

# CERTIFIED COPY OF ORDER



STATE OF MISSOURI

June Session of the April Adjourned

Term. 20 18

County of Boone

} ea.

In the County Commission of said county, on the 19th day of June 20 18

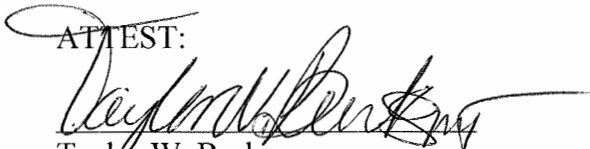
the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the utilization of the State of Missouri cooperative term and supply contract CC115154001 for equipment rental from Herc Rentals, Inc.

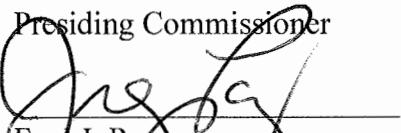
The terms of the Cooperative Contract are stipulated in the attached Purchase Agreement. It is further ordered the Presiding Commissioner is hereby authorized to sign said Purchase Agreement.

Done this 19th day of June, 2018

ATTEST:

  
Taylor W. Burks  
Clerk of the County Commission

  
Daniel K. Atwill  
Presiding Commissioner

  
Fred J. Parry  
District I Commissioner

  
Janet M. Thompson  
District II Commissioner

# Boone County Purchasing

**Robert Wilson**  
Buyer



613 E. Ash Street, Room 113  
Columbia, MO 65201  
Phone: (573) 886-4393  
Fax: (573) 886-4390

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## MEMORANDUM

TO: Boone County Commission  
FROM: Robert Wilson  
DATE: April 27, 2018  
RE: C115154001 – Equipment Rental

Public Works requests permission to utilize the State of Missouri cooperative contract *CC115154001* for equipment rental from Herc Rentals, Inc.

This is a county-wide term and supply contract

att: Bid Tab

cc: Greg Edington, Public Works

Bid File

**PURCHASE AGREEMENT  
FOR  
EQUIPMENT RENTAL**

**THIS AGREEMENT** dated the 19<sup>th</sup> day of June 2018 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, herein "County" and **Herc Rentals, Inc.**, herein "Vendor."

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

1. **Contract Documents** - This agreement shall consist of this Purchase Agreement for Equipment Rental in compliance with all bid specifications and any applicable addenda issued for the **State of Missouri Contract C115154001** and Boone County Standard Terms and Conditions. All such documents shall constitute the contract documents which are incorporated herein by reference. Service or product data, specification and literature submitted with the cooperative contract may be permanently maintained in the County Purchasing Office and/or State of Missouri file for this contract if not attached. In the event of conflict between any of the foregoing documents this Purchase Agreement, the State of Missouri contract C115154001 and Boone County Standard Terms and Conditions shall prevail and control over the vendor's bid response.
2. **Purchase** - The County agrees to purchase from the Vendor and the Vendor agrees to supply the County with Equipment Rental as needed, per the pricing outlined in the State of Missouri contract C115154001.
3. **Contract Duration** - This agreement shall commence on **date written above and extend through March 31, 2019** subject to the provisions for termination specified herein.
4. **Billing and Payment** - All billing shall be invoiced to the using department, Boone County Public Works Department, 5551 Highway Tom Bass Rd., Columbia, MO 65201. Billings may only include the prices listed in the vendor's bid response. No additional fees for paper work processing, labor, or taxes shall be included as additional charges in excess of the charges in the vendor's bid response to the specifications. The County agrees to pay all invoices within thirty days of receipt. In the event of a billing dispute, the County reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the Vendor, the County agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.
5. **Binding Effect** - This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.
6. **Termination** - This agreement may be terminated by the County upon thirty days advance written notice for any of the following reasons or under any of the following circumstances:
  - a. County may terminate this agreement due to material breach of any term or condition of this agreement, or
  - b. County may terminate this agreement if in the opinion of the Boone County Commission if delivery of products are delayed or products delivered are not in conformity with bidding specifications or variances authorized by County, or
  - c. If appropriations are not made available and budgeted for any calendar year.

**IN WITNESS WHEREOF** the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

**HERC RENTALS, INC.**

By [Signature]  
Title VICE PRESIDENT

**BOONE COUNTY, MISSOURI**

By: Boone County Commission  
[Signature]  
Daniel K. Atwill, Presiding Commissioner

APPROVED AS TO FORM:

[Signature]  
County Counselor

ATTEST:  
[Signature]  
County Clerk

In accordance with RSMo 50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

June Pitchford by [Signature] 06/06/2018  
Signature Date Term and Supply  
Appropriation Account

## **STANDARD TERMS AND CONDITIONS - BOONE COUNTY, MISSOURI**

1. Contractor shall comply with all applicable federal, state, and local laws and failure to do so, in County's sole discretion, shall give County the right to terminate this Contract.
2. Prices shall include all charges for packing, delivery, installation, etc., (unless otherwise specified) to the Boone County Department.
3. The Boone County Commission has the right to accept or reject any part or parts of all bids, to waive technicalities, and to accept the offer the County Commission considers the most advantageous to the County. Boone County reserves the right to award this bid on an item-by-item basis, or an "all or none" basis, whichever is in the best interest of the County. The Purchasing Director reserves the right, when only one bid has been received by the bid closing date, to delay the opening of bids to another date and time in order to revise specifications and/or establish further competition for the commodity or service required. The one (1) bid received will be retained unopened until the new Closing date, or at request of bidder, returned unopened for re-submittal at the new date and time of bid closing.
4. When products or materials of any particular producer or manufacturer are mentioned in our contracts, such products or materials are intended to be descriptive of type or quality and not restricted to those mentioned.
5. Do not include Federal Excise Tax or Sales and Use Taxes in billing, as law exempts the County from them.
6. The delivery date shall be stated in definite terms.
7. The County Commission reserves the right to cancel all or any part of orders if delivery is not made or work is not started as guaranteed. In case of delay, the Contractor must notify the Purchasing Department.
8. In case of default by the Contractor, the County of Boone will procure the articles or services from other sources and hold the Contractor responsible for any excess cost occasioned thereby.
9. Failure to deliver as guaranteed may disqualify Contractor from future bidding.
10. Prices must be as stated in units of quantity specified, and must be firm.
11. The County of Boone, Missouri expressly denies responsibility for, or ownership of any item purchased until same is delivered to the County and is accepted by the County.
12. The County reserves the right to award to one or multiple respondents. The County also reserves the right to not award any item or group of items if the services can be obtained from a state or other governmental entities contract under more favorable terms. The resulting contract will be considered "Non-Exclusive". The County reserves the right to purchase advertising from other vendors.
13. The County, from time to time, uses federal grant funds for the procurement of goods and services. Accordingly, the provider of goods and/or services shall comply with federal laws, rules and regulations applicable to the funds used by the County for said procurement, and contract clauses required by the federal government in such circumstances are incorporated herein by reference. These clauses can generally be found in the Federal Transit Administration's Best Practices Procurement Manual – Appendix A. Any questions regarding the applicability of federal clauses to a particular bid should be directed to the Purchasing Department prior to bid opening.

14. In the event of a discrepancy between a unit price and an extended line item price, the unit price shall govern.
15. Should an audit of Contractor's invoices during the term of the Agreement, and any renewals thereof, indicate that the County has remitted payment on invoices that constitute an over-charging to the County above the pricing terms agreed to herein, the Contractor shall issue a refund check to the County for any over-charges within 30-days of being notified of the same.
16. **For all titled vehicles and equipment the dealer must use the actual delivery date to the County** on all transfer documents including the Certificate of Origin (COO,) Manufacturer's Statement of Origin (MSO,) Bill of Sale (BOS,) and Application for Title.
17. **Equipment and serial and model numbers** - The contractor is strongly encouraged to include equipment serial and model numbers for all amounts invoiced to the County. If equipment serial and model numbers are not provided on the face of the invoice, such information may be required by the County before issuing payment.

**(Please complete and return with Contract)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

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Date



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING

**NOTIFICATION OF STATEWIDE CONTRACT**

Date: 10/26/17

**CONTRACT TITLE:           Equipment Rental**

<b>CURRENT CONTRACT PERIOD:</b>	<b>April 1, 2017 through March 31, 2019</b>	
<b>RENEWAL INFORMATION:</b>	Original Contract Period:	<b>June 26, 2015 through March 31, 2017</b>
	Renewal Options Available:	None
	Potential Final Expiration:	March 31, 2019
<b>BUYER INFORMATION:</b>	Casey Rost 573-526-3862 <a href="mailto:casey.rost@oa.mo.gov">casey.rost@oa.mo.gov</a>	

ALL PURCHASES MADE UNDER THIS CONTRACT MUST BE FOR **PUBLIC USE ONLY**.  
PURCHASES FOR PERSONAL USE BY PUBLIC EMPLOYEES OR OFFICIALS ARE PROHIBITED.

THE USE OF THIS CONTRACT IS **NOT MANDATORY**.

This contract has been established for the convenience of state agencies. Local Purchase Authority may be used to purchase supplies/services included in this contract from an alternative source at the discretion of the agency.

The entire contract document may be viewed and printed from the Division of Purchasing & Materials Management's **Awarded Bid & Contract Document Search** located on the Internet at  
<http://oa.mo.gov/purchasing-materials-management>.

*~ Instructions for use of the contract, specifications, requirements, and pricing are attached ~.*

CONTRACT NUMBER	VENDOR NUMBER	VENDOR INFORMATION	MBE/WBE	COOP PROCUREMENT
C115154001	1361741270 9	Herc Rentals, Inc. 5500 36 <sup>th</sup> Street SE Grand Rapids, MI 49512  hercbids@hertz.com or John Koban: 239-301-1198 Fax: 866-294-6490 E-mail: <a href="mailto:John.Koban@hercrentals.com">John.Koban@hercrentals.com</a>	No	Yes



## STATEWIDE CONTRACT HISTORY

The following summarizes actions related to this Notification of Statewide Contract since its initial issuance. Any and all revisions have been incorporated into the attached document.

Contract Period	Issue Date	Summary of Changes
4/1/2017 – 3/31/2019	10/26/17	<b>Updated buyer contact information.</b>
4/1/2017 – 3/31/2019	3/30/17	Renewal of contract. Rental rates have been adjusted with this renewal (see pdf attachment).
06/26/15 – 03/31/17	08/19/16	Updated John Koban's contact information. See first page. Also added statewide contract survey.
06/26/15 – 03/31/17	08/19/16	Contract Amendment to change name from Hertz (1361741270 1 ) to Herc (1361741270 9).
06/26/15 – 03/31/17	11/05/15	Buyer contact information updated.
06/26/15 – 03/31/17	06/26/15	Initial issuance of new statewide contract.

**EQUIPMENT RENTAL**  
**STATEWIDE NOTICE**

**General:** The contract identified herein have been awarded to serve State of Missouri agencies, political subdivisions or governmental entities specified by the State of Missouri for equipment rental. The contracts are piggyback contracts off of current North Carolina State University Contract through U.S. Communities Government Purchasing Alliance.

**Pricing: Attachment #1** to this statewide notice provides current contract period prices for equipment available from Hertz Equipment Rental Corporation (HERC).

Note: The attachment is separate from this Statewide Notice but is available at the same website.

**Delivery:**

\$85.00 per loaded hour for delivery and pick up of Hertz-owned equipment that takes up a partial truck load. Tolls and permits not included.

\$130.00 per loaded hour for delivery and pick up of Hertz-owned equipment that takes up a full truck load. Tolls and permits not included.

\$100.00 per hour for delivery and pick up of all Hertz-owned over the road vehicles, port to port. Tolls and permits not included.

If outside hauling is required to deliver or pick up equipment Hertz will charge cost plus 10%. Customer approval will be required before Hertz hires an outside hauler to perform any equipment deliveries or pick ups.

Please note one or all of these fees may apply if it is necessary for Hertz to ship in a piece of equipment from another location. Again, customer approval will be required before Hertz arranges any transportation.

**Billing:** 30 day billing cycle.

**Fuel:** HERC branch posted refueling charges will apply upon return of a piece of equipment requiring refueling at the end of the rental or due to a swap.

**Additional:**

Exempt from emissions and environmental surcharge

Exempt from delivery fuel charge

Re-rent: Cost plus 30% for all 3<sup>rd</sup> party charges. Customer approval will be required for all re-rents that will be charged at cost plus 30%. If a re-rent goes out at contract rate, no approval is needed.

Training: Material handling and aerial work platforms - \$125 per student.

Damages charges: Labor is posted shop labor rate and parts cost plus 20%.

Outside labor and repairs: Cost plus 15% for all 3<sup>rd</sup> party charges.

Loss of Use: Loss of use will be charged when a piece of equipment is unavailable for rental due to customer damage. The charges will be the contract rental charges and the amount of time will be equal to the time between the damage occurring and the unit being available for rental to the same or different customer.

GPS: \$40 per unit for basic telematics.

Loss and Damage Waiver: LDW charges will apply unless a valid Certificate of Insurance is on file with HERC. To avoid LDW charges, a certificate of insurance must be on file during the time of rental.

Cleaning Charges: For appropriate and supportable cleaning charges, cleaning will be \$99 per hour and parts (decals) at cost plus 10%.

Pump and Power Set Up Fee by HERC personnel: Standard hours will be posted shop labor rate, overtime hours will be posted shop rate times 1.5, and outside personnel will be cost plus 10%.

Stand By or Emergency Contingency Rates for Pump and Power:

- Pump – 30% off applicable rate schedule
- Power – minimum 10% off applicable rate schedule
- Minimum 5-month stand by rental

Over Meter Charges:

Standard allotted hours:

- ◆ One day rental will allow 8 hours of use
- ◆ Week rental will allow 40 hours of use
- ◆ Monthly rental allow 176 hours of use

If the meter exceeds the above usage upon return, additional charges listed below will apply.

- ◆ 1/16<sup>th</sup> of the daily rate for daily rentals
- ◆ 1/80<sup>th</sup> of the weekly rate for weekly rentals
- ◆ 1/352<sup>nd</sup> of the monthly rate for monthly rentals

Double and Triple Shifts:

- Double Shifts (16 hours per day) are one and a half times the daily rate
- Triple Shifts (24 hours per day) are two times the daily rate

Note: This information is especially important when renting such equipment as pumps and generators.

Over Mileage Charges:

Standard allotted mileage for pick-up trucks (1/4 ton to 1 ton size):

- A one day rental will allow 100 miles of use
- A week rental will allow 500 miles of use
- A monthly rental allows 1500 miles of use

Note: If the odometer exceeds the above usage upon return, an additional charge of \$0.20 per mile will apply.

Standard allotted mileage for stake body trucks and crane trucks:

- A one day rental will allow 50 miles of use
- A week rental will allow 250 miles of use
- A monthly rental allows 750 miles of use

Note: If the odometer exceeds the above usage upon return, an additional charge of \$0.25 per mile will apply.

Standard allotted mileage for dump trucks and water trucks:

- A one day rental will allow 50 miles of use
- A week rental will allow 250 miles of use
- A monthly rental allows 750 miles of use

Note: If the odometer exceeds the above usage upon return, an additional charge of \$0.50 per mile will apply.

**Equipment Rental - Hertz  
(STATEWIDE CONTRACT)**

**State of Missouri  
Office of Administration  
Division of Purchasing and Materials Management  
Contract Performance Report**

Please take a moment to let us know how this contract award has measured up to your expectations. If reporting on more than one contractor or product, please make copies as needed. This office will use the information to improve products and services available to state agency users. **Comments should include those of the product's end user.**

**Contract No.:** \_\_\_\_\_ **Contractor:** \_\_\_\_\_

**Describe Product Purchased (include Item No's., if available):** \_\_\_\_\_

**Rating Scale:** 5 = Excellent, 4 = Good, 3 = Average, 2 = Poor, 1 = Fails to meet expectations

<b>Product Rating</b>	<b>Rate 1-5, 5 best</b>
Product meets your needs	
Product meets contract specifications	
Pricing	

<b>Contractor Rating</b>	<b>Rate 1-5, 5 best</b>
Timeliness of delivery	
Responsiveness to inquiries	
Employee courtesy	
Problem resolution	
Recall notices handled effectively	

**Comments:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Please detach or photocopy this form & return by FAX to 573/526-9816, or mail to:**

Office of Administration  
Division of Purchasing and Materials Management  
301 West High Street, RM 630  
PO Box 809  
Jefferson City, Missouri 65102  
**You may also e-mail form to the buyer as an attachment at**  
**casey.rost@oa.mo.gov**

# State of Missouri

Affected Regions/Branches



EFFECTIVE DATES: FROM: 2.1.2015 To 3.31.2017

APPROVAL NUMBER: Pending

IC#	DESCRIPTION	TYPICAL MAKES/MODELS	DAY	WEEK	MONTH
514	0001 MISC		\$146.45	\$404.00	\$808.00
549	0240 MISC		\$459.55	\$1,262.50	\$2,771.44
549	6908 MISC		\$15.15	\$25.25	\$50.50
626	0220 MISC		\$232.30	\$627.21	\$1,880.62
779	0520 MISC		\$131.30	\$352.49	\$703.97
779	0900 Created by EQPBAL		\$479.75	\$1,313.00	\$3,026.97
<b>ACCESSORIES</b>					
270	0030 FORK ATTACHMENT/WHEEL LOADER	MELROE 6540183, PEMBERTON L300608	\$30.30	\$70.70	\$303.00
270	0060 SWEEPER/LOADATT	MELROE 6707144	\$55.55	\$176.75	\$404.00
270	0080 ROOTRAKE/LOADER/LARGE W/O CLAMP	PEMBERTON L300, JRB QC300LR	\$55.55	\$202.00	\$404.00
270	0100 AUGER ATTACHMENT/LOADER	MELROE 6711874	\$45.45	\$111.10	\$287.85
270	0110 BUCKET/ATTACHMENT/GRAPPLE/WHEEL LOADATT	MELROE 6704770	\$40.40	\$111.10	\$308.05
270	0120 TRACK ATTACHMENT	MELROE MEL763T, GROUSER 13232-3	\$35.35	\$95.95	\$257.55
270	0130 BOOM/ATTACHMENT/LOADER	JRB	\$35.35	\$80.80	\$217.15
270	0180 FLOTATION TIRES/SKIDSTEER	AIRBOSS	\$40.40	\$106.05	\$277.75
270	0200 BUCKET/ATTACHMENT/LIGHT MATERIAL/LOADER	JRB	\$60.60	\$161.60	\$383.80
270	0230 SNOWBLADE/MANUAL/ATTACHMENT/LOADER	PRO-TECH	\$116.15	\$328.25	\$858.50
270	0240 SNOWBLADE/HYDRAULIC/ATTACHMENT/LOADER	JRB QC10SPH	\$60.60	\$161.60	\$383.80
270	0250 LOADER BUCKET/WHEEL LOADER	MELROE 6576903	\$30.30	\$75.75	\$191.90
270	0370 BUCKET SWING EXCAVATOR	POWERTIL TT-6	\$40.40	\$101.00	\$272.70
270	0500 BUCKET/ATTACHMENT/COMBINATION/LOADER		\$65.65	\$161.60	\$454.50
<b>AERIAL EQUIPMENT</b>					
451	0250 PLATFORM LIFT/25'/MANUAL/STD	GENIE IWP25SDC	\$55.55	\$151.50	\$414.10

451	0300	PLATFORM LIFT/30'/MANUAL/STD	GENIE AWP30, JLG	\$85.85	\$217.15	\$409.05
451	0360	PLATFORM LIFT/36'/MANUAL/STD	JLG AM36DC	\$70.70	\$207.05	\$515.10
452	0120	PLATFORM LIFT/12'/ELEC/STD	UPRIGHT TM12	\$65.65	\$181.80	\$363.60
452	0150	PLATFORM LIFT/15'/ELEC/STD	GENIE GS-1530	\$55.55	\$146.45	\$348.45
452	0190	PLATFORMLIFT/19'/EL SEE ALSO 452-0790	JLG 1930ES, GENIE GS-1930, SKYJACK 3219	\$75.75	\$146.45	\$373.70
452	0200	PLATFORM LIFT/20'/ELEC/STD	JLG 2030ES, GENIE GS-2032, SKYJACK 3220	\$75.75	\$146.45	\$404.00
452	0260	PLATFORM LIFT/26'/ELEC/STD	GENIE GS-2632 AND GS-2646, JLG 2630ES, SKYJACK 3226 AND 4626	\$85.85	\$186.85	\$489.85
452	0320	PLATFORM LIFT/32'/ELEC/STD	GENIE GS-3246, JLG 3246ES, SKYJACK 4632	\$101.00	\$318.15	\$681.75
452	0400	PLATFORM LIFT/40'/ELEC/STD	JLG 4069	\$212.10	\$530.25	\$1,307.95
452	0790	PLATFORMLIFT/19'/EL SEE ALSO 452-0190	JLG 1930ES, 1932E, AND GENIE GS-1930	\$75.75	\$146.45	\$373.70
453	0120	LIFT PERSONNEL/12'/ELEC/VERTICAL LIFT	GENIE GR-12	\$85.85	\$176.75	\$378.75
453	0150	LIFT PERSONNEL/15'/ELEC/VERTICAL LIFT	GENIE GR-15	\$85.85	\$176.75	\$378.75
453	0200	LIFT PERSONNEL/20'/ELEC/VERTICAL LIFT	JLG 20MVL	\$95.95	\$202.00	\$404.00
455	0260	PLATFORM LIFT/26'/MEDTERRAIN/4X4/DSL	GENIE GS-2668RT	\$141.40	\$398.95	\$934.25
455	0320	PLATFORM LIFT/32'/MEDTERRAIN/4X4/DSL	GENIE GS-3268RT	\$146.45	\$358.55	\$1,010.00

**AERIAL EQUIPMENT**

458	0260	PLATFORM LIFT/26'/MEDIUM TERRAIN/4X4/DF	GENIE GS-2668RT	\$141.40	\$424.20	\$979.70
458	0430	PLATFORM LIFT/43'/MEDIUM TERRAIN/4X4/DF		\$212.10	\$606.00	\$1,515.00
461	0330	PLATFORM LIFT/33'/ROUGH TERRAIN/4X4/DL	GENIE GS-3384RT, JLG 3394RT	\$186.85	\$454.50	\$1,237.25
461	0430	PLATFORM LIFT/43'/ROUGH TERRAIN/4X4/DF	GENIE GS-4390RT, JLG 4394RT	\$222.20	\$525.20	\$1,515.00
461	0530	PLATFORM LIFT/53'/ROUGH TERRAIN/4X4/DF	GENIE GS-5390RT	\$237.35	\$691.85	\$1,802.85
461	0730	PLATFORM LIFT/33'/ROUGH TERRAIN/4WD/DSL	GENIE GS-3384RT, JLG 3394RT	\$212.10	\$515.10	\$1,398.85
461	0830	PLATFORM LIFT/43'/ROUGH TERRAIN/4WD/DSL		\$232.30	\$540.35	\$1,560.45
461	0930	PLATFORM LIFT/53'/ROUGH TERRAIN.4WD/DSL	GENIE GS-5390RT	\$287.85	\$787.80	\$2,171.50
463	0600	BOOM/60'/4W/ARTICULATING/BIPOWERED	JLG M600J	\$287.85	\$802.95	\$2,171.50
465	0450	BOOM/45'/2W/ARTICULATING/DUALFUEL	JLG 45HA, JLG 450A	\$202.00	\$555.50	\$1,565.50
465	0600	BOOM/60'/2W/ARTICULATING/DUALFUEL	JLG 600A	\$287.85	\$802.95	\$2,171.50

466	0450	BOOM/45'/4W/ARTICULATING/DUALFUEL	GENIE Z45/25, JLG 450A	\$202.00	\$555.50	\$1,565.50
466	0600	BOOM/60'/4W/ARTICULATING/DUALFUEL	GENIE Z60/34, JLG 600A	\$287.85	\$802.95	\$2,171.50
466	0800	BOOM/80'/4W/ARTICULATING/DUALFUEL	JLG 800A	\$499.95	\$1,449.35	\$4,034.95
467	0450	BOOM/45'/2W/ARTICULATING/DSL	GENIE Z45/25, JLG 450A	\$202.00	\$555.50	\$1,565.50
468	0340	BOOM/34'/4W/ARTICULATING/DSL	GENIE Z34/22	\$207.05	\$570.65	\$1,393.80
468	0400	BOOM/40'/4W/ARTICULATING/DSL	JLG 40HA	\$191.90	\$555.50	\$1,509.95
468	0450	BOOM/45'/4W/ARTICULATING/DSL	GENIE Z45/25, JLG 450A	\$202.00	\$555.50	\$1,565.50
468	0600	BOOM/60'/4W/ARTICULATING/DSL	GENIE Z60/34, JLG 600A	\$287.85	\$802.95	\$2,171.50
468	0800	BOOM/80'/4W/ARTICULATING/DSL	GENIE Z80, JLG 800A	\$499.95	\$1,449.35	\$4,034.95
468	0930	BOOM/125'/4W/ARTICULATING/DSL	JLG 1250AJP	\$959.50	\$2,757.30	\$7,423.50
468	0940	BOOM/135'/4W/ARTICULATING/DSL	GENIE Z-135/70	\$1,201.90	\$3,888.50	\$8,585.00
469	0300	BOOM/30'/2W/ARTICULATING/ELEC	GENIE Z30/20N, JLG E300A	\$151.50	\$454.50	\$1,206.95
469	0340	BOOM/34'/2W/ARTICULATING/ELEC	GENIE Z34/22N	\$166.65	\$479.75	\$1,307.95
469	0400	BOOM/40'/2W/ARTICULATING/ELEC	JLG E400A	\$212.10	\$585.80	\$1,605.90
469	0450	BOOM/45'/2W/ARTICULATING/ELEC	GENIE Z45/25, JLG E450A	\$212.10	\$530.25	\$1,610.95
469	0600	BOOM/60'/2W/ARTICULATING/ELEC		\$287.85	\$808.00	\$2,449.25
469	0960	BOOM/60'/4W/ARTICULATING/ELEC	JLG E600J	\$333.30	\$934.25	\$2,171.50
474	0340	MANLIFT/TOWABLE TRAILER/34'	GENIE TZ34/20	\$171.70	\$429.25	\$1,136.25
474	0500	MANLIFT/TOWABLE TRAILER/50'	GENIE TZ50/30	\$191.90	\$530.25	\$1,363.50
477	0400	BOOM/40'/2W/TELESCOPIC/DSL	GENIE S-40, JLG 400S	\$191.90	\$555.50	\$1,509.95
478	0600	BOOM/60'/2W/TELESCOPIC/DUALFUEL	JLG 60H, SNORKEL TBA60R	\$287.85	\$838.30	\$2,115.95
481	0400	BOOM/40'/4W/TELESCOPIC/DSL	GENIE S-40, JLG 400S	\$191.90	\$555.50	\$1,509.95
481	0450	BOOM/45'/4W/TELESCOPIC/DSL	GENIE S-45	\$202.00	\$555.50	\$1,565.50
481	0600	BOOM/60'/4W/TELESCOPIC/DSL	GENIE S-60, JLG 600S	\$287.85	\$802.95	\$2,171.50
481	0660	BOOM/66'/4W/TELESCOPIC/DSL	GENIE S-65, JLG 660S	\$343.40	\$742.35	\$2,216.95
481	0800	BOOM/80'/4W/TELESCOPIC/DSL	GENIE S-80, JLG 800S	\$499.95	\$1,449.35	\$4,034.95
481	0850	BOOM/85'/4W/TELESCOPIC/DSL	GENIE S-85	\$525.20	\$1,560.45	\$4,135.95

481	0860	BOOM/86'/4W/TELESCOPIC/DSL	JLG 860S	\$525.20	\$1,560.45	\$4,135.95
481	0920	BOOM/120'/4W/TELESCOPIC/DSL	JLG 1200S	\$954.45	\$2,676.50	\$7,367.95
481	0930	BOOM/125'/4W/TELESCOPIC/DSL	GENIE S-125	\$959.50	\$2,757.30	\$7,423.50
481	0950	BOOM/135'/4W/TELESCOPIC/DSL	JLG 1350S	\$1,201.90	\$3,888.50	\$8,585.00
482	0400	BOOM/40'/4W/TELESCOPIC/DUALFUEL	GENIE S-40, JLG 400S	\$191.90	\$555.50	\$1,509.95
482	0450	BOOM/45'/4W/TELESCOPIC/DUALFUEL	GENIE S-45	\$202.00	\$555.50	\$1,565.50
482	0600	BOOM/60'/4W/TELESCOPIC/DUALFUEL	JLG 600S	\$287.85	\$802.95	\$2,171.50
482	0660	BOOM/66'/4W/TELESCOPIC/DUALFUEL	GENIE S-65	\$333.30	\$818.10	\$2,216.95
482	0800	BOOM/80'/4W/TELESCOPIC/DUALFUEL	JLG 80HX, GENIE S-80	\$499.95	\$1,449.35	\$4,034.95
482	0850	BOOM/85'/4W/TELESCOPIC/DUALFUEL	GENIE S-85	\$525.20	\$1,560.45	\$4,135.95
486	0280	BUCKET TRUCK/28'/GAS		\$409.05	\$1,121.10	\$2,878.50

**AERIAL EQUIPMENT**

486	0310	BUCKET TRUCK/31'/GAS		\$439.35	\$1,206.95	\$2,939.10
487	0290	BUCKET TRUCK/29'/DSL	FORD FSUPER	\$348.45	\$1,212.00	\$2,929.00
487	0300	BUCKET TRUCK/30'/DSL	ALTEC AT-200A	\$439.35	\$1,206.95	\$2,929.00
487	0310	BUCKET TRUCK/31'/DSL	FORD FSUPER	\$439.35	\$1,206.95	\$2,954.25
487	0340	BUCKET TRUCK/34'/DSL	FORD F550BKT	\$419.15	\$1,146.35	\$2,519.95
487	0360	BUCKET TRUCK/36'/DSL		\$464.60	\$1,267.55	\$2,620.95
487	0380	BUCKET TRUCK/38'/DSL		\$388.85	\$1,313.00	\$2,721.95
487	0480	BUCKET TRUCK/48'/DSL	HIRANGER 5FA48P, GMC C7H042-5	\$520.15	\$1,419.05	\$4,216.75
487	0570	BUCKET TRUCK/57'/DSL	TEREX XT-5	\$631.25	\$1,732.15	\$5,145.95
487	0940	BUCKET TRUCK/34'/GAS	FORD F550BKT	\$489.85	\$1,338.25	\$3,206.75

**AIR MOVING EQUIPMENT**

003	0038	AIR HOSE 300PSI 3/4"X50'		\$10.10	\$15.15	\$35.35
003	0352	CLOTH WRAP AIR HOSE 350PSI 2"X50'		\$25.25	\$55.55	\$167.66
003	5949	WIRE WRAP AIR HOSE 400PSI 3"X25'		\$60.60	\$155.54	\$465.61
008	0930	COMPRESSOR/ATTACHMENT/WATER SEPARATOR 1"	LA-MAN 140	\$40.40	\$116.15	\$328.25
534	0080	FAN TRAILER MOUNTED		\$75.75	\$227.25	\$555.50
714	0020	BLOWER/FLOOR DRYER/ELECTRIC	COPPUS CP20	\$20.20	\$50.50	\$101.00

**AIR TOOLS & ACCESSORIES**



015	0300	CLAY DIGGER/30-39#/AIR
030	0200	POST DRIVER/AIR
039	0100	SCALER/PLAIN/AIR
039	0400	SCALER/PISTON/AIR
039	0500	SCALER/NEEDLE/SCALER FLUX/AIR
051	0020	AIR AFTER COOLER 1001-2000 CFM
052	0040	DRYER/750-1400CFM/AIR
052	0050	DRYER/1500-1800CFM/AIR

APT 119	\$40.40	\$101.00	\$262.60
RHINO PD5560	\$15.15	\$35.35	\$65.65
EDCO ALR-5	\$40.40	\$95.95	\$257.55
	\$10.10	\$20.20	\$65.65
TXPNEUMA TX1BLTN	\$20.20	\$50.50	\$141.40
	\$202.00	\$550.45	\$1,262.50
DELTECH LS760	\$267.65	\$737.30	\$2,070.50
AIRTEK W1500ED, I-R RD1600	\$5.05	\$10.10	\$2,424.00

**ARTH MOVING EQUIPMENT**

262	0400	WHEEL LOADER/4YD/MP BKT/DSL
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\$772.65	\$2,131.10	\$5,858.00
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**AUXILLARY FUEL TANKS**

680	0170	800 GALLON FUEL TANK/ DIESEL
680	0240	2500 GALLON TANK

WESTERN 30TCG	\$85.85	\$222.20	\$489.85
	\$277.75	\$757.50	\$1,515.00

**CARTS**

780	0030	CART/4WHEEL/GAS
780	0040	CART/4X2/GAS
780	0110	CART/4WHEEL/DSL
782	0210	CART/AUTO/3W/1-2PASSENGER/ELEC
783	0140	CART/AUTO/4W/ELEC/BURDEN/2000# - 2499#
783	0160	CART/AUTO/4W/ELEC/BURDEN/3000# - 3999#

CLUBCAR XRT1200, IR XRT-1500	\$90.90	\$227.25	\$474.70
JDEERE GATOR 4 X 2	\$80.80	\$222.20	\$454.50
JDEERE HPX4X4, KUBOTA RTV900W	\$95.95	\$237.35	\$499.95
CUSHMAN 320A, TAYLOR-DUNN SS5-34 OR SS5-36	\$65.65	\$176.75	\$409.05
CUSHMAN, TAYLOR-DUNN B2-10	\$75.75	\$161.60	\$328.25
CUSHMAN 336 OR 352, TAYLOR-DUNN B2-48	\$70.70	\$191.90	\$434.30

**COMPACTION EQUIPMENT**

070	0140	TAMPER/30-39#/AIR
070	0160	TAMPER/40-49#/AIR

APT 131521	\$35.35	\$85.85	\$171.70
	\$35.35	\$80.80	\$212.10

**COMPACTION EQUIPMENT**

073	0020	PLATE COMPACTOR/200# TO 299#/REVERSABLE
073	0030	PLATE COMPACTOR/300# TO 399#/REVERSABLE
073	0040	PLATE COMPACTOR/400# TO 499#/REVERSABLE
073	0060	PLATE COMPACTOR/600# TO 699#/REVERSABLE
073	0070	PLATE COMPACTOR/700# TO 799#/REVERSABLE
073	0100	PLATE COMPACTOR/1000# TO 1100#/REVERSE
075	0010	PLATE COMPACTOR/100# TO 199#/STD/GAS
075	0020	PLATE COMPACTOR/200# TO 299#/STD/GAS
076	0320	RAMMER/100-199#/GAS
077	0320	RAMMER/100-199#/DSL
077	0900	RAMMER/AIR
082	0980	REMOTE FOR ROLLER/SOLAR

WACKER BPU2440	\$70.70	\$186.85	\$444.40
DYNAPAC LH300H	\$70.70	\$186.85	\$444.40
STONE RP650G	\$80.80	\$212.10	\$520.15
WACKER BPU3345	\$80.80	\$227.25	\$555.50
STONE RP790G	\$80.80	\$237.35	\$555.50
WACKER DPU6055	\$116.15	\$303.00	\$772.65
MULTIQUIP MVC90H	\$55.55	\$151.50	\$358.55
WACKER WP1550A	\$55.55	\$151.50	\$424.20
WACKER BS600	\$70.70	\$186.85	\$505.00
MULTIQUIP MT76D	\$70.70	\$186.85	\$505.00
JET JET-00T, TEXAS TX-6T	\$15.15	\$30.30	\$80.80
MULTIQUIP68528	\$5.05	\$10.10	\$15.15

083	0250	ROLLER/WALK/25"/VIBRAT/SMOOTH/DOUBLED DRUM
085	0010	ROLLER/RIDE/1-TON/VIBRAT/SMOOTH/DBLDRUM
085	0030	ROLLER/RIDE/3-TON/VIBRAT/SMOOTH/DBLDRUM
088	0050	ROLLER/RIDE/5-TON/VIBRAT/PADFOOT/SNGLDRUM
088	0080	ROLLER/RIDE/8-TON/VIBRAT/PADFOOT/SNGLDRUM
094	0220	ROLLER/TRENCH/22"/VIBRAT/DBL DRUM
094	0240	ROLLER/TRENCH/24"/VIBRAT/DBL DRUM
094	0320	ROLLER/TRENCH/32"/VIBRAT/DBL DRUM
094	0330	ROLLER/TRENCH/33"/VIBRAT/DBL DRUM
094	0340	ROLLER/TRENCH/34"/VIBRAT/DBL DRUM
095	0020	ROLLER/RIDE/2-TON/VIBRAT/SMOOTH/SNGLDRUM
095	0050	ROLLER/RIDE/5-TON/VIBRAT/SMOOTH/SNGLDRUM
095	0080	ROLLER/RIDE/8-TON/VIBRAT/SMOOTH/SNGLDRUM
095	0110	ROLLER/RIDE/11-TON/VIBRAT/SMOOTH/SNGLDRUM
098	0030	ROLLER ATTACHMENT PADFOOT/5 TON
098	0040	ROLLER ATTACHMENT PADFOOT/8 TON
098	0050	ROLLER ATTACHMENT PADFOOT/11 TON
225	0300	COMPACTION WHEEL/ATTACH/18"/BACKHOE
225	0310	COMPACTION WHEEL/ATTACH/24"/BACKHOE
711	0030	TAMPER/HYD/3000-3999#
711	0060	TAMPER/HYD/6000-6999#

MULTIQUI MRH800DS	\$207.05	\$575.70	\$1,297.85
WACKER RD11A, IR DD-12	\$171.70	\$580.75	\$1,363.50
IR DD-24, DD-30	\$176.75	\$595.90	\$1,408.95
IR SD-45FB	\$287.85	\$777.70	\$2,055.35
I-R SD-70FB	\$318.15	\$929.20	\$2,560.35
WACKER RT56-SC	\$186.85	\$469.65	\$1,201.90
RAMMAX P24HHMR	\$156.55	\$469.65	\$1,232.20
WACKER RT82-SC	\$176.75	\$494.90	\$1,363.50
RAMMAX P33HHMR	\$156.55	\$520.15	\$1,363.50
	\$242.40	\$671.65	\$1,454.40
	\$217.15	\$656.50	\$1,676.60
I-R SD-45D, VIBROMAX VM46D	\$277.75	\$757.50	\$2,014.95
I-R SD70D, VIBROMAX VM75D	\$328.25	\$1,004.95	\$2,822.95
I-R SD-100D	\$383.80	\$1,242.30	\$3,686.50
PADFOOT KIT	\$50.50	\$121.20	\$328.25
PADFOOT KIT	\$101.00	\$265.63	\$479.75
	\$116.15	\$237.35	\$479.75
AMERICAN DC-18S	\$55.55	\$151.50	\$378.75
AMERICAN DC-24S	\$90.90	\$95.95	\$242.40
KENT KHP30	\$95.95	\$262.60	\$530.25
KENT KHP65	\$106.05	\$277.75	\$580.75

**COMPRESSORS**

001	0001	COMPRESSOR/UNDER 10 CFM/GAS
001	0020	COMPRESSOR/20CFM/GAS/PORTABLE
005	0050	COMPRESSOR/5HP/RECIPROCATING/STAT/ELEC
005	0100	COMPRESSOR/10HP/RECIPROCATING/STAT/ELEC
005	0250	COMPRESSOR/25HP/RECIPROCATING/STAT/ELEC
005	0260	COMPRESSOR/25HP/ROTARY SCREW/STST/ELEC
005	0500	COMPRESSOR/50HP/ROTARY SCREW/STAT/ELEC
005	0750	COMPRESSOR/75HP/ROTARY SCREW/STAT/ELEC
005	0900	COMPRESSOR/100HP/ROTARY SCREW/STST/ELEC
005	0920	COMPRESSOR/125HP/ROTARY SCREW/STST/ELEC
005	0950	COMPRESSOR/150HP/ROTARY SCREW/STAT/ELEC
005	0980	COMPRESSOR/200HP/ROTARY SCREW/STAT/ELEC
005	0990	COMPRESSOR/300HP/ROTARY SCREW/STAT/ELEC

EMGLO, MK5HGA8P	\$30.30	\$75.75	\$196.95
I-R 247SF11G	\$35.35	\$75.75	\$202.00
QUINCY 325L	\$60.60	\$155.54	\$465.61
QUINCY QTH11K3	\$75.75	\$195.94	\$586.81
QUINCY 5120LR	\$111.10	\$294.92	\$884.76
QUINCY QSB40	\$116.15	\$311.08	\$932.23
QUINCY QSI245	\$151.50	\$414.10	\$1,242.30
	\$171.70	\$465.61	\$1,397.84
QUINCY QSI500	\$207.05	\$569.64	\$1,707.91
	\$414.10	\$1,139.28	\$3,416.83
QUINCY QSI750	\$303.00	\$828.20	\$2,484.60
	\$429.25	\$1,250.38	\$3,416.83
QUINCY QSI1500	\$565.60	\$1,553.38	\$4,659.13

**COMPRESSORS**

006	0010	COMPRESSOR/1600 OIL FREE/125PSI/DS
006	0160	COMPRESSOR/160CFM/DSL/PORTABLE
006	0180	COMPRESSOR/185CFM/DSL/PORTABLE
006	0370	COMPRESSOR/375CFM/DSL/PORTABLE
006	0750	COMPRESSOR/750CFM/DSL/PORTABLE
006	0820	COMPRESSOR/825CFM/DSL/PORTABLE

ATLASCOP XAS76DD	\$1,555.40	\$3,832.95	\$9,999.00
I-R P185WJD	\$65.65	\$166.65	\$454.50
I-R XP375WCU, HP375WCU, XP375AWIR, HP375AWIR	\$65.65	\$166.65	\$454.50
I-R HP750WCU, XP750WCU	\$126.25	\$429.25	\$954.45
I-R XP825WCU	\$267.65	\$747.40	\$1,772.55
	\$272.70	\$742.35	\$1,782.65

006	0880	COMPRESSOR/750CFM/INSTRUMENT QL/DSL/PT		\$444.40	\$1,247.35	\$2,999.70
006	0890	COMPRESSOR/1600CFM/INSTRUMENT QL/DSL/PT	I-R HP1600IQ	\$646.40	\$1,722.05	\$3,908.70
006	0900	COMPRESSOR/900CFM/DSL/PORTABLE	I-R HP915WCU	\$282.80	\$742.35	\$2,272.50
006	0960	COMPRESSOR/1600CFM/DSL/PORTABLE	I-R HP1600WCU	\$550.45	\$1,509.95	\$3,817.80
007	0001	COMPRESSOR/1-9CFM/ELECT/STATIONARY	EMGLO AM78HC4	\$20.20	\$50.50	\$116.15

### CONCRETE & MASONRY EQUIPMENT

100	0050	CONCRETE BUCKET/1/2 YD	GARBRO 413G	\$30.30	\$75.75	\$217.15
100	0100	CONCRETE BUCKET/1 YD	GARBRO 427-R	\$40.40	\$111.10	\$292.90
100	0200	CONCRETE BUCKET/2 YD	GARBRO 462G	\$55.55	\$146.45	\$398.95
106	0160	BUGGY CONCRETE/16 CF/RIDE/GAS	MORRISON PB16R	\$95.95	\$207.05	\$555.50
118	0360	TROWEL CONCRETE/36"/WALK BEHIND	WACKER CT36ADT, WHITEMAN J45H	\$50.50	\$141.40	\$333.30
118	0460	TROWEL CONCRETE/46"/WALK BEHIND	WHITEMAN B48H	\$55.55	\$156.55	\$434.30
118	0480	TROWEL CONCRETE/48"/WALK BEHIND	WACKER CT48ADT	\$60.60	\$161.60	\$439.35
122	0080	PLANER/8"/GAS	EDCO CMP8	\$166.65	\$454.50	\$1,060.50
122	0580	PLANER/8"/ELEC	EDCO CPM85H	\$156.55	\$429.25	\$1,010.00
128	0020	MIXER/CONCRETE/2 CU FT/ELECTRIC	CANOVA 80	\$35.35	\$80.80	\$136.35
128	0030	MIXER/CONCRETE/3 CU FT/ELECTRIC	KUSHLAN 350P	\$20.20	\$55.55	\$151.50
128	0040	MIXER/CONCRETE/4 CU FT/ELECTRIC	MULTIQUI SB4E	\$35.35	\$80.80	\$191.90
129	0090	MIXER/CONCRETE/9 CU FT/GAS	WHITEMAN WC62PH8	\$75.75	\$202.00	\$570.65
130	0080	MIXER/MORTAR/8 CU FT/GAS	STONE 855PM	\$65.65	\$176.75	\$489.85
130	0090	MIXER/MORTAR/9 CU FT/GAS	WHITEMAN WM900SH	\$65.65	\$176.75	\$489.85
130	0120	MIXER/MORTAR/12 CU FT/GAS	WHITEMAN WM120PH	\$75.75	\$202.00	\$606.00
137	0001	VIBRATOR/STANDARD/ELECTRIC	MULTIQUI PMA-2, WACKER M2000	\$40.40	\$111.10	\$292.90
137	0010	VIBRATOR/STANDARD/1HP/ELECTRIC	VIBER TV5	\$45.45	\$111.10	\$292.90
137	0020	VIBRATOR/STANDARD/2HP/ELECTRIC	WACKER M2000, MULTIQUIP PMA-2	\$50.50	\$111.10	\$303.00
137	0030	VIBRATOR/STANDARD/3HP/ELECTRIC	MULTIQUIP PMA-3	\$60.60	\$121.20	\$328.25
140	0001	VIBRATOR/HIGH CYCLE/ELECTRIC	MULTIQUIP VH52A6M	\$40.40	\$111.10	\$303.00
141	0040	VIBRATOR/PENCIL/ELEC/2HP/1"HEAD/7'SHAFT		\$40.40	\$111.10	\$303.00
141	0100	VIBRATOR/PENCIL/ELEC/2HP/1"HEAD/14'SHAFT	MULTIQUI PMA-2	\$45.45	\$116.15	\$308.05
141	0120	VIBRATOR/PENCIL/ELEC/2HP/1"HEAD/10'SHAFT	MULTIQUI PMA-2	\$65.65	\$171.70	\$393.90

141	0380	VIBRATOR/ELEC/2HP/STANDARD H/21'S			\$75.75	\$202.00	\$454.50
759	0520	PURIFIER/SCRUBBER	BOBCAT 6661616, MINEX 2718ID		\$146.45	\$404.00	\$202.00

**COOLING & HEATING EQUIPMENT**

534	0010	FAN/PEDESTAL	A-C AMB2421		\$15.15	\$40.40	\$90.90
534	0020	FAN/EVAPORATOR	GENERALS 1K547		\$45.45	\$121.20	\$343.40
534	0030	FAN/FLOOR	A-C PC6323, RAMFAN UB20		\$20.20	\$45.45	\$101.00
534	0040	FAN/BOX	ALLMOND FE-30, PORTA PACPE36		\$15.15	\$40.40	\$90.90
713	0040	HEATER/40000-49999 BTU/LPG/PATIO	TEECO HC100GR, PROCHEF 140100		\$90.90	\$90.90	\$181.80
715	0250	HEATER/250000-259000 BTU/LPG/POT	MASTER TC200V, UNIVERSA 250VC		\$91.91	\$91.91	\$183.82
716	0050	HEATER/50000-59999 BTU/KERO/SPACE	UNIVERSA K50-FA		\$52.52	\$52.52	\$106.05

**COOLING & HEATING EQUIPMENT**

716	0120	HEATER/120000-129999 BTU/KERO/SPACE			\$55.55	\$55.55	\$111.10
716	0150	HEATER/150000-159999 BTU/KERO/SPACE	DESA B150F		\$83.83	\$83.83	\$166.65
716	0170	HEATER/170000-179999 BTU/KERO/SPACE			\$96.96	\$96.96	\$194.93
716	0200	HEATER/200000-299999 BTU/KERO/SPACE	MASTER TC200V		\$125.24	\$125.24	\$250.48
716	0300	HEATER/300000-309999 BTU/KERO/SPACE			\$385.82	\$385.82	\$772.65
716	0350	HEATER/350000-359999 BTU/KERO/SPACE	DAYTON 3E358, MASTER B350D		\$385.82	\$385.82	\$772.65
716	0400	HEATER/400000-449999 BTU/OIL			\$499.95	\$499.95	\$999.90
716	0600	HEATER/600000-650000 BTU/KERO/SPACE	MASTER B600D		\$444.40	\$444.40	\$888.80
716	0700	HEATER/700000-799999 BTU/DSL/INDIRECT			\$1,107.97	\$1,107.97	\$2,215.94
716	0720	HEATER/700000-799999 BTU/SELF CONTAINED			\$3,329.97	\$3,329.97	\$6,660.95
716	0740	HEATER 750,000 BTU INDIRECT FIRED			\$3,610.75	\$3,610.75	\$7,221.50
716	0800	HEATER/800000-899999 BTU/DSL/INDIRECT			\$3,329.97	\$3,329.97	\$6,660.95
716	0980	HEATER/270000-279999 BTU/DSL/INDIRECT			\$233.31	\$233.31	\$466.62
716	0990	HEATER/ ELECTRIC/ 150 KW			\$1,663.47	\$1,663.47	\$3,327.95
717	0030	HEATER/300000-399999 BTU/LPG/SPACE	UNIVERSA 35-FAC		\$41.41	\$41.41	\$82.82
717	0080	HEATER/800000-899999 BTU/LPG/SPACE	UNIVERSA 80FAC		\$61.61	\$61.61	\$122.21
717	0120	HEATER/120000-129999 BTU/LPG/SPACE			\$83.83	\$83.83	\$166.65

717	0150	HEATER/150000-159999 BTU/LPG/SPACE	UNIVERSAL 150FAST	\$103.02	\$103.02	\$206.04
717	0170	HEATER/170000-179999 BTU/LPG/SPACE		\$139.38	\$139.38	\$277.75
717	0370	HEATER/370000-379999 BTU/LPG/SPACE	DESA BLP375	\$194.93	\$194.93	\$388.85
717	0400	HEATER/400000-449999 BTU/LPG/SPACE	HEATWAGO VG400, HEATWAGO GP400IDF	\$208.06	\$208.06	\$417.13
731	0200	HEATER/GROUND/5000-6000 SQ FT THAW/DSL	THAWZALL 20105A	\$3,610.75	\$3,610.75	\$7,221.50
779	0090	AIR CONDITIONER 25 TON W/HEAT ELEMENT		\$404.00	\$1,111.00	\$2,777.50
779	0100	3.5 AIR CONDITIONER/HEAT PUMP		\$257.55	\$707.00	\$1,414.00
779	0110	50 TON SKID MOUNT AIR CONDITIONER		\$1,196.85	\$3,282.50	\$6,565.00
779	0120	9-12 TON AIR CONDITIONER		\$388.85	\$848.40	\$2,368.45
779	0150	AIR COND/PORTABLE/100T/AC/PUMP PACKAGE		\$732.25	\$2,008.89	\$6,048.89
779	0160	AIR COND/PORTABLE/200T/AC/PUMP PACKAGE		\$1,464.50	\$4,028.89	\$11,093.84
779	0170	AIR COND/PORTABLE/500T/AC/PUMP PACKAGE		\$3,489.55	\$9,595.00	\$21,102.94
971	0200	HEATER/200000 BTU/ELEC/SPACE	HEATWAGO P6000	\$608.02	\$608.02	\$1,216.04

**CRANES**

307	0080	CRANE/CARRYDECK/8TON/DUALFUEL/SNGLEAXLE	BRODERSON IC80-3G AND SHUTTLELIFT 3330FL	\$378.75	\$984.75	\$2,727.00
307	0150	CRANE/CARRYDECK/15TON/DUALFUEL/SNGLAXLE	BRODERSON IC2003F	\$550.45	\$1,525.10	\$3,954.15
308	0080	CRANE/CARRYDECK/8TON/DSL/SINGLE AXLE	BRODERSON IC803G	\$378.75	\$984.75	\$2,954.25
308	0150	CRANE/CARRYDECK/15TON/DSL/SINGLE AXLE	BRODERSON IC2003F	\$550.45	\$1,525.10	\$3,954.15
311	0230	CRANE/TRUCK/23TON/DSL/DUAL AXLE	NATIONAL	\$712.05	\$1,959.40	\$5,393.40
312	0150	CRANE/TRUCK/15TON/DSL/SINGLE AXLE	GMC C7H042, FORD F800	\$444.40	\$1,232.20	\$3,383.50
312	0170	CRANE/TRUCK/17TON/DSL/SINGLE AXLE	TEREX BT3470	\$454.50	\$1,257.45	\$3,459.25
312	0180	CRANE/TRUCK/18TON/DSL/SINGLE AXLE	NATIONAL 571E	\$454.50	\$1,287.75	\$3,529.95

**CREATED BY EQPBAL**

514	0200	Created by EQPBAL		\$444.40	\$1,212.00	\$2,424.00
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**DEMOLITION EQUIPMENT**

013	0080	BREAKER/1-19#/AIR	IR 3A2SA	\$30.30	\$70.70	\$181.80
013	0300	BREAKER/30-39#/AIR	I-R PB35A, SULLAIR MPB30A, KENT 20R	\$30.30	\$70.70	\$181.80
013	0400	BREAKER/40-49#/AIR	I-R PB 35AS	\$35.35	\$85.85	\$196.95

**DEMOLITION EQUIPMENT**

013	0600	BREAKER/60-69#/AIR	I-R MX60, SULLAIR MPB-60A	\$35.35	\$85.85	\$202.00
013	0800	BREAKER/80-89#/AIR	I-R MX90, SULLAIR MPB-90A, KENT 125R	\$35.35	\$85.85	\$207.05
013	0900	BREAKER/90-99#/AIR	APT 180 & KB91	\$35.35	\$95.95	\$227.25
026	0220	CHIPPING HAMMER/7-12#/AIR/RETAINER	I-R 3A2S, SULLAIR MCH-3	\$30.30	\$75.75	\$161.60
026	0230	CHIPPING HAMMER/13-18#/AIR/RETAINER	KENT KCB-3, I-R W1A1	\$35.35	\$80.80	\$171.70
026	0240	CHIPPING HAMMER/19-25#/AIR/RETAINER	KENT KCB4, APT 454, BOSCH 11311	\$35.35	\$80.80	\$181.80
026	0250	CHIPPING HAMMER/26-31#/AIR/RETAINER	I-R 93LA1	\$35.35	\$80.80	\$181.80
026	0320	CHIPPING HAMMER/7-12#/AIR/RIVET BUSTER	TEXAS TX-CH34B	\$35.35	\$90.90	\$237.35
026	0330	CHIPPING HAMMER/13-18#/AIR/RIVET BUSTER	TOKU RB91	\$35.35	\$90.90	\$237.35
026	0340	CHIPPING HAMMER/19-25#/AIR/RIVET BUSTER	I-R 9001, KENT K800	\$35.35	\$95.95	\$262.60
026	0350	CHIPPING HAMMER/26-31#/AIR/RIVET BUSTER	APT 133	\$50.50	\$126.25	\$262.60
511	0150	BREAKER/1-19#/ELEC	BOSCH 11313EVS, WACKER EHB7S	\$50.50	\$131.30	\$333.30
511	0200	BREAKER/20-29#/ELEC	BOSCH 11311	\$55.55	\$146.45	\$373.70
511	0600	BREAKER/60-69#/ELEC	BOSCH 11304	\$60.60	\$156.55	\$393.90
512	0500	BREAKER/50-59#/GAS	WACKER BH-23	\$70.70	\$181.80	\$424.20
709	0010	BREAKER/HYD/200#	MELROE 6707020	\$141.40	\$388.85	\$782.75
709	0030	BREAKER/HYD/401-600#	STANLEY MB356, KENT KF4	\$126.25	\$404.00	\$914.05
709	0040	BREAKER/HYD/800#	RAMMER S25	\$196.95	\$600.95	\$959.50
709	0060	BREAKER/HYD/1200#	KENT KF9, STANLEY MB15	\$176.75	\$499.95	\$1,105.95
709	0110	BREAKER/HYD/2200#/EXCAVATOR	STANLEY MB30EX	\$525.20	\$1,307.95	\$2,615.90
709	0150	BREAKER/HYD/3000#/EXCAVATOR	KENT KHB15II, TRAMAC 900	\$555.50	\$1,520.05	\$3,040.10
709	0250	BREAKER/HYD/5000#/EXCAVATOR	TRAMAC BRV32, KENT KHB30GII	\$398.95	\$1,105.95	\$3,327.95
709	0300	BREAKER/HYD/7401-7600#/EXCAVATOR	KENT KF45QT	\$989.80	\$2,721.95	\$6,363.00
709	0330	BREAKER/HYD/401-600#/EXCAVATOR		\$151.50	\$454.50	\$1,075.65

