau of EMS at 2600 Bull Street, Columbia, SC 29201 or by emailing electronic copies to neelymw@dhec.sc.gov. Links to websites will not be accepted.

Please contact Mary Neely at (803) 545-4273 or email at neelymw@dhec.sc.gov if you have any questions or need further assistance.

Sincerely,



Shelly Bezanson Kelly
Director of Heath Regulation

I have reviewed the methodology provided by DHEC and I agree both that the method is reasonable and this is the correct amount using this formula. I also verify that there are local matching funds as indicated. I am an authorized party of Greenville County to legally commit this organization.

Joseph Kernell

Print Name (Authorized Party)

Signature (Authorized Party)

10/1/17

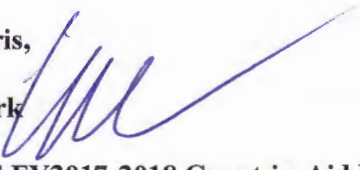
Date



Emergency Medical Services

Tim Gault
EMS Director
tgault@greenvillecounty.org
(864) 467-7009
www.greenvillecounty.org

MEMORANDUM

DATE: September 30, 2017
TO: Ruth Parris,
FROM: S. W. Clark 
RE: SC DHEC FY2017-2018 Grant-in-Aid Fund
CC: Tim Gault, EMS Director

Greenville County EMS would like to purchase the following items in accordance with Section 34.8 of the 2017-2018 Appropriations Act. These items will fulfill the purpose of the act by improving and upgrading our Emergency Medical Services system.

1. Two (2) Power Pro XT Stretchers by Stryker	\$31,055.16
2. One (2) Intebrite & One (1) Box of Disposable Sheaths	<u>\$ 3,699.67</u>
Total of equipment requested for purchase:	\$ 34,754.83

Purchases will be made from the following funds:

FY2017 EMS GIA

State contribution (94.5%):	\$31,993.47
County contribution (5.5%):	<u>\$ 1,862.05</u>
Total Grant Request:	\$33,855.52

The difference of \$899.31 will be funded by monies in the GCEMS operational accounts.



Comprehensive Quotation

Sales Account Manager
 JAREN SUSTAR
 JAREN.SUSTAR@STRYKER.COM
 Cell: 843-964-3682

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

End User Shipping Address
 1154755
 GREENVILLE COUNTY EMS
 301 UNIVERSITY RDG
 STE 200
 GREENVILLE, SC 29601-3660

Shipping Address
 1154755
 GREENVILLE COUNTY EMS
 301 UNIVERSITY RDG
 STE 200
 GREENVILLE, SC 29601-3660

Billing Address
 1154755
 GREENVILLE COUNTY EMS
 301 UNIVERSITY RDG
 STE 200
 GREENVILLE, SC 29601-3660

Customer Contact	Ref Number	Date	PO Number	Reference Field	Quote Type
	5913181	9/5/2017	QUOTE		

Line #	Quantity	Item Description	Part #	Unit Price	Extended Price	Item Comments
1	2	Power-PRO XT	6506000000	\$17,148.66	\$34,297.32	
		Options				
	2	Power-PRO XT	6506000000	\$17,148.66	\$34,297.32	
	2	Dual Wheel Lock	6086802010			
	2	PR Cot Retaining Post	6085033000			
	2	Power Pro Standard Components	6506026000			
	2	XPS Option	6506040000			
	2	No Rumer/HE O2	54200994			
	2	Equipment Hook	6500147000			
	2	6506 PWR-LOAD/PERF-LOAD OPTION	6506034002			
	2	Trendelenburg	6085031000			
	2	No HE Section O2 Bottle	6506036000			
	2	Pocketed Back Rest Pouch	6500130000			
	2	Head End Storage Flat	6500128000			
	2	English Manual	6506600000			
	2	120V AC SMRT Charging Kit	6500028000			
	2	J Hook	6092036018			
	2	XPS Knee Gatch Bolster Matse	6500003130			
	2	No Steer Lock Option	6506037000			
	2	3 YR X-Frame Powertrain Wrrnty	7777881669			
	2	2 Yr Bumper to Bumper Warranty	7777881670			
	2	DOM SHIP (NOT HI, AK, PR, GM)	54030000			
	2	3 Stage IV Pole PR Option	6500315000			
	2	X-RESTRAINT PACKAGE	6500001430			
	2	STANDARD FOWLER	6506012003			

Note:

Product Total	\$34,297.32
Trade-In	(\$5,000.00)
Tax	\$1,757.84
Total Incl Tax & Freight	\$31,055.16

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.

Sovereign Medical, Inc.

Quotation

620 H Valley Forge Rd
Hillsborough, NC 27278

Date	Quotation No.
9/29/2017	12695

Name/Address
Greenville County EMS Attn: Sally Clark 301 University Ridge Suite 1100 Greenville, SC 29601

Ship To
Greenville County 41600 Emergency Medical Services 301 University Ridge, Suite 1100 Greenville, SC 29601-3683

PO No.	Terms	Rep	FOB
	Net 15	MVP	Prepay & Add

Item	Description	Qty	Price	Total
INT-VLS Edge 6610	VLS Edge 6610-3.5" Fixed Handle Mounted Display, 1 Video Laryngoscope Handle w/2 Batteries, 1 VLS Reusable Video Blade or Wand and 5 Sheaths of Choice, 1 Charger (w/USB-DC Cable #VLS-25-1025), 1 AV Cable (VLS-25-1020), 1 Rigid Stylet, 1 Soft Case, VLS 1 Year Limited Warranty	2	1,650.00	3,300.00T
INT-VLS 3020DS	VLS3 Plus Disposable Video Sheath (Box /10)	1	119.50	119.50T
	PLEASE contact me before placing order--Maribeth S. Van Patten--803/497-1842			
	Total sales tax calculated by AvaTax		205.17	205.17
Shipping & Handling	Shipping & Handling estimated only; includes insurance	1	75.00	75.00
	Select this as a transaction's tax to use AvaTax		0.00%	0.00

Total	\$3,699.67
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All orders are subject to actual shipping & handling charges and taxes which will be determined when your order is processed. Estimate valid 60 days.

Phone #	Fax #	E-mail
919.644.1113	919.644.2805	orders@sovmed.com