### **DRILL EQUIPMENT AND TOOLS**

019	0600	ROCK DRILL/60-69#/AIR	APT 155	\$35.35	\$85.85	\$202.00
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### **EARTH MOVING EQUIPMENT**

200	0070	DOZER/70-79 HP/STANDARD TRACK/DSL	JDEERE 450J	\$323.20	\$959.50	\$2,954.25
200	0080	DOZER/80-89 HP/STANDARD TRACK/DSL	JDEERE 550J	\$353.50	\$1,196.85	\$3,226.95
200	0090	DOZER/90-99 HP/STANDARD TRACK/DSL	JDEERE 650J	\$368.65	\$1,222.10	\$3,287.55
200	0280	DOZER/80-89 HP/STANDARD TRACK/DSL/CAB	DEERE 550J	\$383.80	\$1,247.35	\$3,428.95

200	0290	DOZER/90-99 HP/STANDARD TRACK/DSL/CAB	DEERE 650J, DEERE 650J, DEERE 650J, CASE 850K	\$459.55	\$1,267.55	\$3,888.50
201	0070	DOZER/70-79 HP/WIDETRACK/DSL	JDEERE 450J-LGP, KOMATSU D31PX-21	\$363.60	\$1,010.00	\$2,979.50
201	0080	DOZER/80-89 HP/WIDETRACK/DSL	JDEERE 550J-LGP, KOMATSU D37PX-21	\$383.80	\$1,206.95	\$3,226.95
201	0090	DOZER/90-99 HP/WIDETRACK/DSL	JDEERE 650J-LGP, KOMATSU D39PX-21	\$398.95	\$1,307.95	\$3,529.95
201	0110	DOZER/110-119 HP/WIDETRACK/DSL	JDEERE 700J-LGP	\$600.95	\$1,429.15	\$3,787.50
201	0270	DOZER/70-79 HP/WIDETRACK/DSL/CAB	DEERE 450J-LGP	\$383.80	\$1,247.35	\$3,408.75
201	0280	DOZER/80-89 HP/WIDETRACK/DSL/CAB		\$388.85	\$1,313.00	\$3,545.10
201	0290	DOZER/90-99 HP/WIDETRACK/DSL/CAB	DEERE 650J-LGP, DEERE 650H-LGP, CASE 850K-LGP	\$479.75	\$1,484.70	\$3,908.70
201	0310	DOZER/110-119 HP/WIDETRACK/DSL/CAB		\$752.45	\$1,969.50	\$6,060.00
201	0340	DOZER/140-149 HP/WIDETRACK/DSL/CAB		\$767.60	\$2,590.65	\$6,590.25
201	0370	DOZER/170-185 HP/WIDETRACK/DSL/CAB		\$944.35	\$2,600.75	\$8,585.00
206	0050	CRAWLER LOADER/1/2 YD/GENERAL/DSL	TAKEUCHI TL130, BOBCAT T190	\$217.15	\$626.20	\$1,408.95

#### **EARTH MOVING EQUIPMENT**

206	0060	CRAWLER LOADER/7501-9500LBS/GEN/DSL	BOBCAT T250	\$237.35	\$651.45	\$1,792.75
206	0070	CRAWLER LOADER/3/4 YD/GENERAL/DSL	TAKEUCHI TL150, BOBCAT T300	\$242.40	\$701.95	\$1,711.95
220	0050	BACKHOE/65-74HP/2WD/STD/DSL	JDEERE 310G, CASE 580M	\$222.20	\$555.50	\$1,868.50
221	0050	BACKHOE/65-74HP/4WD/STD/DSL	JDEERE 310G, CASE 580M	\$222.20	\$555.50	\$1,868.50
221	0080	BACKHOE/86-95HP/4WD/STD/DSL	CASE 590SL	\$287.85	\$813.05	\$2,090.70
221	0250	BACKHOE/65-74HP/4WD/STD/DSL/CAB		\$232.30	\$696.90	\$1,913.95
221	0280	BACKHOE/86-95HP/4WD/STD/DSL/CAB		\$333.30	\$863.55	\$2,136.15
224	0020	LOADER/20-29HP/4WD/DSL	JDEERE 3120	\$136.35	\$358.55	\$1,121.10
224	0060	LOADER/60-75HP/4WD/DSL	JDEERE 210LE, CASE 570MXT	\$181.80	\$555.50	\$1,666.50
225	0010	COUPLER/BACKHOE	CP 030	\$10.10	\$20.20	\$40.40
225	0040	AUGER ATTACHMENT/TRACKMACHINE(DINGO)/30"	TORO 22400	\$35.35	\$85.85	\$222.20
225	0050	AUGER ATTACHMENT/TRACTOR	GEARMORE X2750H2	\$70.70	\$191.90	\$292.90
225	0070	FORK ATTACHMENT/LOADER TRACTOR/BACKHOE	CTI 60S	\$20.20	\$55.55	\$156.55
225	0090	ROOT RAKE/TRACTOR/LARGE W/O CLAMP	LACOUR 9F	\$70.70	\$191.90	\$292.90

225	0110	THUMB ATTACHMENT/BACKHOE	AMULET UH23, WERKBRAU EZG100L	\$20.20	\$45.45	\$131.30
225	0170	BOX BLADE MOUNTING KIT/LOADER TRACTOR	KUBOTA FDO48	\$20.20	\$45.45	\$126.25
225	0240	MOWER/ROTARY/ATTACHMENT/LOADER	MELROE 6714670	\$111.10	\$338.35	\$1,010.00
225	0250	MOWER/ROTARY/ATTACHMENT/TRACTOR	KUBOTA MOWER	\$45.45	\$121.20	\$323.20
225	0270	TILLER/ATTACHMENT/40-49"/TRACTOR	KUBOTA FL1021RC	\$55.55	\$156.55	\$409.05
225	0280	TIRE ASSEMBLY ATTACHMENT/LOADER	MELROE 853	\$40.40	\$111.10	\$252.50
225	0450	BACKHOE/ATTACHMENT/LOADER TRACTOR	MELROE 709	\$45.45	\$121.20	\$454.50
225	0780	BUCKET ATTACHMENT/8"/BACKHOE/CRIBBING		\$25.25	\$60.60	\$176.75
225	0900	BUCKET/8"/TRENCH/BACKHOE	CP 08020	\$25.25	\$55.55	\$85.85
225	0920	BUCKET/12"/TRENCH/BACKHOE	CP 12030-2	\$25.25	\$55.55	\$101.00
225	0930	BUCKET/18"/TRENCH/BACKHOE	CP 24040-2	\$25.25	\$55.55	\$111.10
225	0940	BUCKET/24"/TRENCH/BACKHOE	GANNON SR03814	\$25.25	\$55.55	\$126.25
225	0950	BUCKET/30"/TRENCH/BACKHOE	CP 30030-2	\$25.25	\$60.60	\$136.35
225	0960	BUCKET/36"/TRENCH/BACKHOE	CP 36101-3	\$35.35	\$80.80	\$146.45
226	0050	BACKHOE/65-74HP/4WD/EXTENDAHOE/DSL	CASE 580M, JDEERE 310G	\$232.30	\$696.90	\$1,868.50
226	0070	BACKHOE/75-85HP/4WD/EXTENDAHOE/DSL	JDEERE 410G	\$333.30	\$929.20	\$2,222.00
226	0110	BACKHOE/110-119H/4WD/EXTENDAHOE/DSL	JDEERE 710G	\$484.80	\$1,414.00	\$3,883.45
226	0250	BACKHOE/65-74HP/4WD/EXTENDAHOE/DSL/CAB	DEERE 310G, DEERE 310G, DEERE 310G, CASE 580M	\$232.30	\$696.90	\$1,868.50
226	0270	BACKHOE/75-85HP/4WD/EXTENDAHOE/DSL/CAB	DEERE 410G, DEERE 410G, DEERE 410G, DEERE 410G	\$333.30	\$909.00	\$2,272.50
226	0280	BACKHOE/86-95HP/4WD/EXTENDAHOE/DSL/CAB	CASE 580SM, CASE 580SM, CASE 580SM, CASE 580SM	\$333.30	\$903.95	\$2,363.40
226	0290	BACKHOE/96-99HP/4WD/EXTENDAHOE/DSL/CAB		\$353.50	\$1,095.85	\$2,620.95
226	0470	BACKHOE/75-85HP/4WD/EXTENDAHOE/DSL/CBAIR		\$398.95	\$1,100.90	\$3,030.00
229	0130	ROAD GRADER/130-139HP/DSL	JDEERE 670D	\$1,131.20	\$3,115.85	\$8,004.25
240	0730	TRACKMACHINE/WALK BEHIND/25HP/DIESEL		\$212.10	\$631.25	\$1,090.80
240	0860	TRACKMACHINE/SOIL CULTIVATOR	TORO 23101	\$75.75	\$222.20	\$656.50
240	0870	TRACKMACHINE/LOADER BUCKET ATTACH		\$10.10	\$30.30	\$90.90
240	0900	TRACKMACHINE/WALK BEHIND/20HP/DSL	BOBCAT MT52	\$186.85	\$505.00	\$767.60



240	0910	TRACKMACHINE/WALK BEHIND/25HP/GAS	TORO TX-425	\$156.55	\$434.30	\$1,065.55
240	0920	TRACKMACHINE/WALK BEHIND/20HP/GAS	TORO TX-420	\$156.55	\$419.15	\$1,060.50
240	0930	TRACKMACHINE/LEVELER ATTACH	TORO 22419	\$20.20	\$40.40	\$90.90
240	0960	TRACKMACHINE/TRENCHER ATTACH	TORO 22447	\$40.40	\$95.95	\$237.35
240	0980	TRACKMACHINE/FORK ATTACH	TORO 22418	\$10.10	\$30.30	\$90.90

**EARTH MOVING EQUIPMENT**

246	0001	EXCAVATOR/UP TO 2 METRIC TON/CRAWLER/DSL	BOBCAT 323, TAKEUCHI TB016, JDEERE 17ZTS	\$146.45	\$550.45	\$1,338.25
246	0010	EXCAVATOR/2-3 METRIC TON/CRAWLER/DSL	BOBCAT 325 AND 328, TAKEUCHI TB125, JDEERE 27D	\$156.55	\$600.95	\$1,358.45
246	0020	EXCAVATOR/3-4 METRIC TON/CRAWLER/DSL	BOBCAT 331 AND 334, TAKEUCHI TB135, JDEERE 35D	\$166.65	\$611.05	\$1,363.50
246	0030	EXCAVATOR/6-8 METRIC TON/CRAWLER/DSL	JDEERE 80C, TAKEUCHI TB175, BOBCAT 442	\$277.75	\$843.35	\$2,620.95
246	0040	EXCAVATOR/4-6 METRIC TON/CRAWLER/DSL	BOBCAT 337 AND 341, TAKEUCHI TB145 AND TB53FR, JDEERE 50D	\$222.20	\$626.20	\$1,711.95
246	0050	EXCAVATOR/12-14 METRIC TON/CRAWLER/DSL	JDEERE 120C AND 135C, KOMATSU PC120 AND PC138	\$404.00	\$1,212.00	\$3,630.95
246	0070	EXCAVATOR/14-16 METRIC TON/CRAWLER/DSL	JDEERE 160CLC, KOMATSU PC160	\$540.35	\$1,489.75	\$4,090.50
246	0100	EXCAVATOR/19-21 METRIC TON/CRAWLER/DSL	JDEERE 200CLC, KOMATSU PC200	\$540.35	\$1,610.95	\$4,741.95
246	0120	EXCAVATOR/21-24 METRIC TON/CRAWLER/DSL	CASE 9040B, KOBELCO SK220LC	\$631.25	\$1,812.95	\$5,549.95
246	0160	EXCAVATOR/24-28 METRIC TON/CRAWLER/DSL	JDEERE 240DLC	\$742.35	\$2,262.40	\$6,226.65
246	0200	EXCAVATOR/28-33 METRIC TON/CRAWLER/DSL	JDEERE 270DLC	\$903.95	\$3,024.95	\$7,070.00
246	0230	EXCAVATOR/33-40 METRIC TON/CRAWLER/DSL	JDEERE 350DLC	\$1,004.95	\$3,024.95	\$8,484.00
246	0500	EXCAVATOR/19-21METRICTON/CRAWLER/LONGARM	JDEERE 200CLC LONG ARM	\$1,105.95	\$2,923.95	\$6,852.85
248	0010	BUCKET/ATTACHMENT/EXCAVATOR	CP36200E2	\$25.25	\$55.55	\$161.60
248	0040	THUMB/ATTACHMENT/EXCAVATOR	PEMBER HH200M	\$50.50	\$141.40	\$393.90
248	0050	GRAPPLE/ATTACHMENT/HYD/EXCAVATOR	WAIN-ROY 009-902	\$126.25	\$348.45	\$959.50
248	0420	BUCKET/12"/TRENCH/MINI EXCAVA UP TO 8MT	CP 12027-2, CP 12027-2, CP 12027-2, CP 12026-2	\$20.20	\$35.35	\$75.75
248	0440	BUCKET/16"/TRENCH/MINI EXCAVA UP TO 8MT		\$20.20	\$40.40	\$90.90
248	0450	BUCKET/18"/TRENCH/MINI EXCAVA UP TO 8MT		\$20.20	\$45.45	\$90.90
248	0470	BUCKET/24"/TRENCH/MINI EXCAVA UP TO 8MT	CP 24027-2, CP 24027-2, CP 24027-2, CP 24027-2	\$25.25	\$50.50	\$95.95

248	0480	BUCKET/30"/TRENCH/MINI EXCAVA UP TO 8MT		\$25.25	\$50.50	\$95.95
248	0490	BUCKET/36"/TRENCH/MINI EXCAVA UP TO 8MT		\$25.25	\$50.50	\$95.95
248	0510	BUCKET/18"/TRENCH/EXCAVA/12-16MT		\$30.30	\$50.50	\$90.90
248	0520	BUCKET/24"/TRENCH/EXCAVA/12-16MT		\$35.35	\$60.60	\$131.30
248	0530	BUCKET/30"/TRENCH/EXCAVA/12-16MT		\$35.35	\$60.60	\$151.50
248	0540	BUCKET/36"/TRENCH/EXCAVA/12-16MT		\$40.40	\$75.75	\$176.75
248	0560	BUCKET/48"/TRENCH/EXCAVA/12-16MT		\$40.40	\$85.85	\$227.25
248	0600	BUCKET/24"/TRENCH/EXCAVA/19-24MT		\$45.45	\$85.85	\$156.55
248	0620	BUCKET/36"/TRENCH/EXCAVA/19-24MT		\$45.45	\$95.95	\$176.75
248	0630	BUCKET/42"/TRENCH/EXCAVA/19-24MT		\$45.45	\$106.05	\$186.85
248	0640	BUCKET/48"/TRENCH/EXCAVA/19-24MT		\$50.50	\$126.25	\$196.95
248	0660	BUCKET/60"/TRENCH/EXCAVA/19-24MT		\$45.45	\$95.95	\$196.95
248	0670	BUCKET/24"/TRENCH/EXCAVA/OVER 24MT		\$40.40	\$95.95	\$141.40
248	0710	BUCKET/48"/TRENCH/EXCAVA/OVER 24MT		\$45.45	\$116.15	\$196.95
248	0720	BUCKET/54"/TRENCH/EXCAVA/OVER 24MT		\$50.50	\$126.25	\$227.25
248	0730	BUCKET/60"/TRENCH/EXCAVA/OVER 24MT		\$55.55	\$126.25	\$247.45
248	0750	BUCKET/72"/TRENCH/EXCAVA/OVER 24MT		\$60.60	\$136.35	\$267.65
248	0760	BUCKET/60"/TRENCH/EXCAVA/12-16MT		\$40.40	\$95.95	\$186.85
248	0910	BUCKET/72"/TRENCH/EXCAVA/19-24MT		\$50.50	\$111.10	\$227.25
259	0010	SKIDSTEER/250#-750# OPERATE CAP/4W/DSL	BOBCAT 463	\$136.35	\$343.40	\$909.00
259	0020	SKIDSTEER/751#-1250# OPERATE CAP/4W/DSL	BOBCAT 553	\$136.35	\$348.45	\$909.00
259	0030	SKIDSTEER/1251#-1750# OPERATE CAP/4W/DSL	BOBCAT S130, S150 AND S175	\$151.50	\$353.50	\$934.25
259	0050	SKIDSTEER/1751#-2750# OPERATE CAP/4W/DSL	BOBCAT S185 AND S220	\$166.65	\$398.95	\$1,004.95

**EARTH MOVING EQUIPMENT**

259	0060	SKIDSTEER/2251#-2750# OPERATE CAP/4W/DSL	BOBCAT S250	\$186.85	\$419.15	\$1,212.00
261	0100	WHEEL LOADER/1YD/GEN BKT/DSL	JDEERE 244E	\$272.70	\$732.25	\$1,984.65
261	0250	WHEEL LOADER/2 1/2YD/GEN BKT/DSL	VOLVO L70C, JDEERE 544H, CASE JDEERE 544J, CASE 621D, KOMATSU	\$429.25	\$1,262.50	\$3,529.95
261	0300	WHEEL LOADER/3YD/GEN BKT/DSL	WA250	\$449.45	\$1,348.35	\$3,989.50

261	0350	WHEEL LOADER/3 1/2YD/GEN BKT/DSL	JDEERE 624J, CASE 721D, KOMATSU WA320	\$565.60	\$1,560.45	\$4,292.50
261	0400	WHEEL LOADER/4YD/GEN BKT/DSL	JDEERE 644J, CASE 821C, KOMATSU WA380	\$590.85	\$1,711.95	\$5,302.50
261	0410	WHEEL LOADER/4-1/4YD/GEN BKT/DSL	DEERE 644J, DEERE 644J, CASE 821C, DEERE 644J	\$600.95	\$1,812.95	\$5,448.95
261	0450	WHEEL LOADER/4-1/2YD/GEN BKT/DSL	DEERE 644J, DEERE 644J, DEERE 644J, DEERE 644K	\$631.25	\$1,893.75	\$5,539.85
261	0500	WHEEL LOADER/5YD/GEN BKT/DSL	JDEERE 744J	\$1,015.05	\$2,752.25	\$7,979.00
261	0520	WHEEL LOADER/5 1/4YD/GEN BKT/DSL		\$1,020.10	\$2,807.80	\$8,080.00
261	0570	WHEEL LOADER/5.75YD/GEN BKT/DSL		\$1,035.25	\$2,863.35	\$8,332.50
262	0250	WHEEL LOADER/2 1/2CY/MP BKT/DSL	JDEERE 544J	\$505.00	\$1,313.00	\$3,989.50
262	0270	WHEEL LOADER/2 3/4YD/MP BKT/DSL	JDEERE 624G, CASE 721B	\$585.80	\$1,610.95	\$4,272.30
262	0470	WHEEL LOADER/4 3/4YD/MP BKT/DSL	DEERE 744H	\$1,035.25	\$2,802.75	\$6,312.50
270	0520	LOADER BUCKET/SKID STEER		\$20.20	\$40.40	\$116.15
270	0530	LOADER BUCKET/BACKHOE		\$30.30	\$55.55	\$146.45
270	0550	BUCKET/ATTACHMENT/GRAPPLE/SKIDSTEER		\$45.45	\$116.15	\$318.15
270	0600	SNOWBLADE ATT/BACKHOE/MANUAL ANGLING		\$75.75	\$202.00	\$499.95
271	0030	SKIDSTEER/ATTACHMENT/HYD RAKE/ROCK HOUND	RANKIN LR6	\$55.55	\$176.75	\$404.00
271	0040	SKIDSTEER/ATTACHMENT/PALLET FORKS/STAND		\$25.25	\$75.75	\$202.00
271	0050	SKIDSTEER/ATTACHMENT/SWEEPER	BOBCAT 6707144, BOBCAT 6707144, BOBCAT 6707837, BOBCAT 6707144	\$95.95	\$202.00	\$479.75
271	0060	SKIDSTEER/ATTACHMENT/TRENCHER		\$151.50	\$464.60	\$1,105.95
271	0070	SKIDSTEER/ATTACHMENT/AUGER	MCMILLEN X1475, BOBCAT 6809442, BOBCAT 6809445, BOBCAT 6809445	\$90.90	\$186.85	\$313.10
271	0080	SKIDSTEER/ATTACHMENT/SNOW BLOWER		\$75.75	\$207.05	\$540.35
271	0090	SKIDSTEER/ATTACHMENT/ANGLE BOOM		\$35.35	\$90.90	\$227.25
271	0110	SKIDSTEER/ATTACHMENT/PLANER		\$505.00	\$1,464.50	\$2,222.00
271	0130	SKIDSTEER/ATTACHMENT/ROTARY CUTTER		\$126.25	\$398.95	\$1,146.35
271	0230	SKIDSTEER/ATTACHMENT/BUCKET		\$30.30	\$55.55	\$146.45
271	0270	EXCAVATOR/MINI/ATACHMENT/AUGER		\$65.65	\$186.85	\$424.20

271	0300	SKIDSTEER/ATTACHMENT/GRAPPLE/36"	BOBCAT 7135737, SKIDWRKS BG36, BOBCAT 6728251, AI SCRAPBKT	\$60.60	\$161.60	\$343.40
271	0340	SKIDSTEER/ATTACHMENT/GRAPPLE/48"		\$60.60	\$166.65	\$378.75
271	0350	SKIDSTEER/ATTACHMENT/GRAPPLE BUCKET/60"	BOBCAT 6706599, BOBCAT 6706599, BOBCAT 6706599A, BOBCAT 6706599	\$45.45	\$111.10	\$363.60
271	0360	SKIDSTEER/ATTACHMENT/GRAPPLE BUCKET/66"		\$50.50	\$126.25	\$404.00
271	0370	SKIDSTEER/ATTACHMENT/GRAPPL BUCKET/72"	BOBCAT 6714561, BOBCAT 6714561, BOBCAT 6714561, BOBCAT 6714561	\$65.65	\$171.70	\$464.60
271	0380	SKIDSTEER/ATTACHMENT/GRAPPLE BUCKET/80"		\$65.65	\$171.70	\$419.15
271	0400	SKIDSTEER/ATTACHEMENT/GRAPPLE BUCKET/73"		\$50.50	\$126.25	\$318.15
271	0440	SKIDSTEER ATTACHMENT/COMBINATION BUCKET		\$55.55	\$186.85	\$479.75

**ELECTRICAL EQUIPMENT**

003	6714	TEMPORARY POWER BOX CORD 50A 50'		\$15.15	\$25.25	\$70.70
003	7190	POWER CORD QUAD BOX 50FT		\$20.20	\$50.50	\$75.75
003	7354	TEMP PWR CABLE 5W 2X50' CAM BANDED		\$15.15	\$30.30	\$90.90

**ELECTRICAL EQUIPMENT**

514	0030	CAM FED TO 4/100A CAMLOCK SPLITTER BOX NEMA 3R RUBBER		\$65.65	\$176.75	\$353.50
514	0400	ELECTRICAL PANEL I LINE 400 AMP		\$111.10	\$303.00	\$606.00
514	0800	ELECTRICAL PANEL I LINE 800AMP		\$257.55	\$707.00	\$1,414.00
531	0001	POWER CENTER/PORTABLE	PTS TPB50, ERICSON 6506G	\$15.15	\$25.25	\$75.75
531	0050	PORTABLE 200 AMP QUAD BOX		\$75.75	\$202.00	\$404.00
538	0010	ARROW BOARD	AMIDA DSLE25, ALLMOND 2200/SE	\$75.75	\$247.45	\$429.25
539	0010	MESSAGE BOARD/SOLAR/TOWABLE LARGE	ADDCO DH1000	\$136.35	\$373.70	\$1,060.50
539	0040	MESSAGE BOARD/SOLAR/TOWABLE MEDIUM		\$116.15	\$439.35	\$1,247.35

**FLOOR AND VACUUM EQUIPMENT**

758	0190	SWEEPER/RIDE ON/4 WHEEL	BROCE RJ350, LAYMOR 8C	\$242.40	\$681.75	\$1,338.25
758	0200	SWEEPER/RIDE ON/3 WHEEL	BROCE BB250, LAYMOR 8HC	\$176.75	\$580.75	\$1,206.95
758	0210	4 WHEEL SWEEPER W/ ENCLOSED CAB		\$257.55	\$707.00	\$1,636.20

**FORKLIFTS & ACCESSORIES**

403	0050	FORKLIFT/WHS/STRMAST/5000#/CUSHTIRE/LPG	CLARK GCX25E	\$121.20	\$323.20	\$1,020.10
404	0050	FORKLIFT/WHS/STRMAST/5000#/PNEUTIRE/DUAL	TOYOTA 7FGU25, CAT P5000	\$106.05	\$358.55	\$833.25

404	0060	FORKLIFT/WHS/STRMAST/6000#/PNEUTIRE/DUAL	TOYOTA 7FGU30, CAT P6000	\$121.20	\$424.20	\$1,060.50
404	0080	FORKLIFT/WHS/STRMAST/8000#/PNEUTIRE/DUAL	CLARK CGP40, CAT GP40, TOYOTA FG35	\$156.55	\$439.35	\$1,363.50
404	0100	FORKLIFT/WHS/STRMAST/10000#/PNEUTIRE/DUAL	YALE GTP100MG	\$217.15	\$606.00	\$1,722.05
404	0450	FORKLIFT/WHS/QUADMAST/5000#/PNEUTIRE/DUAL	TOYOTA 7FGU25, CAT P5000	\$136.35	\$388.85	\$1,020.10
406	0050	FORKLIFT/WHS/STRMAST/5000#/PNEUTIRE/DSL	TOYOTA 7FDU25, HYSTER H50FT	\$141.40	\$383.80	\$1,020.10
406	0060	FORKLIFT/WHS/STRMAST/6000#/PNEUTIRE/DSL	HYSTER H60FT	\$181.80	\$429.25	\$1,105.95
406	0080	FORKLIFT/WHS/STRMAST/8000#/PNEUTIRE/DSL	TOYOTA 7FDU35, HYSTER H80XM	\$196.95	\$555.50	\$1,206.95
406	0100	FORKLIFT/WHS/STRMAST/10000#/PNEUTIRE/DSL	KOMATSU FD45T4, CAT DP45D	\$217.15	\$595.90	\$1,722.05
406	0150	FORKLIFT/WHS/STRMAST/15000#/PNEUTIRE/DSL	TOYOTA 7FDU70, HYSTER H155XL	\$257.55	\$757.50	\$2,600.75
406	0200	FORKLIFT/WHS/STRMAST/20000#/PNEUTIRE/DSL	CAT DP90D	\$404.00	\$1,025.15	\$2,787.60
406	0300	FORKLIFT/WHS/STRMAST/30000#/PNEUTIRE/DSL	CAT DP135D	\$449.45	\$1,302.90	\$3,681.45
406	0360	FORKLIFT/WHS/STRMAST/36000#/PNEUTIRE/DSL	HYSTER H360HD	\$489.85	\$1,641.25	\$4,519.75
407	0050	FORKLIFT/WHS/STRMAST/5000#/PNEUTIRE/LPG	NISSAN AH50K, CAT GP25	\$121.20	\$323.20	\$1,020.10
407	0090	FORKLIFT/WHS/STRMAST/9000#/PNEUTIRE/LPG		\$181.80	\$499.95	\$1,307.95
408	0060	FORKLIFT/CONSTR/STRMAST/6000#/2WD/DSL	CASE 586G, IR RT706J, HARLO HP6500	\$171.70	\$570.65	\$1,419.05
408	0080	FORKLIFT/CONSTR/STRMAST/8000#/2WD/DSL	CASE 588G, IR RT708J, HARLO HP8500	\$212.10	\$626.20	\$1,479.65
409	0050	FORKLIFT/CONSTR/STRMAST/5000#/4WD/DSL	CASE 585E, JDEERE 482C	\$171.70	\$454.50	\$1,464.50
409	0060	FORKLIFT/CONSTR/STRMAST/6000#/4WD/DSL	CASE 586G, IR RT706J, HARLO HP6500	\$186.85	\$570.65	\$1,509.95
409	0080	FORKLIFT/CONSTR/STRMAST/8000#/4WD/DSL	CASE 588G, IR RT708J, HARLO HP8500	\$161.60	\$641.35	\$1,636.20
412	0050	FORKLIFT/CONSTR/HI-REACH/5000#/4WD/DSL	GENIE GTH-5519	\$217.15	\$696.90	\$1,686.70
412	0060	FORKLIFT/CONSTR/HI-REACH/6000#/4WD/DSL	GENIE GTH-644C, GRADALL G6-42P/A, LULL 644E-42, SKYTRAK 6042	\$277.75	\$808.00	\$1,969.50
412	0080	FORKLIFT/CONSTR/HI-REACH/8000#/4WD/DSL	GENIE GTH-844C, SKYTRAK 8042	\$287.85	\$903.95	\$2,216.95
412	0090	FORKLIFT/CONSTR/HI-REACH/9000#/4WD/DSL	GRADALL 534D-9, JLG G9-43A, LULL 944E-42	\$308.05	\$898.90	\$2,474.50
412	0100	FORKLIFT/CON/HIREACH/10K#/4W/DS/EXTREACH	GENIE GTH-1056, GRADALL 544D, JLG G10-55A, LULL 1044C-54, SKYTRAK 10054	\$368.65	\$1,100.90	\$3,024.95
412	0120	FORKLIFT/CONSTR/HI-REACH/12000#/4WD/DSL		\$429.25	\$1,297.85	\$3,838.00
412	0560	FORKLIFT/CONSTR/HI-REACH/6000#/4WD/DSL	GENIE GTH-636C	\$277.75	\$808.00	\$1,969.50

**FORKLIFTS & ACCESSORIES**

417	0010	PALLET LIFT/HYD
417	0500	PALLET LIFT/NARROW/WB/HYD
418	0010	FORK ROTATOR/ATTACHMENT/FORKLIFT
418	0030	PLATFORM/ATTACHMENT/FORKLIFT
418	0040	TRUSS BOOM/ATTACHMENT/FORKLIFT
418	0050	JIB/ATTACHMENT/FORKLIFT
418	0070	BARREL CLAMP/ATTACHMENT/FORKLIFT
418	0080	BUCKET/ATTACHMENT/FORKLIFT
418	0120	CONCRETE HOPPER/ATTACHMENT/FORKLIFT
418	0130	TIRES AND WHEELS NON-MARKING/FORKLIFT
418	0140	FORK/ATTACHMENT/FORKLIFT
418	0180	CARRIAGE FRAMERS/ATTACHMENT/FORKLIFT
418	0190	SCALE/FORKLIFT/INDUSTRIAL
418	0200	BIN DUMPER/ATTACHMENT/FORKLIFT/1 YARD
418	0290	BIN DUMPER/ATTACHMENT/FORKLIFT/2 YARD
418	0400	BIN DUMPER/ATTACHMENT/FORKLIFT/4 YARD

ROL-LIFT T502748	\$50.50	\$121.20	\$272.70
	\$50.50	\$121.20	\$272.70
YALE 55DRRB2D	\$60.60	\$151.50	\$398.95
LYON S144 & 48H120	\$20.20	\$50.50	\$146.45
GRADALL 904551	\$30.30	\$70.70	\$252.50
STAR 1360	\$30.30	\$75.75	\$202.00
MALAVAC LM548HD	\$30.30	\$55.55	\$166.65
JCB, LULL, TRAK	\$35.35	\$75.75	\$212.10
STAR	\$50.50	\$131.30	\$358.55
AIRBOSS 13.00-2	\$50.50	\$126.25	\$333.30
ARROW 175548W	\$20.20	\$45.45	\$126.25
SKY-TRAK 6040700	\$40.40	\$111.10	\$303.00
WEIGH QLTSC05	\$35.35	\$85.85	\$242.40
CONSOLFA TRACKR	\$50.50	\$131.30	\$232.30
	\$55.55	\$156.55	\$282.80
	\$50.50	\$126.25	\$227.25

**GENERATORS**

546	0030	GENERATOR/SILENT/3-3.9KW/GAS
546	0570	GENERATOR/SILENT/6-6.9KW/GAS
548	0010	GENERATOR/UP TO 1.9KW/GAS
548	0020	GENERATOR/2-2.9KW/GAS
548	0030	GENERATOR/3-3.9KW/GAS
548	0050	GENERATOR/5-5.9KW/GAS
548	0060	GENERATOR/6-6.9KW/GAS
548	0090	GENERATOR/9-9.9KW/GAS
549	0100	GENERATOR/10-14KW/DSL
549	0200	GENERATOR/20-24KW/DSL

HONDA EX3300	\$95.95	\$287.85	\$656.50
	\$166.65	\$499.95	\$903.95
YAMAHA EF-1000	\$35.35	\$90.90	\$228.26
MIKASA GA2.5H	\$35.35	\$90.90	\$228.26
MULTIQUIP GA36HZ, WACKER G3.7A	\$60.60	\$141.40	\$361.58
WACKER GS5.6A, MULTIQUIP GLW180H	\$60.60	\$141.40	\$361.58
MULTIQUIP GA6HZ,	\$75.75	\$191.90	\$472.68
WACKER GS9V	\$90.90	\$232.30	\$611.05
MULTIQUIP DCA-15S	\$90.90	\$232.30	\$666.60
MQ- DCA25 ULTRASILENT	\$151.50	\$348.45	\$888.80

549	0260	GENERATOR/201-300/DSL	MQ DCA 300	\$444.40	\$1,212.00	\$3,461.27
549	0350	GENERATOR/35-39KW/DSL	MQ DCA 45 ULTRASILENT	\$146.45	\$404.00	\$1,122.11
549	0360	GENERATOR/301-400KW/DSL	MQ DCA 400	\$479.75	\$1,313.00	\$4,405.62
549	0400	GENERATOR/40-44KW/DSL	WACKER G50	\$146.45	\$404.00	\$1,122.11
549	0460	GENERATOR/401-500KW/DSL	MQ DCA 600	\$732.25	\$2,003.84	\$5,877.19
549	0470	GENERATOR/401-500KW/CONTAINER	CUMMINS C500D6RG	\$833.25	\$2,003.84	\$5,877.19
549	0480	GENERATOR/901-1000KW/CONTAINER	MQ EGC1000C CUMMINS C1000D6RG	\$1,434.20	\$3,939.00	\$10,354.52
549	0550	GENERATOR/55-59KW/DSL	MQ DCA 70 ULTRASILENT	\$252.50	\$555.50	\$1,388.75
549	0570	GENERATOR/1500-1599KW/DSL/CONTAINER		\$2,020.00	\$5,555.00	\$14,909.62
549	0580	GENERATOR/1800-2000W/DSL/CONTAINER		\$2,206.85	\$6,060.00	\$17,309.38
549	0650	GENERATOR/65-69KW/DSL	MQ DCA 85 ULTRASILENT	\$207.05	\$570.65	\$1,750.33
549	0660	GENERATOR/601KW-700KW/DSL	MQ DCA 800	\$883.75	\$2,424.00	\$8,143.63
549	0820	GENERATOR 2500K VA 4160V		\$737.30	\$2,020.00	\$4,437.94
549	0900	GENERATOR/90-99KW/DSL	MULTIQUI DCA100SS, COLEMAN CJ6T105S	\$262.60	\$742.35	\$1,818.00
549	0910	GENERATOR/110-119KW/DSL	MQ DCA 125 ULTRASILENT	\$277.75	\$757.50	\$1,833.15
549	0920	GENERATOR/120-129KW/DSL	MQ DCA 150 ULTRASILENT	\$333.30	\$909.00	\$2,210.89
549	0940	GENERATOR/140-149/DSL		\$343.40	\$934.25	\$2,255.33
549	0950	GENERATOR/150-159KW/DSL	MQ DCA 180	\$343.40	\$934.25	\$2,255.33
549	0960	GENERATOR/160KW-200KW/DSL	MQ DCA 220	\$388.85	\$1,060.50	\$2,610.85
549	0980	GENERATOR/200-260KW/DSL	IR G-260	\$444.40	\$1,212.00	\$3,461.27
549	0990	TRANSFORMER/STEPDOWN/480-208V		\$146.45	\$404.00	\$886.78

**GENERATORS**  
**LANDSCAPING**

240	0100	STUMP GRINDER/10-19HP	DOSKO 337H	\$111.10	\$323.20	\$858.50
240	0200	STUMP GRINDER/20-29HP	VERMEER SC252	\$151.50	\$560.55	\$1,393.80
292	0130	TILLER/13HP/20"-26" WIDTH/REAR TINE	BARRETO E1320H	\$116.15	\$277.75	\$555.50
292	0220	TILLER/2 1/2HP/12" WIDTH/FRONT TINE	F&G FGRMTH, YARDMARV G10097	\$20.20	\$45.45	\$126.25
292	0250	TILLER/5HP/20"-26"/FRONT TINE	MAXIM RMT50B1	\$50.50	\$111.10	\$303.00

292	0550	TILLER/5.5HP/20"-26"/REAR TINE	MAXIM RMT55H	\$55.55	\$121.20	\$323.20
646	0250	BRUSH CHIPPER/25HP/6"/GAS	VERMEER BC600XL	\$151.50	\$429.25	\$1,136.25
646	0840	BRUSH CHIPPER/84HP/12"/DSL	VERMEER BC1000XL	\$252.50	\$802.95	\$2,151.30
648	0900	BRUSH CUTTER/10" AND ABOVE/GAS	ECHO SRM-3800	\$50.50	\$131.30	\$282.80
740	0220	THATCHER/22"/WALK BEHIND		\$80.80	\$166.65	\$454.50
740	0240	THATCHER/24"/WALK BEHIND	BLUEBIRD F20B	\$80.80	\$166.65	\$454.50
755	0060	SOD CUTTER POWERED UP TO 12 INCH CUT	CLASSEN SC12	\$75.75	\$237.35	\$419.15
755	0140	SOD CUTTER POWERED 13"-18" CUT	BLUEBIRD SC-18	\$70.70	\$207.05	\$454.50
755	0250	PRUNER POLE GAS POWER	ECHO PPT-2400	\$40.40	\$101.00	\$227.25
755	0890	AERATOR/WALK BEHIND	BLUEBIRD H530	\$65.65	\$166.65	\$454.50
764	0040	MOWER/BRUSH/13"-24"/WB/SP/GS		\$80.80	\$202.00	\$555.50
764	0490	MOWER/LAWN/49"-60"/RIDE-ON/GAS	EXMARK LZ26KC60	\$126.25	\$328.25	\$1,010.00

**LIGHTING EQUIPMENT**

536	0400	LIGHT TOWER/4000 WATT	IR LS6KW, GENIE TML/4000, WACKER LTC4L	\$65.65	\$166.65	\$429.25
536	0440	LIGHT TOWER/4000 WATT	IR LS6KW, GENIE TML/4000, WACKER LTC4L	\$65.65	\$166.65	\$429.25
537	0100	LIGHT/PEDESTAL/1000 WATT	COLEMAN FS200Q, ALLMOND PAL2500	\$30.30	\$65.65	\$186.85
537	0200	LIGHT/PEDESTAL/2000 WATT	COLEMAN FS400Q	\$25.25	\$65.65	\$186.85
537	0910	LIGHT/CART/1000WATT		\$35.35	\$90.90	\$308.05
551	0020	LIGHTS/PORTABLE	SPECIALT E30FEDC	\$40.40	\$106.05	\$242.40
551	0140	LIGHT/W/OUT TRANSFORMER/INCADESENT/12V	SPECIALT E30DW75, SPECIALT HEP100DW	\$15.15	\$30.30	\$90.90
551	0150	LIGHT/INLINE/INCADESCENT/12V	SPECIALT HEP100DW	\$20.20	\$50.50	\$131.30
551	0410	LIGHT/STRING/EXP PROOF INCADESCENT/12V	PTS 100XHL12	\$65.65	\$146.45	\$429.25
551	0510	LIGHT/EXP PROOF/AIR BULB/1000WATT/STAND		\$90.90	\$252.50	\$575.70
650	0170	BALLOON LIGHT		\$40.40	\$116.15	\$297.95

**MATERIAL HANDLING EQUIPMENT**

418	0250	HOPPER TRASH/ATTACHMENT/FORKLIFT	MERRITT H211-751	\$30.30	\$75.75	\$146.45
419	0400	PALLET LIFT/4000#/WALKBEHIND/ELEC	CAT NPP40, YALE MPB040	\$55.55	\$161.60	\$505.00



419	0950	PALLET LIFT/5000#/WALKBEHIND
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JET PT2742J, CAT A2748 \$55.55 \$161.60 \$505.00

**MISCELLANEOUS**

003	0289	MISCELLANEOUS		\$15.15	\$32.32	\$94.94
003	0293	MISCELLANEOUS		\$20.20	\$47.47	\$142.41
003	0297	MISCELLANEOUS		\$35.35	\$79.79	\$238.36
003	3699			\$15.15	\$25.25	\$75.75
003	4001	MISCELLANEOUS		\$30.30	\$66.66	\$197.96
003	4002	MISCELLANEOUS		\$25.25	\$52.52	\$158.57

**MISCELLANEOUS**

003	4005	MISCELLANEOUS		\$65.65	\$175.74	\$528.23
003	4008	MISCELLANEOUS		\$85.85	\$229.27	\$686.80
003	4010			\$35.35	\$79.79	\$238.36
003	4016	MISCELLANEOUS		\$30.30	\$79.79	\$238.36
003	4021	MISCELLANEOUS		\$40.40	\$106.05	\$317.14
003	4022	MISCELLANEOUS		\$35.35	\$89.89	\$26.26
003	4025	MISCELLANEOUS		\$50.50	\$132.31	\$396.93
003	4026	MISCELLANEOUS		\$50.50	\$132.31	\$396.93
003	4027	MISCELLANEOUS		\$20.20	\$47.47	\$142.41
003	4030	MISCELLANEOUS		\$60.60	\$158.57	\$474.70
003	4031	MISCELLANEOUS		\$50.50	\$132.31	\$396.93
003	4034	MISCELLANEOUS		\$55.55	\$145.44	\$436.32
003	4036	MISCELLANEOUS		\$50.50	\$132.31	\$398.95
003	6445	MISCELLANEOUS		\$45.45	\$119.18	\$356.53
003	6446	MISCELLANEOUS		\$85.85	\$230.28	\$689.83
003	6462	MISCELLANEOUS		\$50.50	\$132.31	\$396.93
003	6601	CONTAINMENT BERM 12'X12'		\$60.60	\$155.54	\$465.61
680	0030	SPREADER FOR LIGHT DUTY TRUCK	WARREN AC620, FISHER SANDER	\$151.50	\$328.25	\$631.25
680	0080	SPREADER FOR MEDIUM DUTY TRUCK		\$186.85	\$348.45	\$732.25
755	0110	LOG SPLITTER	IRONOAK BHVH2699, BIGFOOT IAK2513	\$60.60	\$166.65	\$454.50
755	0120	AERATOR	BLUEBIRD H424	\$60.60	\$166.65	\$454.50
755	0340	DEHUMIDIFIER	DRIEAZ F203	\$40.40	\$85.85	\$217.15
755	0610	BLOWER/VENTILATING	DRIEAZ F174, GENERAL EP8DC	\$20.20	\$60.60	\$166.65
761	0030	PLOW SNOW FOR LIGHT DUTY TRUCK	FISHER 76PLOW	\$126.25	\$328.25	\$606.00
761	0530	DEHUMIDIFIER 121 PT-200 PT	DRIEAZ F198	\$75.75	\$222.20	\$494.90
761	0840	PLOW SNOW FOR MEDIUM DUTY TRUCK		\$151.50	\$353.50	\$707.00
779	0060	RAMP/LOADING	MAGLINER	\$903.95	\$2,474.50	\$4,949.00

**PAINTING EQUIPMENT**

737	0001
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SPRAYER/PAINT/AIRLESS

TITAN 765-2000 \$65.65 \$202.00 \$555.50

**PIPING EQUIPMENT**

541	0040
541	0050
541	0070
624	0180
624	0300
624	0480
624	0600

PIPE SNAKE/4-6"PIPEWIDTH/100'CABLE  
 PIPE SNAKE/2" PIPEWIDTH/50'CABLE  
 PIPE SNAKE/3/4-2"PIPEWIDTH/25' CABLE  
 PIPE PLUG/12"-18" MUNI/TEST  
 PIPE PLUG/15"-30" MUNI/TEST  
 PIPE PLUG/24"-48" MUNI/TEST  
 PIPE PLUG/40"-60" MUNI/TEST

GENERALW ERE \$55.55 \$151.50 \$393.90  
 GENERALW MR-CO \$35.35 \$85.85 \$121.20  
 GENERALW RSVD \$15.15 \$30.30 \$95.95  
 CHERNE 275128 \$45.45 \$131.30 \$356.53  
 CHERNE 262552 \$101.00 \$263.61 \$791.84  
 CHERNE 300488 \$242.40 \$660.54 \$1,980.61  
 CHERNE 272-337 \$318.15 \$871.63 \$2,613.88

**PUMPS & ACCESSORIES**

003	0281
003	3900
003	3901
003	3903
003	3904
003	4017
003	4018

PVC DISCHARGE HOSE 2"X50'  
 PIPE TEST PLUG 8"  
 PIPE TEST PLUG 10"  
 PIPE TEST PLUG 12"  
 PIPE TEST PLUG 6"  
 OSD HOSE 2" X 20'  
 PVC SUCTION HOSE 2"X20'

\$15.15 \$27.27 \$89.89  
 \$20.20 \$52.52 \$158.57  
 \$30.30 \$79.79 \$238.36  
 \$50.50 \$119.18 \$356.53  
 \$20.20 \$39.39 \$119.18  
 \$30.30 \$79.79 \$238.36  
 \$15.15 \$27.27 \$79.79

**PUMPS & ACCESSORIES**

003	4023
003	4032
003	4035
003	4037
003	4304
003	4307
003	4321
003	4323
003	4324
003	4325
003	4654
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003	4659
003	4813
003	5263
003	5277
003	5691

PVC SUCTION HOSE 3"X20"  
 PVC SUCTION HOSE 6"X20'  
 PVC SUCTION HOSE 8"X20'  
 HYDRAULIC DRAIN CASE HOSE 3/8"X50'  
 PIPE ALUMINUM 12" X 10'  
 PIPE ALUMINUM 12" X 20'  
 PIPE ALUMINUM 8" X 10'  
 ALUMINUM DISCHARGE PIPE 8"X20'  
 PIPE ALUMINUM 8" X 30'  
 PIPE ALUMINUM 8" X 40'  
 FOOTVALVE 10"  
 FOOTVALVE 12"  
 FOOTVALVE 3"  
 FOOTVALVE 4"  
 FOOTVALVE 6"  
 FOOTVALVE 8"  
 REDUCER 8"- 6"  
 FUEL TANK 600 GALLON  
 LIFT LINE POLY  
 HOSE PUMP FITTING BAUER FEMALE 12"X150#

\$15.15 \$32.32 \$94.94  
 \$30.30 \$79.79 \$238.36  
 \$50.50 \$132.31 \$396.93  
 \$15.15 \$27.27 \$79.79  
 \$20.20 \$46.46 \$46.46  
 \$35.35 \$92.92 \$92.92  
 \$15.15 \$26.26 \$26.26  
 \$20.20 \$51.51 \$51.51  
 \$30.30 \$77.77 \$77.77  
 \$40.40 \$104.03 \$104.03  
 \$15.15 \$34.34 \$102.01  
 \$20.20 \$39.39 \$119.18  
 \$15.15 \$27.27 \$79.79  
 \$15.15 \$28.28 \$84.84  
 \$15.15 \$30.30 \$87.87  
 \$15.15 \$30.30 \$87.87  
 \$15.15 \$21.21 \$21.21  
 \$65.65 \$175.74 \$528.23  
 \$15.15 \$27.27 \$79.79  
 \$25.25 \$62.62 \$62.62

003	5692	HOSE PUMP FITTING BAUER MALE 8" X 150#		\$15.15	\$21.21	\$21.21
003	6053	RUBBER DISCHARGE HOSE 8"X50'		\$60.60	\$158.57	\$474.70
003	6463	HOSE CHEMICAL W/SS FLANGES 6" X 20'		\$60.60	\$158.57	\$474.70
003	6498	PIPE FITTING 8" 90 DEGREE		\$15.15	\$21.21	\$21.21
003	6499	PIPE FITTING 8" 45 DEGREE		\$15.15	\$21.21	\$21.21
003	6500	PIPE FITTING 8" TEE		\$15.15	\$21.21	\$21.21
003	6503	PIPE FITTING 12" 90 DEGREE		\$25.25	\$62.62	\$62.62
003	6504	PIPE FITTING 12" 45 DEGREE		\$25.25	\$62.62	\$62.62
003	6505	PIPE FITTING 12" TEE		\$25.25	\$62.62	\$62.62
003	6603	OSD HOSE 14" X 20'		\$101.00	\$263.61	\$791.84
601	0170	PUMP/WELLPOINT/12" ROTARY VAC/DSL	VOGELSAN VX186-52	\$383.80	\$1,056.46	\$3,168.37
601	0440	PUMP/WELLPOINT/4" MASPORT VAC/DSL	ALCO WT46M54	\$141.40	\$386.83	\$1,100.90
601	0660	PUMP/WELLPOINT/6" MASPORT VAC/DSL	ALCO VT6M3F4LT, ALCO WT68M54	\$161.60	\$440.36	\$1,320.07
601	0850	PUMP/WELLPOINT/8" MASPORT VAC/DSL/M10	ALCO WP5WBM1	\$186.85	\$506.01	\$1,385.72
601	0870	PUMP/WELLPOINT/8" ROTARY VAC/DSL	VOGELSAN VX1862, MWI RWP008	\$444.40	\$937.28	\$2,815.88
607	0100	PUMP/DIAPHRAGM/1"	VERSAMAT E1AA3R3	\$65.65	\$171.70	\$514.09
607	0110	PUMP/DIAPHRAGM/1" POLYPROPYLENE	VERSAMAT E1PA5T5T9	\$60.60	\$158.57	\$474.70
607	0120	PUMP/DIAPHRAGM/1" ALUMINUM/CAST IRON	VERSAMAT V1OFBNBNBN	\$40.40	\$106.05	\$317.14
607	0130	PUMP/DIAPHRAGM/ 1/2" POLYPROPYLENE	VERSAMAT E5PP2R2	\$30.30	\$66.66	\$197.96
607	0140	PUMP/DIAPHRAGM/ 1 1/4"ALUMINUM/CAST IRON	VERSAMAT E4AA2R220	\$40.40	\$106.05	\$317.14
607	0210	PUMP/DIAPHRAGM/2" STAINLESS STEEL/HD		\$191.90	\$528.23	\$1,583.68
607	0220	PUMP/DIAPHRAGM/2" /CAST IRON	VERSAMAT E2CA2D2	\$60.60	\$155.54	\$505.00
607	0230	PUMP/DIAPHRAGM/2" POLYPROPYLENE	VERSAMAT E2PA5T5T9	\$146.45	\$396.93	\$1,188.77
607	0240	PUMP/DIAPHRAGM/2" STAINLESS STEEL	VERSAMAT E2SA5B5	\$156.55	\$418.14	\$1,253.41
607	0250	PUMP/DIAPHRAGM/2" ALUMINUM	VERSAMAT E2AA2D220	\$50.50	\$132.31	\$396.93
607	0320	PUMP/DIAPHRAGM/3" CAST IRON	VERSAMAT E3CA2D2	\$75.75	\$197.96	\$593.88
607	0330	PUMP/DIAPHRAGM/3" POLYPROPYLENE		\$186.85	\$501.97	\$1,504.90
607	0340	PUMP/DIAPHRAGM/3"/STAINLESS STEEL	VERSAMAT E3SA5T55	\$191.90	\$528.23	\$1,583.68
607	0350	PUMP/DIAPHRAGM/3"/ALUMINUM	VERSAMAT V3AA2R220	\$65.65	\$171.70	\$514.09

**PUMPS & ACCESSORIES**

612	0200	PUMP/SUBMERSIBLE/2"/ELEC	MULTIQUIP ST2010U, WACKER STP400	\$20.20	\$52.52	\$157.56
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612	0300	PUMP/SUBMERSIBLE/3"/ELEC	MULTIQUIP ST3050D	\$101.00	\$263.61	\$791.84
612	0400	PUMP/SUBMERSIBLE/4"/ELEC	GORMANRU S4C1460	\$191.90	\$528.23	\$1,583.68
614	0430	PUMP/INDUSTRIAL/4"X4"/DSL/HEAVY DUTY		\$242.40	\$660.54	\$1,892.74
614	0530	PUMP/INDUSTRIAL/5"SUCTION/4"DISCHARGE/DS	PP53C14-F4L913	\$267.65	\$762.55	\$2,323.00
614	0630	PUMP/INDUS/6"X3"/HIGHEAD/VACASSIST/DSL	PP63C17-BF6L913C / 3HC, DEUTZ BF6L913C	\$388.85	\$1,056.46	\$3,168.37
614	0640	PUMP/INDUS/6"X4"/HIGHHEAD/VACASSIST/DSL	PP64C17-6081A / 4HC / SYKES, ALCO 4HCBF6M	\$545.40	\$1,499.85	\$3,695.59
614	0660	PUMP/INDUS/6"X5"/HIGHEAD/VACASSIST/DSL		\$833.25	\$2,287.65	\$6,863.96
614	0730	PUMP/INDUSTRIAL/6"X3"/VAC ASSIST/ELEC		\$388.85	\$1,056.46	\$3,168.37
614	0770	PUMP/INDUSTRIAL/6"X4"/VAC ASSIST/ELEC	ALCO 4HCELEC	\$449.45	\$1,232.20	\$3,695.59
614	0970	PUMP/INDUS/10"X8"/HIGHHEAD/VACASSIST/DSL	PP108S17-D60, PIONEER PP108S2	\$833.25	\$2,287.65	\$6,863.96
615	0200	PUMP/TRASH/2"	MULTIQUIP QP202TH, NAGATA NPH2T	\$45.45	\$119.18	\$356.53
615	0290	PUMP/TRASH/2"/DEWATERING	HONDA WD20	\$35.35	\$91.91	\$277.75
615	0300	PUMP/TRASH/3"	MULTIQUIP QP301TH, NAGATA NPH3T	\$55.55	\$145.44	\$436.32
615	0330	PUMP/TRASH/ELEC/3"		\$146.45	\$396.93	\$1,188.77
615	0370	PUMP/TRASH/3"/CAST IRON	GORMANRU 13DL60E	\$70.70	\$184.83	\$554.49
615	0390	PUMP/TRASH/3"/DEWATERING	HONDA WD30	\$45.45	\$119.18	\$356.53
615	0400	PUMP/TRASH/4"	MULTIQUIP QP40TH	\$65.65	\$171.70	\$514.09
615	0440	PUMP/TRASH/ELEC/4"	GORMANRU 14A	\$202.00	\$528.23	\$1,583.68
615	0470	PUMP/TRASH/4"/CAST IRON	GORMANRU 14C2F3L	\$101.00	\$263.61	\$791.84
615	0660	PUMP/TRASH/ELEC/6"	GORMANRU T6A60-B	\$257.55	\$703.97	\$2,111.91
615	0670	PUMP/TRASH/6"/CAST IRON	PIONEER P6F4L91	\$126.25	\$353.50	\$950.41
615	0800	PUMP/TRASH/8"	THOMPSON 68HST	\$333.30	\$879.71	\$2,640.14
615	0880	PUMP/TRASH/ELEC/8"	GORMANRU T8A3-B	\$323.20	\$879.71	\$2,640.14
616	0140	PUMP/VACUUM ASSIST /14"	14NHTA-D40, SYKES 6"WISPA	\$802.95	\$2,199.78	\$6,599.34
616	0180	PUMP/TRASH/VAC ASSIST/12"/SUPER	PIONEER 126081A	\$691.85	\$1,583.68	\$4,752.05
616	0190	PUMP/TRASH/VAC ASSIST/12"/SILENT PACK		\$671.65	\$1,848.30	\$5,543.89
616	0400	PUMP/TRASH/VACUUM ASSIST/4"	PP44S10-F3L912, PIONEER PP44S2	\$166.65	\$444.40	\$1,333.20

616	0440	PUMP/TRASH/VAC ASSIST/4"/SILENT PACK		\$202.00	\$546.41	\$1,640.24
616	0580	PUMP/TRASH/VAC ASSIST/8"/SUPER	PP8812-F6L913 - SUPER 8	\$267.65	\$731.24	\$2,191.70
616	0600	PUMP/TRASH/VACUUM ASSIST/6"	PP66S12-F4L913, THOMPSON 6VDDRT4	\$171.70	\$515.10	\$1,590.75
616	0620	PUMP/TRASH/VAC ASSIST/6"/STAINLESS STEEL	PIONEER PP6X6S2	\$469.65	\$1,290.78	\$3,872.34
616	0640	PUMP/TRASH/VAC ASSIST/6"/SILENT PACK	PIONEER SAT66S29	\$267.65	\$726.19	\$2,178.57
616	0650	PUMP/TRASH/VAC ASSIST/6"/SUPER	PIONEER 6X6S2	\$202.00	\$554.49	\$1,663.47
616	0660	PUMP/TRASH/VAC ASSIST/6"/ELEC	PIONEER PP66S2	\$292.90	\$791.84	\$2,375.52
616	0740	PUMP/TRASH/VAC ASSIST/14"/SILENT PACK		\$1,201.90	\$3,300.68	\$9,900.02
616	0800	PUMP/TRASH/VACUUM ASSIST/8"	PP88S12-F4L913, PIONEER PP8-F4L9, PIONEER SAPP88S	\$227.25	\$626.20	\$1,873.55
616	0840	PUMP/TRASH/VAC ASSIST/8"/SILENT PACK		\$464.60	\$1,276.64	\$3,476.42
616	0880	PUMP/TRASH/VAC ASSIST/8"/ELEC	PIONEER PP88S2	\$323.20	\$879.71	\$2,640.14
616	0920	PUMP/TRASH/VACUUM ASSIST/12"	PP1212S17-BF6L913C, PIONEER PP1212S, ALCO 12NHTM-BF6M	\$449.45	\$1,232.20	\$3,695.59
616	0940	PUMP/TRASH/VAC ASSIST/12"/ELEC	PIONEER PP1212	\$449.45	\$1,232.20	\$3,695.59
616	0950	PUMP/TRASH/VAC ASSIST/14"/ELEC		\$802.95	\$2,199.78	\$6,599.34
617	0400	PUMP/INDUSTRIAL/4"/STAINLESS STEEL	GORMANRU 14A64BF	\$343.40	\$939.30	\$2,815.88

### **PUMPS & ACCESSORIES**

617	0600	PUMP/INDUSTRIAL/6"/STAINLESS STEEL	GORMANRU 16A64BF	\$469.65	\$1,290.78	\$3,872.34
619	0240	PUMP/SUBMERSIBLE/24"/HYD	H&H 240X6	\$338.35	\$923.14	\$2,771.44
619	0380	PUMP/SUBMERSIBLE/30"/HYD		\$499.95	\$1,363.50	\$3,081.51
619	0400	PUMP/SUBMERSIBLE/4"/HYD	PIONEER 4HS-O	\$85.85	\$209.07	\$627.21
619	0600	PUMP/SUBMERSIBLE/6"/HYD	PIONEER HS6-0	\$90.90	\$242.40	\$726.19
619	0920	PUMP/SUBMERSIBLE/12"/HYD	PIONEER HS88S2	\$146.45	\$395.92	\$1,187.76
621	0400	PUMP/DOUBLED DIAPHRAGM/4"/DSL	SMALLINE SL4DDPK	\$75.75	\$232.30	\$611.05
626	0160	HYDRAULIC POWER UNIT/162HP		\$434.30	\$1,188.77	\$3,564.29
626	0670	HYDRAULIC POWER UNIT/65HP W/SLUDGEMASTER		\$833.25	\$2,287.65	\$6,863.96
628	0020	ROAD CROSSING 12"FOR PUMP DIVISION		\$95.95	\$258.56	\$776.69
628	0030	ROAD CROSSING 8"FOR PUMP DIVISION		\$70.70	\$191.90	\$569.64

628	0040	ROAD CROSSING 12"DBL-WIDE FOR PUMP DIV		\$141.40	\$387.84	\$1,164.53
628	0050	ROAD CROSSING 6"FOR PUMP DIVISION		\$60.60	\$155.54	\$465.61
628	0220	PUMP FLOAT DEVICE/SUBMERSIBLE 12"	HTFMFG 12"FLOAT	\$25.25	\$60.60	\$171.70
680	0500	500 GALLON FUEL TANK/ DIESEL		\$55.55	\$136.35	\$378.75

**SAWS & ACCESSORIES**

028	0010	SAW/RECIPROCATING/HAND/AIR	CLECO 136-RX	\$5.05	\$10.10	\$161.60
028	0020	SAW/BAND/HAND/AIR	UNITEC 5600300100	\$50.50	\$126.25	\$343.40
028	0080	SAW/CIRCULAR/AIR/ 8 1/4"	I-R S80	\$15.15	\$35.35	\$90.90
133	0100	SAW/WALK BEHIND/MANUAL/1-9HP/GAS	TARGET MCSII8H	\$60.60	\$156.55	\$343.40
133	0110	SAW/WALK BEHIND/MANUAL/10-19HP/GAS	FELKER, EDCO, STOW, TARGET	\$60.60	\$141.40	\$373.70
133	0210	SAW/WALK BEHIND/SELFPROP/10-19HP/GAS	FELKER PCSD16K, TARGET PACIV	\$70.70	\$191.90	\$484.80
133	0220	SAW/WALK BEHIND/SELFPROP/20-29HP/GAS	FELKER PCSD20H, TARGET PACIV20	\$85.85	\$222.20	\$656.50
133	0230	SAW/WALK BEHIND/SELFPROP/30-39HP/GAS	TARGET PRO35II	\$141.40	\$348.45	\$661.55
133	0550	SAW/WALK BEHIND/SELFPROP/50-59HP/DSL		\$186.85	\$499.95	\$1,161.50
133	0800	SAW/WALKBEHIND/SELFPROP/60-69HP/DSL		\$146.45	\$419.15	\$1,100.90
133	0850	SAW/WALK BEHIND/SELFPROP/30-39HP/DSL	TARGET PRO35III	\$106.05	\$333.30	\$808.00
134	0010	SAW/CUT OFF/CONCRETE/HAND/12"/GAS	STOW RX814 , PARTNER K650 & 700	\$45.45	\$141.40	\$333.30
134	0020	SAW/CUT OFF/CONCRETE/HAND/14"/ELEC	MILW 6528	\$50.50	\$136.35	\$358.55
134	0050	SAW/CUT OFF/CONCRETE/HAND/14"/GAS	STIHL TS400, PARTNER K700/14	\$55.55	\$141.40	\$459.55
134	0060	SAW/CUT OFF/CONCRETE/HAND/16"/GS	STIHL TS760, PARTNER K950/16	\$65.65	\$161.60	\$419.15
135	0030	SAW/BRICKSAW/1-9HP/GAS	EDCO GMS-14	\$55.55	\$151.50	\$363.60
520	0020	SAW/CIRCULAR/HAND/ELECTRIC	BLACK DW378G	\$10.10	\$20.20	\$60.60
520	0030	SAW/JIG/HAND/ELECTRIC	CAT6256	\$5.05	\$10.10	\$25.25
520	0040	SAW/RECIPROCATING/HAND/ELECTRIC	MILWAUKE M653722	\$20.20	\$40.40	\$70.70
520	0070	SAW/BANDSAW/HAND/ELECTRIC	MILWAUKE 6232	\$20.20	\$45.45	\$131.30
520	0110	SAW/CHOP/14"/ELECTRIC	MAKITA 2414NB	\$25.25	\$50.50	\$116.15
521	0160	SAW/CIRCULAR/16"/ELECTRIC	MAKITA 5402A	\$35.35	\$75.75	\$181.80
521	0740	SAW/CIRCULAR/7 1/4"/ELECTRIC	BOSCH SKLE77, MAKITA 5277B	\$15.15	\$25.25	\$50.50
521	0860	SAW/BAND/4 3/8"CAPACITY/ELECTRIC	MILW 6232-6	\$25.25	\$55.55	\$151.50

521	0870	SAW/BAND/3"CAPACITY/ELECTRIC	MILW 6223	\$20.20	\$45.45	\$131.30
521	0930	SAW/MITRE SLIDE/COMPOUND 12"		\$40.40	\$101.00	\$242.40
647	0140	CHAIN SAW/14"/GAS	ECHO 7CS3450, SACHS PS341	\$35.35	\$90.90	\$267.65
647	0160	CHAIN SAW/16"/GAS	ECHO CS-3450	\$40.40	\$101.00	\$272.70
647	0180	CHAIN SAW/18"/GAS	ECHO CS4400	\$40.40	\$101.00	\$272.70
647	0200	CHAIN SAW/20"/GAS	ECHO CS-5000	\$45.45	\$116.15	\$303.00
647	0240	CHAIN SAW/24"/GAS	ECHO CS6700, STIHL 36	\$55.55	\$136.35	\$323.20

**SAWS & ACCESSORIES**

647	0280	CHAIN SAW/28"/GAS	ECHO CS-8000	\$85.85	\$202.00	\$464.60
647	0660	CHAIN SAW/16"/ELEC	STIHL E180	\$40.40	\$101.00	\$303.00

**SHOP EQUIPMENT**

139	0100	SCABBLER/AIR/WALK BEHIND	MACDONAL FB5, TEXAS T-3	\$171.70	\$530.25	\$919.10
650	0570	DOLLY	AIRSLED 2014, GRAINGER 3KR47	\$20.20	\$45.45	\$80.80
650	0700	FAN UP TO 48"	DAYTON	\$30.30	\$65.65	\$186.85

**TRENCHING EQUIPMENT**

237	0340	TRENCHER/RIDE/4' DEEP/30-39HP/DSL	DITCH WITCH RT40, VERMEER RT450	\$277.75	\$878.70	\$1,989.70
237	0870	TRENCHER/RIDE/5'/90-99HP/DSL		\$686.80	\$1,893.75	\$5,181.30
238	0020	TRENCHER/WALK/1' TO 2'<10HP/GAS/GRNDSAW		\$90.90	\$252.50	\$752.45
238	0120	TRENCHER/WALK/2' TO 3'/10HP/GAS	DITCH WITCH 1330, VERMEER RT100	\$106.05	\$308.05	\$732.25
240	0600	STUMP GRINDER/60-69HP/DSL		\$277.75	\$823.15	\$2,216.95

**VEHICLES & TRAILERS**

652	0160	TRUCK/FLATBED/FLAT/16'/DSL	LEDWELL, VALEW	\$252.50	\$671.65	\$1,818.00
656	0070	TRUCK/BOXDUMP/3-4YD/DSL	FONTAINE, LEDWELL, ROYAL, VALEW	\$141.40	\$459.55	\$1,307.95
656	0080	TRUCK/BOXDUMP/3-4YD/CREW CAB/DSL	FORD F550	\$242.40	\$707.00	\$1,575.60
656	0090	TRUCK/BOXDUMP/5-6YD/DSL	LEDWELL, VALEW	\$252.50	\$606.00	\$1,666.50
656	0140	TRUCK/BOXDUMP/12-14YD/DSL	LEDWELL, VALEW	\$459.55	\$1,464.50	\$3,832.95
656	0250	TRUCK/ARTICULATED OFFROAD DUMP/25TON/DSL	JDEERE 250D	\$1,247.35	\$3,434.00	\$9,443.50
656	0300	TRUCK/ARTICULATED OFFROAD DUMP/30TON/DSL	JDEERE 300D	\$1,403.90	\$3,858.20	\$10,605.00

656	0500	TRUCK/BOXDUMP/5-6 YARD/CREW CAB/DSL		\$308.05	\$787.80	\$2,191.70
656	0540	TRUCK/ARTICULATED OFFROAD DUMP/14TON/DSL	JCB 714	\$1,065.55	\$2,929.00	\$8,080.00
656	0960	TRUCK/BOXDUMP/5-6YD/DSL/NO CDL	LEDWELL, VALEW	\$252.50	\$606.00	\$1,666.50
658	0060	TRUCK/PICKUP/F250CLASS/DSL/4WD	FORD F250	\$136.35	\$404.00	\$1,004.95
658	0120	TRUCK/FLATSTAKE BODY/12'/DSL/2WD	LEDWELL, VALEW, ROYAL, FONTAINE	\$161.60	\$439.35	\$1,206.95
658	0140	TRUCK/PICKUP/CREWCAB/F350CLASS/DSL/4WD	FORD F350	\$196.95	\$686.80	\$1,307.95
658	0200	TRUCK/FIELD SERVICE/DSL	FORD F350	\$606.00	\$1,010.00	\$2,929.00
658	0210	TRUCK/PICKUP/CREWCAB/F250CLASS/DSL/4WD	FORD F250	\$191.90	\$701.95	\$1,307.95
658	0250	TRUCK/FLATSTAKE BODY/10-1/2'/DSL/2WD		\$222.20	\$611.05	\$1,515.00
658	0260	TRUCK/BOXDUMP/3-4 YD/CREWCAB/DSL/4W		\$242.40	\$671.65	\$1,499.85
658	0280	TRUCK/PICKUP/SUPERCAB/F250CLASS/DSL/4WD	FORD F250	\$156.55	\$505.00	\$1,146.35
658	0300	TRUCK/BOXDUMP/3-4 YD/CREW CAB/DSL/2WD		\$232.30	\$621.15	\$1,499.85
658	0310	TRUCK/FLATBED/CREWCB/F250-350CLS/DSL/2WD	FORD F350	\$202.00	\$555.50	\$1,378.65
658	0420	TRUCK/FLATSTAKE BODY/12'/DSL/4WD	LEDWELL, VALEW, ROYAL, FONTAINE	\$186.85	\$459.55	\$1,328.15
658	0500	TRUCK/STAKE BODY/F550CLASS/DSL/4W	FORD F550	\$267.65	\$742.35	\$1,934.15
658	0530	TRUCK/STAKE BODY/F450CLASS/CREWCAB/2W	LEDWELL, VALEW, ROYAL, FONTAINE	\$212.10	\$535.30	\$1,464.50
658	0540	TRUCK/STAKE BODY/F450CLASS/CREWCAB/4W		\$287.85	\$701.95	\$1,954.35
659	0040	TRUCK/PICKUP/SUPERCAB/RANGERCLASS/GAS/2WD	FORD RANGER	\$106.05	\$292.90	\$626.20
659	0050	TRUCK/SPORT UTILITY/EXPLORER CLASS/GAS	FORD EXPLORER OR BRONCO	\$166.65	\$459.55	\$1,100.90
659	0060	TRUCK/PICKUP/F150CLASS/GAS/4WD	FORD F150	\$126.25	\$368.65	\$974.65
659	0070	TRUCK/PICKUP/SUPERCAB/RANGERCLASS/GAS/4WD	FORD RANGER	\$146.45	\$404.00	\$909.00
659	0100	TRUCK/PICKUP/F150CLASS/GAS/2WD	FORD F150	\$111.10	\$358.55	\$853.45
659	0110	TRUCK/UTILITY BODY/GAS	FORD F250 & F350	\$151.50	\$434.30	\$1,050.40

**VEHICLES & TRAILERS**

659	0120	TRUCK/FLATSTAKE/12'/GAS	FORD F350	\$156.55	\$414.10	\$1,156.45
659	0140	TRUCK/PICKUP/CREWCAB/F350CLASS/GAS/4WD	FORD F350	\$176.75	\$570.65	\$1,272.60
659	0160	TRUCK/PICKUP/SUPERCAB/F150CLASS/GAS/2WD	FORD F150	\$141.40	\$398.95	\$782.75



659	0170	TRUCK/PICKUP/SUPERCAB/F150CLASS/GAS/4WD	FORD F150	\$106.05	\$409.05	\$802.95
659	0180	TRUCK/PICKUP/CREWCAB/F150CLASS/GAS/4WD	FORD F150	\$171.70	\$530.25	\$1,161.50
659	0210	TRUCK/PICKUP/CREWCAB/F250CLASS/GAS/4WD	FORD F250	\$186.85	\$525.20	\$1,297.85
659	0250	TRUCK/PICKUP/F250CLASS/GAS/2WD	FORD F250	\$131.30	\$378.75	\$924.15
659	0260	TRUCK/PICKUP/F250CLASS/GAS/4WD	FORD F250	\$141.40	\$388.85	\$1,004.95
659	0270	TRUCK/PICKUP/SUPERCAB/F250CLASS/GAS/2WD	FORD F250	\$126.25	\$373.70	\$1,030.20
659	0280	TRUCK/PICKUP/SUPERCAB/F250CLASS/GAS/4WD	FORD F250	\$217.15	\$469.65	\$1,060.50
659	0290	TRUCK/PICKUP/CREWCAB/F250CLASS/GAS/2WD	FORD F250	\$181.80	\$499.95	\$1,272.60
659	0390	TRUCK/PICKUP/CREWCAB/F150CLASS/GAS/2WD		\$161.60	\$515.10	\$1,151.40
659	0500	TRUCK/TRACTOR/DUAL AXLE	FORD LT9000, KENWORTH T600B, IH 9400	\$499.95	\$1,509.95	\$4,539.95
659	0520	TRUCK/TRACTOR/ W/NYC HYDRAULICS	MACKTRUCK RD688SX	\$919.10	\$2,519.95	\$6,923.55
659	0570	TRUCK/UTILITY BODY/GAS/ TOW PACKAGE		\$176.75	\$575.70	\$1,636.20
659	0640	TRUCK/SPORT UTILITY/EXPEDITION CLASS/GAS	FORD EXPEDITI	\$171.70	\$469.65	\$1,171.60
659	0670	TRUCK/SPORT UTILITY/ESCAPE CLASS/GAS		\$166.65	\$454.50	\$1,090.80
659	0870	VAN/CARGO/E250CLASS/GAS	FORD E250	\$136.35	\$383.80	\$1,045.35
659	0880	VAN/CARGO/E350CLASS/GAS	FORD E350	\$116.15	\$328.25	\$1,116.05
659	0920	VAN/PASSENGER/E350CLASS/GAS	FORD E350, GMC SAVANA	\$131.30	\$505.00	\$1,363.50
660	0220	TRUCK/FLATSTAKE/22'/DSL	LEDWELL, VALEW	\$232.30	\$666.60	\$1,893.75
662	0180	TRUCK/CUBE VAN/15'/RAMP	FORD E350	\$176.75	\$520.15	\$1,610.95
664	0200	TRUCK/WATER/2000 GALLON/DSL	LEDWELL, VALEW	\$247.45	\$802.95	\$2,014.95
664	0370	TRUCK/WATER/3700 GALLON/DSL/DUAL AXLE	LEDWELL, VALEW	\$414.10	\$1,464.50	\$3,529.95
665	0050	TRAILER/DUMP/1/2 CUBIC YARD/SINGLE AXLE	BIGTEX U198455	\$75.75	\$242.40	\$651.45
665	0120	TRAILER/DUMP/1 1/2 CUBIC YARD/DBL AXLE	TRAILER U181531	\$80.80	\$222.20	\$499.95
665	0350	TRAILER/DUMP/3.5 CUBIC YARD/DOUBLE AXLE		\$85.85	\$237.35	\$590.85
665	0600	TRAILER/DUMP/6 CUBIC YARD/DOUBLE AXLE		\$161.60	\$439.35	\$3,141.10
666	0200	TRUCK/A-FRAME/20 TON/DSL/WINCH	FORD F700 &F800	\$247.45	\$681.75	\$1,883.65
666	0900	COLLISION CUSHION/TRUCK MOUNTED/62MPH	FRTLINER FL70	\$242.40	\$454.50	\$1,868.50

667	0040	TRAILER/SMALL EQUIPMENT/ROTOTILLER	ATLAS 040TBT	\$20.20	\$45.45	\$111.10
667	0050	TRAILER/SMALL EQUIPMENT/TRENCHER	BARRETO E4X5DGT, D-W S2A	\$20.20	\$50.50	\$121.20
667	0060	TRAILER/SMALL EQUIPMENT/STUMP GRINDER	PREMCO UT1000, VERMEER TLR-25	\$20.20	\$50.50	\$121.20
667	0070	TRAILER/SMALL EQUIPMENT/GENERAL	BIG4RENT LER94	\$20.20	\$50.50	\$121.20
667	0080	TRAILER/SMALL EQUIP/SCISSOR LIFT/SINGAXL	LWCW 16T	\$25.25	\$55.55	\$146.45
668	0020	TRAILER/BOX/5'X8'/SINGLE AXLE	BEST 5X8US	\$40.40	\$111.10	\$267.65
668	0030	TRAILER/BOX/5'X10'/SINGLE AXLE	AARENCO 5X10	\$50.50	\$141.40	\$373.70
668	0510	TRAILER/BOX/5'X12'/DOUBLE AXLE	BEST 5X12UST	\$50.50	\$146.45	\$373.70
672	0100	TRAILER/STORAGE/10'	BAYAREA 10', TRANSAME 10	\$20.20	\$40.40	\$95.95
672	0160	TRAILER/STORAGE/16'	CONTAINER	\$20.20	\$40.40	\$121.20
672	0200	TRAILER/STORAGE/20'	CONTAINER	\$20.20	\$45.45	\$106.05
672	0240	TRAILER/STORAGE/24'	ZIRCON 24	\$25.25	\$55.55	\$166.65
672	0400	TRAILER/STORAGE/40'	MSG	\$30.30	\$65.65	\$202.00
673	0050	TRAILER/WATER/500 GALLON	WYLIE EXP-500-S, MAGNUM MWT500	\$70.70	\$151.50	\$535.30
675	0001	TRAILER/EQUIPMENT	VERMEER TLR20, D-W S2A	\$20.20	\$45.45	\$126.25
675	0010	TRAILER/EQUIPMENT/1-TON	DITCH WITCH S1A	\$30.30	\$75.75	\$252.50
675	0020	TRAILER/EQUIPMENT/2-TON	ZIEMAN 1125, DITCH WITCH S5A	\$30.30	\$75.75	\$252.50
675	0030	TRAILER/EQUIPMENT/3-TON	TRAILKING TK6U	\$35.35	\$90.90	\$277.75

**VEHICLES & TRAILERS**

675	0040	TRAILER/EQUIPMENT/4-TON	TRAILKING TK8U, CUSTOM 4T1222HS	\$40.40	\$116.15	\$303.00
675	0050	TRAILER/EQUIPMENT/5-TON	TRAILKING TK10U	\$40.40	\$126.25	\$378.75
675	0060	TRAILER/EQUIPMENT/6-TON	ZIEMAN 1185, TRAILKING TK12U	\$75.75	\$181.80	\$404.00
675	0070	TRAILER/EQUIPMENT/7-TON	ZIEMAN 1155, LEDWELL 6X10	\$80.80	\$191.90	\$696.90
675	0090	TRAILER/EQUIPMENT/9-TON	TRAILKING TK18	\$85.85	\$222.20	\$898.90
675	0100	TRAILER/EQUIPMENT/10-TON	TRAILKING TK20	\$95.95	\$252.50	\$903.95
675	0120	TRAILER/EQUIPMENT/12-TON	TRAILKING TK24	\$116.15	\$297.95	\$954.45
675	0200	TRAILER/EQUIPMENT/20-TON	GENERAL, INTERSTATE, BELSHE	\$126.25	\$348.45	\$1,060.50

675	0310	TRAILER/EQUIPMENT/3 1/2-TON		\$353.50	\$1,085.75	\$3,181.50
675	0910	TRAILER/EQUIPMENT/1 1/2-TON	CENCALTR ILT95, BEST A98	\$40.40	\$101.00	\$363.60
675	0950	TRAILER/EQUIPMENT W/HYD BED/5 TON		\$45.45	\$126.25	\$444.40
676	0250	TRAILER/TILT/5TON	STRONGBO M274T	\$40.40	\$116.15	\$318.15
676	0270	TRAILER/TILT/7TON		\$111.10	\$227.25	\$626.20
676	0910	TRAILER/TILT/1 1/2TON	TRIPLE UT1000	\$35.35	\$80.80	\$227.25
678	0100	TRAILER/GOOSENECK/10-TON	LEDWELL 26'GOOSE	\$95.95	\$257.55	\$727.20
679	0001	TRAILER/PIPE	DATAMANUFACTURING 12000	\$40.40	\$101.00	\$348.45
679	0090	TRAILER/MUD VACUUM/POTHOLES/500GAL		\$499.95	\$1,656.40	\$4,545.00

**WASHING EQUIPMENT**

765	0030	WASHER/3000PSI/DSL	ALLAMER CHW5030	\$90.90	\$237.35	\$600.95
766	0010	WASHER/1000-1999PSI/GAS	HOTSY	\$55.55	\$161.60	\$388.85
766	0020	WASHER/2000-2999PSI/GAS	SIMPSON,MI-T-M,LANDA	\$60.60	\$166.65	\$398.95
766	0030	WASHER/3000-3999PSI/GAS	SIMPSON, HOTSY, MI-T-M	\$65.65	\$166.65	\$404.00
766	0040	WASHER/4000-4999PSI/GAS	SIMPSON WS4040	\$85.85	\$227.25	\$742.35
766	0050	WASHER/5000-5999PSI/GAS	HOTSY BR405031	\$75.75	\$217.15	\$1,398.85
766	0520	WASHER/2000-2999PSI/GAS/HOT	MI-T-M HSP2403	\$95.95	\$257.55	\$732.25
766	0530	WASHER/3000-3999PSI/GAS/HOT	MI-T-M HSP30043	\$95.95	\$257.55	\$732.25
766	0830	WASHER/3000-3999PSI/HOT/TRAILER MNT/GAS		\$131.30	\$383.80	\$1,045.35

**WELDING EQUIPMENT**

768	0300	WELDER/300-349AMPS/DSL/TOW	LINCOLN CLASSIC 300, LINCOLN VANTAGE 300, MILLER BIGBLUE 300	\$75.75	\$191.90	\$429.25
768	0400	WELDER/400-449AMPS/DSL/TOW	LINCOLN SAE400 AND VANTAGE 400, MILLER BIGBLUE 400	\$95.95	\$217.15	\$499.95
768	0500	WELDER/500-549AMPS/DSL/TOW	LINCOLN VANTAGE 500, MILLER BIGBLUE 500	\$85.85	\$232.30	\$540.35
768	0600	WELDER/600-649AMPS/DSL/TOW	MILLER BIGBLUE6	\$111.10	\$303.00	\$772.65
769	0230	WELDER/250-299AMPS/LP/STAT	MILLER BOBCAT	\$65.65	\$166.65	\$424.20
769	0330	WELDER/300-349AMPS/PROPANE/STAT	MILLER TRAIL301	\$80.80	\$207.05	\$540.35
772	0100	WELDER WIRE FEEDER/ELECTRIC 120VOLT	LINCOLN LN25	\$45.45	\$111.10	\$287.85

772	0140	WELDER WIRE FEEDER/ATTACHMENT		\$55.55	\$156.55	\$348.45
775	0250	WELDER/250-299AMPS/ELEC/STAT	MILLER MM250, LINCOLN K1053	\$45.45	\$111.10	\$287.85
775	0300	WELDER/300-349AMPS/ELEC/STAT	MILLER SM300	\$45.45	\$116.15	\$308.05
775	0400	WELDER/400-449AMPS/ELEC/STAT	LINCOLN K1308	\$50.50	\$126.25	\$287.85
775	0860	WELDER/1100-1199AMPS/ELEC/STAT		\$85.85	\$232.30	\$565.60
779	0300	PLASMA CUTTER/30 AMP	MILLER SPEC300	\$111.10	\$303.00	\$602.97

**DELIVERY:**

\$85.00 per loaded hour for delivery and pick up of Hertz owned equipment that takes up a partial truck load. Tolls and permits not included.

\$130.00 Per loaded hour for delivery and pick up of Hertz owned equipment that takes up a full truck load. Tolls and permits not included.

\$100.00 Per hour for delivery and pick up of all Hertz owned over the road vehicles, port to port Tolls and permits not included.

If outside hauling is required to deliver or pick up equipment Hertz will charge cost plus 10%. Customer approval will be required before Hertz hires an outside hauler to perform any equipment deliveries or pick ups.

Please note one or all of these fee's may apply if it is necessary for Hertz to ship in a piece of equipment from another location. Again, customer approval will be required before Hertz arranges any transportation.

**Billing:** 30 Day

**Fuel:** Refueling - HERC branch posted refueling charges will apply upon return of a piece of equipment requiring refueling at the end of a rental or due to a swap.

**Adds:** Customer to be exempt from Emissions and Environmental Surcharge

Customer to be exempt from Delivery Fuel Charge

Re-rent - Cost plus 30% for all 3rd party charges. Customer approval will be required for all re-rents that will be charged at cost plus 30%. If a re-rent goes out at contract rate, no approval is needed.

Training - Material Handling and Aerial Work Platforms - \$125 per student

Please see attached HERC Equipment Safe Operation Training Brouchure

Damages Charges

Labor - Posted Shop Labor rate

Parts - Cost plus 20%

Outside labor and repairs - Cost plus 15% for all 3rd party charges

Loss of Use

Loss of use will be charged when a piece of equipment is unavailable for rental due to customer damage. The charges will be the contract rental charges and the amount of time will be equal to the time between the damage occurring and the unit being available for rental to the same or different customer.

GPS - \$40 per unit for basic telematics

Loss and Damage Waiver - LDW charges will apply unless a valid COI is on file with HERC.

To avoid LDW charges Certificate of Insurance must be on file during the time of rental

Cleaning Charges - For appropriate and supportable cleaning charges, cleaning will be \$99 per hour and parts (decals) at cost plus 10%

Pump and Power Set Up Fee

HERC Personnel

Standard Hours - Posted Shop Labor Rate

Overtime Hours - Posted Shop Labor Rate times 1.5

Outside Personnel - Cost Plus 10%

Stand By or Emergency Contingency Rates for Pump and Power

Pump - 30% off applicable rate schedule

Power - minimum 10% off applicable rate schedule

Minimum 5-month stand by rental

Equipment Set Up Fees - Pump and Power

HERC Personnel - Posted Shop Labor Rate

HERC Personnel Overtime - Posted Shop Labor Rate times 1.5

Outside Labor - Cost Plus 10%

Over Meter Charges

Standard allotted hours:

- A one day's rental will allow 8 hours of use
- A week's rental will allow 40 hours of use
- A monthly rental allows 176 hours of use

If the usage meter exceeds the above usage upon return additional charges listed below will apply.

- 1/16th of the daily rate for daily rentals
- 1/80th of the weekly rate for weekly rentals
- 1/352nd of the monthly rate for monthly rentals

U.S Communities – North Carolina State University

RFP No. 63-JGD99818

Double and Triple Shifts:

- Double shifts (16 hours per day) are one and a half times the daily rate
- Triple shifts (24 hours per day) are two times the daily rate

Note: This information is especially important when renting such equipment as pumps and generators.

Over Mileage Charges

Standard allotted mileage for Pick-up Trucks (1/4 ton to 1 ton size):

- A one day's rental will allow 100 miles of use
- A week's rental will allow 500 miles of use
- A monthly's rental allows 1500 miles of use

If the odometer exceeds the above usage upon return an additional charge of \$0.20 per mile will apply.

Standard allotted mileage for Stake Body Trucks and Crane Trucks:

- A one day's rental will allow 50 miles of use
- A week's rental will allow 250 miles of use
- A monthly's rental allows 750 miles of use

If the odometer exceeds the above usage upon return an additional charge of \$0.25 per mile will apply.

Standard allotted mileage for Dump Trucks and Water Trucks:

- A one day's rental will allow 50 miles of use
- A week's rental will allow 250 miles of use
- A monthly's rental allows 750 miles of use

If the odometer exceeds the above usage upon return an additional charge of \$0.50 per mile will apply

- 1% was added to cover State of Missouri admin fee





# CERTIFIED COPY OF ORDER

STATE OF MISSOURI

June Session of the April Adjourned

Term. 20 18

County of Boone

} ea.

In the County Commission of said county, on the 19th day of June 20 18

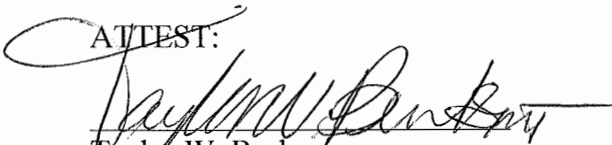
the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the utilization of the City of Columbia's cooperative term and supply contract 28/2018 with Mid-Missouri Drug Testing Collections, Inc. for drug and alcohol testing services.

The terms of the Cooperative Contract are stipulated in the attached Purchase Agreement. It is further ordered the Presiding Commissioner is hereby authorized to sign said Purchase Agreement.

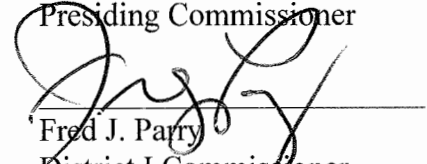
Done this 19th day of June, 2018

ATTEST:

  
Taylor W. Burks  
Clerk of the County Commission



Daniel K. Atwill  
Presiding Commissioner



Fred J. Parry  
District I Commissioner



Janet M. Thompson  
District II Commissioner

# Boone County Purchasing

**Liz Palazzolo, CPPO, C.P.M**  
Senior Buyer



613 E. Ash St, Room 110  
Columbia, MO 65201  
Phone: (573) 886-4392  
Fax: (573) 886-4390

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## MEMORANDUM

TO: Boone County Commission  
FROM: Liz Palazzolo, Senior Buyer  
DATE: May 31, 2018  
RE: Cooperative Contract 28/2018 Drug and Alcohol Testing Services

Purchasing requests permission to use contract 28/2018 Drug and Alcohol Testing Services established by the City of Columbia with Mid-Missouri Drug Testing Collections, Inc. of Columbia, Missouri as a cooperative contract.

The contract runs through April 30, 2019 with four (4) one-year renewal options available.

This is a Countywide Term and Supply contract.

/lp

c: Contract File

**PURCHASE AGREEMENT  
FOR  
28/2018 DRUG AND ALCOHOL TESTING SERVICES**

**THIS AGREEMENT** dated the 19<sup>th</sup> day of June 2018 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, herein "County" and **Mid-Missouri Drug Testing Collections, Inc.**, herein "Vendor."

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

1. **Contract Documents** - This agreement shall consist of this Purchase Agreement for **Drug and Alcohol Testing Services**, in compliance with all bid specifications and any addenda issued for the City of Columbia contract 28/2018, and the Standard Terms and Conditions of Boone County, Missouri. All such documents shall constitute the contract documents which are incorporated herein by reference. Service or product data, specification and literature submitted with the bid response may be permanently maintained in the County Purchasing Office file if not attached. In the event of conflict between any of the foregoing documents, this Purchase Agreement, City of Columbia Contract 28/2018, and the Standard Terms and Conditions of Boone County, Missouri shall prevail and control.

2. **Purchase** - The County agrees to purchase from the Vendor and the Vendor agrees to supply the County with **Drug and Alcohol Testing Services**, as specified and priced in City of Columbia contract 28/2018. Fees for services follow in **Attachment One**.

3. **Contract Term** - This agreement shall commence on **the date written above and extend through April 30, 2019** subject to the provisions for termination specified below. The contract has four (4) one-year renewal options available.

4. **Payment for Service** - All billing shall be invoiced to the Boone County Commission office and billings may only include the prices listed in the vendor's bid response as shown on **Attachment One**. No additional fees for paper work processing, labor, or taxes shall be included as additional charges in excess of the charges in the Vendor's bid response to the specifications. The County agrees to pay all invoices within thirty (30) calendar days of receipt of an accurate statement. In the event of a billing dispute, the County reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the Vendor, the County agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

5. **Binding Effect** - This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

6. **Termination** - This agreement may be terminated by the County upon thirty days advance written notice for any of the following reasons or under any of the following circumstances:

- a. The County may terminate this agreement due to material breach of any term or condition of this agreement; or
- b. the County may terminate this agreement if in the opinion of the Boone County Commission if delivery of products are delayed or products delivered are not in conformity with bidding specifications or variances authorized by County; or

c. if appropriations are not made available and budgeted for any calendar year.

IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

**MID-MISSOURI DRUG  
TESTING COLLECTIONS, INC.**

by *and M. Johnson*  
title *President*

**BOONE COUNTY, MISSOURI**

by: Boone County Commission  
*Daniel K. Atwill*  
Daniel K. Atwill, Presiding Commissioner

APPROVED AS TO FORM:

*[Signature]*  
County Counselor

ATTEST:

*[Signature]*  
Taylor W. Burks, County Clerk

In accordance with RSMo 50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

Countywide Term and Supply

Signature *Jane Pitchford by jz* Date *06/08/2018* Appropriation Account \_\_\_\_\_

## **STANDARD CONTRACT TERMS AND CONDITIONS - BOONE COUNTY, MISSOURI**

1. Contractor shall comply with all applicable federal, state, and local laws and failure to do so, in County's sole discretion, shall give County the right to terminate this Contract.
2. Prices shall include all charges for packing, delivery, installation, etc., (unless otherwise specified) to the Boone County Department.
3. The Boone County Commission has the right to accept or reject any part or parts of all bids, to waive technicalities, and to accept the offer the County Commission considers the most advantageous to the County. Boone County reserves the right to award this bid on an item-by-item basis, or an "all or none" basis, whichever is in the best interest of the County. The Purchasing Director reserves the right, when only one bid has been received by the bid closing date, to delay the opening of bids to another date and time in order to revise specifications and/or establish further competition for the commodity or service required. The one (1) bid received will be retained unopened until the new Closing date, or at request of bidder, returned unopened for re-submittal at the new date and time of bid closing.
4. When products or materials of any particular producer or manufacturer are mentioned in our contracts, such products or materials are intended to be descriptive of type or quality and not restricted to those mentioned.
5. Do not include Federal Excise Tax or Sales and Use Taxes in billing, as law exempts the County from them.
6. The delivery date shall be stated in definite terms.
7. The County Commission reserves the right to cancel all or any part of orders if delivery is not made or work is not started as guaranteed. In case of delay, the Contractor must notify the Purchasing Department.
8. In case of default by the Contractor, the County of Boone will procure the articles or services from other sources and hold the Contractor responsible for any excess cost occasioned thereby.
9. Failure to deliver as guaranteed may disqualify Contractor from future bidding.
10. Prices must be as stated in units of quantity specified, and must be firm.
11. The County of Boone, Missouri expressly denies responsibility for, or ownership of any item purchased until same is delivered to the County and is accepted by the County.
12. The County reserves the right to award to one or multiple respondents. The County also reserves the right to not award any item or group of items if the services can be obtained from a state or other governmental entities contract under more favorable terms. The resulting contract will be considered "Non-Exclusive". The County reserves the right to purchase advertising from other vendors.
13. The County, from time to time, uses federal grant funds for the procurement of goods and services. Accordingly, the provider of goods and/or services shall comply with federal laws, rules and regulations applicable to the funds used by the County for said procurement, and contract clauses required by the federal government in such circumstances are incorporated herein by reference.

These clauses can generally be found in the Federal Transit Administration's Best Practices Procurement Manual – Appendix A. Any questions regarding the applicability of federal clauses to a particular bid should be directed to the Purchasing Department prior to bid opening.

14. In the event of a discrepancy between a unit price and an extended line item price, the unit price shall govern.
15. Should an audit of Contractor's invoices during the term of the Agreement, and any renewals thereof, indicate that the County has remitted payment on invoices that constitute an over-charging to the County above the pricing terms agreed to herein, the Contractor shall issue a refund check to the County for any over-charges within 30-days of being notified of the same.
16. **For all titled vehicles and equipment the dealer must use the actual delivery date to the County** on all transfer documents including the Certificate of Origin (COO,) Manufacturer's Statement of Origin (MSO,) Bill of Sale (BOS,) and Application for Title.
17. **Equipment and serial and model numbers** - The contractor is strongly encouraged to include equipment serial and model numbers for all amounts invoiced to the County. If equipment serial and model numbers are not provided on the face of the invoice, such information may be required by the County before issuing payment.

## INSTRUCTIONS FOR COMPLIANCE WITH HOUSE BILL 1549

House Bill 1549 addresses the Department of Homeland Security's and the Social Security Administration's E-Verify Program (Employment Eligibility Verification Program) that requires the County to verify "lawful presence" of individuals when we contract for work/service; verify that contractor has programs to verify lawful presence of their employees when contracts exceed \$5,000; and a requirement for OSHA safety training for public works projects.

The County is required to obtain certification that the bidder awarded the attached contract participates in a federal work authorization program. To obtain additional information on the Department of Homeland Security's E-Verify program, go to:

<http://www.uscis.gov/portal/site/uscis/menuitem.eb1d4c2a3e5b9ac89243c6a7543f6d1a/?vgnextoid=75bce2e261405110VgnVCM1000004718190aRCRD&vgnnextchannel=75bce2e261405110VgnVCM1000004718190aRCRD>

Please complete and return form *Work Authorization Certification Pursuant to 285.530 RSMo* if your contract amount is in excess of \$5,000. **Attach to this form the first and last page of the *E-Verify Memorandum of Understanding* that you completed when enrolling for proof of enrollment.**

If you are an Individual/Proprietorship, then you must return the attached *Certification of Individual Bidder*. On that form, you may do one of the three options listed. Be sure to attach any required information for those options as detailed on the *Certification of Individual Bidder*. If you choose option number two, then you will also need to complete and return the attached form *Affidavit*.

**COUNTY OF BOONE - MISSOURI  
WORK AUTHORIZATION CERTIFICATION  
PURSUANT TO 285.530 RSMo  
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of \_\_\_\_\_ )

)ss

State of \_\_\_\_\_ )

My name is \_\_\_\_\_. I am an authorized agent of \_\_\_\_\_

(Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. **Documentation of participation in a federal work authorization program is attached to this affidavit.**

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Subscribed and sworn to before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_  
Notary Public

**Attach to this form the first and last page of the *E-Verify Memorandum of Understanding* that you completed when enrolling.**



**Contract 28/2018**  
**ATTACHMENT ONE**

<b>ITEM</b>	<b>DESCRIPTION</b>	<b>UNIT OF MEASURE</b>	<b>FIRM FIXED UNIT PRICE</b>
1. Full Drug Screen Analysis, 5-panel DOT	Price must include collection, laboratory analysis, and positive test confirmation	Per Specimen	\$38.00
2. Drug-Screen Analysis, 5-Panel, non-DOT	Price must include collection, laboratory analysis, and positive test confirmation. Shall not include Medical Review Officer in quote. This service is only required for positive tests and should be quoted on item #7 below.	Per Specimen	\$21.00
3. Mobile-based Drug Test	Mobile-based Drug Test	Per Each	"Same Price" No additional price -- to be priced same as ordered drug test
4. Breath Alcohol Testing	Breath Alcohol Testing	Per Each	\$25.00
5. Mobile Based Alcohol Test	Mobile Based Alcohol Test – specific test designated at time of order	Per Each	\$25.00
6. Positive Breath Alcohol Test Confirmation	Test to confirm positive result on breath alcohol test	Per Each	\$15.00
7. Review of lab analysis by Medical Review Officer	Review of lab analysis by Medical Review Officer	Per Each	<ul style="list-style-type: none"> <li>• Included in DOT Analysis</li> <li>• \$10.00 each for non-DOT analysis</li> </ul>
8. Medical Review Officer Consultation	Medical Review Officer Consultation	Per Hour	\$100.00
9. Expert Witness Testimony	Expert Witness Testimony	Per Hour	\$100.00
10. Random Pool Administration	Random Pool Administration (Selection, notification, and blind specimen submission)	Per Each Year	\$200.00/Year
10. Random Testing for sworn personnel assigned to the Columbia Police Department (CPD) Narcotics Division	Currently five CPD officers. <ul style="list-style-type: none"> <li>• Testing to be done quarterly.</li> </ul>	Per Each	No Charge
12. After Hour Fees	After hour fees and/or any extra fees when performing services outside normal operating	Specify Rate	No Charge

	hours		
13. Emergency Charges	Charges for Emergency Services	Specify Rate	No Charge
14. Specimen Collection – Out of Area	Charges for specimen collection at out-of-area locations	Specify Rate	No Charge
15. Drug & Alcohol Training	Drug & Alcohol Training for employees and supervisors	Per Training Session	No Charge
16. 7-Panel Drug Test: Tests for Marijuana, Cocaine, Amphetamines including Methamphetamine, Opiates, PCP, Barbiturates, and Benzodiazepines.	7-Panel Drug Test: Tests for Marijuana, Cocaine, Amphetamines including Methamphetamine, Opiates, PCP, Barbiturates, and Benzodiazepines.	Per Each	\$32.00

**AMENDMENT NO. 1  
to the  
28/2018 AGREEMENT**

This Amendment No. 1 to the 28/2018 Agreement is made as of the date of the last signatory noted below, between the **CITY OF COLUMBIA** ("CITY"), and **MID-MISSOURI DRUG TESTING COLLECTIONS, INC.**, ("CONTRACTOR").

**RECITALS**

- A. WHEREAS, on May 2<sup>nd</sup>, 2018, CITY and CONTRACTOR entered into an Agreement ("28/2018 Agreement") for Drug and Alcohol Testing Services; and
- B. WHEREAS, the Parties hereto desire to formally amend the 28/2018 Agreement with this No. 1 Amendment (hereinafter "No. 1 Amendment to the 28/2018 Agreement") and desire to be bound by the terms contained in the 28/2018 Agreement and those contained in this No. 1 Amendment to the Agreement.

**AMENDMENT**

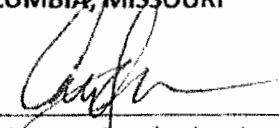
NOW, THEREFORE, in consideration of the mutual benefit to be derived by the parties, it is agreed to amend the 28/2018 Agreement, as follows:

- 1. Exhibit C – "Contractor's Best and Final Offer Amending Prices in RFP Response Price List" of the 28/2018 Agreement shall be amended to include:  
  
7-Panel Test including Marijuana, Cocaine, Amphetamines (including methamphetamine), Opiates, PCP, Barbituates, and Benzodiazepines at the rate of \$32.00/test.
- 2. All other terms of the 28/2018 Agreement shall remain unchanged and in full force and effect.

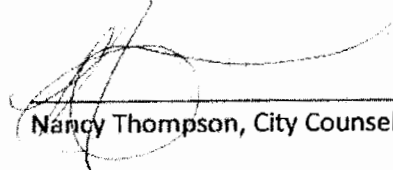
[SIGNATURES ON FOLLOWING PAGE]

IN WITNESS WHEREOF, the parties hereto have duly executed this Amendment No. 1 to the 28/2018 Agreement, on the day and year last written below.

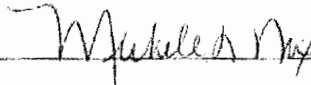
CITY OF COLUMBIA, MISSOURI

By:   
Cale Turner, Purchasing Agent  
Date: 5-22-18

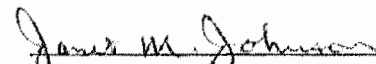
APPROVED AS TO FORM:

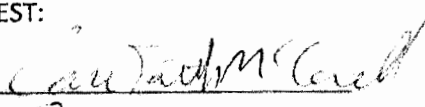
By:   
Nancy Thompson, City Counselor

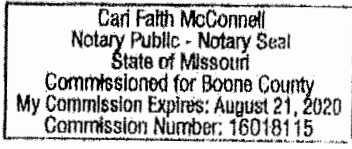
CERTIFICATION: I, hereby certify that this contract is within the purpose of the appropriation to which it is to be charged, Account Number 65901350 504050 and that there is an unencumbered balance to the credit of such appropriation sufficient to pay therefor. *based upon the not to exceed amount set forth in the 28/2018 Agreement.*

By:   
Michele Nix, Finance Director

MID-MISSOURI DRUG TESTING COLLECTIONS, INC.

By:   
Name and Title: President  
5-17-18  
Date

ATTEST:  
By:   
Cari McConnell  
Name and Title



**AGREEMENT**  
**For**  
**PROFESSIONAL SERVICES**  
**Between**  
**THE CITY OF COLUMBIA, MISSOURI**  
**And**  
**MID-MISSOURI DRUG TESTING COLLECTIONS, INC.**

THIS AGREEMENT (hereinafter "Agreement") between the City of Columbia, Missouri, a municipal corporation (hereinafter "City") and **Mid-Missouri Drug Testing Collections, Inc.**, with a business address of **P.O. Box 538, Ashland Missouri, 65010**, (hereinafter "Contractor") is entered into on the date of the last signatory noted below (the "Effective Date").

WITNESSETH:

WHEREAS, City desires to engage the Contractor to render certain professional services as outlined in the Request for Proposal in Exhibit A, which is incorporated by reference into this agreement; and

WHEREAS, Contractor represents and warrants that Contractor is equipped, competent, and able to provide all of the professional services necessary or appropriate in accordance with this Agreement.

NOW, THEREFORE, the Parties hereto, for good and sufficient consideration, the receipt of which is hereby acknowledged, intending to be legally bound, do hereby agree as follows.

1. **Services.** City agrees to engage the services of the Contractor and the Contractor agrees to perform the professional services outlined in Exhibit A in accordance with this Agreement, including all attachments and exhibits to this Agreement. City may add to the Contractor services or delete therefrom activities of a similar nature, provided that the total cost of such work does not exceed the total cost allowance as specified herein. Contractor shall undertake such changed activities or prepare written reports only upon the direction of the City. All such directives and changes shall be in written form and prepared and approved by the City Purchasing Agent and shall be accepted and countersigned by the Contractor.

2. **Subcontracts.** Contractor represents that Contractor will secure at Contractor's own expense, all personnel required to perform the services called for under this Agreement by Contractor. None of the work or services covered by this Agreement shall be subcontracted or assigned without the written approval of City.

3. **Term.** Contractor shall make the services available upon the execution of this Agreement and shall be furnished to City as needed and as requested, from date of award through one year. Contract subject for renewal at the end of the first contract period, for four (4) additional one-year periods, based upon agreement by both parties

as to pricing, past vendor service, etc. The contract may be canceled by the City upon 10 days written notice to the vendor for non-compliance to these requirements, delivery problems, other just cause so deemed by the City, or at any time for the City's convenience.

4. **Payment.** City agrees to pay Contractor in accordance with the pricing list contained In Attachment 2, as modified by Attachment 3, which shall constitute complete compensation for all services and payment of expenses to be rendered under this Agreement. Prices shall be firm for the first year of the contract period. Total payment for services and costs to City under this Agreement and described herein shall not exceed \$40,000.00 for any contract year.

5. **Termination.** The performance of work under the contract may be terminated by the City of Columbia in whole or in part, whenever the Purchasing Agent will determine that such termination is in the best interest of the City of Columbia. Any such termination will be affected by delivery to the Respondent of a letter of termination specifying the extent to which performance of work under the contract is terminated and the date upon which such termination is effective. After receipt of a termination letter the Respondent will:

- Stop work on the contract on the date and to the extent specified in the letter.
- Place no further orders for materials, services or facilities except as may be necessary to complete any portions of the work under contract not terminated.
- Complete on schedule such part of the work as will not be terminated by termination letter.

6. **Billing.** Routine billing for services shall be delivered to:

**City of Columbia Employee Health**  
ATTN: Accounts Payable  
P.O. Box 6015  
Columbia, MO 65205-6015

Invoices shall also be delivered by email to:

Kathy Baker ([kathy.baker@como.gov](mailto:kathy.baker@como.gov))  
Jenny Workman ([jenny\\_workman@como.gov](mailto:jenny_workman@como.gov)).

7. **Test results.** Any notice, demand, request, or communication required or authorized by the Agreement shall be faxed to **Jenny Workman** at 573-874-6313 and delivered either by regular U.S. mail with **the envelop marked confidential**, to:

**Human Resources Department**  
ATTN: **Jenny Workman**  
P.O. Box 6015  
Columbia, MO 65205-6015

City may change the person to be notified or the address of such person at any time by written notice.

8. **Other Notices.** Any other notice, demand, request, or communication required or authorized by the Agreement shall be delivered either by hand, facsimile, overnight courier or mailed by certified mail, return receipt requested, with postage prepaid, to:

**If to CITY:**

**Finance Department**  
**ATTN: Purchasing**  
P.O. Box 6015  
Columbia, MO 65205-6015

**If to CONTRACTOR:**

Mid-Missouri Drug Testing Collections, Inc.  
ATTN: Charles Johnson  
P.O. Box 538  
Ashland, MO 65010

The designation and titles of the person to be notified or the address of such person may be changed at any time by written notice. Any such notice, demand, request, or communication shall be deemed delivered on receipt if delivered by hand and on deposit by the sending party if delivered by courier or U.S. mail.

9. **Business Associate Agreement.** Contractor agrees to execute the attached Business Associate Agreement upon execution of this Agreement and **deliver the Business Associates Agreement with original signatures to the City with this Agreement.**

10. **Compliance with Laws.** Contractor shall comply with all applicable federal, state and local laws, ordinances, rules and regulations.

11. **Governing Law and Venue.** This Agreement shall be governed, interpreted, and enforced in accordance with the laws of the State of Missouri and/or the laws of the United States, as applicable. The venue for all litigation arising out of, or relating to this Agreement, shall be in Boone County, Missouri, or the United States Western District of Missouri. The Parties hereto irrevocably agree to submit to the exclusive jurisdiction of such courts in the State of Missouri. The Parties agree to waive any defense of forum non conveniens.

12. **Employment of Unauthorized Aliens Prohibited.** Contractor agrees to comply with Missouri Revised Statute Section 285.530 in that Contractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. As a condition for the award of this Agreement the Contractor shall, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services. Contractor shall also sign an affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services and **deliver the affidavit with original signatures to the City with this Agreement.** Contractor

shall require any subcontractor to affirmatively state in its contract with Contractor that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Contractor shall also require any subcontractor to provide Contractor with a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

13. **No Third-Party Beneficiary.** No provision of the Agreement is intended to nor shall it in any way inure to the benefit of any person, so as to constitute any such person a third-party beneficiary under the Agreement.

14. **No Assignment.** This Agreement shall inure to the benefit of and be binding upon the Parties and their respective successors and permitted assigns. Neither Party shall assign this Agreement or any of its rights or obligations hereunder without the prior written consent of the other Party.

15. **No Waiver of Immunities.** In no event shall the language of this Agreement constitute or be construed as a waiver or limitation for either party's rights or defenses with regard to each party's applicable sovereign, governmental, or official immunities and protections as provided by federal and state constitutions or laws.

16. **Hold Harmless Agreement:** To the fullest extent not prohibited by law, Contractor shall indemnify and hold harmless the City of Columbia, its directors, officers, agents, and employees from and against all claims, damages, losses, and expenses (including but not limited to attorney's fees) for bodily injury and/or property damage arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to Contractors having a contract with Contractor or a subcontractor for part of the services), of anyone directly or indirectly employed by Contractor or by any subcontractor, or of anyone for whose acts the Contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the City of Columbia from the City of Columbia's own negligence.

17. **Professional Oversight Indemnification.** Contractor understands and agrees that City has contracted with Contractor based upon Contractor's representations that Contractor is fully able to provide the services set out in this Agreement. In addition to any other indemnification set out in this Agreement, Contractor agrees to defend, indemnify and hold and save harmless City from any and all claims, settlements, and judgments whatsoever arising out of City's alleged negligence in hiring or failing to properly supervise Contractor.

18. **Audit.** Contractor shall maintain financial records according to generally accepted accounting standards. City has the right, at its sole expense and during normal working hours, to examine the records of Contractor to the extent reasonably necessary to verify the accuracy of any statement, charge or computation made pursuant to this Agreement.



19. **Nondiscrimination.** During the performance of this Agreement, Contractor shall not discriminate against any employee, applicant for employment or recipient of services because of race, color, religion, sex, sexual orientation, gender identity, age, disability, or national origin. Contractor shall comply with all provisions of laws, rules and regulations governing the regulation of Equal Employment Opportunity including Title VI of the Civil Rights Act of 1964 and Chapter 12 of the City of Columbia's Code of Ordinances.

20. **Contract Documents.** This Agreement includes the following exhibits, which are incorporated herein by reference:

<u>Exhibit</u>	<u>Description</u>
A	Request for Proposal
B	Contractor's RFP Response
C	Contractor's Best and Final Offer Amending Prices in RFP Response Price List
D	Business Associate Agreement

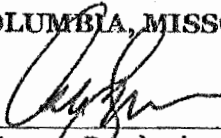
In the event of a conflict between the terms of an exhibit and the terms of this Agreement, the terms of this Agreement control.

21. **Entire Agreement.** This Agreement contains the entire agreement of the parties. No modification, amendment, or waiver of any of the provisions of this agreement shall be effective unless in writing specifically referring hereto, and signed by both parties.

[SIGNATURES ON FOLLOWING PAGE]

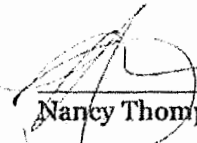
IN WITNESS WHEREOF, the parties hereto have set their hands and seals on the day and year herein stated.

CITY OF COLUMBIA, MISSOURI

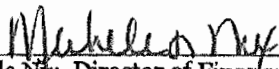
By:   
Cale Turner, Purchasing Agent

Date: 5-2-18

APPROVED AS TO FORM:

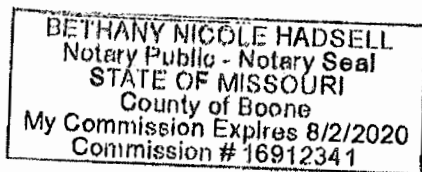
By:   
Nancy Thompson, City Counselor

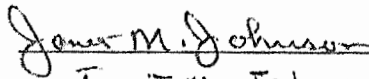
CERTIFICATION: I, hereby certify that this Agreement is within the purpose of the appropriation to which it is to be charged, Account Number **65901350 504050**, and that there is an unencumbered balance to the credit of such appropriation sufficient to pay therefor.

By:   
Michele Nix, Director of Finance

(Seal)

MID-MISSOURI DRUG TESTING COLLECTIONS, INC.



By:   
Name: Janet M. Johnson  
Title: President  
Date: 4-11-18

ATTEST:

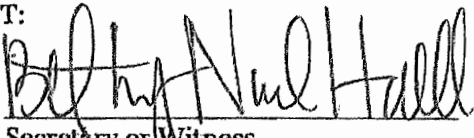
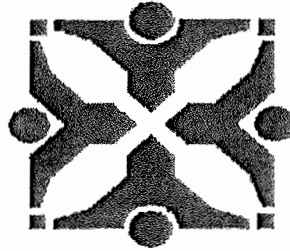
By:   
Secretary or Witness  
Name: Bethany Nicole Hadsell

EXHIBIT A

REQUEST FOR PROPOSAL

REQUEST FOR PROPOSAL  
28/2018 DRUG & ALCOHOL TESTING  
CITY OF COLUMBIA, MISSOURI



FINANCE/PURCHASING DIVISION  
CALE TURNER  
PURCHASING AGENT  
701 E. BROADWAY, 5<sup>TH</sup> FLOOR  
COLUMBIA, MISSOURI 65201

MARGRACE BUCKLER  
DIRECTOR OF HUMAN RESOURCES

MICHELE NIX  
DIRECTOR OF FINANCE

SOPHIE HEIDENREICH  
PROCUREMENT OFFICER  
(573)874-7687

Request For Proposal No. 28/2018  
Closing Date: 5:00 p.m. CST, Friday, January 5<sup>th</sup>, 2018

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#### EXHIBITS AND ATTACHMENTS

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**1. INTRODUCTION**

**1.1 PURPOSE**

The City of Columbia, Missouri ("The City") is requesting bids from qualified firms to supply drug and alcohol testing services including pre-employment, post-accident, return to duty, follow-up testing, reasonable suspicion and random testing. All services provided must be in accordance with Department of Transportation (DOT) Federal Motor Carrier Safety Administration (49 CFR Part 40), Federal Transit Administration (49 CFR 655), Federal Railroad Administration (49 CFR 219), the Drug Free Workplace Act of 1988, the Omnibus Transportation Employee Testing Act of 1991 and the City of Columbia Drug and Alcohol policy.

**2. GENERAL REQUIREMENTS**

**2.1 TERMS AND CONDITIONS**

Offeror must accept terms and conditions.

**2.2 TERM AND SUPPLY CONTRACT CONDITIONS**

Term and supply contract for furnishing City of Columbia with drug and alcohol testing services, as needed and as requested, from date of award through one year. Prices shall be firm for the first year of the contract period.

**2.3 RENEWAL OPTIONS**

Contract subject for renewal at the end of the first contract period, for four (4) additional one-year periods, based upon agreement by both parties as to pricing, past vendor service, etc. The contract may be canceled by the City upon 10 days written notice to the vendor for non-compliance to these requirements, delivery problems, other just cause so deemed by the City, or at any time for the City's convenience.

**2.4 SCHEDULE OF ACTIVITIES**

Date	Activity
December 8 <sup>th</sup> , 2017	Close of written requests for additional information.
December 15 <sup>th</sup> , 2017	Written responses to requests for additional information posted on bidding website.
January 5 <sup>th</sup> , 2018	Request for Proposal is due by 5:00 p.m. CST.

**2.5 DUE DATE FOR PROPOSALS**

Proposals may be submitted in a sealed envelope at the purchasing office or uploaded electronically on the City's E-bidding website. No fax or e-mail proposals will be accepted. Sealed proposals must be delivered to the Purchasing Department, 701 E. Broadway, 5<sup>th</sup> Floor, Columbia, MO 65201 by the closing date and time. Proposals received after the appointed time will be determined non-

responsive and will not be opened. Sealed proposals must be submitted in two (2) copies, one of which must be an original and so marked. The proposals must be in sealed envelopes and marked in bold letters "RFP 28/2018 Drug and Alcohol Testing."

#### **2.6 QUESTIONS/CLARIFICATIONS OF THE REQUEST FOR PROPOSAL**

All questions concerning the solicitation and specifications shall be submitted in writing via e-mail to the name below.

Sophie Heidenreich, Procurement Officer

Phone: 573-874-7687

Email: [Sophie.Heidenreich@CoMo.gov](mailto:Sophie.Heidenreich@CoMo.gov)

Any oral responses to any questions shall be unofficial and not binding on the City of Columbia. An Addendum to this RFP providing the City of Columbia's official response will be issued, if necessary, on the e-bidding website. Questions must be submitted no later than 5:00 p.m. on December 8<sup>th</sup>, 2017.

#### **2.7 VALIDITY OF PROPOSALS**

Respondents agree that proposals will remain firm for a period of ninety (90) calendar days after the date specified for the return of proposals.

#### **2.8 REJECTION OF PROPOSALS**

The City of Columbia reserves the right to reject any or all proposals received in response to this RFP, or to cancel the RFP if it is in the best interest of the City of Columbia to do so. Failure to furnish all information requested in this RFP may disqualify the proposal. Any exceptions to the requirements specified must be identified in the proposal.

#### **2.9 WITHDRAWAL OF PROPOSALS**

Any Offeror may withdraw his proposal at any time prior to the scheduled closing time for the receipt of proposals. However, no proposal will be withdrawn for a period of ninety (90) days after the scheduled closing time for the receipt of proposals.

#### **2.10 ALTERATION OF SOLICITATION**

The wording of the City of Columbia's solicitation may not be changed or altered in any manner. Respondents taking exception to any clause in whole or in part should do so by listing said exceptions on their letterhead and submitting them with their proposal; such exceptions will be evaluated and accepted or rejected by the City of Columbia, whose decision will be final.

#### **2.11 RIGHTS IN DATA, DOCUMENTS, AND COMPUTER SOFTWARE (CITY OF COLUMBIA OWNERSHIP)**

Any software, research, reports, studies, data, photographs, negatives or other documents, drawings or materials prepared by Offeror in the performance of its



obligations under this contract shall be the exclusive property of the City of Columbia and all such materials shall be delivered to the City of Columbia by the Offeror upon completion, termination or cancellation of this contract. Offeror may, at its own expense, keep copies of all its writing for its personal files. Offeror shall not use, willingly allow, or cause to have such materials used for any purpose other than the performance of proposer's obligations under this contract without prior written consent of the City of Columbia; provided, however, that the Offeror shall be allowed to use non-confidential materials for writing samples in pursuit of the work. The ownership rights described herein shall include, but not be limited to, the right to copy, publish, display, transfer, prepare derivative works, or otherwise use written works.

#### **2.12 RESPONSE MATERIAL OWNERSHIP**

All material submitted regarding with RFP becomes the property of the City of Columbia. Any person may review proposals after the "Notice of Intent to Award" letter has been issued, subject to the terms of this solicitation.

#### **2.13 INCURRING COSTS**

The City of Columbia shall not be obligated or be liable for any cost incurred by Respondents prior to issuance of a Contract. All costs to prepare and submit a response to this solicitation shall be borne by the Respondent.

#### **2.14 COLLUSION CLAUSE**

Any agreement or collusion among Respondents and prospective Respondents to illegally restrain freedom of competition by agreement to fix prices, or otherwise, will render the proposals of such Respondents void.

#### **2.15 CONTRACT DOCUMENTS**

The final Contract between the City of Columbia and the Offeror will include by reference:

Offeror's Proposal

The Specifications contained in this RFP

Any changes, additions, or modifications hereto will be in writing and signed by the Purchasing Agent. No other individual is authorized to modify the contract in any manner.

#### **2.16 FUNDS**

Financial obligations of the City of Columbia payable after the current fiscal year are contingent upon funds for that purpose being appropriated, budgeted, and otherwise made available. In the event funds are not appropriated, any resulting contract will become null and void, without penalty to the City of Columbia.

#### **2.17 TAX EXEMPTION**

The City of Columbia is funded by public monies and as such has been approved by the State of Missouri for sales/use tax-exempt status. The Missouri tax

identification number and certificate is available upon request by the successful Offeror.

**2.18 APPLICABLE LAW**

The proposal and contract shall be governed in all respects by the ordinances of the City of Columbia and the laws of the State of Missouri, and any litigation with respect thereto shall be brought in the courts in the State of Missouri.

**2.19 RESPONSIBILITY**

The City of Columbia reserves the right to require the apparent successful vendors to file proof of his/her ability to properly finance and execute the contract, together with his/her record of successful completion of similar contracts prior. The award of the contract will be contingent upon providing acceptable proof and record of performance. This information will become a part of the contents of the file and hence public record unless the Respondent indicates this material confidential and request this information be returned at the expense of the Respondent. This applies only to matters of financial reporting.

**2.20 ASSIGNMENT**

Firm shall not assign the contract, subcontract it, or sublet it as a whole without the prior written consent of the City of Columbia. Assignment, subcontracting, or subletting without such consent will in no way relieve the Firm of any of its obligations under the contract unless specifically stated by the City of Columbia in its consent.

**2.21 AUDITING OF INVOICES**

Invoices are subject to audit for a period of five (5) years after the expiration date of the final year of the contract. If during the audit it is revealed that the Respondent charged the City of Columbia a price higher than the proposed price, the Respondent will reimburse the City of Columbia the amount of the overcharge.

**2.22 NONDISCRIMINATION IN EMPLOYMENT**

In connection with the furnishing of supplies or performance of work under the contract, the Firm agrees to comply with the Fair Labor Standard Act, Fair Employment Practices, Equal Opportunity Employment Act, and all other applicable Federal, State and local laws and further agrees to insert the foregoing provisions in all subcontracts awarded hereunder.

**2.23 TERMINATION FOR DEFAULT**

If, through any cause, the firm shall fail to fulfill, in a timely and proper manner, its obligations under the contract, or if the firm shall violate any of the covenants, agreements, or stipulations of the contract, the City of Columbia shall thereupon have the right to terminate the contract for cause by giving written notice to the firm of its intent to terminate and at least ten (10) calendar days to cure the default or show cause why termination is otherwise not appropriate. In the event of

termination, all finished or unfinished documents, data, studies, survey, drawings, maps, models, photographs, and reports or other material prepared by the firm under the contract shall, at the option of the City of Columbia, become its property, and the firm shall be entitled to receive just and equitable compensation for any services and supplies delivered and accepted. The firm shall be obligated to return any payment advanced under the provisions of the contract.

Notwithstanding above, the firm shall not be relieved of liability to the City of Columbia for any damages sustained by the City of Columbia by virtue of any breach of the contract by the firm, and the City of Columbia may withhold any payment to the firm for the purpose of mitigating its damages until such time as the exact amount of damages due the City of Columbia from the firm is determined.

If after such termination it is determined, for any reason the firm was not in default, or that the firm's action/inaction was excusable, such termination shall be treated as a termination for convenience, as described herein.

#### **2.24 TERMINATION FOR CONVENIENCE**

The performance of work under the contract may be terminated by the City of Columbia in whole or in part, whenever the Purchasing Agent will determine that such termination is in the best interest of the City of Columbia. Any such termination will be affected by delivery to the Respondent of a letter of termination specifying the extent to which performance of work under the contract is terminated and the date upon which such termination is effective.

After receipt of a termination letter the Respondent will:

- Stop work on the contract on the date and to the extent specified in the letter.
- Place no further orders for materials, services or facilities except as may be necessary to complete any portions of the work under contract not terminated.
- Complete on schedule such part of the work as will not be terminated by termination letter.

#### **2.25 EMPLOYMENT OF UNAUTHORIZED ALIENS PROHIBITED:**

(a) Contractor agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri.

(b) As a condition for the award of the contract the contractor shall, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services. The contractor shall also sign an affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services.

( c ) Contractor shall require each subcontractor to affirmatively state in its contract with contractor that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Contractor shall also require each subcontractor to provide contractor with a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

## **2.26 CERTIFICATE OF INSURANCE**

The City of Columbia's insurance requirements have been included in this bid document. The Offeror hereby acknowledges that these insurance requirements have been reviewed and if awarded a contract, Offeror will provide a Certificate of Insurance meeting these requirements as set forth herein.

## **2.27 INSURANCE REQUIREMENTS**

Contractor shall maintain, on a primary basis and at its sole expense, at all times during the life of the contract the following insurance coverages, limits, including endorsements described herein. The requirements contained herein, as well as the City's review or acceptance of insurance maintained by Contractor is not intended to, and shall not in any manner limit or qualify the liabilities or obligations assumed by Contractor under the contract. Coverage to be provided as follows by a carrier with A.M. Best minimum rating of A- VIII.

- a. Workers' Compensation & Employers Liability. Contractor shall maintain Workers' Compensation in accordance with Missouri State Statutes or provide evidence of monopolistic state coverage. Employers Liability with the following limits: \$500,000 each accident, disease each employee and disease policy limit.
- b. Commercial General Liability. Contractor shall maintain Commercial General Liability at a limit of not less than \$2,000,000 Each Occurrence, \$3,000,000 Annual Aggregate. Coverage shall not contain any endorsement(s) excluding nor limiting Product/Completed Operations, Contractual Liability or Cross Liability.
- c. Business Auto Liability. Contractor shall maintain Business Automobile Liability at a limit not less than \$2,000,000 Each Occurrence. Coverage shall include liability for Owned, Non-Owned & Hired automobiles. In the event Contractor does not own automobiles, Contractor agrees to maintain coverage for Hired & Non-Owned Auto Liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Liability policy.
- d. Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the Umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business

- Auto Liability. Contractor agrees to endorse the City as an Additional Insured on the Umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.
- e. The City of Columbia, its elected officials and employees are to be Additional Insured with respect to the services to which these insurance requirements pertain. A certificate of insurance evidencing all coverage required is to be provided at least 10 days prior to the Effective Date of the contract between the contractor and the City. Contractor is required to maintain coverages as stated and required to notify the City of a Carrier Change or cancellation within two (2) business days. The City reserves the right to request a copy of the policy.
  - f. The Parties hereto understand and agree that the City is relying on, and does not waive or intend to waive by any provision of the contract, any monetary limitations or any other rights, immunities, and protections provided by the State of Missouri, as from time to time amended, or otherwise available to the City, or its elected officials or employees.
  - g. Failure to maintain the required insurance in force may be cause for termination of the contract. In the event Contractor fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the City shall have the right to cancel and terminate the contract without notice.
  - h. The insurance required by the provisions of this article is required in the public interest and the City does not assume any liability for acts of the Contractor and/or their employees and/or their subcontractors in the performance of the contract.

### **3. SCOPE OF SERVICES**

The City of Columbia requires the following services/deliverables.

#### **3.1 GENERAL REQUIREMENTS**

The contractor shall provide alcohol and drug testing and related services in accordance with the provisions and requirements stated herein.

- The Contractor shall provide testing services to enable the City of Columbia's compliance with the Omnibus Transportation Employee Testing Act of 1991 (the "Act") which mandates random drug and alcohol testing as well as testing for pre-employment, post-accident, reasonable suspicion, return-to-duty, and follow-up testing of employees required to hold a Commercial Driver's License.
- The Contractor shall adhere to the rules and regulations published under the Act found in 49 CFR 350 et al. Any modifications to the federal rules and requirements shall be incorporated in to the contract unless such modification is found contrary to Missouri law.

- The Contractor shall allow post-accident, reasonable suspicion, and follow-up testing for any City of Columbia employee and pre-employment testing for any prospective or new hire employee which is within the legal parameters of the City.
- The Contractor shall perform such testing services in accordance with the City of Columbia's Drug and Alcohol Policy (see Attachment 1) which has been determined to be legally permissible by such entity.
- The Contractor shall agree and understand that the contract shall not be construed as an exclusive arrangement; if it is in the best interest of the City of Columbia, alternate services may be obtained elsewhere.
- The Contractor shall understand and agree that the City of Columbia does not guarantee a minimum or maximum number of tests. However, in Fiscal Year 2017, approximately 569 drug and alcohol screens were completed for the City of Columbia.
- The Contractor shall provide all materials, supplies and equipment necessary to successfully perform services as defined herein. All testing equipment, materials and supplies used by the contractor must meet accuracy and reliability standards and requirements as established by United States Department of Transportation (DOT), U.S. Department of Health and Human Services (HHS), and the City of Columbia.
- The Contractor must establish adequate confidentiality and security measures to ensure that confidential employee records are not available to unauthorized persons. This includes protecting the physical security of records, limiting the number of persons with access to the records and other appropriate access controls and computer security measures to safeguard confidential data in electronic databases.
- The Contractor shall provide the required services on an as needed basis at any time, 24 hours per day, seven days per week.
- A specimen collection facility must be provided 24 hours per day, seven days per week. An option must be given for a collection facility to be utilized outside of business hours should the need for a post-accident, random or reasonable suspicion test arise.
- The collection facilities must comply with DOT requirements set forth in 49 CFR Part 40.
- Collection services must be provided in a timely manner with little or no advanced notice.
- When an applicant lives outside of the Columbia area, the City will require a specimen collection kit be sent to a collection site closer to the applicant's place of residence. The alternate collection site must meet all DOT regulations and mirror the process provided by the customary collection facility.

- Urine specimens, DOT and Non-DOT, must be collected as a split sample. Non-DOT drug screens must mirror DOT testing requirements.
- Personnel performing the collection functions must be certified under DOT guidelines.
- On the same business day as the urine specimen is collected, contractor shall send to the City a faxed or electronic copy of the completed specimen chain of custody showing the name of the applicant/employee, the date and time they submitted the sample, and the type of test ordered. The original chain of custody forms will be mailed to the City.
- On the same business day as the breath alcohol screening is completed, contractor shall send to the City a faxed/electronic copy of the chain of custody form as well as the final result showing the employee's name, the date and time of testing. The original chain of custody forms will be mailed to the City.
- The results must show, at a minimum, the following: applicant/employee name, last four digits of social security number, overall status of specimen (Negative, Positive, etc.), test type (Pre-employment, Random, etc.), collection date and time, type of test panel, laboratory, collection site, specimen collector, and for each drug screened, test performed and result.

### **3.2 RANDOM TESTING REQUIREMENTS**

- Random DOT testing selection shall be prepared monthly. Random testing selection for the Police Department's Narcotics Unit shall be prepared quarterly.
- The Contractor shall develop and administer procedures and protocols for random selection alcohol and drug testing. The random selection testing procedures and protocols shall meet the requirements set by the federal DOT rules and regulations. The Contractor shall administer the City's random drug testing pool (including database management, random selection of individuals for testing notification of selection, conduct the test, notification and reporting as appropriate regarding test results, and follow-up) and otherwise operate the random testing system. The number and percentage of employees tested from the random pool will meet the minimum guidelines established by federal acts and state regulations.
- List of individuals to be DOT tested shall be delivered to the City a minimum of 5 working days before the 1st of each month. List of individuals to be tested from the Police Department's Narcotics Unit shall be delivered a minimum of 5 working dates before each quarter.

### **3.3 SPECIMEN COLLECTION REQUIREMENTS**

- Personnel qualifications and procedures shall comply with DOT 49 CFR Part 40 guidelines.

- The Contractor shall provide qualified, trained collectors as defined in 49 CFR Part 40. These collectors shall collect specimens at a location within the City of Columbia and shall also provide on-site specimen collection and testing by means of a mobile-unit.
- The Contractor must collect all specimens utilizing necessary precautions and chain of custody procedures to ensure specimen security and integrity compliant with federal requirements.
- The Contractor must use federally mandated collection forms for both drug and alcohol specimens for regulated test(s) and non-federal forms for non-regulated test(s).
- The Contractor shall provide courier specimen pick-up services for transporting to laboratory, assuring efficient "turn-around time" for reporting testing results.
- The Contractor shall maintain responsibility for the chain of custody pursuant to DOT and HHS guidelines.
- The Contractor shall furnish chain of custody forms in compliance with the contractor's established procedures and shall provide training to City staff regarding such procedures.

#### **3.4 SPECIMEN RETENTION REQUIREMENTS**

- The Contractor shall retain positive specimens for one year after collection/testing, or for the specific duration of time established by federal requirements or pending any litigation, whichever is longer.
- At the written request of the City, the Contractor shall retain any positive test specimens for a longer period of time.
- The Contractor shall retain negative samples for at least three workdays following collection/testing in compliance with federal standards.

#### **3.5 LABORATORY REQUIREMENTS**

- Any testing laboratory used must be certified by the U.S. Department of Health and Human Services to perform laboratory testing per Federal DOT regulations.
- Provide semi-annual laboratory testing statistical reports.

#### **3.6 ALCOHOL TESTING REQUIREMENTS**

- Alcohol breath testing shall be done by a certified Breath Alcohol Technician utilizing a National Highway Transportation Safety administration (NHTSA) approved Evidential Breath Testing (EBT) device.
- The Contractor shall conduct a confirmation test on a breath screen test with an alcohol concentration of .02 grams per 210 liters of breath or greater. The Contractor shall immediately notify the City of a finding of .02 alcohol



concentration or greater. All screening and testing must be in accordance with DOT alcohol testing regulations and procedures.

- In the event the DOT reviews and revises its alcohol testing regulations and procedures, then the Contractor shall, at that time, expand its alcohol testing option upon the mutual agreement of the Contractor and the City of Columbia.
- Breath alcohol screening will be conducted when requested during the random test process.
- All Breath Alcohol Technicians (BAT) must be trained and certified according to DOT regulations.

### **3.7 DRUG TESTING REQUIREMENTS**

- At the request of the city, the contractor shall provide a five (5) panel drug screen using current procedures as approved by HHS and DOT. The Contractor's laboratory, or the laboratory utilized by the Contractor, must be certified by HHS per DOT regulations. Collected urine specimens shall be tested for detection of all the following drugs:
  - a. Marijuana (THC)
  - b. Cocaine
  - c. Opiates:
    - Codeine
    - Morphine
    - 6-AM (Heroin – street name for 6-acetylmorphine)
    - Hydrocodone
    - Oxycodone
    - Hydromorphone
    - Oxymorphone
  - d. Amphetamines:
    - Amphetamine
    - Methamphetamine
    - MDMA
    - MDA
    - MDEA
  - e. Phencyclidine (PCP)
- The Contractor must report all test results to the City within 24 hours of final determination of test results. Same day reporting preferred for non-federal, negative drug test results.
- The Contractor shall submit blind specimens to the lab for quality control testing purposes at no additional charge to the city.

### **3.8 MEDICAL REVIEW OFFICER (MRO) REQUIREMENTS**

- The Contractor shall provide MRO services, utilizing a licensed physician (MD or DO) knowledgeable in the area of drug abuse and toxicology procedures, to review, at minimum, the results of random and non-negative samples.
- The qualifications and performance of the MRO must be in compliance with 49 CFR Part 40.
- The MRO (or another service agent) shall administer the Contractor's random testing pool, provide blind specimens and electronically transfer test results. The format which test results are electronically transferred shall be mutually agreed upon by the Contractor and the City.
- The MRO must conduct interviews with employees who have tested positive and must personally make the decision concerning whether to verify a test as positive or negative.
- The MRO shall observe all confidentiality requirements established in federal rules and as otherwise stated in the contract. Results of testing shall be released only to the employee being tested and the City or as required by law.
- The MRO shall provide expert witness testimony upon request.
- The MRO must be available 24 hours per day, seven days per week.

### **3.9 REPORTING REQUIREMENTS**

- If requested by the DOT or other regulatory agency, the City must submit detailed records of their alcohol and drug abuse prevention program to DOT. Therefore, if requested by the City, the Contractor shall provide any necessary information and data to the City that will aid the City in development of its response and or report.
- On a quarterly basis, the Contractor must provide statistical test result reports to the City on form OMB #2125-0543, "Drug and Alcohol Testing Management Information System Data Collection". The contractor shall provide a report segmented by department/division if requested.
- The Contractor shall assist with completion of MIS reporting.
- All reports shall comply with DOT regulations and shall be retained for the length of time established therein.
- The Contractor shall assure the accuracy and confidentiality of all records.

### **3.10 OTHER REQUIREMENTS**

- The City may request the expert witness testimony of qualified professionals with technical experience concerning specimen test results, chain of custody

procedures, and any other aspect concerning the services required herein as deemed necessary to a legal proceeding.

- The Contractor shall provide professional consultation to the City including, but not limited to consultation on testing quality control, program administration and record keeping issues, audits, triennial reviews, policy development and administration, rule updates and related legal issues.
- In the event of an audit, the Contractor must provide any necessary information that will aid the City in submitting the required records.

### **3.11 DOT DRUG AND ALCOHOL TRAINING**

- Contractor must provide training for supervisors and employees as required by DOT regulations.

### **3.12 INVOICING AND PAYMENT REQUIREMENTS**

- Statements/invoices giving service date, services rendered, itemized cost and total cost shall be submitted monthly to Finance/Accounts Payable, P.O. Box 7236, Columbia MO 65205. A copy shall be sent to the Human Resources Department, P.O. Box 6015, Columbia, MO 65205.
- The Contractor shall be paid in accordance with the firm, fixed prices stated on the pricing page (Exhibit C) and shall not be reimbursed for any postage or courier costs.

## **4. SUBMISSION OF PROPOSAL**

### **4.1 TRANSMITTAL LETTER**

All Bidders must submit a transmittal letter prepared on the vendor's letterhead. An individual who is authorized to bind this firm to all statements, services, and prices contained in the proposal for both the primary and sub firms must sign the letter. In addition, a letter from any sub-vendor to be used in the service should be included. This letter must be signed by an individual who is authorized to bind the firm and should give a brief description of the work they are to perform.

### **4.2 REQUIRED VENDOR INFORMATION**

- Provide details of locations, days, and hours of the standard specimen collection facilities.
- Provide DOT certification information for employees who would be completing drug specimen collection and breath alcohol screening.
- Provide information on the drug testing laboratory to be utilized including National Laboratory Certification Program (NLCP) certification documentation.

- Provide the name, address and hours of the laboratory.
- Provide name and qualification for the Medical Review Officer (MRO).
- Provide DOT certification information for employees who would be completing urine specimen collection and breath alcohol testing.
- Describe the average amount of time an applicant/employee will spend at your facility when completing the drug/alcohol screening process.
- Describe the average turnaround time for a client to receive the test results of a drug screen and a breath alcohol screen.
- Describe methods that will be used to communicate drug/alcohol testing chain of custody forms and results with the City. (i.e. fax, email, etc.)
- Describe how the contractor will fulfill the City's requirement for specimen collection at out of area locations.
- Describe how personally identifiable information is protected and related security measures.
- Describe experience and tools used to provide training to both employees and supervisors as required by DOT guidelines.
- Describe in detail the services offered.
- Describe discounts offered when service specifications are not met regarding turnaround time.
- Describe resources provided to clients to assist with compliance.
- Describe how staff remains up-to-date and informed of legislative and regulatory changes.

#### **4.3 OTHER REQUIRED INFORMATION**

Offeror must provide the following information with their proposal. Failure to provide all of the required information may result in rejection of proposal.

- A brief, but complete background of bidder.
- The names, addresses, and telephone numbers of previous and current clients for which services of a similar nature have been provided.
- Provide a list of any additional services of the variety of services offered that may enhance the City of Columbia's Drug Testing Program in addition to those required herein.
- Disclose any current adverse business circumstances, including litigation that might adversely affect this service.
- Provide a sample DOT drug test result, a sample non-DOT drug test result and a sample breath alcohol test result.
- Provide a sample invoice showing a minimum of ten (10) entries.
- Provide outline of specific performance standards and benchmarks.

- » Describe quality assurance program.

## 5. EVALUATION CRITERIA

Evaluation will be based on all elements of response to proposal criteria.

### Proposal Evaluation

It is the purpose of this request for proposal to obtain data as complete as possible from each respondent that will enable the City of Columbia to determine which prospective firm is best able to serve all the criteria which are to be considered in the award of this contract. Evaluation of the respondents qualifying as finalists will be based on the following criteria:

- 25 Points Experience – verified by a check of references.
- 20 Points Staff expertise – preference will be given to firms with staff possessing strong technical “hands on” skills and experience.
- 30 Points Demonstrated ability and desire to deliver the requirements within the timeframe set out in the “Scope of Services” section of the RFP
- 25 Points Annual Cost

Failure of the bidder to provide in his/her proposal any information requested in this RFP may result in disqualification of the proposal and shall be the responsibility of the proposing individual or firm.

During the evaluation process, discussions may be conducted with bidders who submit proposals determined to be reasonably susceptible of being selected for award. It will be the recommendation of the evaluation committee if discussions for clarification are needed.

The objective of the evaluation committee will be to recommend the Respondents whose proposal is most responsive to the City of Columbia’s needs while within the available resources. The specifications within this RFP represent the minimum performance necessary for response.

Form **W-9**  
 (Rev. October 2007)  
 Department of the Treasury  
 Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

Print or type  
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
OR
Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the Instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7 <sup>2</sup>

<sup>1</sup>See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup>However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: moral and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.



**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) or 1-877-IDTHEFT(438-4338).

Visit the IRS website at [www.irs.gov](http://www.irs.gov) to learn more about identity theft and how to reduce your risk.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup>List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup>Circle the minor's name and furnish the minor's SSN.

<sup>3</sup>You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup>List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

**EXHIBIT B**  
**NOTICE TO VENDORS**

**Sections 285.525 To 285.550 RSMo.**

Pursuant to section 285.530 (1) RSMo., No business entity or employer shall knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri.

As a condition for the award of any contract or grant in excess of five thousand dollars by the state or by any political subdivision of the state to a business entity, or for any business entity receiving a state-administered or subsidized tax credit, tax abatement, or loan from the state, the business entity shall, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services. Every such business entity shall sign an affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services. {RSMo 285.530 (2)}

An Employer may enroll and participate in a federal work authorization program and shall verify the employment eligibility of every employee in the employer's hire whose employment commences after the employer enrolls in a federal work authorization program. **The E-verify system issues a Memorandum of Understanding once enrollment is complete; the City of Columbia requires a copy of this document be attached to the Work Authorization Affidavit.** The employer shall retain a copy of the dated verification report received from the federal government. Any business entity that participates in such program shall have an affirmative defense that such business entity has not violated subsection 1 of this section. {RSMo 285.530 (4)}

For vendors that are not already enrolled and participating in a federal work authorization program, E-Verify is an example of this type of program. Information regarding E-Verify is available at:  
<http://www.dhs.gov/e-verify>

**CITY OF COLUMBIA, MISSOURI  
WORK AUTHORIZATION AFFIDAVIT  
PURSUANT TO 285.530 RSMo  
(FOR ALL BIDS IN EXCESS OF \$5,000.00)**

County of \_\_\_\_\_ )  
                                      )SS.  
State of \_\_\_\_\_ )

My name is \_\_\_\_\_ . I am an authorized agent of \_\_\_\_\_ (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the City of Columbia. This business does not knowingly employ any person who is an unauthorized alien in connection with the services being provided. **Documentation of participation in a federal work authorization program is attached to this affidavit.**

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1 RSMo and shall not thereafter be in violation. Alternatively, a subcontractor may submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
Printed Name

Personally appeared before me, a Notary Public, within and for the County of \_\_\_\_\_,

State of Missouri, the person whose signature appears above, PERSONALLY AND KNOWN TO ME AND ACKNOWLEDGED, that signed the foregoing Affidavit for the purposes therein stated.

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My Commission expires \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

EXHIBIT C  
PRICING PAGE

ITEM	DESCRIPTION	UNIT OF MEASURE	UNIT PRICE
1. Full drug screen analysis, 5-Panel DOT	Price must include collection, laboratory analysis, positive test confirmation.	Per Specimen	
2. Drug screen analysis, 5-Panel non-DOT	Price must include collection, laboratory analysis, and positive test confirmation. Do not include Medical Review Officer services in quote. This service is only required for positive tests and should be quoted on Item 7.	Per Specimen	
3. Mobile based drug test	Mobile based drug test.	Each	
4. Breath Alcohol Testing	Breath Alcohol Testing.	Each	
5. Mobile Based Alcohol Test	Mobile based alcohol test.	Each	
6. Positive Breath Alcohol Test Confirmation	Positive breath alcohol test confirmation.	Each	
7. Review of lab analysis by Medical Review Officer	Review of lab analysis by Medical Review Officer.	Each	
8. Medical Review Officer Consultation	Medical Review Officer Consultation.	Per Hour	
9. Expert Witness Testimony	Expert Witness Testimony.	Per Hour	
10. Random Pool Administration	Random Pool Administration (Selection, notification, and blind specimen submission).	Each	
11. Random Testing for sworn personnel assigned to the Columbia Police Department Narcotics Division	Currently five officers. Testing to be done quarterly.	Each	
12. After hour fees	After hour fees and/or any extra fees when outside normal operating hours.	Specify Rate	

13. Emergency Charges	Charges for emergency services.	Specify Rate	
14. Specimen Collection - Out of Area	Charges for specimen collection at out of area locations.	Specify Rate	
15. Drug & alcohol Training	Drug & Alcohol Training for employees and supervisors.	Per Training Session	

**ADMINISTRATIVE RULES:  
SUPPLEMENT TO CHAPTER 19 AS AUTHORIZED BY SECTION 19-27**

**ARTICLE 2: DRUG OR ALCOHOL USE**

3.1 In General

A. Purpose and Scope

The overall goal of this policy and drug/alcohol testing is to ensure an alcohol and drug-free workplace, to reduce accidents and injuries and to comply with relevant federally mandated drug and alcohol testing.

In addition to the City's General Drug and Alcohol Policy, City employees who perform safety sensitive duties requiring a Commercial Driver's License (CDL) shall be subject to the rules of the Federal Motor Carrier Safety Administration governing drug and alcohol testing (49 CFR Part 40).

In addition to the City's General Drug and Alcohol Policy, City employees employed to operate a revenue service vehicle at any time, in revenue service or not, controlling the dispatch or movement of a revenue service vehicle or maintaining a revenue service vehicle, are subject to the rules of the Federal Transit Administration governing drug and alcohol testing (49 CFR 655).

In addition to the City's General Drug and Alcohol Policy, City employees who perform safety sensitive/regulated duties as outlined by the Federal Railroad Administration, shall be subject to the federal regulations of 49 CFR 219.

B. General Policy

The City of Columbia recognizes that the state of employees' physical condition affects their job performance, their availability for work, their ability to perform certain types of work, and may affect their opportunities for continued employment or advancement. The City also recognizes that drug and alcohol abuse ranks as a major health problem which affects an individual's physical condition and causes untold trauma and expense, not only to the employee, but also ultimately to the City as an employer.

It shall be the general policy of the City to prohibit the possession, manufacture, sale, transference, use or ingestion of non-prescribed controlled substances or the use or ingestion of alcohol or the unauthorized possession, sale or transference of alcohol on City premises, while operating City vehicles and equipment, while engaged in the performance of job duties or while otherwise representing the City of Columbia in any capacity and during off-site lunch periods or breaks when an

employee is expected to return to work or on call for work. Employees subject to drug testing rules may be tested for the following prohibited substances: alcohol, marijuana, cocaine, opiates, amphetamines, heroin, ecstasy, and phencyclidine.

As a condition of employment, employees of the City of Columbia are expected to fully comply with this policy, to be free from the use of illegal drugs and to abstain from on duty alcohol use. Questions about the City's drug and alcohol policy may be directed to either the Human Resources Director, ext.7235, City Counselor, ext. 7223, or designated employer representative, ext.6391.

This policy applies to Job Applicants, Probationary Employees, Permanent Full and Part-time and Temporary Employees of the City.

C. Definitions

As used in this policy, the listed terms shall have the following meaning:

"Alcohol." The intoxicating agent in a beverage including alcohol, ethyl alcohol or other low molecular weight alcohols.

"Alcohol Use." The consumption of a beverage, mixture, or preparation, including any medication, containing alcohol. An Alcohol fact sheet outlining the symptoms and health effects of alcohol misuse is included in Section 3.8 of this policy.

"Applicant." Any individual selected through a direct hire process who is not currently in the City's employ and as a condition of employment must meet the applicable conditions of this policy prior to employment.

"BAT." Breath Alcohol Technician, a person who instructs and assists employees in the alcohol testing process and operates an evidential breath testing device.

"CDL." Commercial Driver License, an employee who performs safety sensitive functions which requires this licensure to operate equipment and vehicles are subject to Federal Regulations from the U.S. Department of Transportation governing Drug and Alcohol Testing.

"City Premises." Any and all property, facilities, land, structures, and vehicles owned, leased, used or under the control of the City.

"Collection Site." A place designated by the City where Employees present themselves for the purpose of providing a specimen of their urine or breath to be analyzed for the presence of drugs/alcohol.

"DOT." Department of Transportation coordinates and institutes national transportation programs to ensure highway, railroad and airline safety.

“Direct Observed Collection.” The observer is the same gender as the employee. The employee raises his or her shirt, blouse, or dress/skirt, as appropriate, above the waist: and lowers clothing and underpants to show the observer, by turning around, that they do not have a prosthetic device. After it is determined that the employee does not have such a device, the employee may return clothing to its proper position for observed urination. As the observer, you must watch the urine go from the employee’s body into the collection container.

"Drug." Any non-food substance, other than alcohol or such over-the-counter pain relievers as aspirin or cold remedies, capable of altering the mood, perception, pain tolerance, sobriety or judgment of the person consuming it.

“EBT.” Evidential Breath Testing Device, a device approved by NHTSA (National Highway Transportation Safety Association) for the evidential testing of breath at the .02 percent and .04 percent alcohol concentrations, placed on NHTSA’s Conforming Products List (CPL) for Evidential Breath Testing Devices and identified on the CPL as conforming with the model specifications available from NHTSA’s Traffic Safety Program.

“Ecstasy Screen.” reports the drugs MDMA, MDA, MDEA which are methylenedioxymethamphetamine, methylenedioxyamphetamine, and methylenedioxyethylamphetamine.

5 Panel Drug Testing:

(1) Marijuana (THC)

(2) Cocaine

(3) Opiates:

Codeine

Morphine

6-AM (Heroin – street name for 6-acetylmorphine)

Hydrocodone

Oxycodone

Oxymorphone

Hydromorphone

(4) Amphetamines:

Amphetamine

Methamphetamine

MDMA

MDA

MDEA

(5) Phencyclidine (PCP)



"Illegal/Unauthorized drug." Any drug which is not legally obtainable, any drug which is legally obtainable but has been illegally obtained and/or is not being used for its prescribed purpose or in the prescribed manner.

"Legal Drug." Any prescribed drug or over-the counter drug which has been legally obtained and is used for the purpose for which it was prescribed or manufactured.

"Medical Review Officer (MRO)." A licensed physician responsible for receiving and reviewing laboratory results generated by this policy, who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate positive test results together with an Employee's history and any other relevant biomedical information.

"Monitored Collection." The monitor should be the same gender, unless the monitor is a medical professional (nurse, doctor, physician assistant, technologist, or technician, licensed or certified to practice in the jurisdiction). Secure the room being used for the monitored collection so no one else can enter until after the collection has been completed. A monitor does not watch the employee urinate into the collection container. If the monitor hears sounds or makes other observations indicating an attempt to tamper with a specimen, there must be an additional collection under "direct observation".

"Possession." Actual or constructive care, custody, control or immediate access to.

"Reasonable Suspicion." When a supervisor has reason to believe the appearance and/or conduct of an Employee are indicative of the use of alcohol, drug(s) or both.

"Refusal To Test": (1) failure to appear for a test in specified time frame (excludes pre-employment testing), (2) once the test is underway, failure to remain at the testing site until the testing process is complete, (3) failure to provide a sufficient volume of urine or breath without a valid medical explanation, (4) failure to undergo a medical examination as directed by the MRO as part of the verification process or as directed by the Designated Employee Representative (DER), (5) failure to cooperate with any part of testing process, (6) fail to permit the direct observation or monitoring of specimen donation when so required, (7) fail or decline to take an additional drug test required by the employer or collector, (8) a drug test result verified by the MRO as adulterated or substituted, (9) possess or wear a prosthetic or other device that could be used to interfere with collection, (10) admit to collector or MRO that you adulterated or substituted the specimen, (11) failure to sign the certification on Step 2 of the Alcohol Test Form (12) tampering, adulterating, or substituting specimen (13) leaving the scene of an accident without just cause prior to submitting to a test.

“Safety Sensitive” An employee who is required to hold a commercial driver license (CDL) to operate a commercial vehicle is considered to perform safety sensitive functions. For Transit employees, it includes operators of revenue vehicles, dispatchers, maintaining transit vehicles and any armed security. This covers any period in which he or she is actually performing, ready to perform, or immediately available to perform such functions.

"Substance Abuse Professional (SAP)." Evaluates DOT regulated employees who have violated a drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up care and aftercare. Must be a licensed physician (M.D. or D.O.) or a licensed or certified psychologist, social worker, employee assistance professional, state-licensed or certified marriage and family therapist, or a drug and alcohol counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission (NAADAC) or certified by: the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (ICRC); or by the National Board for Certified Counselors, Inc. and Affiliates/Master Addictions Counselor (NBCC) with knowledge of and clinical experience in the diagnosis and treatment of alcohol/substance abuse related disorders. Requires completion of qualification training and SAP certification per 49 CFR Part 40.

“Substance Abuse Counselor (EAP)” evaluates non-DOT regulated employees who have violated the City of Columbia Drug and Alcohol Policy and this person makes recommendations concerning education, treatment, follow-up care and aftercare. The Substance Abuse Counselor is coordinated through EAP.

“49 CFR Part 40.” Federal Procedures for Transportation workplace drug testing programs. These rules are available for review in the Human Resource Department.

### 3.2. Prohibited Conduct

- A. The manufacture, distribution, unlawful dispensing, use, possession or being under the influence of any illegal/ unauthorized drug, while on the City's premises or during working time or during a meal break when an Employee is expected to return to work or on call for work is strictly prohibited.
  - 1. An Employee may use and possess a legal drug while on the City's premises or during working time, provided the Employee uses the drug in accordance with a physician's or the package instructions, does not distribute the drug to another, and the Employee has reported the use of any mood altering or judgment or performance impairing drug to Employee Wellness or his/her immediate supervisor before the beginning of his/her work shift. When an employee has reported the use of a legal drug, Employee Wellness shall notify the employee's supervisor of

potential impairing effects. If an employee reports the use of a legal drug to his/her supervisor, the supervisor shall report this information to Employee Wellness. Employee Wellness staff will consult with the City physician on potential impairing effects and notify the supervisor of any potential impairing effects of the drug. It shall be the Employee's responsibility to inquire of the prescribing physician or a pharmacist whether or not the prescribed or over-the-counter medication is mood altering or judgment or performance impairing. The City reserves the right to have a physician of its choice determine whether an Employee can safely perform their job while using or being under the influence of any legal drug so reported. In addition, the City reserves the right to restrict such Employee's work activity or presence on the City premises.

- B. Use, possession or ingestion of alcohol during working hours, including lunch hours or while on City premises when associated with working hours, is strictly prohibited. However the possession of alcoholic beverages by employees whose job assignment includes the buying, selling, distributing, dispensing or transferring the beverage is excluded, as is the use of alcohol containing solvent, cleaners and other chemicals for the purpose for which they were manufactured.
- C. It is a violation of this policy for Employees to report to work, or to enter onto the City premises while being in a condition impaired for work due to effects, symptoms or side effects of alcohol and/or drugs.
- D. Failure of an employee to submit to any drug/alcohol testing required under this policy, including but not limited to failure to report in a timely manner to a collection site, sign any required consent form or otherwise fully cooperate in the collection of any breath/urine specimen, is also strictly prohibited. If any employee refuses to be tested, the refusal shall be treated as a positive test and the employee shall be subject to disciplinary action up to and including termination.
- E. Conviction Reporting
  - 1. In order that the City shall comply with all state or federal statutes or rules requiring the City to provide a drug-free workplace, any employee who is convicted of conduct in the workplace violating a criminal drug statute shall notify his department head of the conviction within five calendar days after the conviction. Failure to report such convictions is a violation of this policy. Within 30 days following a conviction, the City shall impose the appropriate remedial action and/or rehabilitation measures on the employee as set out in this drug and alcohol policy.
  - 2. An employee who is required by the City to maintain a commercial driver license in order to perform his/her job, must notify an immediate supervisor of any state, county or municipal violation (other than parking)

within 30 days of conviction, and report any license suspension/revocation, cancellation/disqualification or out of service order by the end of the business day after the driver receives notice. The employee is required to complete and submit the CDL conviction form to his/her immediate supervisor who will send the original copy to the Human Resources Department.

3.3 Employee Assistance Program (EAP)

A. The Program

The City shall maintain a contract Employee Assistance Program (EAP) which will provide counseling or referral for drug and alcohol abuse. The City shall provide a list of available resources for drug/alcohol counseling if the Employee chooses to seek assistance outside the City's EAP. Accumulated leave or leave without pay may be granted for treatment, counseling or rehabilitation under applicable ordinance provisions. It will be the Employee's responsibility to comply with a City request for referral and diagnosis and to cooperate fully with any prescribed therapy.

Rehabilitation is the responsibility of the Employee. In cases of mandatory referral to the EAP as a part of a disciplinary disposition or in compliance with a federal rule, the City shall require the counseling agency to report to the City: (1) that the Employee is attending the mandated counseling; (2) that the Employee is arriving on time to scheduled appointments and is cooperating with the counselor; (3) that the Employee has completed counseling or therapy and is released by the counseling provider; and (4) if any medical leave is required.

B. Self Help

In applying this Drug and Alcohol Policy where prior to any drug or alcohol testing or the occurrence of an event giving rise to a reasonable suspicion of current drug or alcohol use an Employee seeks help to refrain from drug or alcohol use, either by inquiry to the City or entering a counseling or rehabilitation program, the City will assist the Employee in locating and attending a suitable program and exercise care to maintain the confidentiality of the inquiry and program participation.

1. No Employee shall have his or her job security jeopardized solely because he or she has made a voluntary request for diagnosis and appropriate therapy for alcoholism or drug dependency. However, the City of Columbia is concerned by those situations where use of alcohol or other drugs affects an Employee's job performance, causes a potential safety

problem or is detrimental to the City's business, and will take those actions that are required for the good of the City as a whole. Self-referral to a treatment program may not be used as a protection from supervisory actions taken as a result of job performance deficiencies.

2. The City may also grant the Employee an appropriate leave of absence (generally not to exceed twelve weeks) or other reasonable accommodation so the Employee can undergo a mutually agreed upon rehabilitation program. To the extent permitted by law, any leave or other accommodation granted pursuant to this policy will, absent extenuating circumstances as determined by the City, be granted only once.

### 3.4 DRUG AND ALCOHOL TESTING

- A. All City employees shall be subject to the following drug or alcohol tests:
  1. Pre-Employment Test. The City of Columbia will test job applicants for all permanent positions, temporary positions required to have a Commercial Driver's License, temporary positions for the Police Department and temporary Meter Reader positions for current drug use prior to offering successful applicants City employment. A dilute negative is considered a negative result, and a retest will not be needed unless directed by the MRO. An applicant with a verified positive test will be ineligible for hire for five years.
  2. Reasonable Suspicion Testing. When a City Supervisor has reason to believe an Employee is under the influence of drugs or alcohol, the supervisor may require the Employee to undergo drug and/or alcohol testing. The supervisor determining reasonable suspicion shall not supervise or participate in testing procedures.
    - (a) Reasonable suspicions shall be grounded upon specific, contemporaneous, articulable observations concerning the appearance, behavior, motor skills, speech or body odors of the Employee, or the physical inability of the employee to do their job assignments.
  3. Return to Duty Testing. Return to Duty testing must occur after an Employee has failed a drug and/or alcohol test, or refused to be tested. The Employee must have successfully completed the required education and or rehabilitation program before a Return to Duty test may be given. The Employee must test negative for drugs and/or below .02 percent breath

alcohol concentration before resuming job duties.

4. Follow-up Testing. Whenever an Employee has sought self-help or has been mandatorily referred to a drug and/or alcohol rehabilitation program and has completed the program, the City's Medical Advisor or SAP or Substance Abuse Counselor through EAP may require the Employee to participate in follow-up drug and/or alcohol testing. The extent and duration of the testing shall be determined by the City's Medical Advisor, Substance Abuse Counselor (EAP) or SAP if required.
  5. All sworn personnel assigned to the City of Columbia Police Department narcotics division shall be subject to random testing.
    - (a) The selection of narcotic officers for random testing is accomplished using a computer based number generator which matches an employee's identification number ensuring officers shall have an equal chance of being selected each time the selections are made. Random testing is unannounced and spread through the year, once an officer is notified of test, he/she must proceed immediately to the test site.
- B. Testing Procedure. Drug and alcohol testing procedures for DOT employees shall conform to those required by current federal regulations governing the drug and alcohol testing rules which are mandated by the Department of Transportation (49 CFR Part 40 effective August 1, 2001 and all amendments thereafter). Procedures for collecting breath and urine specimens will be posted at the collection site. All drug tests shall be performed by a laboratory certified under Department of Health and Human Services, (DHHS), Mandatory Guidelines for Federal Workplace Drug Testing Programs, 53 FR 11970, April 11, 1988 and subsequent amendments thereto. Employees that are in non-safety sensitive positions will be tested in a manner that mirrors 49 CFR Part 40 procedures. However, these tests shall not be performed on federal forms or under federal authority.
1. Specimen Collection. The Human Resources Department will instruct applicants to report to the testing site. Employees will be instructed by the supervisor where and when to report for drug and/or alcohol testing. Employees will also be instructed that they must present a photo I.D. at the time of testing. In cases of reasonable suspicion, the Employee will be transported to the test facility or the City may request a breath or urine specimen collection at the worksite.

The procedures for collecting urine specimens will follow the procedures set out in 49 CFR PART 40 to safeguard the validity of test results, and ensure the integrity and identity of the urine specimen that is produced. Specimens will be sealed and marked at the time of collection in order to maintain an intact chain of custody. The procedure will also allow for individual privacy unless, in the determination of the City, the collector, or the MRO there is reason to believe that an Employee may alter or substitute the specimen. Breath alcohol testing will follow Federal Procedures to ensure accuracy, reliability and confidentiality. All specimens, breath and urine, will be accompanied by the appropriate intact and correctly completed chain of custody form.

If testing under this policy is ever required of an Employee who is in need of medical attention, necessary medical attention will not be delayed in order to collect the test specimen. However, such an Employee shall promptly, upon request from the City, provide the necessary authorization for obtaining hospital reports and records and any other information at the time the need for medical attention and/or testing arose.

2. Testing. Drug testing will be performed on urine samples. The initial test will be performed by the enzyme immunochemical assay method. All specimens identified as a positive test on the initial test will be confirmed using gas chromatography/mass spectrometry (GC/MS) techniques. A specimen will be treated as negative if the result of the initial test or the confirmatory test is negative. The City of Columbia utilizes the UMC Toxicology Lab for non-DOT specimen testing and CRL in Lenexa, Kansas for DOT specimen testing.
  - (a) Urine samples will be split samples so that if the original specimen test is positive the Employee may request the retained sample be tested. This request must be received by the MRO within 72 hours of Employee's notice of a positive result. The split sample will be tested at a different DHHS Certified Laboratory. The City may request reimbursement for the cost of the test. If the split sample tests negative, the test will be determined to be negative.
  - (b) Non safety sensitive pre-employment tests do not have the option for split sample testing.
  - (c) Alcohol Testing. Alcohol use will be tested by using Evidential Breath Testing Devices (EBT). Breath Alcohol testing requires the individual to provide a breath sample. Should the initial breath

sample have a result of 0.02 percent blood alcohol content or greater, a confirmation test will be conducted within 20 minutes. The confirmation test result takes precedence.

3. Refusal to Test. If an Employee refuses to be tested or alters or attempts to alter the test sample such actions shall be treated as a positive test in addition to being a violation of this policy. Behaviors constituting a test refusal: (1) failure to appear for a test in specified time frame (excludes pre-employment) (2) once test is underway, failure to remain at the testing site until the process is completed, (3) failure to provide volume of breath or urine without valid medical explanation, (4) failure to undergo a medical examination to verify insufficient volume, (5) failure to permit the observation or monitoring of specimen donation when so required, (6) failure to take an additional test required by the employer or collector, (7) failure to cooperate with any part of the testing process, (8) a drug test result that is verified by the MRO as adulterated or substituted, (9) possess or wear a prosthetic or other device that could be used to interfere with the collection process, (10) failure to sign the certification on Step 2 of the Alcohol Test Form (11) admit to the collector or MRO that you adulterated or substituted the specimen (12) tampering, adulterating, or substituting specimen (13) leaving the scene of an accident without just cause prior to submitting to a test

C. Test Results

1. Drug Tests. The MRO will review positive drug test results with the Applicant or Employee before reporting them to the City. The substances for which the test was positive will be identified. The MRO may advise the City of a positive test result without having communicated with the Applicant or Employee about the test results if the Applicant or Employee expressly declines the opportunity to discuss the results of the test, or if the Applicant or Employee cannot be reached after reasonable efforts, per 49 CFR Part 40 by either the MRO or the City's representative.

If the MRO determines there is a legitimate medical explanation for the positive test result, the MRO will report the test result to the City as negative.

The MRO may direct the City to conduct an immediate recollection of a negative dilute specimen under direct observation (because the creatinine concentration is at or lower than 2mg/dL to 5mg/dL). Otherwise, (if the



creatinine concentration is greater than 5mg/dL) the City will consider a dilute negative as a negative result.

2. Alcohol Tests. If an alcohol breath test results in a reading of 0.02 - 0.039 percent blood alcohol content, the individual shall not return to duty but shall be taken off duty and not returned to work for at least eight (8) hours, and must test below .02 percent alcohol concentration before returning to work. If an alcohol breath test results in a reading of 0.04 percent blood alcohol content or greater, in addition to the above the Employee must meet with a SAP (DOT) or EAP (non-DOT). This person shall determine when the Employee may return to work.
3. Confidentiality. The results of a positive test shall be kept confidential from the general City work force and public. The results may be known to the test facility, the MRO, City's Designated Employer Representative, SAP (DOT) or EAP (non-DOT) and the Employee. The City may use the results to determine the appropriate response to Employee drug and/or alcohol use and to support its disciplinary or other actions or to defend the City in a Court or Administrative hearing.

The MRO, SAP (DOT), EAP (non-DOT) and the City shall not release the individual test result of an Employee to any unauthorized party without first obtaining written authorization from the tested individual or as required by law.

The Employee may, upon written request, obtain copies of any records pertaining to the Employee's use of prohibited drugs, including records pertaining to the Employee's drug test. There shall be no charge for these records.

D. Actions Taken in Response to Test Results

1. An applicant or employee who refuses to be tested will be treated as having had a positive test. Failure to report to a collection site in a timely basis, excludes pre-employment, sign any required consent form or otherwise fail to fully cooperate with the testing procedure shall be treated as a refusal to be tested. Employees refusing to be tested shall be subject to disciplinary action up to and including dismissal. An Employee refusing to be tested is a violation of the City of Columbia Drug and Alcohol policy and shall be removed from duty immediately, referred to a SAP (DOT) or a EAP (non-DOT) and will not be allowed to return to work in either a safety or non-safety sensitive position until a Return to Duty process has been completed. DOT employees must meet all requirements of the Return

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to Duty process prior to returning to safety sensitive functions as required by 49 CFR Part 40. Accumulated leave or leave without pay may be granted for time away from work, treatment, counseling or rehabilitation under applicable ordinance provisions

2. An Employee whose drug test result is reported to the City as positive for the drugs or metabolites of cocaine, amphetamines, cannabinoids, or an opiate or phencyclidine shall be removed from duty, referred to a SAP (DOT) of a Substance Abuse Counselor (non-DOT) through EAP and shall be subject to disciplinary action up to and including dismissal. Employees will not be allowed to return to work in either a safety or non-safety sensitive position until a Return to Duty process has been completed. DOT employees must meet all requirements of the Return to Duty process prior to returning to safety sensitive functions as required by 49 CFR Part 40. Accumulated leave or leave without pay may be granted for time away from work, treatment, counseling or rehabilitation under applicable ordinance provisions.
  - a) Probationary and temporary employees who refuse to test or test positive for drugs or alcohol will be terminated.
3. An Employee whose breath test results in a reading of 0.02 - 0.039 percent breath alcohol content shall be immediately removed from duty and not returned to work for at least eight (8) hours. Employees will not be allowed to work in either safety sensitive or non-safety sensitive positions during this 8 hour timeframe. Accumulated leave or leave without pay may be granted for time away from work, treatment, counseling or rehabilitation under applicable ordinance provisions. The Employee must take a breath alcohol test with a result less than .02 percent alcohol concentration before returning to duty. An Employee who has a breath test result between 0.02% - 0.039% blood alcohol content shall be referred to a SAP (DOT) or Substance Abuse Counselor (non-DOT) for evaluation and may be subject to disciplinary actions up to an including dismissal.
4. An Employee whose breath test results in a reading of 0.04% blood alcohol content or greater shall be immediately removed from duty. The Employee shall be referred to a SAP (DOT) or Substance Abuse Counselor (non-DOT) for evaluation and may be subject to disciplinary action up to and including dismissal. Employees will not be allowed to return to work in either a safety or non-safety sensitive position until a Return to Duty process has been completed. DOT employees must meet all requirements of the Return to Duty process prior to returning to safety sensitive functions as required by 49 CFR Part 40. Accumulated leave or

leave without pay may be granted for time away from work, treatment, counseling or rehabilitation under applicable ordinance provisions.

5. An Employee whose drug test result is reported to the City as positive or whose breath test result is 0.04 percent breath alcohol content or greater and who has previously had a positive drug test or breath alcohol test or who has had a previous mandatory referral for drug and alcohol counseling as required of these rules, will be terminated.
6. Failure to immediately begin an approved rehabilitation program and remain compliant with rehabilitation agreement, successfully complete the program and/or participate in required or recommended after-care may result in disciplinary action up to and including dismissal.
7. Post Rehabilitation. An Employee who tests positive for illegal drugs or alcohol use cannot return to work until he/she meets the following conditions:
  - (a) Successfully completes a City approved rehabilitation program or completes the initial phase of such program and continues to participate in any program after care required by the rehabilitation facility doctor and/or counselor.
  - (b) No further use of a controlled substance or prohibited use of alcohol as indicated by a negative drug/alcohol Return to Duty test result at the time of release or before resuming work duties.
  - (c) Obtains a full written release and recommendation to return to duty from the treatment facility doctor and/or counselor.
  - (d) Agrees to be subject to post-rehabilitation unannounced follow-up testing as determined by the SAP (DOT) or EAP (non-DOT) for a minimum of 1 year, with at least 6 unannounced tests in the first year, and continue in the program for up to 5 years as deemed necessary by the SAP or EAP.

3.5 Employees subject to U.S. Department of Transportation Regulations, 49 CFR Part 40, governing Drug and Alcohol testing

49 CFR Part 40 is available for review in the Human Resources Department.

- A. In addition to the City's general drug and alcohol policy, City employees who perform safety sensitive duties requiring a Commercial Driver's License, CDL

(except City Transit employees) shall be subject to the rules of the Federal Motor Carrier Safety Administration governing drug and alcohol testing (49 CFR 382). These rules are available for review in Human Resources. The prohibited substances for which employees are tested under the rules are: alcohol, marijuana, cocaine, opiates, amphetamines, heroin, ecstasy, and phencyclidine. A summary of those rules follows.

1. Beginning January 1, 1995, Employees required to have a CDL for their job are subject to the following prohibitions:
  - (a) No driver shall report to duty or remain on duty with a breath alcohol concentration of 0.02 percent or greater.
  - (b) No driver shall possess or use alcohol, including any medication with an alcohol component, while on duty.
  - (c) No driver shall be allowed to drive within four hours of using alcohol.
  - (d) A driver involved in an accident which requires an alcohol test may not use any alcohol until after the test is completed or eight hours has elapsed.
  - (e) No driver shall refuse to submit to any required drug or alcohol test required under these rules.

Behaviors that constitute a refusal:

(1) failure to appear for a test in specified time frame (excludes pre-employment), (2) once the test is underway, failure to remain at the testing site until the testing process is complete, (3) failure to provide a sufficient volume of urine or breath without a valid medical explanation, (4) failure to undergo a medical examination as directed by the MRO as part of the verification process, or as directed by the DER, (5) failure to cooperate with any part of the testing process, (6) the failure to permit the direct observation or monitoring of specimen donation when so required including failure to follow the observer's instructions to raise clothing above the waist, lower clothing and underpants, turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process, (7) fail or decline to take an additional drug test required by the employer or collector, (8) a drug test result verified by the MRO as

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adulterated or substituted and (9) possess or wear a prosthetic or other device that could be used to interfere with collection (10) admit to collector or MRO that you adulterated or substituted the specimen. (11) failure to sign the certification on Step 2 of the Alcohol Test Form (12) tampering, adulterating or substituting specimen (13) leaving the scene of an accident without just cause prior to submitting to a test.

- (f) No driver shall report for duty or remain on duty when using any drugs except those a physician has advised that the driver may use which will not adversely affect the driver's ability to operate a commercial motor vehicle.
2. Drivers are subject to the following drug and or alcohol tests:
- (a) Pre-employment testing for controlled substances.
  - (b) Post-accident drug and alcohol tests will be conducted if the accident results in a death or when the driver was cited by the police if the accident involved: bodily injury to any person which requires medical treatment away from the scene or a vehicle incurs disabling damage and requires towing from the accident. Drivers will be subject to a drug test up to 32 hours after the accident. A supervisor shall prepare and maintain on file a record stating the reasons testing was not administered if this time limit is not met. Drivers are subject to an alcohol test within two hours of the accident but may be tested up to eight hours after the qualifying accident if such delay is required. A supervisor shall prepare and maintain on file a record stating the reasons the test was not administered within the two hour limit. Records of post accidents tests shall be submitted to the Federal Motor Carrier Safety Administration upon request.
  - (c) Random testing. Drivers are required to participate in random drug and alcohol test pools. The selection of drivers for random testing is accomplished by a computer-based random number generator which matches an employee's identification number; ensuring drivers shall have an equal chance of being tested each time selections are made. Random tests are unannounced and spread throughout the year. Once the Employee is notified of test, he/she is

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to cease safety sensitive functions and proceed to testing site as soon as possible. Alcohol testing may occur just before, during, or just after performing safety sensitive duties, drug testing may occur anytime while on duty. The percentage of Employees tested in the pool shall be determined annually by the FMCSA Administrator.

- (d) Reasonable suspicion testing. Drivers are subject to drug and/or alcohol testing when a trained supervisor observes behavior supporting a reasonable suspicion of alcohol or drug use. The supervisor's determination that reasonable suspicion exists must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the driver. Alcohol testing may occur just before, during or just after performing a safety sensitive function, drug testing may occur at any time while on duty.
  - (e) Return to duty testing. Before returning to safety sensitive duty after being excluded because of drug or alcohol use, or a refusal to test, a driver must take an alcohol test resulting in less than .02 percent alcohol concentration and/or a verified negative drug screen. Return to Duty testing will be a direct observed collection.
  - (f) Follow-up Testing. A driver referred to a SAP and subject to assistance or rehabilitation for drug or alcohol use shall be subject to such follow-up testing as directed by a SAP. Follow up testing shall include a minimum of 6 unannounced tests within the first 12 months and may extend up to 60 months from the date of the driver's return to duty. Follow up testing will be under a direct observed collection.
  - (g) Refusal to test shall be treated as a positive test. If a driver asserts an inability to provide a urine or breath specimen, and a physician concludes in writing that such an inability has no medical cause, the inability to provide such specimens shall be considered a refusal, thus a positive test. Drivers must be readily available for alcohol testing immediately before, during or just after performing safety sensitive duties, testing for prohibited substances may be at any time.
3. Supervisors have the following specific duties:
- (a) Supervisors must produce drivers for post-accident drug testing within two hours, up to thirty two hours, and alcohol testing within

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two hours, up to eight hours, following the accident or document in writing why the driver was not tested. The driver may be given necessary medical treatment and if such treatment prevents normal drug or alcohol testing, the supervisor shall document and maintain a record stating the reasons testing was not completed and immediately inform Human Resources.

- (b) Whenever drug or alcohol tests are required under these rules, supervisors must produce the driver for these tests, and when current impairment is reasonably suspected, the supervisor shall not allow the employee to drive.
  - (c) Observations supporting a supervisor's reasonable suspicion of drug or alcohol use must be made just before, during or just after the employee performs safety sensitive work. These observations must be reduced to writing within 24 hours of the observation.
4. Besides the penalties set out by the City for violations of these rules, Federal rule violations have the following consequences:
- (a) No driver may drive if they have used a listed drug, no driver may drive within four hours of using alcohol or at any time when an alcohol test indicates an alcohol concentration of 0.02 percent or greater.
  - (b) A driver violating these rules may not return to safety sensitive function until evaluated and released by a SAP, and subsequently tested for alcohol and drugs with negative results.
  - (c) A driver tested with an alcohol concentration greater than 0.02 percent and less than 0.04 percent may not drive or perform other safety sensitive functions for not less than 24 hours after the administration of the test, and must test .02 percent or below before being allowed to return to safety sensitive functions.
  - (d) Federal Civil penalties for breach of the Federal rules range between \$1,000 to \$10,000 for each offense. Federal criminal penalties for violations of the Federal rules range between \$1 and \$25,000 for each offense or up to 1 year imprisonment for each offense.

B. City Transit Employees. In addition to the City's General Drug and Alcohol

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Policy, City Employees employed to operate a revenue service vehicle at any time, in revenue service or not, controlling the dispatch or movement of a revenue service vehicle or maintaining a revenue service vehicle, are subject to the rules of the Federal Transit Administration governing drug and alcohol testing (49 CFR 655). Covered employees are required to submit to drug and alcohol tests as a condition of employment in accordance with Part 655. These rules are available for review in Human Resources. Employees performing these safety sensitive functions are subject to testing for the following prohibitive substances: alcohol, opiates, phencyclidine, marijuana, cocaine, and amphetamines. A summary of those rules follows:

1. Not later than January 1, 1996, a transit employee performing a safety sensitive function is subject to the following prohibitions:
  - (a) No Employee shall report to work or continue working after using a prohibited drug.
  - (b) No Employee shall report to work or continue to perform a safety sensitive function with an alcohol concentration of 0.02 percent or greater.
  - (c) No Employee shall use alcohol while at work in a safety sensitive function.
  - (d) No Employee shall use alcohol within four hours of reporting to work or anytime while not at work but on call for work.
  - (e) No Employee may use alcohol for eight hours following an accident or until they have taken a post-accident alcohol test.
  - (f) No Employee shall continue working in a safety sensitive transit function if they have tested positive for drugs or alcohol, or if they have refused to take a drug or alcohol test, until they have completed the Return to Duty process (per 49 CFR part 40) and test negative for drugs and less than .02 percent alcohol concentration.
2. For purposes of transit operations, the following terms are defined as set out:
  - (a) Accident: An occurrence associated with the operation of a vehicle, if as a result:
    - (1) An individual dies; or



- (2) An individual suffers a bodily injury and immediately receives medical treatment away from the scene of the accident; or
- (3) With respect to an occurrence in which the transit vehicle involved is a bus, electric bus, van or automobile, one or more vehicles involved incurs disabling damage and is transported away from the scene by tow truck or other vehicle; or
- (4) With respect to an occurrence in which the mass transit vehicle involved is a rail car, trolley car, trolley bus, or vessel, the transit vehicle is removed from operation.

(b) Safety sensitive function:

- (1) Operating a revenue service vehicle, including when not in revenue service;
- (2) Operating a non-revenue service vehicle when such operation requires a Commercial Driver's License;
- (3) Controlling dispatch or movement of a revenue service vehicle;
- (4) Maintaining a revenue service vehicle or equipment used in revenue service.
- (5) Carrying a firearm for security purposes.

3. Transit safety sensitive employees are subject to the following drug and alcohol tests:

- (a) Pre-employment testing. A person may not be hired or transferred into a safety sensitive function until the person has a verified negative result on a pre-employment drug test. Covered employees or applicants who have not performed a safety sensitive duty for 90 consecutive calendar days regardless of the reason, and that have not been in the City of Columbia random selection pool during that time, must complete a pre-employment test with a verified negative result prior to performing safety sensitive duties. If the employee or applicant has previously failed or refused a DOT pre-employment drug test, the employee/applicant must provide the City of Columbia proof of successfully completing a return to duty process

including referral, evaluation, and treatment plan.

- (b) Reasonable suspicion tests. Employees performing safety sensitive functions are subject to drug and alcohol testing when one or more supervisors trained under these rules has reasonable suspicion, based upon contemporaneous, articulable observations regarding the appearance, behavior, speech or body odors of the employee, that the employee has used alcohol or a prohibited drug. Alcohol testing may occur just before, during or just after performing a safety sensitive function, drug testing may occur any time while on duty.
  
- (c) Post-accident testing.
  - (1) In the case of a fatal accident. As soon as practicable following a fatal accident, the employee operating a mass transit vehicle at the time of the accident shall be given alcohol and drug tests. Any other covered Employee whose performance could have contributed to the accident shall be given drug and alcohol tests as determined using the best information available at the time of the decision.
  
  - (2) In the case of a non-fatal accident. As soon as practicable following the accident, the Employee operating a mass transit vehicle and any other covered Employee whose performance could have contributed to the accident, shall be given drug and alcohol tests unless the supervisor determines using the best available information at the time of determination that the Employee's performance can be completely discounted as a cause of the accident.
  
  - (3) Safety sensitive Employees must remain readily available for post-accident testing. An employee who fails to remain readily available or accessible for testing, including notifying the supervisor of his/her location if he or she leaves the scene of a qualifying accident before submitting to such test, may be considered a refusal to test. Alcohol testing must occur within 2 hours, up to 8 hours, drug

testing must occur within 32 hours, if testing is not administered within the required times, the supervisor shall document and maintain a record stating reasons the testing was not administered. Records shall be submitted to FTA upon request of the Administrator. Nothing in this section shall be construed to require the delay of necessary medical attention for the injured following an accident or to prohibit a covered employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

- (d) Random testing. Employees performing safety sensitive functions are subject to random drug and alcohol testing. The random selection method is a computer based random number generator which is matched with employee's identification numbers. Each transit Employee has an equal chance of being tested each time selections are made. Random test dates will be unannounced and reasonably spread throughout the year and hours worked. Alcohol testing may occur just before, during or just after performing a safety sensitive function, prohibited drug use testing may be anytime while on duty. When notified of random testing, Employees must cease safety sensitive functions as soon as possible and immediately report for testing within thirty minutes of notification. Transit's random pool is tested at an annual rate determined by the Federal Transit Administrator.
- (e) Return to Duty testing. Any Employee performing safety sensitive functions who has failed a drug test or refused to test, refused an alcohol test or who has alcohol tested with a breath alcohol content of 0.04% or greater shall be required to undergo a Return to Duty drug or alcohol test before returning to safety sensitive functions. The results of these tests must be negative for drugs and/or a blood alcohol content of less than 0.02%. Return to duty drug test will be a direct observed collection.
- (f) Follow-up testing. Transit employees performing safety sensitive functions that have satisfactorily completed the

SAP's recommendations and have a negative result on a Return to Duty test shall be subject to such follow-up testing as directed by the SAP. There will be a minimum of six unannounced follow-up tests within the first 12 months following a negative return to duty test and the follow up testing period may last up to 60 months. Follow up drug tests will be a direct observed collection.

- (g) Employees to be tested under the authority of Federal Transit Rules shall be informed the tests are mandated by those rules. Employees must report to the test site immediately after notified to test. Failure to so report shall be reported to the City's transit authority.

4. Besides the penalties set out by the City for violations of these rules, Federal rule violations have the following consequences:

- (a) Employees testing positive for drugs will be immediately relieved from safety sensitive functions, and will not be allowed to return to work in either safety or non-safety sensitive duties until evaluated and released by a SAP and must test negative on a Return to Duty test. Accumulated leave or leave without pay may be granted for time away from work, treatment, counseling or rehabilitation under applicable ordinance provisions.
- (b) Employees testing 0.04% blood alcohol concentration or greater shall be relieved from safety sensitive functions, and will not be allowed to return to work in either safety or non-safety sensitive duties until referred to a SAP and shall not be returned to duty until evaluated and released by the SAP and testing less than 0.02% blood alcohol concentration on a Return To Duty Test. Accumulated leave or leave without pay may be granted for time away from work, treatment, counseling or rehabilitation under applicable ordinance provisions.
- (c) Employees testing 0.02% to .039% blood alcohol concentration shall be relieved from safety sensitive duties and not returned to work for at least eight hours. Employees will not be allowed to work in either safety sensitive or non-safety sensitive positions during this 8 hour timeframe. Accumulated leave or leave without pay may be granted for

time away from work, treatment, counseling or rehabilitation under applicable ordinance provisions. The employee must take a breath alcohol test with a result of less than .02 % alcohol concentration before returning to duty.

(d) Employees refusing to take a required drug or alcohol test, or refusing to provide a breath or urine sample shall be considered to have tested positive and will not be allowed to perform safety sensitive duties. If an Employee asserts that they are unable to provide a urine or breath specimen and a physician concludes in writing that such inability has no medical cause, the inability to provide a specimen shall be considered a refusal and, therefore, a positive test.

(e) Behaviors that constitute a test refusal:

(1) failure to appear for a test in specified time frame (excludes pre-employment), (2) once the test is underway, failure to remain at the testing site until the testing process is complete, (3) failure to provide a sufficient volume of urine or breath without a valid medical explanation, (4) failure to undergo a medical examination as directed by the MRO as part of the verification process, or as directed by the DER, (5) failure to cooperate with any part of the testing process, (6) the failure to permit the direct observation or monitoring of specimen donation when so required, (7) fail or decline to take an additional drug test required by the employer or collector, (8) a drug test result verified by the MRO as adulterated or substituted and (9) possess or wear a prosthetic or other device that could be used to interfere with collection(10) admit to collector or MRO that you adulterated or substituted the specimen. (11) failure to sign the certification on Step 2 of the Alcohol Test Form (12) tampering, adulterating or substituting specimen (13) leaving the scene of an accident without just cause prior to submitting to a test.

### 3.6 Columbia Terminal Railroad (CT) Employees.

In addition to the City's General Drug and Alcohol Policy, City employees who

perform safety sensitive/regulated duties, as outlined by the Federal Railroad Administration, shall be subject to the federal regulations of 49 CFR 219. These rules are available for review in Human Resources.

This railroad, Columbia Terminal Railroad, and the City of Columbia recognizes there is a problem of substance abuse, both in drugs and alcohol, in today's society. As an employer who is subject to governmental regulations and seeks to promote the safety of its employees and the public, willingly complies with Federal regulations that are designed to restrict and prohibit the unauthorized use of drugs and alcohol on its property. The Columbia Terminal Railroad and the City of Columbia will comply with the United States Department of Transportation (DOT) and Federal Railroad Administration (FRA) regulations and all statutes and regulations administered by the FRA in implementing the required Part 219 Drug and Alcohol Program.

In accordance with the applicable Federal regulations, this railroad prohibits persons who perform work regulated by the Federal Hours of Service Laws (see 49 U.S.C. §§ 21101-21108) and/or performing duties as Maintenance-of-Way (MOW) workers as described in the definition of "Roadway Worker" in 49 CFR § 214.7 are prohibited from using or the possession of illegal substances or alcohol while on duty. No employee may use alcohol for whichever is lesser of the following periods: within four hours of reporting for regulated service or after receiving notice to report for regulated service. Additionally, controlled substance use is prohibited at any time on or off duty, except as allowed in 49 CFR § 219.103.

#### **§219.5 Definitions.**

*Administrator* means the Administrator of the Federal Railroad Administration or the Administrator's delegate.

*Associate Administrator* means the Associate Administrator for Railroad Safety, Federal Railroad Administration, or the Associate Administrator's delegate.

*Category of regulated employee* means a broad class of either covered service or maintenance-of-way employees (as defined in this section). For the purpose of determining random testing rates under §219.625, if an individual performs both covered service and maintenance-of-way activities, he or she belongs in the category of regulated employee that corresponds with the type of regulated service comprising more than 50 percent of his or her regulated service.

*Contractor* means a contractor or subcontractor performing functions for a railroad.

*Covered employee* means an employee (as defined in this section to include an employee, volunteer, or probationary employee performing activities for a railroad or a contractor to a railroad) who is performing covered service under the hours of service laws at 49 U.S.C. 21101, 21104, or 21105 or who is subject to performing such covered service, regardless of whether the person has performed or is currently performing covered service. (An employee is not a "covered employee" under this definition

exclusively because he or she is an employee for purposes of 49 U.S.C. 21106.) For the purposes of pre-employment testing only, the term “covered employee” includes a person applying to perform covered service in the United States.

*Covered service* means service in the United States as a train employee, a dispatching service employee, or a signal employee, as those terms are defined at 49 U.S.C. 21101, but does not include any period the employee is relieved of all responsibilities and is free to come and go without restriction.

*DOT, The Department, or DOT agency* means all DOT agencies, including, but not limited to, the Federal Aviation Administration (FAA), the Federal Railroad Administration (FRA), the Federal Motor Carrier Safety Administration (FMCSA), the Federal Transit Administration (FTA), the National Highway Traffic Safety Administration (NHTSA), the Pipeline and Hazardous Materials Safety Administration (PHMSA), the United States Coast Guard (USCG) (for purposes of part 40 coverage only), and the Office of the Secretary (OST). These terms include any designee of a DOT agency.

*DOT-regulated employee* means any person who is designated in a DOT agency regulation as subject to drug testing and/or alcohol testing. The term includes individuals currently performing DOT safety-sensitive functions designated in DOT agency regulations and applicants for employment subject to pre-employment testing. For purposes of drug testing conducted under the provisions of 49 CFR part 40, the term employee has the same meaning as the term “donor” as found on the Custody and Control Form and related guidance materials produced by the Department of Health and Human Services.

*DOT safety-sensitive duties or DOT-safety sensitive functions* means functions or duties designated by a DOT agency, the performance of which makes an individual subject to the drug testing and/or alcohol testing requirements of that DOT agency. For purposes of this part, regulated service has been designated by FRA as a DOT safety-sensitive duty or function.

*Drug and Alcohol Counselor or DAC* means a person who meets the credentialing and qualification requirements described in §242.7 of this chapter.

*Employee* means any individual (including a volunteer or a probationary employee) performing activities for a railroad or a contractor to a railroad.

*Evacuation* means the mandatory or voluntary relocation of at least one person who is not a railroad employee for the purpose of avoiding exposure to a hazardous material release. It does not include the closure of public transportation roadways for the purpose of containing a hazardous material release, unless the closure is accompanied by an evacuation order.

*Flagman or Flagger* means any person designated by the railroad to direct or restrict the movement of trains past a point on a track to provide on-track safety for maintenance-of-way employees, while engaged solely in performing that function.

*Fouling a track* means the placement of an individual or an item of equipment in such proximity to a track that the individual or equipment could be struck by a moving train or on-track equipment, or in any case is within four feet of the field side of the near running rail.

*FRA representative* means the Associate Administrator for Railroad Safety of FRA and staff, the Associate Administrator's delegate (including a qualified State inspector acting under part 212 of this chapter), the Chief Counsel of FRA, the Chief Counsel's delegate, or FRA's Drug and Alcohol Program oversight contractor.

*Highway-rail grade crossing* means:

(1) A location where a public highway, road, or street, or a private roadway, including associated sidewalks, crosses one or more railroad tracks at grade; or

(2) A location where a pathway explicitly authorized by a public authority or a railroad carrier that is dedicated for the use of non-vehicular traffic, including pedestrians, bicyclists, and others that crosses one or more railroad tracks at grade. The term "sidewalk" means that portion of a street between the curb line, or the lateral line of a roadway, and the adjacent property line or, on easements of private property, that portion of a street that is paved or improved and intended for use by pedestrians.

*Highway-rail grade crossing accident/incident* means any impact between railroad on-track equipment and a highway user at a highway-rail grade crossing. The term "highway user" includes pedestrians, as well as automobiles, buses, trucks, motorcycles, bicycles, farm vehicles, and all other modes of surface transportation motorized and un-motorized.

*Impact accident*, (1) Impact accident means a train accident, as defined in this section, consisting either of—

(i) A head-on or rear-end collision between on-track equipment;

(ii) A side collision, derailment collision, raking collision, switching collision, or "other impact accident," as defined by this section;

(iii) Impact with a deliberately-placed obstruction, such as a bumping post (but not a derail); or

(iv) Impact between on-track equipment and any railroad equipment fouling the track, such as an impact between a train and the boom of an off-rail vehicle.

(2) The definition of "impact accident" does not include an impact with naturally-occurring obstructions such as fallen trees, rock or snow slides, livestock, etc.

*Joint operations* means rail operations conducted by more than one railroad on the same track (except for minimal joint operations necessary for the purpose of interchange),



regardless of whether such operations are the result of contractual arrangements between the railroads, order of a governmental agency or a court of law, or any other legally binding directive. For purposes of this part only, minimal joint operations are considered necessary for the purpose of interchange when:

- (1) The maximum authorized speed for operations on the shared track does not exceed 20 mph;
- (2) Operations are conducted under operating rules that require every locomotive and train to proceed at a speed that permits stopping within one half the range of vision of the locomotive engineer;
- (3) The maximum distance for operations on the shared track does not exceed 3 miles; and
- (4) Any operations extending into another railroad's yard are for the sole purpose of setting out or picking up cars on a designated interchange track.

*Maintenance-of-way employee or MOW employee* means a roadway worker as defined in §214.7 of this chapter.

*Medical facility* means a hospital, clinic, physician's office, or laboratory where post-accident toxicological testing specimens can be collected according to recognized professional standards, and where an individual's post-accident medical needs can be attended to.

*Non-peer* means a supervisor (other than a co-worker), labor organization representative, or family member of a regulated employee.

*On-track or fouling equipment* means any railroad equipment that is positioned on the rails or that is fouling the track, and includes, but is not limited to, the following: A train, locomotive, cut of cars, single car, motorcar, yard switching train, work train, inspection train, track motorcar, highway-rail vehicle, push car, crane, or other roadway maintenance machine, such as a ballast tamping machine, if the machine is positioned on or over the rails or is fouling the track.

*Other impact accident* means an accident or incident, not classified as a head-on, rear-end, side, derailment, raking, or switching collision, that involves contact between on-track or fouling equipment. This includes impacts in which single cars or cuts of cars are damaged during operations involving switching, train makeup, setting out, etc.

*Person* means an entity of any type covered under 1 U.S.C. 1, including but not limited to the following: A railroad; a manager, supervisor, official, or other employee or agent of a railroad; any owner, manufacturer, lessor, or lessee of railroad equipment, track, or facilities; any independent contractor providing goods or services to a railroad, such as a service agent performing functions under part 40 of this title; and any employee of such owner, manufacturer, lessor, lessee, or independent contractor.

*Plant railroad* means a plant or installation that owns or leases a locomotive, uses that locomotive to switch cars throughout the plant or installation, and is moving goods solely for use in the facility's own industrial processes. The plant or installation could include track immediately adjacent to the plant or installation if the plant railroad leases the track from the general system railroad and the lease provides for (and actual practice entails) the exclusive use of that trackage by the plant railroad and the general system railroad for purposes of moving only cars shipped to or from the plant. A plant or installation that operates a locomotive to switch or move cars for other entities, even if solely within the confines of the plant or installation, rather than for its own purposes or industrial processes, will not be considered a plant railroad because the performance of such activity makes the operation part of the general railroad system of transportation.

*Railroad property damage or damage to railroad property* means damage to railroad property (specifically, on-track equipment, signals, track, track structure, or roadbed) and must be calculated according to the provisions for calculating costs and reportable damage in the FRA Guide for Preparing Accident/Incident Reports (see §225.21 of this chapter for instructions on how to obtain a copy). Generally, railroad property damage includes labor costs and all other costs to repair or replace in-kind damaged on-track equipment, signals, track, track structures (including bridges and tunnels), or roadbed. (Labor costs that must be accounted for include hourly wages, transportation costs, and hotel expenses.) It does not include the cost of clearing a wreck; however, additional damage to the above-listed items caused while clearing the wreck must be included in the damage estimate. It also includes the cost of rental and/or operation of machinery such as cranes and bulldozers, including the services of contractors, to replace or repair the track right-of-way and associated structures. Railroad property damage does not include damage to lading. Trailers/containers on flatcars are considered to be lading and damage to these is not to be included in on-track equipment damage. Damage to a flat car carrying a trailer/container, however, is included in railroad property damage. Railroads should refer directly to the FRA Guide for Preparing Accident/Incident Reports for additional guidance on what constitutes railroad property damage.

*Raking collision* means a collision between parts or lading of a consist on an adjacent track, or with a structure such as a bridge.

*Regulated employee* means a covered employee or maintenance-of-way employee who performs regulated service for a railroad subject to the requirements of this part.

*Regulated service* means covered service or maintenance-of-way activities, the performance of which makes an employee subject to the requirements of this part.

*Responsible railroad supervisor* means any responsible line supervisor (e.g., a

trainmaster or road foreman of engines) or superior official in authority over the regulated employees to be tested.

*Side collision* means a collision at a turnout where one consist strikes the side of another consist.

*Tourist, scenic, historic, or excursion operations that are not part of the general railroad system of transportation* means a tourist, scenic, historic, or excursion operation conducted only on track used exclusively for that purpose (*i.e.*, there is no freight, intercity passenger, or commuter passenger railroad operation on the track).

*Train accident* means a rail equipment accident described in §225.19(c) of this chapter involving damage in excess of the current reporting threshold (see §225.19(e) of this chapter), including an accident involving a switching movement. Rail equipment accidents include, but are not limited to, collisions, derailments, and other events involving the operations of on-track or fouling equipment (whether standing or moving).

*Train incident* means an event involving the operation of railroad on-track or fouling equipment that results in a casualty but in which railroad property damage does not exceed the reporting threshold.

*Watchman/lookout* means an employee who has been annually trained and qualified to provide warning of approaching trains or on-track equipment. Watchmen/lookouts must be properly equipped to provide visual and auditory warning by such means as a whistle, air horn, white disk, red flag, lantern, or fusee. A watchman/lookout's sole duty is to look out for approaching trains/on-track equipment and provide at least fifteen seconds advanced warning to employees before the arrival of trains/on-track equipment.

Programs have been established on this railroad which requires regulated employees to demonstrate their safety posture through complying with:

1. Urine screens to detect the presence of marijuana, cocaine, opioids, phencyclidine and amphetamines (See 49 CFR § 40.85 and 49 CFR § 40.87);
2. Breath alcohol tests to detect the unauthorized use of alcohol; and
3. Breath, urine, blood and tissue (fatality) testing after qualifying FRA post-accident events.

This program applies to all employees who are subject to the Federal hours of service laws (*i.e.* operating employees or covered service employees, including contractors and volunteers) **and/or** employees, contractors or volunteers performing duties as Maintenance-of-Way (MOW) workers as described in the definition of "Roadway Worker" in 49 CFR § 214.7. Regulated service employees are required to be in compliance with the applicable sections of Part 219 when they are on duty and are required to perform or are available to perform regulated service.

This railroad has a total of 4 regulated service employees (including volunteers and contractors) who perform “Hours of Service” duties.

This railroad has a total of 1 regulated service employees (including volunteers and contractors) who perform “Roadway Worker” duties.

The following classes or crafts of employees listed are subject to regulated service on this railroad, and to applicable sections of Part 219:

Railroads Operations Manager  
Railroad Operator  
Maintenance Specialist  
Skilled Service Worker

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Name of contractor: Travis Eichelberger – Capital Railroad Contracting  
Address: 8500 E Trade Center Dr, Columbia, MO 65201  
Phone: 816-718-6504  
Fax: 573-474-3599

Mr. Eichelberger is employed as a signal supervisor for the Union Pacific and is in the UP’s testing pool.

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Nothing in this Policy shall be construed to:

- (1) Require payment by the City of Columbia or Columbia Terminal Railroad of compensation for any period an employee is out of service under a voluntary referral or co-worker report policy;
  - (2) Require the City of Columbia or Columbia Terminal Railroad to adhere to a voluntary referral or co-worker report policy in a case where the referral or report is made for the purpose, or with the effect, of anticipating the imminent and probable detection of a rule violation by a supervising employee; or
  - (3) Limit the discretion City of Columbia or Columbia Terminal Railroad to dismiss or otherwise discipline an employee for specific rule violations or criminal offenses, except as specifically provided by Federal Law.
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**IDENTIFYING INFORMATION**

**Note: If any of the following personnel or entities change, the railroad is obligated to send FRA a change notice.**

Railroad Name: Columbia Terminal Railroad and the City of Columbia  
Address: 6501 N Browns Station Rd, PO Box 6015, Columbia MO 65205  
Phone: 573-441-5561  
E-Mail: dave.sprague@comio.gov

Designated Employer Representative:  
Name: Jenny Workman  
Address: 600 E. Broadway, PO Box 6015, Columbia MO 65205  
Phone: 573-874-6392  
E-Mail: jenny.workman@comio.gov

Medical Review Officer:  
Name: Dr. Dean Breshears  
Address: 7104 County Rd. #108, Fulton, MO 65251  
Phone: 573-220-0987 or 573-642-4004

Testing Laboratory Name: UMC Toxicology & Drug Monitoring  
Laboratory  
Address: 301 Business Loop 70 West, Ste 208, Columbia, MO 65203  
Phone: 573-882-1273

The name of our consortium/third party administrator (C/TPA) is: Mid-Missouri Drug Testing Collections, Inc.  
Address: PO Box 538, Ashland, MO 65010  
Contact Person: Charles Johnson, Consortium Manager  
Phone: 573-632-4495 or 573-234-1872

**ALCOHOL AND DRUG USE PROHIBITED (49 CFR §219.101):**

No employee may use or possess alcohol or any controlled substance while assigned by a railroad to perform regulated service. No employee may report for regulated service, or go or remain on duty in regulated service while under the influence of or impaired by alcohol or having 0.02 percent (Federal violation at 0.04 percent or more) or more alcohol concentration in their breath or blood.

No employee may report for regulated service, or go or remain on duty in regulated service while:

- Under the influence of or impaired by alcohol; or

- Having 0.02 percent (Federal violation at 0.04 percent or more) or more alcohol concentration in their breath or blood; or
- Under the influence of or impaired by a controlled substance.

No employee may use alcohol for whichever is the lesser of the following periods:

- Within four hours of reporting for regulated service; or
- After receiving notice to report for regulated service
  - No employee tested under Part 219 whose test results indicates an alcohol concentration of 0.02 percent or greater but less than 0.04 percent may perform or continue to perform regulated service functions for a railroad, nor may a railroad permit the employee to perform or continue to perform regulated service, until the start of the employee's next regularly scheduled duty period, but not less than 8 hours following administration of the test.

**Prohibition on Abuse of Controlled Substances (49 CFR § 219.102):**

No employee who performs regulated service may use a controlled substance at any time, whether on duty or off duty, except as permitted by 219.103.

**Use of Prescribed or Over-the-Counter Drugs (49 CFR § 219.103):**

Part 219 subpart C does not prohibit the use of a controlled substance (on Schedules II through V of the controlled substance list) prescribed by a medical practitioner, or possession incident to such use, if:

- The treating medical practitioner or a physician designated by the railroad has made a good faith judgment, with notice of the employee's assigned duties and on the basis of the available medical history, that use of the substance by the employee at the prescribed or authorized dosage is consistent with the safe performance of the employee's duties;
- The substance is used at the dosage prescribed or authorized; and
- In the event the employee is being treated by more than one medical practitioner, at least one treating medical practitioner has been informed of all medications authorized or prescribed and has determined that use of the medications is consistent with the safe performance of the employee's duties (and the employee has observed any restrictions imposed with respect to use of the medications in combination).

**TRAINING**

**Supervisor Training (49 CFR § 219.11 (g)):**

Each supervisor responsible for regulated employees (except a working supervisor within the definition of co-worker under this part) must have training in the recognition of signs and symptoms of alcohol and drug influence, intoxication and misuse consistent with a program of instruction to be made available for inspection upon demand by FRA. Such a program shall, at a minimum, provide information concerning the acute behavioral and apparent physiological effects of alcohol and the major drug groups on the controlled substances list. The program should also cover supervisor responsibilities for "Rule G" observations under Part 217 and subsequent action such as reasonable suspicion testing.

The program must also provide training on the qualifying criteria for post-accident testing contained in subpart C of Part 219, and the role of the supervisor in post-accident decisions and collections described in subpart C and Appendix C to Part 219.

**Employee Training:**

This railroad will provide educational materials that clearly explain the requirements of Part 219, and the railroad's policies, prohibitions, and procedures with respect to meeting those requirements. A copy of this plan and any other educational materials will be distributed to each regulated service employee and to each person subsequently hired for or transferred to a regulated service position. At the end of the policy, there is an employee educational handout that was developed jointly by FRA, the Association of American Railroads, the American Short Line & Regional Railroad Association, and railroad labor organizations which helps to explain railroad alcohol/drug testing. This railroad will also provide written notice to representatives of employee organizations of the availability of this information per 49 CFR § 219.23.

**CIRCUMSTANCES FOR TESTING REGULATED SERVICE EMPLOYEES**

**Pre-Employment Drug Testing** – (49 CFR § 219.501) Applicants will be informed that all individuals this company will use for regulated service must be drug-free. Passing a Federal pre-employment drug test is a condition prior to performing regulated service duties. If an applicant refuses to submit to the drug test, or tests positive on the drug test, the applicant will not be considered qualified to perform regulated service and will not be offered a position in regulated service.

**Federal Reasonable Suspicion Testing** – (49 CFR § 219.301)

Regulated service personnel will be required to submit to a Federal drug and/or alcohol test whenever a properly trained supervisory employee of this railroad has reasonable suspicion that a regulated employee is currently under the influence of or impaired by a controlled substance or alcohol. Reasonable suspicion must be based on specific,

contemporaneous personal observations the supervisor can articulate concerning the employee's appearance, behavior, speech, body odor, chronic effects or withdrawal effects. The observations must be made by at least one qualified supervisor [49 CFR § 219.11 (g)] who has received proper training in the signs of alcohol use and/or at least two qualified (one of whom has been trained and is on-site) supervisors who have received proper training in the signs and symptoms of drug use, consistent with standards which meet the FRA regulatory requirements of 49 CFR § 219.11 (g). Documentation of this decision must be maintained, as required by Part 219 Subpart J.

If operating on tracks of another railroad, this railroad will coordinate with the host railroad and decide how the supervisor on the site will immediately communicate and coordinate decisions to test and who will administer the necessary testing. In all reasonable suspicion cases, the supervisor will ensure that the regulated service person is transported immediately to a collection site for a timely collection of a urine and/or breath specimen. If the regulated service person is deemed not fit to return to work, the supervisor will arrange transportation for the person.

Supervisors must document their observations that led them to decide there was a "reasonable suspicion" to have the regulated service person subjected to Federal drug and/or alcohol testing.

**FRA Post-Accident Toxicological Testing:**

**Part 219 subpart C requires** this railroad to collect certain employee's urine, blood and/or breath specimens (tissue in the event of a fatality) after qualifying FRA Post-Accident events. This railroad will provide training on the qualifying criteria for post-accident testing contained in subpart C of this part and the role of the supervisor in post-accident collections described in subpart C and Appendix C to Part 219. Post-accident events are as follows:

1. **Major Train Accident** involving any rail equipment accident with reportable damages in excess of the current calendar year reporting threshold under 49 CFR Part 225 and one or more of the following:
  - a. A fatality (any fatality).
  - b. A release of hazardous materials from railroad "lading" that results in an evacuation or reportable injury caused by the hazmat release.
  - c. Damage to railroad property of \$1.5 Million or more.
  
2. **Impact Accident** involving reportable damage in excess of the current reporting threshold that results in:
  - a. A reportable injury; or
  - b. Damage to railroad property of \$150,000 or more.



3. Fatal Train Incident involving any on-duty railroad employee where damages do not exceed the current reporting threshold.
4. **Passenger Train Accident** with a reportable injury to any person in a train accident involving damage in excess of the current reporting threshold that involves a passenger train.
5. **Human-Factor Highway-Rail Grade Crossing Accident/Incident** meeting one of the following criteria:
  - i. If regulated employee interfered with the normal functioning of a grade crossing signal system, in testing or otherwise, without first providing for the safety of highway traffic that depends on the normal functioning of such a system, as prohibited by § 234.209, is subject to testing.
  - ii. If train crewmember who was, or who should have been, flagging highway traffic to stop due to an activation failure of a grade crossing system, as provided § 234.105 (c)(3), is subject to testing.
  - iii. If regulated employee who was performing, or should have been performing, the duties of an appropriately equipped flagger (as defined in § 234.5), but who failed to do so, due to an activation failure, partial activation, or false activation of the grade crossing signal system, as provided by § 234.105 (c)(1) & (2), 234.106, or 234.107 (c)(1)(i), is subject to testing.
  - iv. If there is a fatality of any regulated service employee regardless of fault. (fatally injured regulated employee must be tested)
  - v. If regulated employee violates an FRA regulation or railroad operating rules and whose actions may have played a role in the cause or severity of the accident/incident, is subject to testing.

**Testing Decision:** For an accident that meets the criteria for a Major Train Accident, all assigned crew members of all involved trains and on-track equipment must be tested. For an Impact Accident, Fatal Train Incident, Passenger Train Accident or Human-Factor Highway-Rail Grade Crossing Accident/Incident, the railroad must exclude an employee if the responding railroad representative can immediately determine, on the basis of specific information, that the employee had no role in the cause(s) or severity of the accident/incident (considering any such information immediately available at the time). For a fatal train incident, the fatally injured employee cannot be excluded from being tested.

For all five types of accidents, in any case where an operator, dispatcher, signal maintainer or other regulated service employee is directly and contemporaneously involved in the circumstances of the accident/incident, those employees must also be required to provide specimens.

**Exceptions from Testing:** No test may be required in the case of a collision between railroad rolling stock (including any on-track equipment) and a motor vehicle or other highway conveyance at a rail/highway grade crossing, unless it meets the criteria set forth above in Item 5 (i-v).

No test may be required in the case of an accident/incident the cause and severity of which are wholly attributable to a natural cause (e.g., flood, tornado, or other natural disaster) or to vandalism or trespasser(s), as determined on the basis of objective and documented facts by the railroad representative responding to the scene.

- **Collection of Urine and Blood Specimens:** Employee specimens will be collected at a medical facility, i.e., hospital, clinic, physician's office, or laboratory where toxicological specimens can be collected according to recognized professional standards. Specimen collections will be accomplished using the FRA Post-Accident Toxicological Testing Kit. Specimens will be collected, packaged, and shipped via express courier service by the railroad. The shipping address is as follows:

Quest Diagnostics  
1777 Montreal Circle  
Tucker, GA 30084  
1-800-729-6432  
Fax: 678-406-1037

**Implied Consent:** Employee(s) required to participate in body fluid testing under subpart C of Part 219 (post-accident toxicological testing) consent to taking of specimens, their release for toxicological analysis under pertinent provisions of this part, and release of the test results to the railroad's Medical Review Officer by promptly executing a consent form, if required by the medical facility. The employee is not required to execute any document or clause waiving rights that the employee would otherwise have against the employer, and any such waiver is void. The employee may not be required to waive liability with respect to negligence on the part of any person participating in the collection, handling or analysis of the specimen or to indemnify any person for the negligence of others. Any consent provided consistent with this section may be construed to extend only to those actions specified in this section.

Any railroad employee who performs service for a railroad is deemed to have consented to removal of body fluid and/or tissue specimens necessary for toxicological analysis

from the remains of such employee, if such employee dies within 12 hours of an accident or incident described in subpart C of Part 219 as a result of such event. This consent is specifically required of employees not in regulated service, as well as employees in regulated service.

### **Alcohol Testing Procedures**

Breath alcohol testing will be performed by fully trained and certified Breath Alcohol Technicians (BAT) using the National Highway Traffic Safety Administration (NHTSA) approved testing devices. The results will be documented on an approved Federal Breath Alcohol Testing Form and will be signed by the employee and the BAT. At the time of the alcohol test, the employee will receive a copy of the test result, with an identical copy being sent to the railroad's DER.

- a. Negative results. The DER will be provided a copy of the negative test results.
- b. Positive results. The BAT will immediately and directly notify the railroad's DER if the test results are positive (0.02 percent or higher) who will take appropriate action to remove or restrict the employee from regulated service as required by Part 219.

### **Drug Test Results**

**Positive or Otherwise Non-Negative Results.** If the laboratory reports the drug test result as POSITIVE or otherwise non-negative, the following procedures will be followed:

- a. The MRO will immediately inform the regulated service person of the result and offer the person the opportunity for an interview to discuss the test result. If the MRO has difficulty reaching the employee, the procedures set forth in 49 CFR § 40.131 will be followed.
- b. The MRO will complete and document the review as required by 49 CFR Part 40 Subpart G, determining if the external chain of custody was intact and if the person has a legitimate medical explanation for the presence of any controlled substance. In the case of an opiate positive, the MRO will also make the special determinations required by the regulation.
- c. If the MRO verifies the test result as positive, the MRO will report the result to the railroad's DER. If the MRO determines that the result is non-negative and the non-negative result cannot be explained, the appropriate regulatory action will be pursued. The MRO will report the verified test result in accordance with 49 CFR § 40.163. The

MRO will not provide the DER with the quantitative test results unless the employee, as stipulated in the regulation, disputes the test.

**Negative results.** If the MRO has determined that the drug test is NEGATIVE, the MRO will accomplish the required administrative review and report the negative results to the railroad's DER in accordance with 49 CFR § 40.163.

**Negative-dilute results.** Unless the MRO directs a railroad to conduct a recollection under direct observation (for a result with creatinine from 2 to 5 mg/dL), per 40.197, a negative-dilute is considered a negative test.

### **Refusal To Test**

Failure to remain available for FRA post-accident testing following an accident or casualty (i.e., being absent without leave) is considered a refusal to participate in testing, without regard to any subsequent provision of specimens. An employee who has been transported to receive medical care is not released from duty for purposes of this section. Nothing in this section prohibits the subsequent testing of an employee who has failed to remain available for testing as required (i.e., who is absent without leave); but subsequent testing does not excuse such refusal by the employee to provide the required specimens in a timely manner.

For all types of Federal testing, an employee who refuses to cooperate to provide specimens as required by Part 219/40 "has refused to test" and must be withdrawn from regulated service and must be deemed disqualified for regulated service for a period of nine (9) months. What constitutes a "refusal to test" is described in 49 CFR § 40.191. The requirement of disqualification for nine (9) months does not limit any discretion on the part of the railroad to impose additional sanctions for the same or related conduct.

### **Confidentiality**

a. Medical information a regulated person provides to the MRO during the verification process is treated as confidential by the MRO and is not communicated to the railroad except as provided in Part 40.

b. Confidentiality of Federal drug or alcohol testing results will be maintained as required by the regulations. For example:

1. The laboratory observes confidentiality requirements as provided in the regulations. This railroad does not advise the laboratory of the identity of persons submitting specimens. The laboratory performing the testing must keep all records pertaining to the drug test for a period of two years.

2. All test results will remain exclusively in the secure files of the MRO. The MRO will observe strict confidentiality in accordance with the regulations and professional

standards. The MRO will retain the reports of individual test results as required in Part 219 Subpart J.

3. The DER will maintain all test results reported by the MRO, both positive and negative, in secure storage. The results will be retained as required in Part 219 Subpart J. Other personnel will be informed of individual test results only in the case of positive tests and authorized only on a need-to-know basis.

### **Compliance with Testing Procedures**

a. All regulated service personnel/applicants requested to undergo a Federal drug and/or alcohol test are required to promptly comply with this request. This railroad expects all prospective and current regulated service personnel to exercise good faith and cooperation in complying with any procedures required under this policy. Refusal to submit to a Federal drug or alcohol test required under FRA rules, engaging in any conduct which jeopardizes the integrity of the specimen or the reliability of the test result, or any other violations of the prohibited conduct in 49 CFR 219.101 or 219.102 could subject the person to disciplinary action (up to and including termination), independent and regardless of any test result. This includes failure to show up on time for a drug/alcohol test, failing to remain at the testing site until the testing process is complete, etc. (see 49 CFR § 40.191).

b. All DOT Federal return-to-duty and follow-up urine specimens must be collected under direct observation (using the new direct observation procedures in 49 CFR § 40.67 (i)) when the regulatory service employee has had a previous positive Federal drug test result, or has previously refused to take a Federal test (including adulteration or substitution). Note that a SAP may also require return-to-duty and follow-up "drug" tests in addition to alcohol tests following an alcohol positive of 0.04 percent or greater.

c. Direct Observation Urine Collection Procedures: The collector (or observer) must be the same gender as the employee. If the collector is not the observer, the collector must instruct the observer about the procedures for checking the employee for prosthetic or other devices designed to carry "clean" urine and urine substitutes AND for watching the employee urinate into the collection container. The observer will request the employee to raise his or her shirt, blouse or dress/skirt, as appropriate, above the waist, just above the navel; and lower clothing and underpants to mid-thigh and show the observer, by turning around, that the employee does not have such a device.

1) If the employee has a device, the observer immediately notifies the collector; the collector stops the collection; and the collector thoroughly documents the circumstances surrounding the event in the remarks section of the testing form. The collector notifies the DER. This is a refusal to test.

2) If the employee does not have a device, the employee is permitted to return his/her clothing to its proper position for the observed collection. The observer must watch the

urine go from the employee's body into the collection container. The observer must watch as the employee takes the specimen to the collector. The collector then completes the collection process.

3) Failure of the employee to permit any part of the direct observation procedure is a refusal to test. As a minimum, a regulated service person will be removed from FRA regulated service for a minimum of nine months if there is a finding of "refusal to test."

### Positive Test Results

a. Alcohol positive of 0.02 to 0.039: Regulated service personnel should receive written notification of test results which are other than negative. A Federal positive drug test or a Federal alcohol test result of 0.02 percent or greater or a refusal to test will result in immediate removal from regulated service under FRA regulations. A positive alcohol test of at least 0.02 percent but less than 0.04 percent will result in the removal of the person from regulated service for at least eight hours.

b. **Federal violation:** A regulated service person with an MRO verified positive drug test or a breath alcohol test result of 0.04 percent or greater (or a refusal) has violated Federal regulations and must be immediately removed from regulated service. Prior to or upon withdrawing the employee from regulated service, the railroad must provide notice to the employee of the reason for this action. If the employee denies that the test result is valid evidence of alcohol or drug use prohibited by 49 CFR Part 219.101 or 219.102, the employee may demand and must be provided an opportunity for a prompt post-suspension hearing. See 49 CFR § 219.104 (c) for the hearing provisions.

Even if the railroad does not wish to keep the employee in its employment, it must provide the above hearing (if requested) and at a minimum provide the employee with a list of qualified Substance Abuse Professionals. Prior to returning to regulated service the employee will be required to undergo an evaluation by a qualified Substance Abuse Professional (SAP) that is railroad approved, to determine the need for treatment and/or education. The employee will be required to participate and comply with the SAP-recommended treatment and any after-care or follow-up treatment that may be recommended or required.

After successful treatment, for a Federal positive drug test (or alcohol test result of 0.04 percent or greater), per the SAP's requirements, the person must provide a Federal return-to-duty urine specimen and/or breath specimen for testing (which is negative) prior to being allowed to return to regulated service. In addition, the person will be subject to additional unannounced Federal follow-up testing, as determined by the SAP, for a maximum period of 60 months, with a minimum of six tests being performed in the first twelve months (**engineers and conductors – SAP with require a minimum of 6 drug tests and 6 alcohol tests in the first 12 months**). Failure to comply with these provisions and remain alcohol and/or drug-free will result in subsequent removal from regulated service and could result in disciplinary action, up to and including termination.

Probationary and temporary employees whose breath test result is between 0.02 percent and 0.039 percent blood alcohol content will be terminated. A permanent employee who has a continuing pattern of breath test results between 0.02 percent and 0.039 percent blood alcohol content shall be referred to a SAP for evaluation and may be subject to disciplinary actions up to and including dismissal.

Probationary and temporary employees whose breath test result is 0.04 percent blood alcohol content or greater will be terminated. A permanent employee whose breath test result is 0.04 percent blood alcohol content or greater and who has previously had a positive drug test or breath alcohol will be terminated.

Probationary and temporary employees who test positive for drugs will be terminated. A permanent employee whose drug test result is reported as positive and who has previously had a positive drug test or breath alcohol test will be terminated.

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### REHABILITATION

This railroad has an employee assistance program (EAP) and SAP which provides covered service personnel with a comprehensive EAP/SAP that can help individuals with alcohol and/or drug abuse problems.

Employee Assistance Professional:  
Contact person: Boone Hospital Employee Assistance Program  
Address: 1701 E Broadway, Medical Plaza 3, Suite 303  
Columbia, MO 65203  
Phone: 573-815-6034

Substance Abuse Professional:  
Contact person: Mark Rembecki  
Address: 1303 Edgewood Dr.  
Jefferson City, MO 65109  
Phone: 573-645-0674

### PREVIOUS EMPLOYER CHECK

This railroad must check on the drug and alcohol testing record of regulated employees it is intending to use to perform hours of service duties. This railroad will, after obtaining an employee's written consent, request information from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer into regulated service. A copy of the employee release form is attached as Appendix A to this policy. (49 CFR § 40.25)

An employee will also be asked whether he or she tested positive (or refused to test) on any Federal pre-employment drug or alcohol test administered by a DOT employer to which the employee applied for, but did not obtain regulated service work during the past two years.

With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including Federal follow-up tests) must be provided to this railroad.



**APPENDIX A**

**Suggested Format: "Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"**

**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

- Have you worked for a DOT-regulated employer in the last 2 years? \_\_\_\_\_
- Have you tested positive, or refused to test, on any Federal pre-employment drug/alcohol test? \_\_\_\_\_
- Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I-A.**

New Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

**I-B.**

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? YES \_\_\_ NO \_\_\_
- 2. Did the employee have verified positive drug tests? YES \_\_\_ NO \_\_\_
- 3. Did the employee refuse to be tested? YES \_\_\_ NO \_\_\_
- 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES \_\_\_ NO \_\_\_
- 5. Did a previous employer report a drug and alcohol rule violation to you? YES \_\_\_ NO \_\_\_
- 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A \_\_\_ YES \_\_\_ NO \_\_\_

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

**II-B.**

Name of person providing information in Section II-A: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

**APPENDIX B – REGULATION ON PREVIOUS EMPLOYER CHECKS PER 40.25**

**§ 40.25 Must an employer check on the drug and alcohol testing record of employees it is intending to use to perform safety-sensitive duties?**

(a) Yes, as an employer, you must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties for you for the first time (i.e., a new hire, an employee transfers into a safety-sensitive position). If the employee refuses to provide this written consent, you must not permit the employee to perform safety-sensitive functions.

(b) You must request the information listed in this paragraph (b) from DOT-regulated employers who have employed the employee during any period during the two years before the date of the employee's application or transfer:

(1) Alcohol tests with a result of 0.04 or higher alcohol concentration;

(2) Verified positive drug tests;

(3) Refusals to be tested (including verified adulterated or substituted drug test results);

(4) Other violations of DOT agency drug and alcohol testing regulations; and

(5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee.

(c) The information obtained from a previous employer includes any drug or alcohol test information obtained from previous employers under this section or other applicable DOT agency regulations.

(d) If feasible, you must obtain and review this information before the employee first performs safety-sensitive functions. If this is not feasible, you must obtain and review the information as soon as possible. However, you must not permit the employee to perform safety-sensitive functions after 30 days from the date on which the employee first performed safety-sensitive functions, unless you have obtained or made and documented a good faith effort to obtain this information.

(e) If you obtain information that the employee has violated a DOT agency drug and alcohol regulation, you must not use the employee to perform safety-sensitive functions unless you also obtain information that the employee has subsequently complied with the return-to-duty requirements of Subpart O of this part and DOT agency drug and alcohol regulations.

(f) You must provide to each of the employers from whom you request information under paragraph (b) of this section written consent for the release of the information cited in paragraph (a) of this section.

(g) The release of information under this section must be in any written form (e.g., fax, e-mail, letter) that ensures confidentiality. As the previous employer, you must maintain a written record of the information released, including the date, the party to whom it was released, and a summary of the information provided.

(h) If you are an employer from whom information is requested under paragraph (b) of this section, you must, after reviewing the employee's specific, written consent, immediately release the requested information to the employer making the inquiry.

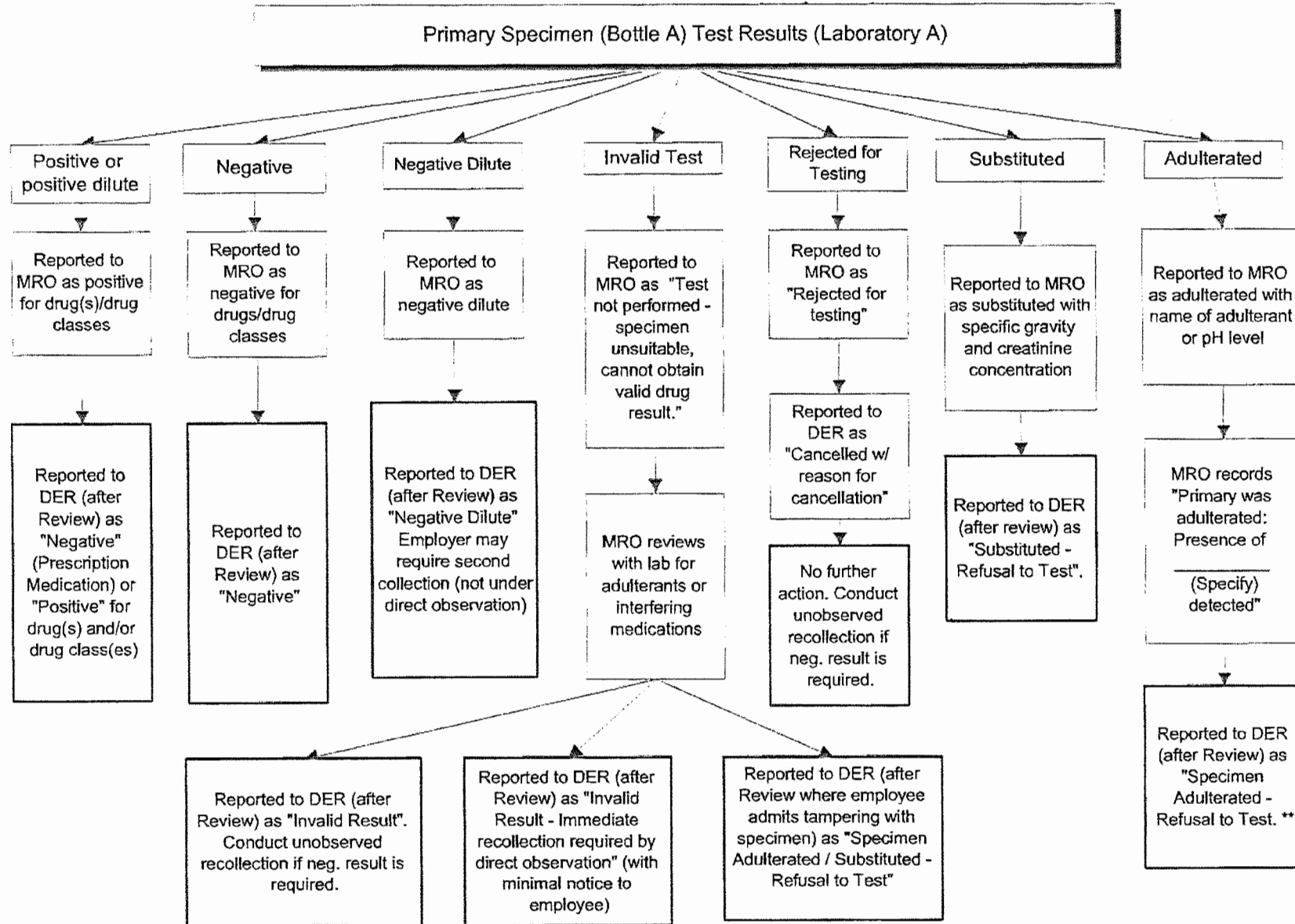
(i) As the employer requesting the information required under this section, you must maintain a written, confidential record of the information you obtain or of the good faith efforts you made to obtain the information. You must retain this information for three years from the date of the employee's first performance of safety-sensitive duties for you.

(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

**APPENDIX C**

As guidance, attached are two flow charts; one for the handling of primary specimens and one for the handling of split specimens.

# FLOW CHART FOR HANDLING OF PRIMARY SPECIMENS

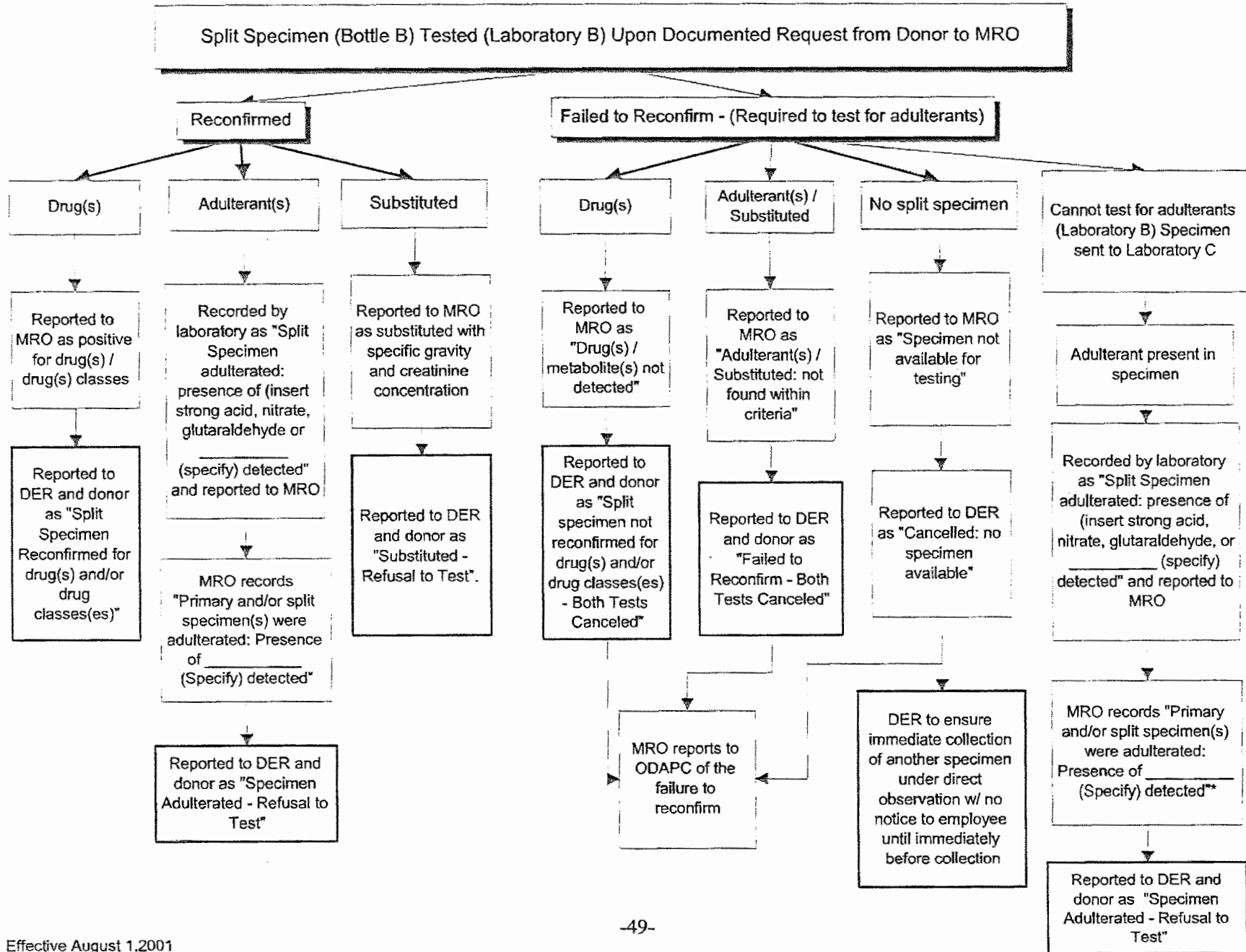


**NOTE:** Positive, adulterated and substituted specimens are retained by the laboratory for 1 yr.

**\*\*** Adulterated specimen with no split specimen available is reported to DER as "Specimen Adulterated - Refusal to Test"

# FLOW CHART FOR HANDLING OF SPLIT SPECIMENS

Attachment 1



**Appendix D**

**Columbia Terminal Railroad Documents**

1. City of Columbia Reasonable Suspicion Documentation Form

Supervisor Observation  
Reasonable Suspicion

Employee Name \_\_\_\_\_ Job title \_\_\_\_\_

Location \_\_\_\_\_ Date/ Time \_\_\_\_\_

The following are associated with possible alcohol use or drug abuse. Check ALL that apply:

- | BEHAVIOR  | APPEARANCE                                      | SPEECH   | BODY ODOR                           |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> staggering   | <input type="checkbox"/> flushed skin           | <input type="checkbox"/> slurred               | <input type="checkbox"/> alcohol    |
| <input type="checkbox"/> sleepy   | <input type="checkbox"/> cold, clammy, sweats   | <input type="checkbox"/> exaggerated           | <input type="checkbox"/> burnt rope |
| <input type="checkbox"/> agitated   | <input type="checkbox"/> bloodshot eyes         | <input type="checkbox"/> loud boisterous       | (possibly marijuana)                |
| <input type="checkbox"/> hostile  | <input type="checkbox"/> sweating               | <input type="checkbox"/> incoherent            |                                     |
| <input type="checkbox"/> disoriented  | <input type="checkbox"/> unusual energy         | <input type="checkbox"/> rapid/slow            |                                     |
| <input type="checkbox"/> pinpoint pupils  | <input type="checkbox"/> tearing, watery eyes   | <input type="checkbox"/> forgetfulness         |                                     |
| <input type="checkbox"/> poor coordination  | <input type="checkbox"/> dilated pupils         | <input type="checkbox"/> excessively talkative |                                     |
| <input type="checkbox"/> tremors, shakes  | <input type="checkbox"/> unfocused, blank stare | <input type="checkbox"/> excessive laughter    |                                     |
| <input type="checkbox"/> rapid breathing  | <input type="checkbox"/> sinus/nasal problems   | <input type="checkbox"/> inappropriate speech  |                                     |
| <input type="checkbox"/> labored breathing  | <input type="checkbox"/> unkempt grooming       | <input type="checkbox"/> nonsensical, silly    |                                     |
| <input type="checkbox"/> hallucinations   |   |  |                                     |
| <input type="checkbox"/> euphoria   |   |  |                                     |
| <input type="checkbox"/> frequent use of mints, mouthwash, breath sprays, eye drops |   |  |                                     |
| <input type="checkbox"/> drunken behavior with or without odor of alcohol           |   |  |                                     |

Other observations: \_\_\_\_\_

How is employee's behavior different than previous observed on-the-job behavior?  
\_\_\_\_\_

To the best of my knowledge and belief, this report represents the appearance, behavior and/or conduct of the above-named employee, observed by me and upon which I base my decision to require said employee to Reasonable Suspicion testing.

These observations were made by:

Supervisor: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Employee transported to collection site by \_\_\_\_\_



3.7 Employee Drug and Alcohol Education

- A. The Drug and Alcohol Policy is available by way of the City's Intranet site or a copy of the policy may be obtained from Human Resources.
- B. Safety Sensitive Employee Drug and Alcohol training materials shall include the following content:
  - 1. The identity of the persons designated to answer Employee questions about the City's rules and Federal testing programs.
  - 2. Information explaining the effects of alcohol and drugs on health, work and personal life, the symptoms of alcohol or substance abuse.
  - 3. Explanations of Employee conduct which is prohibited by these rules and the circumstances under which an Employee will be tested.
  - 4. The drug and alcohol procedures.
  - 5. An explanation of when testing is required by Federal rules and when it is required by City policy.
  - 6. Explanation of what constitutes a refusal to test.
  - 7. Explanation of the consequences of violations of these rules.
  - 8. Explanation of the consequences of having a breath alcohol concentration greater than 0.02 percent but less than 0.04 percent
  - 9. The name and contact information of an individual or organization(s) that can provide counseling and access to treatment programs.
- C. Safety sensitive employees shall receive a minimum of 60 minutes of training in the effects of substance abuse. Training shall include explanation of DOT regulations governing drug and alcohol testing.
- D. Safety sensitive-supervisors shall receive, in addition to the general Employee information, a minimum of 60 minutes of training in alcohol misuse and 60 minutes of training in drug use. The training shall cover physical, behavioral, speech and performance indicators of drug and alcohol misuse.

3.8 Alcohol Fact Sheet

A. Alcohol is a socially acceptable drug that has been consumed throughout the world for centuries. It is considered a recreational beverage when consumed in moderation for enjoyment and relaxation during social gatherings. However, when consumed primarily for its physical and mood-altering effects, it is a substance of abuse. As a depressant, it slows down physical responses and progressively impairs mental functions.

1. Signs and Symptoms of Use

Dulled mental processes  
 Lack of coordination  
 Odor of alcohol on breath  
 Possible constricted pupils  
 Sleepy or stuporous condition  
 Slowed reaction rate  
 Slurred speech

(Note: Except for the odor, these are general signs and symptoms of any depressant substance.)

2. Health Effects

The chronic consumption of alcohol (average of three servings per day of beer [12 ounces], whiskey [1 ounce], or wine [6 ounce glass]) over time may result in the following health hazards:

Decreased sexual functioning  
 Dependency (up to 10 percent of all people who drink alcohol become physically and /or mentally dependent on alcohol and can be termed Alcoholic)  
 Fatal liver diseases  
 Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, and malignant melanoma  
 Kidney disease  
 Pancreatitis  
 Birth defects (up to 54 percent of all birth defects are alcohol related) Spontaneous abortion and neonatal mortality  
 Ulcers

3. Social Issues

Two-thirds of all homicides are committed by people who drink prior to the crime.

Two to three percent of the driving population is legally drunk at any one time. This rate is doubled at night and on weekends.

Two-thirds of all Americans will be involved in an alcohol-related vehicle accident during their lifetimes.

The rate of separation and divorce in families with alcohol dependency problems is 7 times the average.

Forty percent of family court cases are alcohol problem related. Alcoholics are 15 times more likely to commit suicide than are other segments of the population.

More than 60 percent of burns, 40 percent of falls, 69 percent of boating accidents, and 76 percent of private aircraft accidents are alcohol related.

4. The Annual Toll

24,000 people will die on the highway due to the legally impaired driver.

12,000 more will die on the highway due to the alcohol-affected driver.

15,800 will die in non-highway accidents.

30,000 will die due to alcohol-caused liver disease.

10,000 will die due to alcohol-induced brain disease or suicide.

Up to another 125,000 will die due to alcohol-related conditions or accidents.

5. Workplace Issues

Impairment in coordination and judgment can be objectively measured with as little as two drinks in the body.

A person who is legally intoxicated is 6 times more likely to have an accident than a sober person.

Alcohol abuse accounts for 500 million lost work days per year.

It takes 1 hr. for the average person (150 lbs.) to process one serving of an alcoholic beverage from the body.

3.9 Penalties

- A. Penalties. If an Employee violates any provision of the City Drug and Alcohol Policy or applicable Federal Drug and Alcohol rules or fails to do anything required under the Policy or these Rules, the Employee may be subject to disciplinary action up to and including termination and/or may be required as a condition of continued employment to attend a drug and/or alcohol rehabilitation program approved by the City on the Employee's time and at the Employee's expense.

# EXHIBIT B

## CONTRACTOR'S RFP RESPONSE

RFP 28/2018

Original



# City of Columbia Purchasing

## Bid Information

Bid Owner Sophie Heidenreich  
Email sophie.heidenreich@como.gov  
Phone 1 (573) 874 7687  
Fax  
Bid Number 28/2018  
Title Drug & Alcohol Testing T&S  
Bid Type RFP-F  
Issue Date 12/01/2017  
Close Date 1/6/2018 05:00:00 PM (CT)

## Contact Information

Address  
Contact Department  
Building  
Floor/Room  
Telephone  
Fax  
Email

## Ship to Information

Address  
Contact Department  
Building  
Floor/Room  
Telephone  
Fax  
Email

## Supplier Information

Company Name Mid Missouri Drug Testing Coll., Inc.  
Contact Name Jane T Johnson  
Address P.O. Box 538  
Ashland, Mo 65010  
Telephone 573-632-4495  
Fax 573-632-6858  
Email jane@mmtdtc.com

## Supplier Notes

By submitting your response, you certify that you are authorized to represent and bind your company.

Signature

Jane T Johnson

Date 12/31/17

## Bid Notes

Proposals may be submitted in a sealed envelope at the purchasing office or uploaded electronically on the City's E-bidding website. No fax or e-mail proposals will be accepted. Sealed proposals must be delivered to the Purchasing Department, 701 E. Broadway, 5th Floor, Columbia, MO 65201 by the closing date and time. Proposals received after the appointed time will be determined non-responsive and will not be opened. Sealed proposals must be submitted in three (3) copies, one of which must be an original and so marked. The proposals must be in a sealed envelope and marked in bold letters "RFP 28/2018."

## Bid Activities

## Bid Messages

## Bid Attachments

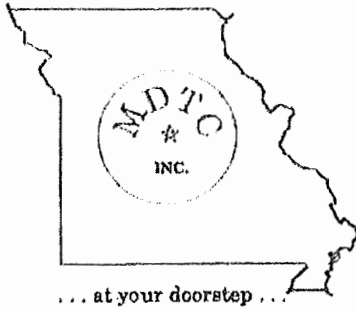
The following attachments are associated with this opportunity and will need to be retrieved separately

#	Filename	Description
Header	Drug and Alcohol RFP 28.2018 red line (1).pdf	RFP #28/2018

## Bid Attachments Requested

The following attachments are requested with this opportunity





## MID-MISSOURI DRUG TESTING COLLECTIONS, INC.

Pre-employment, random & post-accident drug and alcohol collections

P. O. Box 538  
Ashland, MO 65010

573-632-4495  
(toll free) 877-329-2230

I, Janet M. Johnson, attest that the information, services, prices, and statements contained in the attached proposal are accurate and true as delineated in City of Columbia Bid Proposal 28/2018.

Janet M. Johnson, President

EXHIBIT C  
PRICING PAGE

ITEM	DESCRIPTION	UNIT OF MEASURE	UNIT PRICE
1. Full drug screen analysis, 5-Panel DOT	Price must include collection, laboratory analysis, positive test confirmation.	Per Specimen	39. <sup>00</sup>
2. Drug screen analysis, 5-Panel non-DOT	Price must include collection, laboratory analysis, and positive test confirmation. Do not include Medical Review Officer services in quote. This service is only required for positive tests and should be quoted on Item 7.	Per Specimen	28. <sup>00</sup>
3. Mobile based drug test	Mobile based drug test.	Each	same price
4. Breath Alcohol Testing	Breath Alcohol Testing.	Each	25. <sup>00</sup>
5. Mobile Based Alcohol Test	Mobile based alcohol test.	Each	25. <sup>00</sup>
6. Positive Breath Alcohol Test Confirmation	Positive breath alcohol test confirmation.	Each	15. <sup>00</sup>
7. Review of lab analysis by Medical Review Officer	Review of lab analysis by Medical Review Officer.	Each	included in DOT \$10.00 for non DOT
8. Medical Review Officer Consultation	Medical Review Officer Consultation.	Per Hour	100. <sup>00</sup>
9. Expert Witness Testimony	Expert Witness Testimony.	Per Hour	100. <sup>00</sup>
10. Random Pool Administration	Random Pool Administration (Selection, notification, and blind specimen submission).	Each	300. <sup>00</sup> /yr
11. Random Testing for sworn personnel assigned to the Columbia Police Department Narcotics Division	Currently five officers. Testing to be done quarterly.	Each	no charge
12. After hour fees	After hour fees and/or any extra fees when outside normal operating hours.	Specify Rate	no charge

13. Emergency Charges	Charges for emergency services.	Specify Rate	no charge.
14. Specimen Collection - Out of Area	Charges for specimen collection at out of area locations.	Specify Rate	15. <sup>00</sup>
15. Drug & alcohol Training	Drug & Alcohol Training for employees and supervisors.	Per Training Session	no charge

## 4.2 Required Vendor Information

Collection location: 405B Bernadette Drive Columbia, MO 65203

Hours of operation: 8:30 am to 4 pm Monday – Friday (on call 24 hours, 7 days)

Collector certification: attached

Laboratory: Clinical Reference Laboratory (hours 7 days/24 hours)  
8433 Quivira  
Lenexa, KS 66215

MRO: Dean Breshears, MD (certification attached)  
7104 County Road Road #108  
Fulton, MO. 65251

On-Site time for collections and BATs: average < 15 minutes

Turn-around-time test results: Negative test results – next working day  
Positives – average 3-5 days  
BATS: same day

Methods of reporting: Fax, email, and secure log-in

Out of area collections: Contractor will send prospective donor federal or non-federal chain of custody, location of collection location and billing instructions.

Personal ID security: Results, CCFs, etc. in locked, alarmed location or under secure log-in software.

Experience/tools training: 2 hour training sessions utilizing commercial DVD and question answer follow up.

Resources compliance: Contractor will provide 6 month statistical reporting and MIS preparation.

Regulatory updates: Contractor will provide updates via on-site visits, phone and email information.

### 4.3 Other Required Vendor Information

Mid-Missouri Drug Testing Collections was started in 2000 as a mobile drug testing service providing pre-employment, random, post accident drug and alcohol testing for Mid-Missouri clients. In 2002, services expanded to include a walk-in clinic in addition to mobile services. MDTC, Inc. has provided the City of Columbia comprehensive drug and alcohol testing since 2002 (web site: [www.mmdtc.com](http://www.mmdtc.com))

References: attached

Additional services: Hair follicle testing, on-site point of care "quick tests"

Adverse circumstances: None

Sample reports: attached

Sample invoice: attached

Performance standards: MDTC, Inc. was inspected in 2017 (blind inspection) by the DOT and received a 93% performance rating.

## **Attachments**

1. Sample reports ( 2 pages)
2. Sample Invoice ( 2 pages)
3. References
4. MRO certification
5. Collector certifications ( 8 pages)
6. W-9



Mid-Missouri Drug Testing Collections, Inc.  
 Drug and Alcohol Management  
 877-329-2930  
 Fax 573-632-6858  
 m2dtee.socket.net



**Test Results: Substance & Alcohol Testing Test-ID: 14596**

<u>Donor</u> [REDACTED] ID: *****9653	<u>D.E.R.</u> Jenny Workman ph   573-874-6392 fax   573-874-6313 e   jenny.workman@como.gov	<u>Company</u> City of Columbia - FMCSA 600 E. Broadway PO Box 6015 Columbia, MO. 65202-6015
---	---	--

<u>Reason for Testing</u> Random Selection <input checked="" type="checkbox"/> DOT Test <input checked="" type="checkbox"/> 12/04/2017 7:32:58   1841	<u>Collection Date/Time &amp; Address:</u> Date: 12/28/2017 Time: 11:23 AM	Mid-Missouri Drug Testing Collections, Inc. 405B Bernadette Drive Columbia, MO 65203  Phone: 573-234-1872
--	--	---

<u>Lab:</u> Clinical Reference Laboratory 8433 Quivara Lenexa, KS 66215 Phone: 800-445-6917	Lab Accession: R0275408	Receipt: 12/29/2017 Completed: 12/29/2017 Reported: 12/29/2017
---	-------------------------	--

MRO: Dean Breshears, MD 7104 County Rd #108 Fulton, MO 65251	Reported: 12/30/2017 Phone: 573-642-4004	<u>Dean Breshears, M.D.</u> Dean Breshears, MD
---	---	---

<u>Substance Test &amp; Results</u>	<u>Substance Panel Details</u>	Cutoff Units
Urine Substance Test: <b>Negative</b> CCF: 2042963092 Collected by: Jessica Martin	Panel: SAMHSA DRUG SCREEN	
	Heroin	Negative 10 ng/ml
	Amphetamines	Negative 500 ng/ml
	Cocaine	Negative 150 ng/ml
	Ecstasy Screen	Negative 500 ng/ml
	Opiates	Negative 2000 ng/ml
	Phencyclidine	Negative 25 ng/ml
	Marijuana	Negative 50 ng/ml

Random Selection Date/Time/ID

# Health Care

Toxicology & Drug Monitoring Laboratory  
 301 Business Loop 70 West, Suite 208  
 Columbia, MO 65203

Report Prepared for:  
 City of Columbia 0775  
 Attention to: ~~XXXXXXXXXX~~  
 PO Box 6015  
 Columbia, MISSOURI 65205

Identification: 20030-F239463  
 Name: ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~  
 Accession Number: 17-345-004482  
 Received Date: 12/18/2017

## Toxicology

Drug	Collected Date/ Collected Time	Units
Drug Abuse Screen #0502 Forensic	12/15/2017 13:18	
Urine Amphetamine	Test Requested**	
Urine Cannabinoids	Negative**	
Urine Cocaine	Negative**	
Urine Opiates	Negative**	
Urine Phencyclidine	Negative**	
Specimen Creatinine	0.4**	mg/dL
Validation Check	Dilute Specimen**	
Certifying Scientist	Faul Whitler**	
Cutoff Levels Drug Abuse Screen 0502	See Below**	

**Interpretive Data**

†: Cutoff Levels Drug Abuse Screen 0502

Drug	Screening Cutoff	Confirmation Cutoff
Amphetamines	500 ng/mL	250 ng/mL
Cannabinoids	50 ng/mL	15 ng/mL
Cocaine	150 ng/mL	100 ng/mL
Opiates	300 ng/mL	200 ng/mL
Phencyclidine	25 ng/mL	25 ng/mL

**Performing Location**

†: This test was performed at:  
 Toxic and Drug Monitoring Lab, 301 Business Loop 70 W., Ste. 208, Columbia, MO, 65203-

Cutoff concentrations for drug classes will vary depending upon which class members and/or metabolites are present. All tests indicating a "positive" result have been confirmed using an alternative method. Questions regarding this analysis should be directed to the Toxicology & Drug Monitoring Laboratory by calling (573) 882-1273

**LEGEND:** @-Abnormal, &-Confirmed, C-Critical, L-Low, H-High, Int-Inter Date, R-Result Comment, \* -Performing Loc

260036962

Print Date/Time: 12/18/2017 11:38

Page 1 of 1

Registration #: 200360000003116





# Invoice

Date	Invoice #
12/31/2017	19022

**Bill To:**

City of Columbia Employee Health  
 Att: Accounts Payable  
 600 E Broadway  
 Columbia, MO. 65201

**Mail Remittance To:**

Mid Missouri Drug Testing Collections Inc.  
 P.O. Box 538  
 Ashland, MO. 65010

Terms	Due Date
Net 30	1/30/2018

Item	Rate	Specimen ID	Serviced	Total Charge
DOT Drug Test - Pre	38.00	Gross, Timothy	12/8/2017	38.00
DOT Drug Test - Pre	38.00	Juniper, Rylen	12/13/2017	38.00
DOT Drug Test - Pre	38.00	Meriweather, Shaun	12/14/2017	38.00
DOT Drug Test - Pre	38.00	Robinson, Elijah	12/14/2017	38.00
DOT Drug Test - Random	38.00	Zugor, Muhamed	12/18/2017	38.00
DOT Drug Test - Random	38.00	Wright, Sean	12/18/2017	38.00
DOT Drug Test - Random	38.00	Wren, Scotty	12/18/2017	38.00
DOT Drug Test - Random	38.00	Garriott, Ronald	12/18/2017	38.00
Breath Alcohol w/o conf	25.00	Garriott, Ronald	12/18/2017	25.00
DOT Drug Test - Random	38.00	Rulo, Rob	12/18/2017	38.00
Breath Alcohol w/o conf	25.00	Rulo, Rob	12/18/2017	25.00
DOT Drug Test - Random	38.00	Scott, Christopher	12/18/2017	38.00
DOT Drug Test - Pre	38.00	Bowers, Charles	12/18/2017	38.00
DOT Drug Test - Pre	38.00	Wilbam, Jerome	12/18/2017	38.00
DOT Drug Test - Random	38.00	Sims, Norbert	12/19/2017	38.00
Breath Alcohol w/o conf	25.00	Sims, Norbert	12/19/2017	25.00
DOT Drug Test - Pre	38.00	Keller, Josh	12/22/2017	38.00
DOT Drug Test - Pre	38.00	Gray, Tracy	12/22/2017	38.00
DOT Drug Test - Pre	38.00	Jones, Robert	12/26/2017	38.00
DOT Drug Test - Random	38.00	Vann, Eric	12/28/2017	38.00
DOT Drug Test - Random	38.00	Weakley, Joseph	12/28/2017	38.00
Breath Alcohol w/o conf	25.00	Weakley, Joseph	12/28/2017	25.00
MRO Service	10.00	Horne, Joseph	11/30/2017	10.00
DAS 0502 (non-DOT)	27.00	Williams, Rachele	12/1/2017	27.00
DAS 0502 (non-DOT)	27.00	Sipe, Jesse	12/1/2017	27.00
DAS 0502 (non-DOT)	27.00	Brown, Henry	12/4/2017	27.00
DAS 0502 (non-DOT)	27.00	Walls, Jeremy	12/5/2017	27.00

Thank you for your business.

**Total**

**Payments/Credits**

**Balance Due**



# Invoice

Date	Invoice #
12/31/2017	19022

**Bill To:**

City of Columbia Employee Health  
 Att: Accounts Payable  
 600 E Broadway  
 Columbia, MO. 65201

**Mail Remittance To:**

Mid Missouri Drug Testing Collections Inc.  
 P.O. Box 538  
 Ashland, MO. 65010

Terms	Due Date
Net 30	1/30/2018

Item	Rate	Specimen ID	Serviced	Total Charge
DAS 0502 (non-DOT)	27.00	Snodgrass, Jamie	12/5/2017	27.00
DAS 0502 (non-DOT)	27.00	Myers, Kelly	12/8/2017	27.00
DAS 0502 (non-DOT)	27.00	Rivero, Suzanne	12/8/2017	27.00
DAS 0502 (non-DOT)	27.00	Meers, Brett	12/13/2017	27.00
DAS 0502 (non-DOT)	27.00	Spicci, Anthony	12/13/2017	27.00
DAS 0502 (non-DOT)	27.00	Nachbar, Sharon	12/14/2017	27.00
DAS 0502 (non-DOT)	27.00	Exum, Corey	12/14/2017	27.00
DAS 0502 (non-DOT)	27.00	Boskovich, Alexandria	12/15/2017	27.00
DAS 0502 (non-DOT)	27.00	Sitz, Rhys	12/15/2017	27.00
DAS 0502 (non-DOT)	27.00	Wyatt, Diane	12/15/2017	27.00
DAS 0502 (non-DOT)	27.00	Denham, Dwight	12/18/2017	27.00
DAS 0502 (non-DOT)	27.00	Skinner, Michael	12/18/2017	27.00
DAS 0502 (non-DOT)	27.00	Doyle, Michael	12/18/2017	27.00
DAS 0502 (non-DOT)	27.00	Schoolcraft, Adam	12/18/2017	27.00
DAS 0502 (non-DOT)	27.00	McCulloch, Joshua	12/20/2017	27.00
DAS 0502 (non-DOT)	27.00	Dewitt, Jesse	12/21/2017	27.00
DAS 0502 (non-DOT)	27.00	Stone, Taylor	12/21/2017	27.00
DAS 0502 (non-DOT)	27.00	Mackall, Sandra	12/21/2017	27.00
DAS 0502 (non-DOT)	27.00	Raybon, Tyra	12/22/2017	27.00
DAS 0502 (non-DOT)	27.00	Midgyett, Princess	12/28/2017	27.00

Thank you for your business.

<b>Total</b>	\$1,442.00
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$1,442.00



## MID-MISSOURI DRUG TESTING COLLECTIONS, INC.

Pre-employment, random & post-accident drug and alcohol collections

P. O. Box 538  
Ashland, MO 65010

573-632-4495  
(toll free) 877-329-2230

### References for Mid-Missouri Drug Testing Collections, Inc.

<u>Company/agency</u>	<u>Contact</u>	<u>Phone #</u>	<u>Service provided</u>
City of Columbia	Jenny Workman	874-6346	Full Third-party Administration
Boone County Public Works	Andrea Whelan	886-4395	Full Third-party Administration
Columbia Curb & Gutter	Jeff Bradshaw	474-6186	Full Third-party Administration
Missouri Book Services	Jerome Rader	446-5258	Collections and Testing
Potter Transportation	Randy Potter	660-882-2100	Collections and Testing
Sentinel Industries	Kathy Loeffert	657-2164	Full Third-party Administration
Midway USA	Jason Gatz	445-6363	Full Third-party Administration
Boone Electric Cooperative	Scott Thieret	441-7272	Full Third-party Administration
Emery Sapp & Sons	Jeff Stephens	445-8331	Full Third-party Administration
St. Charles County	Ruth Rollins	636-949-7320	Full Third-party Administration
Hallsville R-IV Schools	George Rudisaille	696-5512	Full Third-party Administration
Southern Boone County	Charlotte Miller	657-2146	Full Third-party Administration
Cleeks	John Cleek	449-1010	Full Third-party Administration
Con-Agg	Natalie Timmerman	446-0905	Full Third-party Administration

# MROCC

## Medical Review Officer Certification Council

Certifies that

*Dean Breshears, M.D.*

has successfully met all eligibility and examination criteria  
and is hereby designated a  
Certified Medical Review Officer

Certificate Number: 17-12127

*Effective this 15th day of April 2017*  
*Expires on the 15th day of April 2022*



*Timothy J. ... D. ...*

Chairman, Board of Directors

*Benjamin ... MD*

Secretary, Board of Directors

Drug & Alcohol Testing Industry Association

recognizes

**Janet Johnson**

Mid-Missouri Drug Testing Collections, Inc.

as a

Certified Professional Collector Trainer

*(valid through 6/1/2018)*

  
Kristina Queen  
Programs Director

CPID 11517



# *Certificate of Completion*

This certifies that on August 03, 2015

## Janet Johnson

successfully completed the curriculum specified by *Intoximeters, Inc.* for certification as a

### *Breath Alcohol Technician*

The course curriculum was approved by *Intoximeters, Inc.*, the manufacturer of the Evidential Breath Test Device, and complies with the manufacturer's standards for the operation of the instrument.

ALCOMONITOR CC

Adam Bell, Instructor

---

*Intoximeters, Inc.*

Expires: August / 2020

17436

Continuing Education Hours: 5.6

# Certificate of Training

This Certifies that

*Lou Ann Idel*

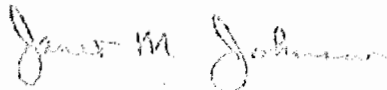
Has completed the Certified Professional Collector Training Course for

**D.O.T & Non-Federal Drug Testing**

And is awarded this Certificate By

MID-MISSOURI DRUG TESTING COLLECTIONS, INC.

Date 10-18-2019



---

Authorized Signature

# Certificate of Completion

This certifies that on July 16, 2013

## Lou Ann Idel

successfully completed the curriculum specified by the Department of Transportation (DOT) and curriculum specified by Intoximeters, Inc. for certification as a

*Breath Alcohol Technician (BAT)*  
and  
*Factory Authorized Calibration Technician*

The curriculum presented complies with the DOT's BAT model course curriculum pursuant to 49 CFR Part 40 (Federal Motor Vehicle Safety Standards) with the exception of a deficiency in the use of the Essential Breath Testing (EBT) curriculum which includes a not applicable to the model course. The course was approved by Intoximeters, Inc. and has been demonstrated to meet the requirements of the curriculum.

ALCOMONITOR CC

The course curriculum was approved by Intoximeters, Inc. the manufacturer of the Essential Breath Test Device, and complies with the manufacturer's standards for the use of the device.



Adam Bell, Instructor

**Intoximeters, Inc.**

Expires: July / 2018

1637e

Copyright © 2013 Intoximeters, Inc.



# Certificate of Completion

This certifies that on July 10, 2013

## Tamatha Burks

successfully completed the curriculum specified by the Department of Transportation (DOT) and curriculum specified by Intoximeters, Inc. for certification as a

*Breath Alcohol Technician (BAT)*  
and  
*Factory Authorized Calibration Technician*

ALCOMONITOR CC

The course curriculum was approved by Intoximeters, Inc., the manufacturer of the Evidential Breath Test Device, and complies with the manufacturer's standards for the operation of the instrument

Intoximeters, Inc.

Expires July 2018

#6384

Continuing Education Hours 6.5

# Certificate of Training

This Certifies that

*Tamatha Idel*

Has completed the Certified Professional Collector Training Course for

**D.O.T & Non-Federal Drug Testing**

And is awarded this Certificate By

**MID-MISSOURI DRUG TESTING COLLECTIONS, INC.**

Date 10-18-2019

*James M. Johnson*

---

Authorized Signature

# Certificate of Training

This Certifies that

*Jessica Martin*

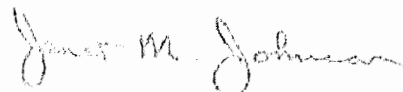
Has completed the Certified Professional Collector Training Course for

**D.O.T & Non-Federal Drug Testing**

And is awarded this Certificate By

**MID-MISSOURI DRUG TESTING COLLECTIONS, INC.**

Date 10-18-2019



---

Authorized Signature

WILLIAMSON COUNTY, TENNESSEE

This certifies that on July 16, 2013

Jessica M. Martin

successfully completed the curriculum specified by the Department of Transportation (DOT) and curriculum specified by Intoximeters, Inc. for certification as a

Breath Alcohol Technician (BAT)

and

Factory Authorized Calibration Technician

The certificate holder has completed the DOT and Intoximeter curriculum at the Williamson County Sheriff's Office. The certificate holder has also completed the Intoximeter curriculum at the Williamson County Sheriff's Office. The certificate holder has also completed the Intoximeter curriculum at the Williamson County Sheriff's Office. The certificate holder has also completed the Intoximeter curriculum at the Williamson County Sheriff's Office.

ALCOHOL/INTOXIC

The course curriculum was approved by Intoximeters, Inc., the manufacturer of the equipment used. The course curriculum was approved by Intoximeters, Inc., the manufacturer of the equipment used. The course curriculum was approved by Intoximeters, Inc., the manufacturer of the equipment used.

Adam Bell, Instructor

Williamson County Sheriff's Office

423034

Williamson County Sheriff's Office

**Request for Taxpayer  
Identification Number and Certification**

**Give Form to the  
requester. Do not  
send to the IRS.**

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Mid-Missouri Drug Testing Collections, Inc.**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only **one** of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 Other (see instructions) ▶ \_\_\_\_\_  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.)  
**PO Box 538**

**6** City, state, and ZIP code  
**Ashland, MO. 65010**

**7** List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
				-					
or									
<b>Employer identification number</b>									
4	3	-	1	8	7	5	0	3	2

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**      Signature of U.S. person ▶ *James M. Johnson*      Date ▶ *1-3-18*

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/wo9](http://www.irs.gov/wo9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable as an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Company ID Number: 588627

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

<b>Employer Mid-Missouri Drug Testing Collections, Inc.</b>	
<b>Charles Johnson</b>	
Name (Please Type or Print)	Title
<b>Electronically Signed</b>	<b>08/06/2012</b>
Signature	Date

<b>Department of Homeland Security – Verification Division</b>	
<b>USCIS Verification Division</b>	
Name (Please Type or Print)	Title
<b>Electronically Signed</b>	<b>08/06/2012</b>
Signature	Date

**Information Required for the E-Verify Program**

**Information relating to your Company:**

Company Name:	Mid-Missouri Drug Testing Collections, Inc.
Company Facility Address:	405B Bernadotte Drive
	Columbia, MO 65203
Company Alternate Address:	PO Box 538
	Ashland, MO 65010
County or Parish:	BOONE
Employer Identification Number:	431875032

Company ID Number: 588627

North American Industry Classification Systems Code:	541
Administrator:	
Number of Employees:	1 to 4
Number of Sites Verified for:	1
<b>Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:</b>	
<ul style="list-style-type: none"><li>MISSOURI 1 site(s)</li></ul>	

**Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:**

Name:	Charles A Johnson	Fax Number:	(573) 632 - 6858
Telephone Number:	(573) 632 - 4495		
E-mail Address:	charles@mmdtc.com		



Company ID Number: 588627

**THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION  
MEMORANDUM OF UNDERSTANDING**

**ARTICLE I**

**PURPOSE AND AUTHORITY**

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and Mid-Missouri Drug Testing Collections, Inc. (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts or to verify the entire workforce if the contractor so chooses.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor with the FAR E-Verify clause") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

**ARTICLE II**

**FUNCTIONS TO BE PERFORMED**

**A. RESPONSIBILITIES OF SSA**

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed





**Company ID Number: 588627**

by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the Initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and non-citizens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

## **B. RESPONSIBILITIES OF DHS**

1. After SSA verifies the accuracy of SSA records for employees through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to make available to the Employer at the E-Verify Web site and on the E-Verify Web browser, instructional materials on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of employees' employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and

Company ID Number: 588627

Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

## C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.

- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The photocopy must be of sufficient quality to allow for verification of the photo



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and written information. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in good faith compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 and E-Verify system compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after the Form I-9 has been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual, or in the case of Federal contractors with the FAR E-Verify clause, the E-Verify User Manual for Federal Contractors. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer uses the E-Verify system for any purpose other than as authorized by this MOU, the Employer

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may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees in private of the finding and providing them written notice of the findings, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA, as applicable, by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).



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12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

#### **D. RESPONSIBILITIES OF FEDERAL CONTRACTORS WITH THE FAR E-VERIFY CLAUSE**

1. The Employer understands that if it is a subject to the employment verification terms in Subpart 22.18 of the FAR, it must verify the employment eligibility of any existing employee assigned to the contract and all new hires, as discussed in the Supplemental Guide for Federal Contractors. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors with the FAR E-Verify clause agree to become familiar with and comply with the most recent versions of the E-Verify User Manual for Federal Contractors and the E-Verify Supplemental Guide for Federal Contractors.

b. Federal contractors with the FAR E-Verify clause agree to complete a tutorial for Federal contractors with the FAR E-Verify clause.

c. Federal contractors with the FAR E-Verify clause not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify at the time of a contract award must enroll as a Federal contractor with the FAR E-Verify clause in E-Verify within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States, whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor with the FAR E-Verify clause, the Employer must initiate verification of employees assigned to the contract within 90 calendar days from the time

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of enrollment in the system and after the date and selecting which employees will be verified in E-Verify or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Employers that are already enrolled in E-Verify at the time of a contract award but are not enrolled in the system as a Federal contractor with the FAR E-Verify clause: Employers enrolled in E-Verify for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. Employers enrolled in E-Verify as other than a Federal contractor with the FAR E-Verify clause, must update E-Verify to indicate that they are a Federal contractor with the FAR E-Verify clause within 30 days after assignment to the contract. If the Employer is enrolled in E-Verify for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor with the FAR E-Verify clause in E-Verify must initiate verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

e. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors with the FAR E-Verify clause that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors with the FAR E-Verify clause may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

f. Verification of all employees: Upon enrollment, Employers who are Federal contractors with the FAR E-Verify clause may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only new employees and those existing employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

g. Form I-9 procedures for existing employees of Federal contractors with the FAR E-Verify clause: Federal contractors with the FAR E-Verify clause may choose to complete new Forms I-9 for all existing employees other than those that are completely exempt from this process. Federal contractors with the FAR E-Verify clause may also update previously completed Forms I-9 to initiate E-Verify verification of existing employees who are not completely exempt as long as that Form I-9 is complete (including the SSN), complies with Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form



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I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the Supplemental Guide for Federal Contractors. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor with the FAR E-Verify clause.

2. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

### **ARTICLE III**

## **REFERRAL OF INDIVIDUALS TO SSA AND DHS**

### **A. REFERRAL TO SSA**

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

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## B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.
2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding. The Employer must review the tentative nonconfirmation with the employee in private.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.
5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.
6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:
  - Scanning and uploading the document, or
  - Sending a photocopy of the document by an express mail account (paid for at employer expense).
7. If the Employer determines that there is a photo non-match when comparing the photocopied List B document described in Article II.C.5 with the image generated in E-Verify, the Employer must forward the employee's documentation to DHS using one of the means described in the preceding paragraph, and allow DHS to resolve the case.

## ARTICLE IV

### SERVICE PROVISIONS





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SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

## ARTICLE V

### **PARTIES**

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual, the E-Verify User Manual for Federal Contractors or the E-Verify Supplemental Guide for Federal Contractors. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials. An Employer that is a Federal contractor with the FAR E-Verify clause may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor with the FAR E-Verify clause must provide written notice to DHS. If an Employer that is a Federal contractor with the FAR E-Verify clause fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to participants that are not Federal contractors with the FAR E-Verify clause, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity



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regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/09/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

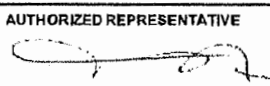
<b>PRODUCER</b> Naught-Naught/Columbia 3928 S Providence Columbia, MO 65203 Ruth Stone/Cody Thorne		<b>CONTACT NAME:</b> Ruth Stone/Cody Thorne <b>PHONE (A/C, No., Ext):</b> 573-874-3102 <b>FAX (A/C, No.):</b> 866-779-8102 <b>E-MAIL ADDRESS:</b> CL.Certificate@naught-naught.com	
<b>INSURED</b> Mid-Missouri Drug Testing Collections, Inc. PO Box 538 Ashland, MO 65010		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> National Liability & Fire Ins	<b>NAIC #</b>
		<b>INSURER B:</b> Evanston Insurance Company	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			SM912353	02/21/2018	02/21/2019	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	X					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b>
	<input checked="" type="checkbox"/> <b>Professional Liab</b>						MED EXP (Any one person) \$ <b>5,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ <b>3,000,000</b>
	OTHER						PRODUCTS - COMP/OP AGG \$
A	<b>AUTOMOBILE LIABILITY</b>			73APR347048	02/22/2018	02/22/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>						AGGREGATE \$
	DED    RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE    OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: 59/2013 - Drug and Alcohol Testing Services - Term and Supply  
The City of Columbia is listed as an additional insured in regards to the General Liability policy.

<b>CERTIFICATE HOLDER</b>  CITY725  City of Columbia 701 E Broadway Columbia, MO 65201	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**REQUEST FOR WORKERS' COMPENSATION WAIVER**

DATE: 3-10-18

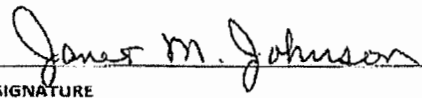
JOB/CONTRACTOR REFERENCE NUMBER:

To Whom It May Concern:

I, Janet M. Johnson, acknowledge that I am an independent contractor of the City of Columbia, Missouri for the above captioned job/contract.

In connection with the contract between us, I hereby request that the City of Columbia waive the contractual obligation that I carry the standard Workers' Compensation and Employers' Liability insurance for the following reasons:

1. I have fewer than five (5) employees and, therefore, am not legally required by the State of Missouri to have such insurance;
2. I am not in the construction industry;
3. I agree to be responsible for any injuries to myself or persons employed or otherwise engaged by myself for the purpose of completing the obligations contained in the captioned job/contract;
4. In consideration for the requested waiver, I agree to indemnify and hold harmless the City of Columbia from any and all claims for personal injury, including death, brought against the City of Columbia or its officers, employees or agents by myself and/or persons employed or otherwise engaged by myself and related, directly or indirectly, from our provision of services in completing the obligations contained in the captioned job/contract.

  
SIGNATURE

***Request of a waiver for workers' compensation is subject to review by the City of Columbia and does not guarantee acceptance.***

EXHIBIT C

CONTRACTOR'S BEST AND FINAL OFFER  
AMENDING PRICES IN RFP RESPONSE PRICE  
LIST



Sophie Heidenreich <sophie.heidenreich@como.gov>

## Best and Final Offer

9 messages

**Sophie Heidenreich** <sophie.heidenreich@como.gov>  
To: Jan@mmdtc.com, Charles Johnson <charles@mmdtc.com>  
Bcc: Kathy Baker <Kathy.Baker@como.gov>

Tue, Feb 13, 2018 at 9:47 AM

Good morning,

Please see the attached letter. Please let me know if you have any questions or concerns. Thank you.

*Sophie M. Heidenreich*

Procurement Officer  
City of Columbia  
573-874-7037  
sophie.heidenreich@como.gov

**MMDTC Letter.pdf**  
59K

**Charles Johnson** <charles@mmdtc.com>  
To: Sophie Heidenreich <sophie.heidenreich@como.gov>

Tue, Feb 13, 2018 at 10:22 AM

Sophie

Thank you for your letter. In what format do we submit changes? Can we email you specific line items in the proposal with any adjustment of pricing?

Thanks

Charles Johnson

Mid-Missouri Drug Testing

**From:** Sophie Heidenreich [mailto:sophie.heidenreich@como.gov]  
**Sent:** Tuesday, February 13, 2018 9:47 AM  
**To:** Jan@mmdtc.com; Charles Johnson  
**Subject:** Best and Final Offer

[Quoted text hidden]

**Sophie Heidenreich** <sophie.heidenreich@como.gov>  
To: Charles Johnson <charles@mmdtc.com>

Tue, Feb 13, 2018 at 10:45 AM

4/3/2018

City of Columbia, MO Mail - Best and Final Offer

Good morning Charles,

Yes, response via email is preferred. You can send the information in an email or attach it as a separate document to the email.

*Sophie M. Heidenreich*

Procurement Officer  
City of Columbia  
573 674-7687  
sophie.heidenreich@como.gov

[Quoted text hidden]

**Charles Johnson** <charles@mmdtc.com>  
To: Sophie Heidenreich <sophie.heidenreich@como.gov>

Tue, Feb 13, 2018 at 10:48 AM

Will do.

[Quoted text hidden]

**Charles Johnson** <charles@mmdtc.com>  
To: Sophie Heidenreich <sophie.heidenreich@como.gov>

Tue, Feb 13, 2018 at 3:29 PM

Sophie

Here are the amendments to RFP 28/2018

Line item #1: DOT panel...amended from \$39 to \$38

Line item #2: non-DOT panel.....amended from \$28 to \$21

Line Item #10: Random Pool administration.....amended from \$300 to \$200

Line Item #14: Specimen collection Out of Area...amended from \$15 each to NO CHARGE

We understand that this is the final opportunity to bid. PLEASE CONFIRM RECEIPT.

Thanks

Charles Johnson

Mid-Missouri Drug Testing

EXHIBIT D

BUSINESS ASSOCIATE AGREEMENT



## Business Associate Agreement

This Business Associate Agreement (the "BAA"), is made as of the date this BAA is executed by both Parties (the "Effective Date"), by and between **Mid-Missouri Drug Testing Collections, Inc.** ("Business Associate") and the City of Columbia, Missouri, a municipal corporation and hybrid covered entity ("Covered Entity") (collectively the "Parties") in order to comply with the Federal Health Insurance Portability and Accountability Act of 1996 and its related regulations ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Title XIII of the American Recovery and Reinvestment Act of 2009 and related regulations promulgated by the Secretary (the "HITECH").

### Recitals

**WHEREAS**, Business Associate has been engaged to provide drug and alcohol testing services as set forth in the Services Agreement for or on behalf of Covered Entity; and

**WHEREAS**, in connection with these services, Business Associate uses or discloses individually identifiable health information, including Protected Health Information ("PHI"), as part of performing said services, or otherwise performs a function that is subject to protection under HIPAA and the HITECH Act; and

**WHEREAS**, HIPAA requires that Covered Entity receive adequate assurances that Business Associate will appropriately safeguard PHI that has been used or disclosed in the course of providing services to or on behalf of Covered Entity; and

**WHEREAS**, the Parties have entered into a Services Agreement ("Agreement") related to the functions or services it will perform on behalf of Covered Entity or which sets forth the purchase and/or maintenance of equipment in which the exchange of PHI is necessary or likely to occur; and

**WHEREAS**, the purpose of this BAA is to comply with the requirements of HIPAA.

**NOW THEREFORE**, in consideration of the mutual promises and covenants herein, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows.

#### **a) Definitions.**

As may be amended from time to time, the following HIPAA and HITECH Act definitions shall apply to this BAA. Any terms not specifically described in this BAA or the Agreement shall have the meanings ascribed to such in HIPAA and HITECH Act.

1. **ARRA.** "ARRA" refers to the American Recovery and Reinvestment Act of 2009.
2. **Breach.** "Breach" shall have the same meaning as the term "breach" in HIPAA, 45 C.F.R. 164.402, and shall *generally* mean the unauthorized acquisition, access, use or disclosure of PHI which compromises the security or privacy of such information.
3. **Breach Rule:** "Breach Rule" shall mean the Notification in the Case of Breach of Unsecured PHI Standards at 45 C.F.R. § 164, subpart D.
4. **Business Associate:** "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and in reference to the Party to this Agreement as it creates, receives, maintains or transmits PHI for a function, activity or service regulated by HIPAA, and which includes a Subcontractor that creates, receives, maintains or transmits PHI on behalf of a Business Associate. In reference to the party to this agreement, "Business Associate"

shall mean the name of the Party identified in the first paragraph of this Business Associate Agreement as the Business Associate.

5. **Covered Entity:** "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and in reference to the Party to this agreement, "Covered Entity" shall mean the City of Columbia, Missouri.
6. **Designated Record Set:** "Designated Record Set" ("DRS") shall have the same meaning as the term "Designated Record Set" at 45 CFR 164.501 and shall generally mean a group of records maintained by or for a covered entity that is (i) the medical records and billing records about individuals maintained by or for a covered health care provider; or (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (iii) used, in whole or in part, by or for a covered entity to make decisions about individuals.
7. **Electronic Health Record.** "Electronic Health Record" shall have the same meaning as the term "electronic health record" in the HITECH Act, Section 13400(5).
8. **Electronic Protected Health Information.** "Electronic Protected Health Information" ("EPHI") shall have the same meaning as the term "electronic protected health information" in 45 CFR § 160.103, limited to the information that Business Associate creates, receives, maintains, or transmits from or on behalf of Covered Entity.
9. **HIPAA Rules.** "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
10. **Individual:** "Individual" shall mean the person who is subject of the protected health information and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).
11. **Privacy Rule:** "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. §160 and §164, subparts A and E.
12. **Protected Health Information or "PHI":** "PHI" Shall mean any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; provision of health care to an individual; or past, present or future payment for the provision of health care to an individual, and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe that the information can be used to identify the individual, and shall have the meaning given to such term under HIPAA and the HIPAA regulations, including, but not limited to 45 CFR § 164.501.
13. **Required By Law.** "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR § 160.103.
14. **Secretary.** "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.
15. **Security Incident.** "Security Incident" shall have the same meaning as the term "security incident" at 45 CFR §164.304 and shall generally mean the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with systems operations in an information system.

16. **Security Rule.** "Security Rule" shall mean the Security Standards at 45 Part 160 and Part 164.
17. **Services Agreement.** "Services Agreement" (or "Agreement") shall mean any present or future agreements, either written or oral, between Covered Entity and Business Associate under which Business Associate provides services to Covered Entity which involve the use or disclosure of Protected Health Information. The Services Agreement is amended by and incorporates the terms of this BAA.
18. **Subcontractor.** "Subcontractor" shall have the same meaning as the term "subcontractor" at 45 CFR 164.103 and shall generally mean a person to whom a Business Associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such Business Associate.
19. **Unsecured Protected Health Information.** "Unsecured Protected Health Information" shall have the same meaning as the term "unsecured protected health information" in the HITECH Act, Section 13402(h)(1).

**b) Obligations of Covered Entity:**

(i) Upon request, provide Business Associate with a copy of its Notice of Privacy Practices produced by Covered Entity in accordance with 45 C.F.R. §164.520. Covered Entity will notify Business Associate of any changes to such Notice, and notify Business Associate of any limitation(s) in the Notice of Privacy Practices to the extent that such limitation may affect Business Associate's use or disclosure of protected health information.

(ii) Provide Business Associate with any changes in, or revocation of, authorizations by Individuals relating to the use and/or disclosure of PHI, if such changes affect Business Associate's permitted or required uses and/or disclosures.

(iii) Notify Business Associate of any restriction on the use or disclosure of protected health information that Covered Entity has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of protected health information.

**c) Obligations and Activities of Business Associate**

Business Associate agrees to comply with applicable federal and state confidentiality and security laws, including the provisions of HIPAA and the HITECH Act applicable to Business Associates, including but not limited to:

(i) Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by the Agreement or as Required by Law.

(ii) Business Associate agrees to limit its use, disclosure and requests for PHI to the minimum necessary PHI to accomplish the intended purpose of such use, disclosure or request.

(iii) Business Associate agrees to comply with all applicable federal and state laws, including the Privacy Rule and Security Rule, and to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by the Agreement. In particular, Business Associate shall comply with 45 C.F.R. §§164.308 (administrative safeguards), 164.310 (physical

safeguards), 164.312 (technical safeguards) and 164.316 (policies and procedures and documentation requirements).

(iv) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate involving a use or disclosure of PHI in violation of the requirements of this BAA (including, without limitation, any Security Incident or Breach of Unsecured PHI). Business Associate agrees to reasonably cooperate and coordinate with Covered Entity in the investigation of any violation of the requirements of this BAA and/or any Security Incident or Breach.

(v) Business Associate may not use or disclose PHI for marketing purposes without the prior written consent of the Covered Entity. Marketing includes any communication which would encourage the recipient to use or purchase a product or service. Business Associate shall not sell PHI without the prior written consent of the Covered Entity.

(vi) In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), Business Associate shall require that any Subcontractors that create, receive, maintain, or transmit PHI on behalf of Business Associate enter into a written Business Associate Agreement with the Business Associate which has the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information. Business Associate shall disclose to such Subcontractors only the minimum PHI necessary to perform or fulfill a specific function or service under the underlying Agreement and as permitted by this BAA.

(vii) If Business Associate knows of a pattern of activity or practice of a Subcontractor that constitutes a breach of the Subcontractor's obligations under the agreement referenced in Section (vi) above, Business Associate shall take reasonable steps to require the Subcontractor to cure the breach or terminate the agreement with the Subcontractor.

(viii) Business Associate agrees to notify Covered Entity within five (5) business days of any request by, or on behalf of, an individual to access Protected Health Information, and provide access, at the request of Covered Entity and in a reasonable time and manner designated by Covered Entity, to Protected Health Information to an Individual in order to meet the requirements of 45 CFR §164.524.

(ix) Business Associate agrees to notify Covered Entity within five (5) business days of any request by an individual to amend Protected Health Information. Business Associate further agrees to make any amendment to Protected Health Information that the Covered Entity directs in a reasonable time and manner designated by Covered Entity.

(x) Upon reasonable prior written notice and during normal business hours, Business Associate agrees to make its facilities, internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity, available to the Covered Entity, or to the Secretary, in a time and manner designated by the Covered Entity or the Secretary, for purposes of the Secretary determining Covered Entity's compliance with HIPAA and its accompanying regulations. To the extent permitted by law, the Business Associate shall provide Covered Entity with a copy of all information provided to the Secretary.

(xi) Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528.

(xii) Business Associate agrees to notify Covered Entity within five (5) business days of a request by an individual for an accounting of disclosures of Protected Health Information. Business Associate further agrees to provide to Covered Entity, in a reasonable time and manner designated by

Covered Entity, information regarding disclosures of Protected Health Information by Business Associate and/or its subcontractors, if applicable, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR § 164.528.

**d) Permitted Uses and Disclosures by Business Associate**

(i) Except as otherwise limited in this Business Associate Agreement, Business Associate may use or disclose Protected Health Information on behalf of, or to provide services to, Covered Entity for the purpose of providing services under the Agreement, if such use or disclosure of Protected Health Information would not violate applicable Federal and/or State laws and regulations, if done by Covered Entity.

(ii) Except as otherwise limited in this Business Associate Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that such disclosures are required by law.

(iii) Covered Entity shall notify Business Associate of any restriction on the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR § 164.522.

(iv) Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under applicable Federal and/or State laws and regulations, if done by Covered Entity.

(v) To the extent that Business Associate possesses or maintains PHI in a Designated Record Set, Business Associate agrees to provide access, at the request of Covered Entity, and in a reasonable time and manner designated by the Covered Entity, to PHI in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under HIPAA Regulations, including but not limited to electronic copies of PHI where such is maintained in an electronic Designated Record Set. If an Individual makes a request for access to Protected Health Information directly to Business Associate, Business Associate shall notify Covered Entity of the request within five (5) business days of such request and will cooperate with Covered Entity and allow Covered Entity to send the response to the Individual.

(vi) To the extent that Business Associate possesses or maintains PHI in a Designated Record Set, Business Associate agrees to make any amendment(s) to PHI in a Designated Record Set that Covered Entity directs or agrees to pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy Covered Entity's obligations under 45 CFR 164.526 at the request of Covered Entity or an Individual, and in the time and manner designated by the Covered Entity. If an Individual makes a request for an amendment to PHI directly to Business Associate, Business Associate shall notify Covered Entity of the request within five business (5) days of such request and will cooperate with Covered Entity and allow Covered Entity to send the response to the Individual.

(vii) As may be applicable, Business Associate is permitted to use and disclose PHI for data aggregation purposes for or on behalf of Covered Entity, however, only in order to analyze data for permitted health care operations related to the Services set forth in the Agreement, and only to the extent that such use is permitted under HIPAA and the underlying Agreement.

**e) Obligations Upon Discovery of Actual or Suspected Breach of PHI**

(i) Business Associate agrees to notify Covered Entity upon discovery of any actual or suspected use or disclosure of the Protected Health Information not provided for by the Agreement. With the exception of law enforcement delays pursuant to 45 CFR § 164.412, Business Associate shall notify

Covered Entity in writing without unreasonable delay and in no case later than ten (10) calendar days after discovery of a suspected or actual Breach of Unsecured PHI.

(ii) Notice to the Covered Entity must include the following information, to the extent possible:

- The name of each individual whose PHI has been or is believed to have been improperly used, disclosed, accessed or acquired;
- The name(s) of all individuals or entities who improperly used, disclosed, accessed or acquired the PHI;
- A description of the types of PHI that were involved;
- The details of the suspected or actual Breach, including but not limited to the date of the suspected or actual Breach, the date of discovery of the suspected or actual Breach, and how it occurred and was discovered;
- All steps and measures being taken by Business Associate to mitigate harm resulting from such suspected or actual Breach; and
- All actions taken or proposed by Business Associate to prevent future similar Breaches.

(iii) Covered Entity shall be responsible for determining whether there is a low probability that the PHI has been compromised, and for determining the need for and directing the implementation of any notifications of the Breach.

(iv) Business Associate shall, at Covered Entity's reasonable direction, cooperate with or perform any additional investigation or assessment related to the suspected or actual Breach.

**f. Term and Termination**

(i) The Term of this Business Associate Agreement shall be effective as of the effective date of the Agreement(s), and shall terminate when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is not feasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Section.

(ii) A breach by Business Associate of any provision of this Business Associate Agreement as determined by Covered Entity, shall constitute a material breach of the Agreement and shall provide grounds for immediate termination of the Agreement by Covered Entity.

(iii) If Covered Entity knows of a pattern of activity or practice of Business Associate that constitutes a material breach or violation of the Business Associate's obligations under the provisions of this Business Associate Agreement, and does not terminate the Agreement pursuant to paragraph f(ii) above, then Covered Entity shall take reasonable steps to cure the breach or end such violation, as applicable. If Covered Entity's efforts to cure the Business Associate's breach or end such violation are unsuccessful, Covered Entity shall either (1) terminate the Agreement, if feasible or (2) if termination of the Agreement is not feasible, Covered Entity shall report the Business Associate's breach or violation to the Secretary.

(iv) Covered Entity may provide Business Associate with thirty (30) days written notice of the existence of said breach and afford Business Associate an opportunity to cure said breach to Covered Entity reasonable satisfaction within the stated time period. Failure to cure said breach within the stated time period is grounds for immediate termination of this BAA and the underlying Agreement. If Business Associate breaches any provision in this BAA, Covered Entity may access and audit the records of

Business Associate related to its use and disclosure of PHI, require Business Associate to submit to monitoring and reporting, and such other conditions as Covered Entity may determine is necessary to ensure compliance with this BAA.

(v) Covered Entity may immediately terminate this Business Associate Agreement and Business Associate's access to PHI if Business Associate is convicted in a criminal proceeding arising from an alleged violation of HIPAA or other security or privacy laws, or a finding or stipulation that Business Associate has violated any standard or requirement of HIPAA or other security or privacy laws is made in any administrative or judicial proceeding in which the Business Associate is a party.

**g. Effect of Termination.**

(i) Except as provided in paragraph (ii) of this section, upon termination of the Agreement for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall also apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate.

(ii) In the event that Business Associate determines that returning or destroying the Protected Health Information is not feasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction not feasible and extend the protections of this Business Associate Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction not feasible, for so long as Business Associate maintains such Protected Health Information.

(iii) Upon termination of the Agreement, Business Associate shall certify to Covered Entity that it has destroyed all PHI received from Covered Entity in accordance with this provision or, if Business Associate determines that such destruction is not feasible, Business Associate shall provide to Covered Entity a complete written description of all PHI that Business Associate has determined that it is not feasible to destroy.

**h. Miscellaneous**

(i) Regulatory References. A reference in this Business Associate Agreement to any Federal or State law, rule or regulation means that law, rule or regulation currently in effect or as amended, and for which compliance is required.

(ii) Amendment. The Parties agree to take such action as is necessary to amend this Business Associate Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy and Security Rules and the Health Insurance Portability and Accountability Act, Public Law 104-191.

(iii) Survival. The respective rights and obligations of Business Associate under Section of this Business Associate Agreement shall survive the termination of the Agreement.

(iv) Interpretation. Any ambiguity in this Business Associate Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with the all applicable state and federal laws and regulations.

(v) Miscellaneous: The terms of this BAA are incorporated by reference in the Agreement. In the event of a conflict between the terms of this BAA and the terms of the Agreement, the terms of this BAA shall prevail. The terms of the Agreement which are not modified by this BAA shall remain in full force and effect in accordance with the terms thereof. This BAA shall be governed by, and construed

in accordance with, the laws of the State of Missouri, exclusive of conflict of law rules. Each party to this BAA hereby agrees and consents that any legal action or proceeding with respect to this BAA shall only be brought in the state courts in Boone County, Missouri. The Agreement together with this BAA constitutes the entire agreement between the parties with respect to the subject matter contained herein, and this BAA supersedes and replaces any former business associate agreement or addendum entered into by the Parties. No amendments or modifications to the BAA shall be effected unless executed by both Parties in writing.

(vii) No Waiver of Immunities: In no event shall the language of this Agreement constitute or be construed as a waiver or limitation for either Party's rights or defenses with regard to each Party's applicable sovereign, governmental, or official immunities and protections as provided by federal and state constitutions or laws.

(viii) Data Ownership And Security: Business Associate covenants that any data from Covered Entity or Covered Entity's patients or derived therefrom (hereinafter, collectively "Covered Entity's Data") shall be stored in the United States of America. The Covered Entity's Data shall not be transferred, moved, or stored to or at any location outside the United States of America. Covered Entity's Data shall be confidential and proprietary information belonging to either the Covered Entity or its patients.

IN WITNESS WHEREOF, the Parties have hereunto executed this Agreement in triplicate the day and the year of the last signatory noted below.

[SIGNATURES ON FOLLOWING PAGE]



CITY OF COLUMBIA, MISSOURI

By: *Cale Turner*  
Cale Turner, Purchasing Agent

Date: 5-2-18

APPROVED AS TO FORM:

*Nancy Thompson*, City Counselor

~~Date:~~

Carl Faith McConnell  
Notary Public - Notary Seal  
State of Missouri  
Commissioned for Boone County  
My Commission Expires: August 21, 2020  
Commission Number: 16018115

Mid-Missouri Drug Testing Collections, Inc.

By: *Janet M. Johnson*

Name: Janet M. Johnson

Title: President

Date: 4-11-18

ATTEST:

*Carl Faith McConnell*

Name: Carl Faith McConnell

Date: 4/11/18

306-2018

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

June Session of the April Adjourned

Term. 20 18

County of Boone

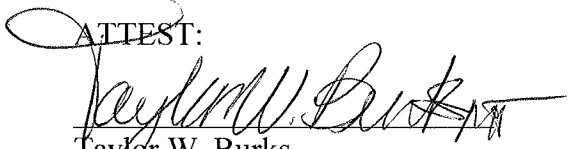
In the County Commission of said county, on the 19th day of June 20 18


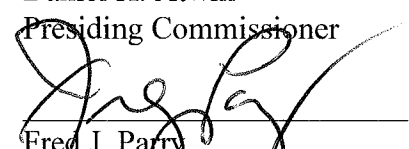
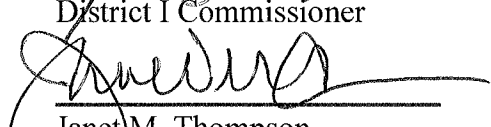
the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby award bid 26-14May18 – Base Stations: Motorola MTR-2000 to Sunny Communications, Inc. of Lakewood, Colorado.

Terms of the contract award are stipulated in the attached Purchase Agreements. It is further ordered the Presiding Commissioner is hereby authorized to sign said Purchase Agreements.

Done this 19th day of June, 2018

ATTEST:  
  
Taylor W. Burks  
Clerk of the County Commission

  
Daniel K. Atwill  
Presiding Commissioner  
  
Fred J. Parry  
District I Commissioner  
  
Janet M. Thompson  
District II Commissioner

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing



613 E. Ash St., Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390

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## MEMORANDUM

TO: Boone County Commission  
FROM: Melinda Bobbitt, CPPO, CPPB  
DATE: May 24, 2018  
RE: Bid Award Recommendation: 26-14MAY18 – Base Stations: Motorola  
MTR-2000

Request for Proposal 26-14MAY18 – Base Stations: Motorola MTR-2000 closed on May 14, 2018. One proposal response was received. Dave Dunford, our Radio Consultant, recommends award to Sunny Communications, Inc. of Lakewood, Colorado for offering the lowest and best proposal.

Total cost for initial order is \$40,200.00 and will be paid from department 4102 – ECC Backup Center, account 71231 – Owner Costs. \$589,000 is budgeted for 2018.

Additional equipment may be ordered throughout the contract term for a 12% discount from published price list.

cc: RFP File  
Dave Dunford, Radio Consultant  
Chad Martin / Patricia Schreiner, Joint Communications

**PURCHASE AGREEMENT  
FOR BASE STATIONS: MOTOROLA BRAND MTR-2000**

**THIS AGREEMENT** dated the 19<sup>th</sup> day of JUNE 2018 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, herein "County" and **Sunny Communications, Inc.**, herein "Vendor."

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

- Contract Documents** - This agreement shall consist of this Purchase Agreement for the furnishing and delivery of Base Stations: Motorola Brand MTR-2000 equipment, in compliance with all proposal specifications issued for Boone County Request for Proposal **26-14MAY18** and the Vendor's proposal response dated May 10, 2018 executed by John Sapuppo on behalf of Vendor. All such documents shall constitute the contract documents which are incorporated herein by reference. Service or product data, specification and literature submitted with proposal response may be permanently maintained in the County Purchasing Office contract file if not attached. In the event of conflict between any of the foregoing documents, this Purchase Agreement shall prevail and control over the vendor's proposal response.
- Purchase** - The County agrees to purchase from the Contractor and the Contractor agrees to supply the County with **Base Stations: Motorola Brand MTR-2000 equipment** which shall be provided in conformity with the contract documents for the prices set forth in Bidder's bid response, as needed and as ordered by the County. The initial order is as follows:

Description	Make/Model	Quantity	Each	Extended
Base Stations	Motorola brand MTR-2000	24	\$1,600.00	\$38,400.00
Preselectors	MTR-2000	24	75.00	\$1,800.00
Grand Total				\$40,200.00

**Additional Orders throughout the Contract Term:** Additional orders maybe placed throughout the contract term for a 12% discount from published list price.

- Contract Duration:** This agreement shall commence on **June 1, 2018 and extend through May 31, 2019** subject to the provisions for termination specified below.
- Warranty** is one (1) year, beginning from receipt of order as detailed on the attached warranty information.
- Delivery** - Delivery after receipt of order and Notice to Proceed shall be made within 30 calendar days. Delivery address: Boone County Joint Communications, 2145 E. County Drive, Columbia, MO 65202. Telephone Contact for delivery is: (573) 554-1000.
- Billing and Payment** - All billing / invoices shall be sent to Boone County Joint Communications, Attn: Patricia Schreiner, 2145 E. County Drive, Columbia, Missouri 65202. Billings may only include the prices as listed and/or calculated in the Vendor's bid response. No additional fees for extra services or taxes shall be included as additional charges in excess of the charges in the Vendor's quote response to the specifications. Vendor shall send just **one invoice** to the County at completion of service/delivery of goods.

Payment Terms: Net 30 days after receipt of invoice following delivery and acceptance of equipment.

In the event of a billing dispute, the County reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the Vendor, the County agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Binding Effect** - This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

7. **Entire Agreement** - This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and any other bid or bid specification or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

8. **Termination** - This agreement may be terminated by the County upon thirty days advance written notice for any of the following reasons or under any of the following circumstances:

- a. County may terminate this agreement due to material breach of any term or condition of this agreement, or
- b. County may terminate this agreement if in the opinion of the Boone County Commission delivery of products are delayed or products delivered are not in conformity with bidding specifications or variances authorized by County, or
- c. If appropriations are not made available and budgeted for any calendar year.

**IN WITNESS WHEREOF** the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

**SUNNY COMMUNICATIONS, INC.**

by John Sapuppo  
title Sales MGR.

**BOONE COUNTY, MISSOURI**

by: Boone County Commission  
Daniel K. Atwill  
Daniel K. Atwill, Presiding Commissioner

APPROVED AS TO FORM:

[Signature]  
County Counselor

ATTEST:  
[Signature]  
County Clerk

**AUDITOR CERTIFICATION**

In accordance with RSMo 50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of the contract do not create in a measurable county obligation at this time.)

June Pitchford by HR  
Signature

6-5-18  
Date

4102-71231 / \$40,200

Appropriation Account



5. Response/Pricing Page

In compliance with this Request for Proposal and subject to all the conditions thereof, the Offeror agrees to furnish the equipment/services/supplies requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of this proposal and is authorized to contract on behalf of the firm named below. (Note: This form must be signed. All signatures must be original and not photocopies).

Company Name: SUNNY COMMUNICATIONS, INC.

Address: 12980 West Cedar Drive  
Lakewood, CO 80228

Telephone: 7204597557 Fax: 303 766-2300

Federal Tax ID (or Social Security #): 841 566 253

Print Name: JOHN SAPUPPO Title: Sales MGR.

Signature: [Signature] Date: 5/10/18

E-Mail Address: JOHN@SUNNYCOMMUNICATIONS.COM

<u>Base Bid</u>	<u>Qty.</u>	<u>Unit Price</u>	<u>Ext. Price</u>
5.1. Base Stations: Motorola brand MTR-2000	24	\$ <u>1600</u>	\$ <u>38,400</u>

5.2. Indicate if the radios are outfitted with receiver preselectors:

Pre selectors ~~not~~ added for \$75.00

5.3. Describe radio transmitter power and/or any other minor performance variations:

STANDARD MTR-2000 VHF 100WATT  
w/ TONE CARDS, PANTS, PICTURES, COVERS

<u>Optional Equipment</u>	<u>Unit Price</u>
5.4. Base Stations, receive-only MTR-2000	\$ <u>975<sup>00</sup></u>

Quantity available: 48

5.5. Delivery shall occur within 30 days after receipt of purchase order:

30 days

5.6. Pricing is firm for Optional equipment for 45 days after signature of contract.

5.7. Describe equipment guarantee and/or warranty or attach:

Attached



May 10, 2018

**Boone County Purchasing Department  
Melinda Bobbitt, CPPO, Director  
613 East Ash Street, Room 110  
Columbia, MO 65201-4460**

**RE: Additional optional equipment list**

**In addition to these items listed on RFP #26-14MAY18, you can receive 12% discount off of these published items:**

We have lots of Motorola P25 radios in stock.:

\*\*\*pricing in USD and complete / auto-tuned to factory specifications/ 1 year warranty

***Here is a list of our XTS and XTL radios in stock:***

\$1,275 for an XTL-5000 Console only with 05 head (7/800 MHz)

**7/800 MHz**

**Mobiles**

Qty 70 - XTL-1500 \$675

Qty 400 - XTL-2500 \$875

Qty 65 - XTL-5000 \$775

**Portables**

Qty 45 XTS - 2500 mod 2 AN - \$675 (4 Meg)

Qty 300 XTS - 2500 mod 2 BN - \$775 (8 Meg)

Qty 235 XTS - 2500 mod 3 BN - \$875 (8 Meg)

Qty 325 XTS- 5000 mod 2 - \$675

**VHF Portables**

250 XTS-5000 Model I \$575 each

200 XTS-5000 Model II \$675 each



200 HT-1250 \$275 each

**VHF Mobiles**

200 XTL-5000 50 watt \$875 each

100 XTL-2500 110 watt \$975 each

VHF - APCO P25 flash code

\*\*\* TX RX VHF cavities and combining equipment- price varies per requirements

All radios are tested, aligned and AUTO TUNED to factory specifications. Complete with analyzed battery, antenna, single charger or if a mobile radio then bracket, speaker microphone, power cable etc (everything less the external antenna), all pricing in USD

All radios provided with our 1 year warranty

\*\*\* due to VHF band plan requirements, frequencies will drive the cost of any VHF COMBINERS we configure. We must get frequencies first before any pricing can be provided but we are at least 40% lower than the cost of new.

**Sincerely,**

*John Sapuppo*

**John Sapuppo**

**North American Sales Manager, Sunny Communications**

***Specializing in used two-way radio Purchase, Rentals & Sales!***

***(303) 550-8782 cell : (720) 459-7557 office : (303) 766-2355 Fax***

**Debarment Certification**  
**(Please complete and return with Proposal Response)**

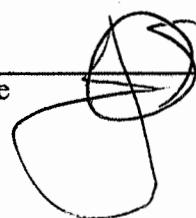
Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

JOHN SAPPYNS Sales Men  
Name and Title of Authorized Representative

      5/10/18  
Signature      Date

**Debarment Certification**  
**(Please complete and return with Proposal Response)**


Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

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- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

JOHN SAPPYNO Sales Men  
Name and Title of Authorized Representative

      5/10/18  
Signature      Date



#2

May 10, 2018

Boone County Purchasing Department  
Melinda Bobbitt, CPPO, Director  
613 East Ash Street, Room 110  
Columbia, MO 65201-4460

RE: Summary of our many Services

Sec. 3.3.1

Sunny Communications specializes in USED and REFURBISHED two-way radios and is not a radio dealership. This allows us to work with Public Service Agencies and multiple manufacturers such as Motorola, Harris (M/A com), Kenwood and others. We have been in business for over seventeen (17) years, 26 employees, and have a 26,000 sq ft.- 7 day operation office/warehouse located in Lakewood, Colorado where all the equipment is tested and refurbished. We carry a very large selection of "unsupported" equipment from all these manufactures so we have over 50,000 radios in stock at any given time along with 800 MHz, 900 MHz, VHF and UHF complete systems.

Our business model is very unique. We handle the trade in programs for many manufacturers behind the scenes where we source our communication equipment. This is a niche market and we are not aware of any other companies who specialize just in this business or have the ability to properly test, auto tune to factory specifications and warranty all items with a reliable steady supply of incoming, future radios/ part needs. We wipe frequencies on all used radios purchased.

This allows us to provide unsupported, used, current production radios and related communication equipment to Public Safety Agencies where manufactures and local dealers cannot provide or support this older equipment. It is important for agencies to match communication equipment similar their existing radios since the cost of new or replacements can be cost prohibitive.

I trust these details about our unique market position are helpful and should you require anything else, we would be pleased to help out.

Sincerely,

*John Sapuppo*

#2



May 10, 2018

Boone County Purchasing Department  
Melinda Bobbitt, CPPO, Director  
613 East Ash Street, Room 110  
Columbia, MO 65201-4460

RE: Warranty Summary

*Sec. 3.3.2*

**As discussed, our one-year warranty begins from when your radios are delivered and covers 365 days from that date. We will fix (repair) or replace parts at our cost provided the radio shows no sign of water or physical damage or offer a full refund for the purchase price of the radio.**

**We are referring to things like, drifting out of alignment, screens not working, knobs stuck or any intermittent issues that hinder the usefulness of the radio. In summary, if the radio has some functionality issues that are not the result of physical or water damage then we will fix, refund or replace the radio.**

**I trust you will find this information valuable and complete for your decision making. Please feel free to call me on my cell should you require anything further.**

**Thank you in advance.**

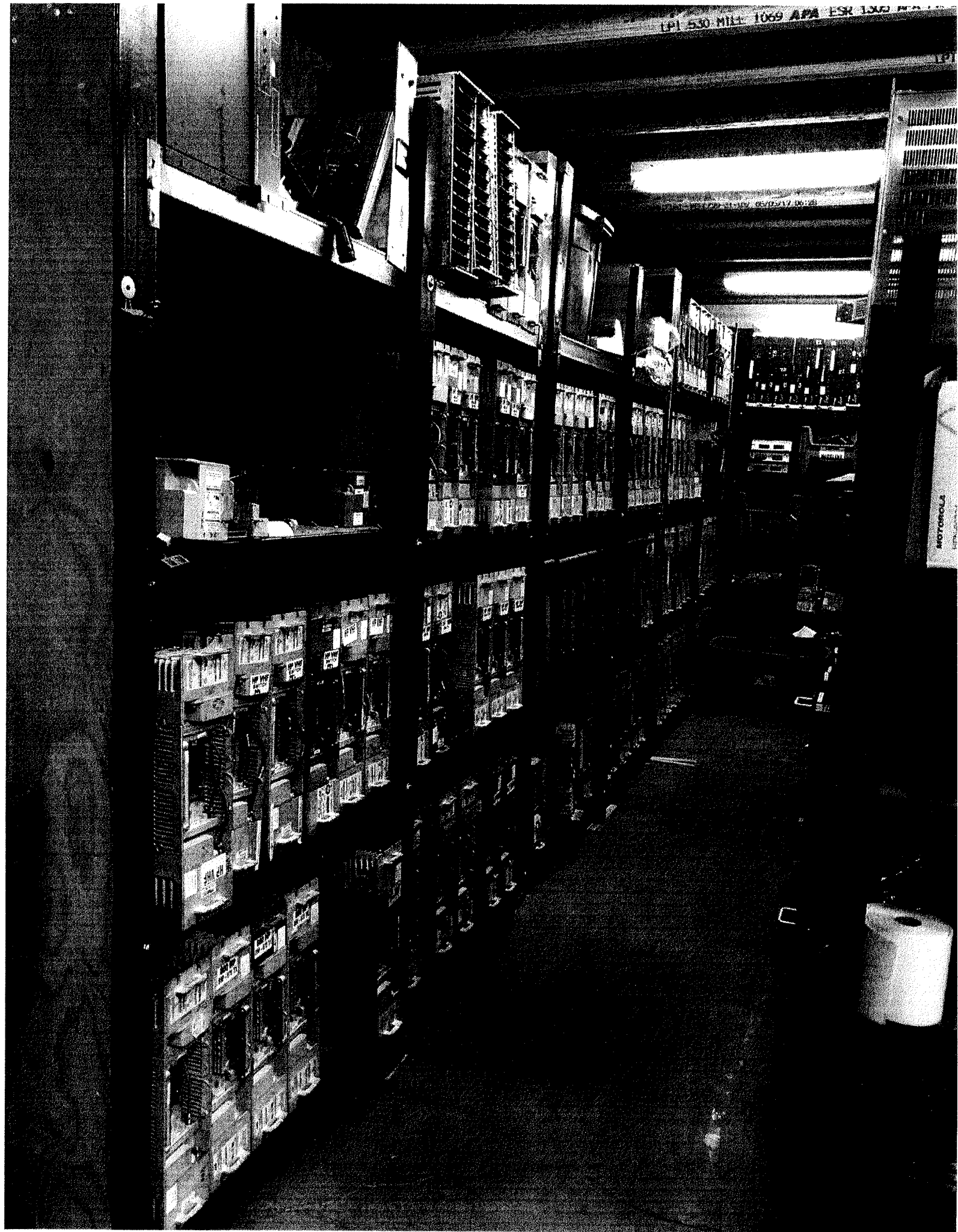
Sincerely,

*John Sapuppo*

**John Sapuppo  
North American Sales Manager, Sunny Communications  
Specializing in used two-way radio Purchase, Rentals & Sales!  
(303) 550-8782 cell : (720) 459-7557 office : (303) 766-2355 Fax**



LPI 530 N11: 1069 APA ESK 1303 PPA



**COUNTY OF BOONE - MISSOURI**



**REQUEST FOR PROPOSAL  
FOR  
BASE STATIONS: MOTOROLA BRAND MTR-2000  
RFP #26-14MAY18  
Release Date: April 13, 2018**

**Submittal Deadline:  
May 14, 2018  
not later than 1:30 p.m. central time**

**Boone County Purchasing  
613 E. Ash Street, Room 110  
Columbia, Missouri 65201**

**Melinda Bobbitt, CPPO, CPPB, Director of Purchasing  
Phone: (573) 886-4391 Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)**





## NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

### **PROPOSAL #: 26-14MAY18 – Motorola Brand MTR-2000 Base Stations**

Sealed proposals will be accepted until 1:30 p.m. on Monday, May 14, 2018 in the Boone County Purchasing Office, Boone County Annex Building, Room 110,613 E. Ash Street, Columbia, MO 65201.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org) or download from the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPO  
Director of Purchasing

Insertion: Tuesday, April 17, 2018  
COLUMBIA MISSOURIAN



## 1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 **Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) **Proposal Closing:** All proposals shall be **delivered before 1:30 P.M.**, central time, on Monday, May 14, 2018 to:

Boone County Purchasing Department  
Melinda Bobbitt, CPPO, Director  
613 E. Ash Street, Room 110  
Columbia, Missouri 65201-4460

RFPs will be opened shortly after 1:30 p.m. in the Conference Room of the Boone County Annex Building, 613 E. Ash Street, Room 110, Columbia, MO 65201.

- b) The County may not accept any proposals received after 1:30 P.M. and will return such late proposals to the Offeror.
- c) Offerors must submit one (1) original, and three (3) copies of the proposal (total of four). Proposals will be opened publicly but only names of Offerors will be read aloud. All proposal responses will be considered public information and following contract execution or rejection of all proposal responses, all responses will become a part of public record and will be released to any person or firm who requests it.
- d) Proposals must be submitted in a sealed envelope identified with the proposal number and date of closing. List the proposal number on the outside of the box or envelope and note "Response to Request for Proposal enclosed."
- e) If you do not care to submit a proposal, please return the *No Bid Response Page* and note your reason. No fax or electronic transmitted proposals will be accepted.
- f) If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.



## **2. INTRODUCTION AND GENERAL INFORMATION**

### **2.1 Introduction:**

2.1.1 This document constitutes a request for sealed proposals for (24) Motorola brand MTR-2000 base stations for use in County's public safety radio system as set forth herein.

2.1.2 Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following parts:

- 1) Instructions and General Conditions
- 2) Introduction and General Information
- 3) Scope of Services
- 4) Proposal Submission Information
- 5) Response/Pricing Page

### **2.2. Guideline for Written Questions:**

2.2.1 All questions regarding this Request for Proposal shall be submitted in writing, prior to the bid opening and preferably no later than 5:00 p.m., Thursday, May 10, 2018. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, Director of Purchasing. All such questions will be answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet.

- a. Melinda Bobbitt, CPPO  
Director of Purchasing  
613 E. Ash Street, Room 110  
Columbia, Missouri 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

2.2.2 In the event that it becomes necessary to revise any part of this RFP, written addenda will be issued. Any amendment to this RFP is valid only if in writing and issued by the Boone County Purchasing Department. Verbal conversations or agreements with any officer, agent, or employee of the County which modify any terms or obligations of this RFP are invalid.



### **3. SCOPE OF SERVICES**

#### **3.1. GENERAL**

3.1.1. The County desires to acquire (24) Motorola brand MTR-2000 base stations for use in its public safety radio system. County also has interest in additional receive-only MTR-2000 base stations.

3.1.2. Contractor shall provide stations that have been removed from service working, have been tested, serviced and cleaned and will be offered with a guarantee.

#### **3.2. REQUIREMENTS**

3.2.1. Radios shall be VHF, transmit and receive, operating in the nominal 150MHz to 174MHz bandsplit.

3.2.2. Radios shall be outfitted with 2-wire/4-wire tone remote control audio cards.

3.2.3. Radios may, or may not, be outfitted with receiver preselectors. Contractor shall state whether this option is present or available for the proposed products on the cost proposal sheet.

3.2.4. Radios shall be complete with front panel, intact rack ears, (any) factory covers and all internal cabling and factory mounted antenna and control expansion jacks.

3.2.5. Radios shall be configured for nominal 100-watt transmitter output, conventional analog transmit and receive mode operation, and capable of standard advertised MTR-2000 operation and features.

3.2.6. If Offeror wishes to offer equipment of the same make and model, but with different transmitter power or other minor performance variations, Offeror should indicate this specification option on the cost proposal sheet.

3.2.7. Delivery of the equipment may occur in steps or stages, but an initial purchase and shipment of twelve (12) units needs to occur now.

3.2.8. In addition to being serviceable, radios shall be clean in appearance and operate with later codeplug version.

### **3.3. SUBMITTALS**

3.3.1. Statement of Contractor qualification

3.3.2. Statement of equipment guarantee and/or sample warranty

3.3.3. Offeror should attach photographs of proposed equipment or samples thereof

3.3.4. Proposed costs, equipment availability, and transportation expenses included in unit price on the *Response Form*. If Contractor has any optional equipment, such as lower power transmitter units or receive-only units (satellite/voting receivers) and wishes to offer these products to County, he should include that information in this part of the submittal.

### **3.4. Contract Terms and Conditions:**

1. The successful Offeror is prohibited from assigning, transferring, conveying, subletting, or otherwise disposing of this agreement or its rights, title or interest therein, or its power to execute such agreement to any other person, company or corporation without the prior consent and approval in writing by the County.

2. Offeror must clearly state any restrictions or deviations from these specifications. In the absence of such statement, the County will assume that all items/services offered are in strict compliance with the technical requirements, contract terms and conditions as described in these specifications. The proposal of the Contractor will be included as part of the final contract.

3. Bid total on the attached Response Page must include all fees for equipment and delivery in the unit price. No additional charges may be included.

4. **Delivery:** All deliveries shall be made FOB Destination with freight charges fully included and prepaid. The seller pays and bears the freight charges. The delivery address is: Boone County Emergency Communication Center, 2145 E. County Drive, Columbia, MO 65202.

### **3.5. Cancellation Agreement:**

The County reserves the right to cancel the contract with cause, if at any time the Contractor fails to fulfill or abide by any of the terms or conditions specified. Failure of the Contractor to comply with any of the provisions of this contract may be considered a material breach of contract and shall be cause for immediate termination of the contract at the discretion of Boone County. Boone County may allow Contractor reasonable opportunity to cure material breach but is not required to do so.

### **3.6. Invoicing:**

Invoice should be submitted to Boone County Joint Communications for payment which will be made 30 days after receipt of a correct and valid invoice. The County's contract number must appear on the invoice/statement. The billing address is Boone County Joint Communications, 2145 E. County Drive, Columbia, MO 65202.

**3.7. Guarantee:**

Bidder agrees to unconditionally guarantee all equipment against defect in material, workmanship and performance for a period of one year from the date of acceptance by the County, unless otherwise specified on the response page.



#### 4. PROPOSAL SUBMISSION INFORMATION

##### 4.1. RESPONSE TO PROPOSAL

##### 4.1.1. Submission of Proposals:

4.1.1.1. When submitting a proposal, the Offeror should include the **original and three (3) additional copies**.

a. The Offeror shall submit the proposal to:

Boone County Purchasing Department  
Attn: Melinda Bobbitt, CPPO, Director of Purchasing  
613 E. Ash Street, Room 110  
Columbia, MO 65201

b. The proposals must be delivered no later than 1:30 p.m. on May 14, 2018. Proposals may not be accepted after this date and time.

4.1.1.2. To facilitate the evaluation process, the Offeror is encouraged to organize their proposal into distinctive sections that correspond with the individual evaluation categories described herein.

a. Each distinctive section should be titled with each individual evaluation category and all material related to that category should be included therein.

b. The signed response page from the original RFP and all signed amendments should be placed at the beginning of the proposal.

c. The Proposal must, at a minimum, address all mandatory and desired services, equipment, materials, etc. Responses will fully describe how the service will be performed and what hardware/software (if any) is required at the County to access the service.

4.1.1.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the evaluation categories, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.1.1.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

**4.1.2. Competitive Negotiation of Proposals:** The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

4.1.2.1. Negotiations may be conducted in person, in writing, or by telephone.

4.1.2.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.

4.1.2.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

4.1.2.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.

**4.1.3. Evaluation and Award Process:**

4.1.3.1. After determining a responsible Offeror and a responsive proposal through the determination that the proposal satisfies the mandatory requirements stated in the Request for Proposal, the evaluator(s) shall use both objective analysis and subjective judgment in conducting a comparative assessment of the proposal in accordance with the evaluation criteria stated below:

a. **Method of Performance**

b. **Experience/Expertise**

c. **Cost**



4.1.3.2. After an initial evaluation process, a question and answer interview may be conducted with the Offeror, and/or a tour of the vendor's facility, if deemed necessary by the County. In addition, the Offeror may be asked to make an oral presentation of their proposal to the evaluation team at a designated Boone County location. Attendance cost shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.

**4.1.4. Evaluation:**

4.1.4.1. Experience and reliability of the Offeror's organization are considered subjectively in the evaluation process. Therefore, the Offeror is advised to submit any information, which documents successful and reliable experience in past performances, especially those performances related to the requirements of this RFP.

4.1.4.2. The Offeror should provide the following information related to previous and current services/contracts performed by the Offeror's organization and any proposed subcontractors which are similar to the requirements of this RFP (This information may be shown on the form attached as Attachment B to this RFP or in a similar manner):

- a. Name, address, and telephone number of client/contracting agency and a representative of that client/agency who may be contacted for verification of all information submitted;
- b. Dates and locations of the service/contract; and
- c. A brief, written description of the specific prior services performed and requirements thereof.

4.1.4.3. The Offeror should submit a copy of all licenses, certifications, accreditation, and/or permits, which may be required by state, federal, and/or local law, statute, or regulation in the course of conduct of the Offeror's business. If not submitted with the proposal, the County reserves the right to request and obtain a copy of any license or certification required to perform the defined services prior to contract award.

4.1.4.4. Proposals will be subjectively evaluated based on the Offeror's distinctive plan for performing the requirements of the RFP. Therefore, the Offeror should present a written narrative, which demonstrates the method or manner in which the Offeror proposes to satisfy these requirements. The language of the narrative should be straightforward and limited to facts, solutions to problems, and plans of action.

4.1.4.5. Where the words "shall" or "must" are used, they signify a required minimum function of system capacity that will heavily impact the Bidder's final response rating.

- 4.1.4.6. Where the words "should", "may" or "desired" are used, they signify that the feature or capacity is desirable but not mandatory; therefore, the specifications in question will possess minimal impact on the Bidder's final response rating.
- 4.1.4.7. The method by which the proposed method of performance is written will be left to the discretion of the Offeror. However, the Offeror should address each specific paragraph and subparagraph of the Specifications by paragraph and page number as an item for discussion. Immediately below these numbers, write descriptions of how, when, by whom, with what, to what degree, why, where, etc, the requirements will be satisfied.

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ca.

June Session of the April Adjourned

Term. 20 18

County of Boone

In the County Commission of said county, on the

19th

day of

June

20

18


the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the request by the Purchasing Department to dispose of the following attached list of surplus PC & Peripheral equipment through MRC Recycling Center.

It is further ordered the Presiding Commissioner is hereby authorized to sign said Request for Disposal forms.

Done this 19th day of June, 2018

ATTEST:



Taylor W. Burks  
Clerk of the County Commission



Daniel K. Atwill  
Presiding Commissioner



Fred J. Parry  
District I Commissioner



Janet M. Thompson  
District II Commissioner

**Boone County Purchasing**  
**David Eagle**  
Purchasing Assistant



613 E. Ash St.  
Columbia, MO 65201  
Phone: (573) 886-4394

**MEMORANDUM**

TO: Boone County Commission  
FROM: David Eagle  
RE: Computer and Peripheral Surplus Disposal  
DATE: June 8, 2018

The Purchasing Departments requests permission to dispose of the following list of surplus PC & Peripheral equipment through MRC Recycling Center. MRC Recycling will pick up our surplus at no charge. They are a State of Missouri, DNR Level Four recycling center. No computer items are land-filled. Purchasing will obtain a Certificate of Destruction, and we will let them know that we want everything recycled, not reused so nothing ends up in the landfill.

Prior to Computer surplus coming to Purchasing for disposal, Information Technology has removed the hard-drives for destruction by their department. Their procedure for PC disposal is:

Once all the data is copied or recovered for the user, IT removes the hard drive and memory from the PC. The memory is held to be used for upgrading other PCs at the county that can benefit. IT sometimes removes parts that can be used as spare if the model is current enough. (ie Power Supplies, Video Cards, etc.) The hard drive is held for a minimum of 30 days in case a user identifies something is missing. After 30 days IT may reuse the hard drive in other county PCs if there are failures. If a hard drive goes unused or fails and IT needs to physically dispose of it, they drill a 5/8" hole through the drive and the data platters. Once IT has collection of "drilled" drives, they deliver them to PC recycling vendor, MRC Recycling Center.

MRC Recycling Center certifies that they have picked up the following items and that all items will be recycled, not reused, so nothing ends up in the landfill.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

	Asset #	Description	Make & Model	Department	Condition of Asset	Serial #
1.	14212	LASER MONOCHROME PRINTER	LEXMARK	INFORMATION TECHNOLOGY	UNKNOWN	
2.	18255	PC WORKSTATION	HP COMPAQ 6300	SHERIFF	UNKNOWN	
3.	17527	PC WORKSTATION	HP COMPAQ 6000	SHERIFF	UNKNOWN	

4.	18951	DOCUMENT SCANNER	KODAK 12400 SERIES	PROSECUTING ATTORNEY	UNKNOWN	
5.	18952	DOCUMENT SCANNER	KODAK 12400 SERIES	PROSECUTING ATTORNEY	UNKNOWN	
6.	16970	PC WORKSTATION	HP DC5800	SHERIFF	UNKNOWN	
7.	17594	FAX MACHINE	PPF-4750E	CIRCUIT COURT	UNKNOWN	
8.	18301	IPAD	MD516LL/A	CIRCUIT COURT	UNKNOWN	
9.	17964	DESKTOP PC	COMPAQ 6200 PRO	CIRCUIT COURT	UNKNOWN	
10.	16716	15" NOTEBOOK COMPUTER	COMPAQ	COURTHOUSE EXPANSION	UNKNOWN	
11.	NO TAG	WIRELESS HOTSPOT	AIRCARD 770S	CIRCUIT COURT	UNKNOWN	
12.	NO TAG	WIRELESS HOTSPOT	AIRCARD 770S	CIRCUIT COURT	UNKNOWN	
13.	NO TAG	WIRELESS HOTSPOT	AIRCARD 770S	CIRCUIT COURT	UNKNOWN	
14.	NO TAG	19" LCD MONITOR	L1910	CIRCUIT COURT	UNKNOWN	
15.	NO TAG	WEB/APPLICATION SERVER		CIRCUIT COURT	UNKNOWN	
16.	NO TAG	17" MONITOR		JURY ADMINISTRATION	UNKNOWN	
17.	NO TAG	UNINTERRUPTIBLE POWER SUPPLY		JURY ADMINISTRATION	UNKNOWN	
18.	NO TAG	BOX OF MISC COMPUTER NOTEBOOK BATTERIES		CIRCUIT COURT	UNKNOWN	
19.	16153	17" LCD MONITOR	HP L1740	PURCHASING	UNKNOWN	

20.	14821	SERVER NETWORK	HP PROLIANT DL360	INFORMATION TECHNOLOGY	UNKNOWN	
21.	15131	MISAN BACKUP APPLIANCE	CYBEDRNETIC CYMISAND8	INFORMATION TECHNOLOGY	UNKNOWN	
22.	18275	SERVER NETWORK	NAC X500	INFORMATION TECHNOLOGY	UNKNOWN	
23.	14259	ETHERNET SWITCH	CISCO CATALYUST 4507R	INFORMATION TECHNOLOGY	UNKNOWN	
24.	17673	DOCUMENT SCANNER	FUJITSU	PUBLIC ADMINISTRATOR	UNKNOWN	
25.	NO TAG	TWINAX CONTROLLER	ACE AS408	INFORMATION TECHNOLOGY	UNKNOWN	
26.	NO TAG	UPS	APC PS250	INFORMATION TECHNOLOGY	UNKNOWN	
27.	18965	NETWORK SERVER	HP DL380	INFORMATION TECHNOLOGY	UNKNOWN	
28.	18966	NETWORK SERVER	HP DL380	INFORMATION TECHNOLOGY	UNKNOWN	
29.	18967	NETWORK SERVER	HP DL380	INFORMATION TECHNOLOGY	UNKNOWN	
30.	18322	PC WORKSTATION	HP COMPAQ 6300	INFORMATION TECHNOLOGY	UNKNOWN	
31.	19344	NETWORK SERVER	CYBERNETIC ISAN 3116	INFORMATION TECHNOLOGY	UNKNOWN	
32.	19345	NETWORK SERVER	CYBERNETIC ISAN 3116	INFORMATION TECHNOLOGY	UNKNOWN	
33.	13525	LAPTOP	DELL LATITUDE C840	INFORMATION TECHNOLOGY	UNKNOWN	
34.	15086	17" LCD MONITOR	HP L1740	PROSECUTING ATTORNEY	UNKNOWN	
35.	15466	17" LCD MONITOR	HP L1740	PROSECUTING ATTORNEY	UNKNOWN	
36.	NO TAG	PRINTER	HP DESKJET 6940	INFORMATION TECHNOLOGY	UNKNOWN	

37.	15845	20 "LCD MONITOR	HP LP2065	ASSESSOR	UNKNOWN	
38.	15467	NETWORK SERVER	HP PROLIANT DL360	INFORMATION TECHNOLOGY	UNKNOWN	
39.	15818	NETWORK SERVER	HP PROLIANT DL360	INFORMATION TECHNOLOGY	UNKNOWN	
40.	15449	NETWORK SERVER	HP PROLIANT DL360	INFORMATION TECHNOLOGY	UNKNOWN	
41.	17569	NETWORK SERVER	SYMANTEC WEB GATEWAY 8450	INFORMATION TECHNOLOGY	UNKNOWN	
42.	15647	NETWORK SERVER	HP DL380R04	INFORMATION TECHNOLOGY	UNKNOWN	
43.	16419	NETWORK SERVER	HP DL360	INFORMATION TECHNOLOGY	UNKNOWN	
44.	18315	PC WORKSTATION	HP COMPAQ 6300	INFORMATION TECHNOLOGY	UNKNOWN	
45.	18518	PC WORKSTATION	HP COMPAQ 6300	HUMAN RESOURES	UNKNOWN	
46.	14514	RACK	COMPAQ 10642	GIS – CONSORTIUM	UNKNOWN	
47.	NO TAG	TV STAND		INFORMATION TECHNOLOGY	UNKNOWN	
48.	NO TAGS	7 - 96 PORT CAT5 PATCH PANEL		INFORMATION TECHNOLOGY	UNKNOWN	
49.	NO TAGS	16 – CABLE MANAGEMENT ARMS		INFORMATION TECHNOLOGY	UNKNOWN	
50.	NO TAG	SWITCH SUPERVISOR CARD		INFORMATION TECHNOLOGY	UNKNOWN	
51.	NO TAG	MODEM		INFORMATION TECHNOLOGY	UNKNOWN	
52.	18607	PC WORKSTATION	HP COMPAQ 6300	COUNTY CLERK	UNKNOWN	
70.	18609	PC WORKSTATION	HP COMPAQ 6300	COUNTY CLERK	UNKNOWN	

71.	18319	PC WORKSTATION	HP COMPAQ 6300	COUNTY CLERK	UNKNOWN	
72.	18521	PC WORKSTATION	HP COMPAQ 6300	COUNTY CLERK	UNKNOWN	
73.	18318	PC WORKSTATION	HP COMPAQ 6300	COUNTY CLERK	UNKNOWN	
74.	18317	PC WORKSTATION	HP COMPAQ 6300	COUNTY CLERK	UNKNOWN	
75.	18517	PC WORKSTATION	HP COMPAQ 6300	CHILD SERVICES	UNKNOWN	
76.	18519	PC WORKSTATION	HP COMPAQ 6300	CHILD SERVICES	UNKNOWN	
77.	18362	PC WORKSTATION	HP COMPAQ 6300	AUDITOR	UNKNOWN	
78.	18611	PC WORKSTATION	HP COMPAQ 6300	ASSESSOR	UNKNOWN	
79.	18351	PC WORKSTATION	HP COMPAQ 6300	ASSESSOR	UNKNOWN	
80.	18568	PC WORKSTATION	HP D8C55UT	COMMISSION	UNKNOWN	
81.	18569	PC WORKSTATION	HP D8C55UT	COMMISSION	UNKNOWN	
82.	18307	PC WORKSTATION	HP COMPAQ 6300	INFORMATION TECHNOLOGY	UNKNOWN	
83.	18575	PC WORKSTATION	HP D8C55UT	AUDITOR	UNKNOWN	
84.	18311	PC WORKSTATION	HP COMPAQ 6300	COUNTY CLERK	UNKNOWN	
85.	18361	PC WORKSTATION	HP COMPAQ 6300	AUDITOR	UNKNOWN	
86.	18350	PC WORKSTATION	HP COMPAQ 6300	COUNTY COUNSELOR	UNKNOWN	
87.	18815	PC WORKSTATION	HP COMPAQ 6300	HUMAN RESOURES	UNKNOWN	
88.	18302	PC WORKSTATION	HP COMPAQ 6300	INFORMATION TECHNOLOGY	UNKNOWN	
89.	15835	17" LCD MONITOR	HP L1740	SHERIFF	UNKNOWN	



90.	14838	ETHERNET SWITCH	CISCO CATALYST 2950	INFORMATION TECHNOLOGY	UNKNOWN	
91.	13639	ETHERNET SWITCH	CISCO CATALYST 2950	INFORMATION TECHNOLOGY	UNKNOWN	
92.	13640	ETHERNET SWITCH	CISCO CATALYST 2950	INFORMATION TECHNOLOGY	UNKNOWN	
93.	17567	ETHERNET SWITCH	CISCO CATALYST 2950	INFORMATION TECHNOLOGY	UNKNOWN	
94.	13636	ETHERNET SWITCH	CISCO CATALYST 2950	PUBLIC WORKS	UNKNOWN	
95.	14820	ETHERNET SWITCH	CISCO CATALYST 2950	INFORMATION TECHNOLOGY	UNKNOWN	
96.	13644	ETHERNET SWITCH	CISCO CATALYST 2950	INFORMATION TECHNOLOGY	UNKNOWN	
97.	13641	ETHERNET SWITCH	CISCO CATALYST 2950	INFORMATION TECHNOLOGY	UNKNOWN	
98.	13642	ETHERNET SWITCH	CISCO CATALYST 2950	INFORMATION TECHNOLOGY	UNKNOWN	
99.	13643	ETHERNET SWITCH	CISCO CATALYST 2950	INFORMATION TECHNOLOGY	UNKNOWN	
100.	14899	17" LCD MONITOR	HP L1740	SHERIFF	UNKNOWN	
101.	17505	19" LCD MONITORE	HP LE1911	SHERIFF	UNKNOWN	
102.	18457	19" LCD MONITOR	HP LE1911	SHERIFF	UNKNOWN	
103.	16749	19" LCD MONITOR	HP L1950	SHERIFF	UNKNOWN	
104.	15609	17" LCD MONITOR	HP L1740	SHERIFF	UNKNOWN	
105.	18531	20" LCD MONITOR	HP LV2011	SHERIFF	UNKNOWN	
106.	18306	PC WORKSTATION	HP COMPAQ 6300	ASSESSOR	UNKNOWN	
107.	18352	PC WORKSTATION	HP COMPAQ 6300	ASSESSOR	UNKNOWN	
108.	14284	ETHERNET SWITCH	CISCO CATALYST 2950	INFORMATION TECHNOLOGY	UNKNOWN	

109.	14910	ETHERNET SWITCH	CISCO CATALYST 3750	INFORMATION TECHNOLOGY	UNKNOWN	
110.	14909	ETHERNET SWITCH	CISCO CATALYST 3750	INFORMATION TECHNOLOGY	UNKNOWN	
111.	14415	ETHERNET SWITCH	CISCO CATALYST 3750	INFORMATION TECHNOLOGY	UNKNOWN	
112.	14416	ETHERNET SWITCH	CISCO CATALYST 3750	INFORMATION TECHNOLOGY	UNKNOWN	
113.	15102	ETHERNET SWITCH	CISCO CATALYST 2950	INFORMATION TECHNOLOGY	UNKNOWN	
114.	15298	ROUTER	CISCO 2801	INFORMATION TECHNOLOGY	UNKNOWN	
115.	15122	ROUTER	CISCO 1841 SEC/K9	INFORMATION TECHNOLOGY	UNKNOWN	
116.	16479	ROUTER	CISCO 1841 SEC/K9	INFORMATION TECHNOLOGY	UNKNOWN	
117.	15313	ROUTER	CISCO 1841 SEC/K9	INFORMATION TECHNOLOGY	UNKNOWN	
118.	17568	ETHERNET SWITCH	CISCO CATALYST 3750	INFORMATION TECHNOLOGY	UNKNOWN	
119.	NO TAGS	37 MONITORS	HP	IT 911/EM	UNKNOWN	
120.	16866	19" LCD MONITOR	HP L1910	PROSECUTING ATTORNEY	UNKNOWN	
121.	NO TAGS	MONITOR STANDS		IT 911/EM	UNKNOWN	
122.	NO TAGS	MONITOR ARMS		IT 911/EM	UNKNOWN	
123.	NO TAGS	PC WORKSTATION STANDS		IT 911/EM	UNKNOWN	
124.	18487	MONITOR	ASUS/VE198	JOINT COMMUNICATIONS	UNKNOWN	
125.	NO TAG	MONITOR	HP LA 1951G	IT 911/EM	UNKNOWN	
126.	NO TAG	MONITOR	HP LA 1951G	IT 911/EM	UNKNOWN	
127.	NO TAG	PRINTER	HP LASERJET MFP	IT 911/EM	UNKNOWN	

cc: Heather Acton, Auditor Surplus File

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 01/29/2018

FIXED ASSET TAG NUMBER: 00014212

DESCRIPTION: LEXMARK E321  
PRINTER LASER MONOCHROME

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 2003

REASON FOR DISPOSITION: REPLACED BY MAINT VENDOR

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES/NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2003/10/28

G/L ACCOUNT FOR PROCEEDS 1190-3836 HQ

ORIGINAL ACQUISITION AMOUNT 246.93

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE AUCTION SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 1-19-18

SIGNATURE [Signature]

**RECEIVED**

JAN 29 2018

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 01/29/2018 FIXED ASSET TAG NUMBER: 00018255

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: *Judy*

**RECEIVED**  
JAN 29 2018  
BOONE COUNTY AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/02/22 G/L ACCOUNT FOR PROCEEDS 1190-3836 HR

ORIGINAL ACQUISITION AMOUNT 602.23

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE *[Signature]*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 01/29/2018

FIXED ASSET TAG NUMBER: 00017527

DESCRIPTION: HP COMPAQ 6000  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251

SIGNATURE: 

**RECEIVED**

JAN 29 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2010/12/08

G/L ACCOUNT FOR PROCEEDS 2550-3836 KD

ORIGINAL ACQUISITION AMOUNT 644.97

ORIGINAL FUNDING SOURCE 2742

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_


INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 02/08/2018

FIXED ASSET TAG NUMBER: 00018951

DESCRIPTION: KODAK I2400 SERIES  
SCANNER DOCUMENT

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 01/2014

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES/NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: PROSECUTING ATTORNI SIGNATURE: *Jredy*

### AUDITOR

ORIGINAL ACQUISITION DATE 2014/04/03

G/L ACCOUNT FOR PROCEEDS 1190-3836 + HR

ORIGINAL ACQUISITION AMOUNT 614.57

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE *James H. Atwell*

**RECEIVED**  
FEB 08 2018  
BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 02/08/2018

FIXED ASSET TAG NUMBER: 00018952

DESCRIPTION: KODAK I2400 SERIES  
SCANNER DOCUMENT

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 01/2014

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: PROSECUTING ATTORNI SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2014/04/03

G/L ACCOUNT FOR PROCEEDS 1190-3836 Na

ORIGINAL ACQUISITION AMOUNT 614.57

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE [Signature]

**RECEIVED**  
FEB 08 2018  
BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 02/06/2018

FIXED ASSET TAG NUMBER: 00016970

DESCRIPTION: HP DC5800  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_


CONDITION OF ASSET: HARDDRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF

SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2009/12/31

G/L ACCOUNT FOR PROCEEDS N/A HA

ORIGINAL ACQUISITION AMOUNT 387.54

ORIGINAL FUNDING SOURCE 2744

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6.19.18

SIGNATURE 

**RECEIVED**

FEB 09 2018

**BOONE COUNTY AUDITOR**



AGSCR BOONE

Federally Funded Assets

ITTRUDY

2/07/18 12:52:11

Tag Number 16970

Description PC

Notes Exist: N

Acquire Date 12312009 Acquisition Amt 387.54

Location 1251 SHERIFF

Grant Name+ \_\_\_\_\_ Type+ \_\_\_\_\_

% of Cost \_\_\_\_\_ Agency+ \_\_\_\_\_

Pass Thru Agency+ \_\_\_\_\_

SEQ#	Grant / Percent	Type / Agency / Pass Agency
<u>1</u>	+ <u>JAG - RECOVERY ACT/STIMULUS</u>	+ <u>FEDERAL</u>
	<u>100 %</u>	+ <u>U. S. DEPARTMENT OF JUSTICE</u>
		+ <u>NONE</u>

Bottom

% TOTAL 100 F9=Grant Maint F11=Switch line Mode  
 F3=Exit F4=Lookup(+) F5=Type Maint F6=Agency Maint F7=Pass Thru Maint F8=Notes

## Trudy Fisher

---

**From:** Phillip Koons  
**Sent:** Wednesday, February 07, 2018 2:54 PM  
**To:** Trudy Fisher; Brian Kemp  
**Cc:** Ryan Irish  
**Subject:** RE: dispose asset 16970

Okay, I tracked down the grant which was administered by the Edward Byrne Memorial Justice Assistance (JAG) program. I spoke to Amelia Hentges from the MO Department of Public Safety @ 573-522-4094. If the item value is below \$5,000 and is not being sold, then we are free to dispose of it provided that we keep a date record of the disposal. Nothing further is needed from them.

Hope that helps!



**Phillip Koons** • *Systems Support Analyst*  
Boone County Government, Missouri  
Information Technology Department  
801 E Walnut, Room 220, Columbia MO 65201  
tel:573-876-2136 fax:573-886-4322 [pkoons@boonecountymo.org](mailto:pkoons@boonecountymo.org)  
<http://www.showmeboone.com>

**From:** Trudy Fisher  
**Sent:** Wednesday, February 07, 2018 12:55 PM  
**To:** Brian Kemp <[BKemp@boonecountymo.org](mailto:BKemp@boonecountymo.org)>  
**Cc:** Ryan Irish <[RIrish@boonecountymo.org](mailto:RIrish@boonecountymo.org)>; Phillip Koons <[PKoons@boonecountymo.org](mailto:PKoons@boonecountymo.org)>  
**Subject:** RE: dispose asset 16970

Looks like this PC has a grant tied to it. The JAG – Recovery Act/Stimulus – U.S. Department of Justice – Federal

Phillip – do you have a way to make sure this is ok to surplus this PC? It was Sheriff Department PC in inventory.



**Trudy Fisher** • *Office Administrator*  
Boone County Government, Missouri  
Information Technology Department  
801 E Walnut, Room 220, Columbia MO 65201  
tel:573-886-7204 - fax: 573-886-4322 - [tfisher@boonecountymo.org](mailto:tfisher@boonecountymo.org)  
<http://www.showmeboone.com>

\*\*\* This message is only intended for the initial recipient(s). The content of this message is not to be copied or distributed without consent of the original author. \*\*\*

**From:** Brian Kemp  
**Sent:** Monday, February 05, 2018 4:26 PM  
**To:** Trudy Fisher <[TFisher@boonecountymo.org](mailto:TFisher@boonecountymo.org)>  
**Cc:** Ryan Irish <[RIrish@boonecountymo.org](mailto:RIrish@boonecountymo.org)>  
**Subject:** dispose asset 16970

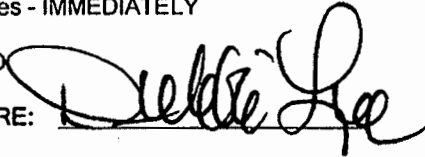
Asset 16970 is ready for disposal. Please let me know if you need any additional information.

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 02/01/2018 Fixed Asset Tag Number: 17594  
Description of Asset: FAX Machine / PPF-4750E  
Requested Means of Disposal: Recycle/Trash  
Other Information: SERIAL NUMBER: V60283HOJ187065  
Condition of Asset: POOR  
Reason for Disposition: ROUTINE REPLACEMENT  
Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: 1221-Circuit Clerk SIGNATURE:




**To be Completed by: AUDITOR**

Original Acquisition Date 12-31-10 G/L Acct for Proceeds 1190-3836 NA  
Original Acquisition Amount \$433.98  
Original Funding Source 2731  
Account Group 1601

**To be Completed by : COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method;

Transfer Department Name: \_\_\_\_\_ Number \_\_\_\_\_  
Location within Department: \_\_\_\_\_  
Individual: \_\_\_\_\_  
 Trade  Auction  Sealed Bids  
 Other Explain \_\_\_\_\_

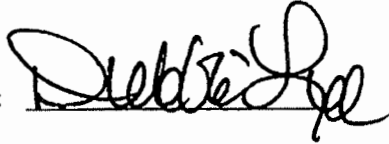
Commission Order Number 307-2018  
Date Approve: 6-19-18  
Signature 

BOONE COUNTY  
Request for Disposal/Transfer of County Property  
Complete, sign, and return to Auditor's Office

Date: 02/01/2018 Fixed Asset Tag Number: 18301  
Description of Asset: iPad w/ Wi-Fi & 4G / MD516LL/A  
Requested Means of Disposal: Recycle/Trash  
Other Information: SERIAL NUMBER: SDMPJM8CDF188  
Condition of Asset: BROKEN  
Reason for Disposition: BROKEN/NO LONGER FUNCTIONS  
Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: 1221-Circuit Clerk SIGNATURE:



To be Completed by: AUDITOR

Original Acquisition Date 12-31-12 G/L Acct for Proceeds 1190-3836 NO  
Original Acquisition Amount \$591.20  
Original Funding Source 2731  
Account Group 1603

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

Transfer Department Name: \_\_\_\_\_ Number \_\_\_\_\_  
Location within Department: \_\_\_\_\_  
Individual: \_\_\_\_\_  
 Trade  Auction  Sealed Bids  
 Other Explain \_\_\_\_\_

Commission Order Number 307-2018  
Date Approve: 1/16/18  
Signature Charles H. Atwell

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 02/01/2018 Fixed Asset Tag Number: 17964  
 Description of Asset: Desktop PC / Compaq 6200 Pro  
 Requested Means of Disposal: Recycle/Trash  
 Other Information: SERIAL NUMBER: MXL2090RXH  
 Condition of Asset: POOR  
 Reason for Disposition: ROUTINE REPLACEMENT  
 Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY  
 Was Asset Purchased with Grant Funding? NO  
 DEPARTMENT: 1210-Circuit Court SIGNATURE: Mary Epping

FEB - 1 2018

**RECEIVED**

FEB 06 2018

**BOONE COUNTY AUDITOR**

To be Completed by: AUDITOR  
 Original Acquisition Date 3-21-12 G/L Acct for Proceeds 1190-3836 NR  
 Original Acquisition Amount \$592.01  
 Original Funding Source 2731  
 Account Group 1603

To be Completed by : COUNTY COMMISSION / COUNTY CLERK  
 Approved Disposal Method;  
 Transfer Department Name: \_\_\_\_\_ Number \_\_\_\_\_  
 Location within Department: \_\_\_\_\_  
 Individual: \_\_\_\_\_  
 Trade  Auction  Sealed Bids  
 Other Explain \_\_\_\_\_

Commission Order Number 307-2018  
 Date Approve: 1-9-18  
 Signature [Signature]

2/5/18

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 02/01/2018 Fixed Asset Tag Number: 16716  
 Description of Asset: 15" Notebook Computer / Compaq 6730b  
 Requested Means of Disposal: Recycle/Trash  
 Other Information: SERIAL NUMBER: CNU85058W5  
 Condition of Asset: POOR  
 Reason for Disposition: ROUTINE REPLACEMENT  
 Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

FEB - 1 2018

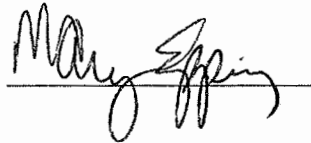
**RECEIVED**

FEB 06 2018

**BOONE COUNTY AUDITOR**

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: 4061-Courthouse Expansion SIGNATURE: \_\_\_\_\_



To be Completed by: AUDITOR

Original Acquisition Date 2-13-09 G/L Acct for Proceeds 1190-3836 HA  
 Original Acquisition Amount \$1,183.72  
 Original Funding Source 2782  
 Account Group 1603

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

Transfer Department Name: \_\_\_\_\_ Number \_\_\_\_\_  
 Location within Department: \_\_\_\_\_  
 Individual: \_\_\_\_\_  
 Trade  Auction  Sealed Bids  
 Other Explain \_\_\_\_\_

Commission Order Number 307-2018  
 Date Approved: 2-19-18  
 Signature [Handwritten Signature]

2/5/18

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 02/01/2018 Fixed Asset Tag Number: <none>

FEB - 1 2018

Description of Asset: Wireless Hotspot / AirCard 770S

Requested Means of Disposal: Recycle/Trash

Other Information: SERIAL NUMBER: NONE

1 of 3

**RECEIVED**

Condition of Asset: BROKEN

Reason for Disposition: BROKEN/NO LONGER FUNCTIONS

FEB 06 2018

Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY **BOONE COUNTY AUDITOR**

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: Circuit Court SIGNATURE: Mary Epping

To be Completed by: AUDITOR No Data  
 Original Acquisition Date \_\_\_\_\_ G/L Acct for Proceeds 1190-3836 HA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

\_\_\_\_\_ Transfer Department Name: \_\_\_\_\_ Number \_\_\_\_\_

Location within Department: \_\_\_\_\_

Individual: \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 307-2018  
 Date Approve: 6-19-18  
 Signature [Signature]

*Mailed 2/5/18*

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

FEB - 1 2018

Date: 02/01/2018 Fixed Asset Tag Number: <none>  
 Description of Asset: Wireless Hotspot / AirCard 770S  
 Requested Means of Disposal: Recycle/Trash  
 Other Information: SERIAL NUMBER: NONE 2 of 3  
 Condition of Asset: BROKEN  
 Reason for Disposition: BROKEN/NO LONGER FUNCTIONS  
 Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

**RECEIVED**

FEB 06 2018

**BOONE COUNTY AUDITOR**

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: Circuit Court SIGNATURE: Mary Epping

To be Completed by: AUDITOR

Original Acquisition Date No Data G/L Acct for Proceeds 1190-3836 NA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

\_\_\_\_\_ Transfer Department Name: \_\_\_\_\_ Number \_\_\_\_\_

Location within Department: \_\_\_\_\_

Individual: \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 307-2018

Date Approve: 6/19/18

Signature [Signature]

2/5/18



BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

FEB - 1 2018

Date: 02/01/2018 Fixed Asset Tag Number: <none>

Description of Asset: Wireless Hotspot / AirCard 770S

Requested Means of Disposal: Recycle/Trash

Other Information: SERIAL NUMBER: NONE

3 & 3

RECEIVED

Condition of Asset: BROKEN

FEB 06 2018

Reason for Disposition: BROKEN/NO LONGER FUNCTIONS

BOONE COUNTY AUDITOR

Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: Circuit Court

SIGNATURE: Mary Egan

To be Completed by: AUDITOR

Original Acquisition Date No Data

G/L Acct for Proceeds 1190-3836 No

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

To be Completed by : COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method;

\_\_\_\_ Transfer Department Name: \_\_\_\_\_ Number \_\_\_\_\_

Location within Department: \_\_\_\_\_

Individual: \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 307-2018

Date Approve: 10/19/18

Signature [Signature]

2/5/18

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 02/01/2018 Fixed Asset Tag Number: <none>  
 Description of Asset: 19" LCD Monitor / L1910  
 Requested Means of Disposal: Recycle/Trash  
 Other Information: SERIAL NUMBER: CNC748SVHL  
 Condition of Asset: BROKEN  
 Reason for Disposition: BROKEN/NO LONGER FUNCTIONS  
 Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY

FEB - 1 2018

**RECEIVED**

FEB 06 2018

**BOONE COUNTY AUDITOR**

Was Asset Purchased with Grant Funding? NO

DEPARTMENT: Circuit Court SIGNATURE: Mary Eppig

**To be Completed by: AUDITOR**

Original Acquisition Date No Data G/L Acct for Proceeds 1190-3836 NA  
 Original Acquisition Amount \_\_\_\_\_  
 Original Funding Source \_\_\_\_\_  
 Account Group \_\_\_\_\_

**To be Completed by : COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method;  
 Transfer Department Name: \_\_\_\_\_ Number \_\_\_\_\_  
 Location within Department: \_\_\_\_\_  
 Individual: \_\_\_\_\_  
 Trade  Auction  Sealed Bids  
 Other Explain \_\_\_\_\_

Commission Order Number 307-2018  
 Date Approve: 1-19-18  
 Signature [Signature]

2/5/18

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 02/01/2018 Fixed Asset Tag Number: <none>  
 Description of Asset: Web/Applications Server /  
 Requested Means of Disposal: Recycle/Trash  
 Other Information: SERIAL NUMBER: NONE  
 Condition of Asset: BROKEN  
 Reason for Disposition: ROUTINE REPLACEMENT  
 Location of Asset and Desired Date for Removal To Storage: Boone County Courthouse / Floor: 1 / Room: Technology Services - IMMEDIATELY  
 Was Asset Purchased with Grant Funding? NO  
 DEPARTMENT: 1210-Circuit Court SIGNATURE: Mary Eppin

FEB - 1 2018

**RECEIVED**

FEB 06 2018

**BOONE COUNTY AUDITOR**

To be Completed by: AUDITOR  
 Original Acquisition Date No Data G/L Acct for Proceeds 1190-3836 NA  
 Original Acquisition Amount \_\_\_\_\_  
 Original Funding Source \_\_\_\_\_  
 Account Group \_\_\_\_\_

To be Completed by : COUNTY COMMISSION / COUNTY CLERK  
 Approved Disposal Method;  
 Transfer Department Name: \_\_\_\_\_ Number \_\_\_\_\_  
 Location within Department: \_\_\_\_\_  
 Individual: \_\_\_\_\_  
 Trade  Auction  Sealed Bids  
 Other Explain \_\_\_\_\_

Commission Order Number 307-2018  
 Date Approve: Feb 19 2018  
 Signature [Signature]

2/5/18

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**

*Complete, sign, and return to Auditor's Office*

Date: 2/1/2018

Fixed Asset Tag Number: NONE

**RECEIVED**

Description of Asset:

17" MONITOR

FEB 06 2018

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

**BOONE COUNTY AUDITOR**

Other Information (Serial number, etc.): G08C 008500

Condition of Asset: BROKEN

FEB - 1 2018

Reason for Disposition: BROKEN

Location of Asset and Desired Date for Removal to Storage: ASAP

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1230 - JURY ADMIN

Signature: Mary Eppley

**To be Completed by: AUDITOR** NO DATA

Original Acquisition Date \_\_\_\_\_

G/L Account for Proceeds 1190-3836 NR

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 307-2018

Date Approved 6.19.18

Signature: [Signature]

2/5/18

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/1/2018

Fixed Asset Tag Number: NONE

RECEIVED

Description of Asset:

UNINTERRUPTABLE POWER SUPPLY (UPS)

FEB 06 2018

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain.

BOONE COUNTY AUDITOR

Other Information (Serial number, etc.):

Condition of Asset:

BROKEN

FEB - 1 2018

Reason for Disposition:

BROKEN

Location of Asset and Desired Date for Removal to Storage: ASAP

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1230 - Juv Admin

Signature

Mary Egan

**To be Completed by: AUDITOR** NO Data

Original Acquisition Date \_\_\_\_\_

G/L Account for Proceeds 1190-3836 AK

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 307-2018

Date Approved 6-19-18

Signature [Signature]

2/5/18

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 2/1/2018

Fixed Asset Tag Number: NONE

Description of Asset: SMALL BOX OF MISC COMPUTER NOTEBOOK BATTERIES

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): NONE

RECEIVED

Condition of Asset: POOR

FEB 06 2018

FEB - 1 2018

Reason for Disposition: NOT WORKING BOONE COUNTY AUDITOR

Location of Asset and Desired Date for Removal to Storage: ASHP

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 120-CIRCUIT CART

Signature: Mary Eppig

To be Completed by: AUDITOR No Data  
Original Acquisition Date \_\_\_\_\_

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 307-2018

Date Approved 6-19-18

Signature: [Signature]

2/5/18

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 02/23/2018

FIXED ASSET TAG NUMBER: 00016153

DESCRIPTION: HP L1740  
MONITOR LCD 17 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 2007 - POOR

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: PURCHASING 1118 SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2007/04/12

G/L ACCOUNT FOR PROCEEDS 1190-3835 Ha

ORIGINAL ACQUISITION AMOUNT 188.00

ORIGINAL FUNDING SOURCE 2741

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/09/2018

FIXED ASSET TAG NUMBER: 00014821

DESCRIPTION: HP PROLIANT DL360  
SERVER NETWORK

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

MAR 12 2018

OTHER INFORMATION: \_\_\_\_\_

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: HARDDRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: *Judy*

### AUDITOR

ORIGINAL ACQUISITION DATE 2005/04/20

G/L ACCOUNT FOR PROCEEDS 1190-3836 HR

ORIGINAL ACQUISITION AMOUNT 3,486.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE *Clayton K. Atwell*



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/09/2018

FIXED ASSET TAG NUMBER: 00015131

DESCRIPTION: CYBERNETIC CYMISAND8  
MISAN BACKUP APPLIANCE

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: NON-OPERATIONAL

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1170 INFORMATION TECHNOL SIGNATURE: 

**RECEIVED**

MAR 12 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2005/05/19

G/L ACCOUNT FOR PROCEEDS 2010-3835 Na

ORIGINAL ACQUISITION AMOUNT 7,675.00

ORIGINAL FUNDING SOURCE \_\_\_\_\_

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

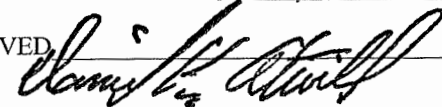
INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/09/2018

FIXED ASSET TAG NUMBER: 00018275

DESCRIPTION: NAC X500  
SERVER NETWORK

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/03/14

G/L ACCOUNT FOR PROCEEDS 1190-3835 NR

ORIGINAL ACQUISITION AMOUNT 6,760.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/09/2018

FIXED ASSET TAG NUMBER: 00014259

DESCRIPTION: CISCO CATALYST 4507R  
SWITCH ETHERNET

**RECEIVED**

**MAR 12 2018**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: PURCHASED 2003 - POOR

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: *Judy*

**AUDITOR**

ORIGINAL ACQUISITION DATE 2003/12/02

G/L ACCOUNT FOR PROCEEDS 1190-3835 HA

ORIGINAL ACQUISITION AMOUNT 31,550.86

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6.19.18

SIGNATURE *James H. Still*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/15/2018

FIXED ASSET TAG NUMBER: 00017673

DESCRIPTION: FUJITSU  
SCANNER DOCUMENT

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_


OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: POOR

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: PUBLIC ADMINISTRATOR<sup>1200</sup> SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2011/07/08

GL ACCOUNT FOR PROCEEDS 1190-3836 HA

ORIGINAL ACQUISITION AMOUNT 1,231.77

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE 

**RECEIVED**

MAR 15 2018

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3/12/18

Fixed Asset Tag Number: No Tag

Description of Asset: Twinax Controller - Ace AS408, serial #95102027

RECEIVED

MAR 12 2018

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

BOONE COUNTY AUDITOR

Other Information (Serial number, etc.): serial #95102027

Condition of Asset: Unknown

Reason for Disposition: No longer needed

Location of Asset and Desired Date for Removal to Storage: ASAP - In GC Room 123.

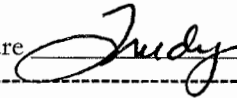
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Information Technology

Signature



**To be Completed by: AUDITOR**

NO DATA

Original Acquisition Date \_\_\_\_\_

G/L Account for Proceeds

1190-3836 NA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

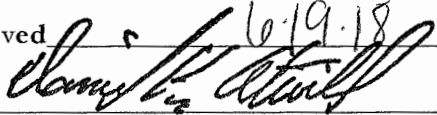
Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 307-2018

Date Approved 6-19-18

Signature 

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 3/12/18

Fixed Asset Tag Number: No Tag

Description of Asset: APC PS250 UPS

RECEIVED

MAR 12 2018

BOONE COUNTY AUDITOR

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): #QS0324222574

Condition of Asset: Unknown

Reason for Disposition: No longer needed

Location of Asset and Desired Date for Removal to Storage:

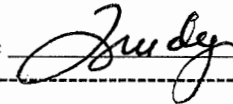
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Information Technology

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date NO DATA

G/L Account for Proceeds 190-3836 *HR*

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

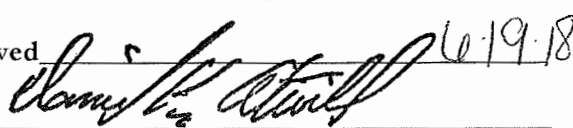
Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 307-2018

Date Approved 6-19-18

Signature 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/28/2018

FIXED ASSET TAG NUMBER: 00018965

DESCRIPTION: HP DL380  
SERVER NETWORK

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: Judy

**RECEIVED**

**MAR 28 2018**

**BOONE COUNTY AUDITOR**

**AUDITOR**

ORIGINAL ACQUISITION DATE 2014/04/03

G/L ACCOUNT FOR PROCEEDS 1190-383540

ORIGINAL ACQUISITION AMOUNT 10,845.03

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/28/2018

FIXED ASSET TAG NUMBER: 00018966

DESCRIPTION: HP DL380  
SERVER NETWORK

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES/NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: Judy

**RECEIVED**

MAR 29 2018

**BOONE COUNTY AUDITOR**

**AUDITOR**

ORIGINAL ACQUISITION DATE 2014/04/03

G/L ACCOUNT FOR PROCEEDS 1190-383540

ORIGINAL ACQUISITION AMOUNT 10,845.03

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE \_\_\_ AUCTION \_\_\_ SEALED BIDS

\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE [Signature]



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/28/2018

FIXED ASSET TAG NUMBER: 00018967

DESCRIPTION: HP DL380  
SERVER NETWORK

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: Judy

**RECEIVED**

MAR 28 2018

**BOONE COUNTY AUDITOR**

**AUDITOR**

ORIGINAL ACQUISITION DATE 2014/04/03

G/L ACCOUNT FOR PROCEEDS 1190-3835 HA

ORIGINAL ACQUISITION AMOUNT 10,845.03

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/02/2018

FIXED ASSET TAG NUMBER: 00018322

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

**RECEIVED**

**APR 02 2018**

**BOONE COUNTY AUDITOR**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVES/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1170 INFORMATION TECHNOL SIGNATURE: *Judy*

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/04/25

G/L ACCOUNT FOR PROCEEDS 1190-3836 HA

ORIGINAL ACQUISITION AMOUNT 589.74

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6.19.18

SIGNATURE *Clayton K. Atwell*

# BOONE COUNTY

CAPITAL

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/28/2018

FIXED ASSET TAG NUMBER: 00019344

DESCRIPTION: CYBERNETIC ISAN 3116  
SERVER NETWORK

**RECEIVED**

APR 02 2018

**BOONE COUNTY AUDITOR**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2014/07/03

G/L ACCOUNT FOR PROCEEDS 1190-3835 Ha

ORIGINAL ACQUISITION AMOUNT 12,623.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE AUCTION SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6.19.18

SIGNATURE [Signature]

CAPITAL

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/28/2018 FIXED ASSET TAG NUMBER: 00019345

DESCRIPTION: CYBERNETIC ISAN 3116  
SERVER NETWORK

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE / MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: Judy

**RECEIVED**

APR 02 2018

**BOONE COUNTY AUDITOR**

**AUDITOR**

ORIGINAL ACQUISITION DATE 2014/07/03

G/L ACCOUNT FOR PROCEEDS 1190-3835 HA

ORIGINAL ACQUISITION AMOUNT 12,623.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE AUCTION SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE [Signature]

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**

*Complete, sign, and return to Auditor's Office*

Date: 4/10/18

Fixed Asset Tag Number: 13525

**RECEIVED**

Description of Asset: Dell Latitude C840 Laptop

APR 10 2018

**BOONE COUNTY AUDITOR**

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): Serial #5SSGGV11

Condition of Asset: Purchased 11/14/2002

Reason for Disposition: Was not found in physical inventory - 8/2007 and disposed. Delivered to IT Department 4/2018.

Location of Asset and Desired Date for Removal to Storage: ASAP - In GC Room 123.

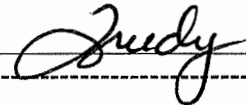
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: County Clerk

Signature



**To be Completed by: AUDITOR** *Already Retired*

Original Acquisition Date *in System*

G/L Account for Proceeds *2300-3836 Ha*

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number *307-2018*

Date Approved *6.19.18*

Signature *Daniel K. Atwell*

# COMPUTER EQUIPMENT INVENTORY STATUS FORM

## INSTALLATION OF NEW EQUIPMENT

Boone County Tag Number: \_\_\_\_\_ ADD to Tag Number: \_\_\_\_\_ Work Order #: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Description: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Department: \_\_\_\_\_

Location: \_\_\_\_\_ User: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Vendor: \_\_\_\_\_ Cost: \_\_\_\_\_

Bid Number: \_\_\_\_\_ PO Number: \_\_\_\_\_ Invoice Number: \_\_\_\_\_

Warranty Vendor: \_\_\_\_\_ Warranty Period: \_\_\_\_\_ CarryIn  OnSite

## ~~RELOCATION OF EXISTING EQUIPMENT~~

*Disposal*

Boone County Tag Number: 13525 Work Order #: 112127  Temporary  Permanent

Department Transferred FROM: \_\_\_\_\_

User/Location: \_\_\_\_\_

Department Transferred TO: Disposed on 8/2007

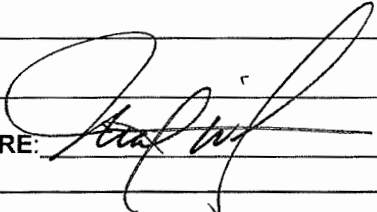
User/Location: \_\_\_\_\_

Make: Dell

Model: Latitude C840

Description: Notebook

Serial Number: 5SGGV11

DATE: 3/28/12 SIGNATURE: 

### FOR INFORMATION SERVICES USE:

COPY TO AUDITOR: 3-28-12 ENTERED: \_\_\_\_\_ COPY TO SOFTWARE NOTEBOOK: \_\_\_\_\_  
date (if applicable) date date

MAINTENANCE RECORDS UPDATED: \_\_\_\_\_ CHANGE NOTICE TO MAINTENANCE PROVIDER: \_\_\_\_\_  
(if applicable) date (if applicable) date

BOONE  
ITTRUDY

Inventory File Maintenance

Inquiry  
3/28/18

8/29/2007 ITTRUDY  
Status DISPOSED

Tag # 13525 Serial # 5SGGV11

General Information

Category + LAPTOP Type + NOTEBOOK  
Manufact + DELL Model + LATITUDE C840  
Dept + COUNTY CLERK Loc + ROOM 236  
First Name WENDY Last Name NOREN  
Install WO \_\_\_\_\_ Received 11/14/2002 Cost 3111.70  
Vendor + WORLD WIDE TECHNOLOGY INC PO # 2002 - 312  
Bid No C200100001 Invoice # \_\_\_\_\_

Warranty Information

Vendor + \_\_\_\_\_ Exp Date \_\_\_\_\_  
Terms \_\_\_\_\_ Comment \_\_\_\_\_

Maintenance Information

Vendor + \_\_\_\_\_ Exp Date \_\_\_\_\_  
Comment \_\_\_\_\_ Cost .00 per \_\_\_\_\_

Technical/Other Information

Network \_\_\_\_\_ OperSys \_\_\_\_\_ Replace Due 2008  
Purpose \_\_\_\_\_ Comment \_\_\_\_\_  
Condition NOT FOUND Reason DISPOSAL - INVENTORY 8/2007  
F3=Exit F8=Auditor Asset F9=Software F12=Prev F17=First F18=Last

Wendy's sister brought this laptop to Art  
as they had found it in Wendy's house.

Judy  
3-28-18

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/06/2018

FIXED ASSET TAG NUMBER: 00015086

DESCRIPTION: HP L1740  
MONITOR LCD 17 INCH

**RECEIVED**

APR 09 2018

**BOONE COUNTY AUDITOR**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 2005 - POOR

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES/NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: PROSECUTING ATTORNI SIGNATURE: *Judy*

### AUDITOR

ORIGINAL ACQUISITION DATE 2005/06/30

G/L ACCOUNT FOR PROCEEDS 2045-3836 NR

ORIGINAL ACQUISITION AMOUNT 319.00

ORIGINAL FUNDING SOURCE 2741

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE *Samuel P. Atwell*



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/06/2018

FIXED ASSET TAG NUMBER: 00015466

DESCRIPTION: HP L1740  
MONITOR LCD 17 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 2006 - POOR

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: PROSECUTING ATTORNI SIGNATURE: *Judy*

### AUDITOR

ORIGINAL ACQUISITION DATE 2006/05/05

G/L ACCOUNT FOR PROCEEDS 1190-3836 Ha

ORIGINAL ACQUISITION AMOUNT 290.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6/19/18

SIGNATURE *Dennis K. Atwell*

**RECEIVED**

APR 09 2018

**BOONE COUNTY AUDITOR**

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 4/9/18

Fixed Asset Tag Number: No Tag

**RECEIVED**

APR 09 2018

**BOONE COUNTY AUDITOR**

Description of Asset: HP Deskjet 6940 Printer

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): Serial # MY12MCK05W

Condition of Asset: Unknown

Reason for Disposition: No longer needed.

Location of Asset and Desired Date for Removal to Storage: ASAP - In GC Room 123.

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Information Technology 1170

Signature Judy

**To be Completed by: AUDITOR** NO DATA

Original Acquisition Date \_\_\_\_\_ G/L Account for Proceeds 1190-3836 HR

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 307-2018

Date Approved 6-19-18

Signature [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/18/2018

FIXED ASSET TAG NUMBER: 00015845

DESCRIPTION: HP LP2065  
MONITOR LCD 20 INCH

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

APR 19 2018

OTHER INFORMATION: \_\_\_\_\_

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: PURCHASED 2007

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: ASSESSOR

SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2007/02/23

G/L ACCOUNT FOR PROCEEDS 1190-3836

ORIGINAL ACQUISITION AMOUNT 360.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

   TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

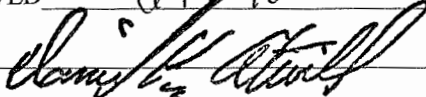
INDIVIDUAL \_\_\_\_\_

   TRADE         AUCTION         SEALED BIDS

   OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/12/2018

FIXED ASSET TAG NUMBER: 00015467

DESCRIPTION: HP PROLIANT DL360  
SERVER NETWORK

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: Judy

**RECEIVED**

APR 12 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2006/05/22

G/L ACCOUNT FOR PROCEEDS 1190-3836-HQ

ORIGINAL ACQUISITION AMOUNT 4,071.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/12/2018

FIXED ASSET TAG NUMBER: 00015818

DESCRIPTION: HP PROLIANT DL360  
SERVER NETWORK

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: *Judy*

**RECEIVED**

APR 12 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2007/02/09

G/L ACCOUNT FOR PROCEEDS 2905-3836 HA

ORIGINAL ACQUISITION AMOUNT 4,107.00

ORIGINAL FUNDING SOURCE 2787

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE *Samuel H. Atwell*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/12/2018

FIXED ASSET TAG NUMBER: 00015449

DESCRIPTION: HP PROLIANT DL360  
SERVER NETWORK

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: *Judy*

### AUDITOR

ORIGINAL ACQUISITION DATE 2006/05/05

G/L ACCOUNT FOR PROCEEDS 1190-3836 HA

ORIGINAL ACQUISITION AMOUNT 3,707.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 4.19.18

SIGNATURE *[Signature]*

**RECEIVED**

APR 12 2018

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/12/2018

FIXED ASSET TAG NUMBER: 00017569

DESCRIPTION: SYMANTEC WEB GATEWAY 8450  
SERVER NETWORK

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: 

**RECEIVED**

APR 12 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2011/03/01

G/L ACCOUNT FOR PROCEEDS 1190-38364

ORIGINAL ACQUISITION AMOUNT 2,601.73

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/12/2018 FIXED ASSET TAG NUMBER: 00015647

DESCRIPTION: HP DL380R04  
SERVER NETWORK

**RECEIVED**

APR 12 2018

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: HARDDRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: *Judy*

**AUDITOR**

ORIGINAL ACQUISITION DATE 2006/09/21

G/L ACCOUNT FOR PROCEEDS 2800-3835-HA

ORIGINAL ACQUISITION AMOUNT 6,680.00

ORIGINAL FUNDING SOURCE 2780

ACCOUNT GROUP 1603

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 4-19-18

SIGNATURE *Samuel H. Atwell*



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/12/2018

FIXED ASSET TAG NUMBER: 00016419

DESCRIPTION: HP DL360  
SERVER NETWORK

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: *Judy*

**RECEIVED**  
**APR 12 2018**  
**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2008/06/20

G/L ACCOUNT FOR PROCEEDS 2010-3836 #1

ORIGINAL ACQUISITION AMOUNT 3,658.97

ORIGINAL FUNDING SOURCE 2743

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE *Clayton H. Atwell*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/12/2018

FIXED ASSET TAG NUMBER: 00018315

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: Judy

**RECEIVED**

APR 12 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/04/25

G/L ACCOUNT FOR PROCEEDS 1190-3836 Ha

ORIGINAL ACQUISITION AMOUNT 589.74

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 4.19.18

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/12/2018

FIXED ASSET TAG NUMBER: 00018518

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE/MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: HUMAN RESOURCES<sup>1115</sup> SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/08/02

G/L ACCOUNT FOR PROCEEDS 1190-3836 HR

ORIGINAL ACQUISITION AMOUNT 533.64

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE [Signature]

RECEIVED

APR 12 2018

BOONE COUNTY AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 4/16/18

Fixed Asset Tag Number: 14514

Description of Asset: Compaq 10642 (42U) Rack

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APR 16 2018

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

BOONE COUNTY AUDITOR

Other Information (Serial number, etc.): Purchased 6/2004

Condition of Asset:

Reason for Disposition: No Longer Needed

Location of Asset and Desired Date for Removal to Storage: ASAP - In GC Room 123.

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1175 - GIS - Consortium

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date 6-8-04

G/L Account for Proceeds 1190-3836-4a

Original Acquisition Amount \$1,829.00

Original Funding Source 2731

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 307-2018

Date Approved 6-19-18

Signature 

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 4/18/18

Fixed Asset Tag Number: No Tag

Description of Asset: TV Stand

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APR 18 2018

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain **BOONE COUNTY AUDITOR**

Other Information (Serial number, etc.): Arm and Plate to mount TV

Condition of Asset:

Reason for Disposition: No Longer Needed

Location of Asset and Desired Date for Removal to Storage: ASAP - In GC Room 123.

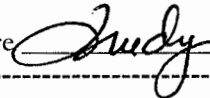
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Information Technology

Signature



**To be Completed by: AUDITOR** NO DATA

Original Acquisition Date \_\_\_\_\_

G/L Account for Proceeds 1190-38364A

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 307-2018

Date Approved 6-19-18

Signature 

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 4/30/18

Fixed Asset Tag Number: No Tags

Description of Asset: 96 Port Cat5 Patch Panel (Qty 7) and Cable Management Arms (Qty 16)

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset:

Reason for Disposition: No Longer Needed

Location of Asset and Desired Date for Removal to Storage: ASAP - In GC Room 123.

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Information Technology 1170

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date No Date

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 307-2018

Date Approved 6-19-18

Signature 

**RECEIVED**

**MAY 02 2018**

**BOONE COUNTY AUDITOR**

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**

*Complete, sign, and return to Auditor's Office*

Date: 05/07/2018

Fixed Asset Tag Number: N/A

Description of Asset: Switch supervisor card

**RECEIVED**  
MAY 10 2018  
BOONE COUNTY AUDITOR

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): FOX071300A2

Condition of Asset: Working

Reason for Disposition: No longer needed

Location of Asset and Desired Date for Removal to Storage:

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Information Technology

Signature *[Signature]*

**To be Completed by: AUDITOR**

Original Acquisition Date No Data

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 307-2018

Date Approved 6-19-18

Signature *[Signature]*

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**

*Complete, sign, and return to Auditor's Office*

Date: 05/07/2018

Fixed Asset Tag Number: N/A

**RECEIVED**

MAY 10 2018

**BOONE COUNTY AUDITOR**

Description of Asset: Modem

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): 23X6B17AA0MN

Condition of Asset: Working

Reason for Disposition: No longer needed

Location of Asset and Desired Date for Removal to Storage: ASAP in GC Room 123

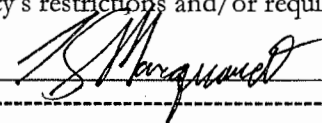
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Information Technology 1170

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date No Data

G/L Account for Proceeds 1190-3836 HQ

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 307-2018

Date Approved 6-19-18

Signature 



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/02/2018

FIXED ASSET TAG NUMBER: 00018607

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COUNTY CLERK 1131

SIGNATURE: 

**RECEIVED**

MAY 03 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/10/24

G/L ACCOUNT FOR PROCEEDS 1190-3836 NA

ORIGINAL ACQUISITION AMOUNT 596.29

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/02/2018

FIXED ASSET TAG NUMBER: 00018609

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARDDRIVE AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COUNTY CLERK 1131 SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/10/24

G/L ACCOUNT FOR PROCEEDS 1190-3836 NA

ORIGINAL ACQUISITION AMOUNT 596.29

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE Daniel H. Atwell

RECEIVED

MAY 03 2018

BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/02/2018

FIXED ASSET TAG NUMBER: 00018319

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COUNTY CLERK 1132 SIGNATURE: 

**RECEIVED**

MAY 03 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/04/25

G/L ACCOUNT FOR PROCEEDS 1190-3836 NR

ORIGINAL ACQUISITION AMOUNT 589.74

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/02/2018

FIXED ASSET TAG NUMBER: 00018521

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

MAY 03 2018

OTHER INFORMATION: \_\_\_\_\_

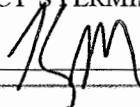
**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: HARD DRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: CHILD SERVICES 1263 SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/08/02

G/L ACCOUNT FOR PROCEEDS 1190-3836 412

ORIGINAL ACQUISITION AMOUNT 533.64

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

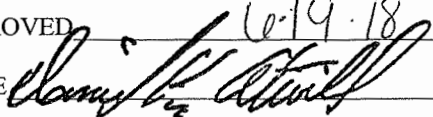
INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/02/2018

FIXED ASSET TAG NUMBER: 00018318

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COUNTY CLERK 1132 SIGNATURE: 

**RECEIVED**  
MAY 03 2018  
BOONE COUNTY AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/04/25

G/L ACCOUNT FOR PROCEEDS 1190-3836 NR

ORIGINAL ACQUISITION AMOUNT 589.74

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_


INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/02/2018 FIXED ASSET TAG NUMBER: 00018317

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

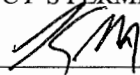
OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COUNTY CLERK 1132 SIGNATURE: 

**RECEIVED**  
MAY 03 2018  
BOONE COUNTY AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/04/25 G/L ACCOUNT FOR PROCEEDS 1190-3836 HA

ORIGINAL ACQUISITION AMOUNT 589.74

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00018517

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: CHILD SERVICES 1263 SIGNATURE: *Km*

**RECEIVED**  
MAY 03 2018  
BOONE COUNTY AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/08/02

G/L ACCOUNT FOR PROCEEDS 1190-3836 HR

ORIGINAL ACQUISITION AMOUNT 533.64

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE *Clayton H. Atwell*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00018519

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

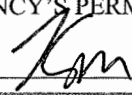
OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: CHILD SERVICES 1263 SIGNATURE: 

**RECEIVED**

MAY 03 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/08/02

G/L ACCOUNT FOR PROCEEDS 1190-3836 HR

ORIGINAL ACQUISITION AMOUNT 533.64

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

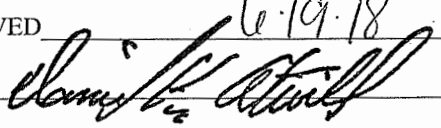
INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE 



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00018362

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: AUDITOR 1110 SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/04/25

G/L ACCOUNT FOR PROCEEDS 1190-3836 HA

ORIGINAL ACQUISITION AMOUNT 589.74

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

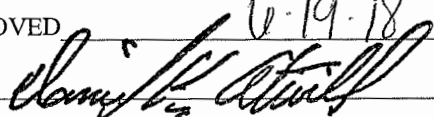
INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE 

**RECEIVED**

MAY 03 2018

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00018611

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: ASSESSOR 2010 SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/10/24

G/L ACCOUNT FOR PROCEEDS 2010-3836 HA

ORIGINAL ACQUISITION AMOUNT 596.29

ORIGINAL FUNDING SOURCE 2743

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

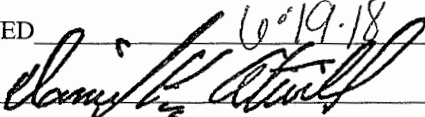
INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE 

**RECEIVED**

MAY 03 2018

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00018351

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: ASSESSOR 2010 SIGNATURE: 

**RECEIVED**

MAY 03 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/04/25

G/L ACCOUNT FOR PROCEEDS 2010-3836 HEL

ORIGINAL ACQUISITION AMOUNT 589.74

ORIGINAL FUNDING SOURCE 2743

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00018568

DESCRIPTION: HP D8C55UT  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COUNTY COMMISSION<sup>1121</sup> SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/08/16

G/L ACCOUNT FOR PROCEEDS 1190-3836 HQ

ORIGINAL ACQUISITION AMOUNT 532.56

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

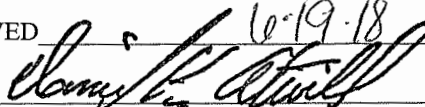
INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE 

**RECEIVED**

MAY 03 2018

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018 FIXED ASSET TAG NUMBER: 00018569

DESCRIPTION: HP D8C55UT  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COUNTY COMMISSION SIGNATURE: 

**RECEIVED**  
MAY 03 2018  
BOONE COUNTY AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/08/16 G/L ACCOUNT FOR PROCEEDS 1190-3836 HQ

ORIGINAL ACQUISITION AMOUNT 532.56

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE \_\_\_ AUCTION \_\_\_ SEALED BIDS

\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00018307

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOLOGY SIGNATURE: [Signature]

**RECEIVED**

MAY 03 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/04/25

G/L ACCOUNT FOR PROCEEDS 1190-3836 HR

ORIGINAL ACQUISITION AMOUNT 589.74

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00018575

DESCRIPTION: HP D8C55UT  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: AUDITOR 1110 SIGNATURE: 

**RECEIVED**

MAY 03 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/08/28

G/L ACCOUNT FOR PROCEEDS 1190-383649

ORIGINAL ACQUISITION AMOUNT 533.70

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE \_\_\_ AUCTION \_\_\_ SEALED BIDS

\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00018311

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

MAY 03 2018

OTHER INFORMATION: \_\_\_\_\_

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: HARD DRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COUNTY CLERK 1132 SIGNATURE: SM

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/04/25

G/L ACCOUNT FOR PROCEEDS 1190-3336 HR

ORIGINAL ACQUISITION AMOUNT 589.74

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6.19.18

SIGNATURE [Signature]



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00018361

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

MAY 03 2018

OTHER INFORMATION: \_\_\_\_\_

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: HARD DRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: AUDITOR 1110 SIGNATURE: 

**AUDITOR**

ORIGINAL ACQUISITION DATE 2013/04/25

G/L ACCOUNT FOR PROCEEDS 1190-3836 HA

ORIGINAL ACQUISITION AMOUNT 589.74

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

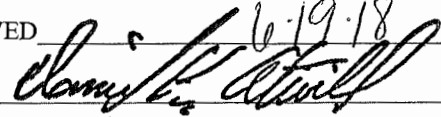
INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00018350

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: COUNTY COUNSELOR O SIGNATURE: *SM*

**RECEIVED**  
MAY 03 2018  
BOONE COUNTY AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/04/25

G/L ACCOUNT FOR PROCEEDS 1190-38361A

ORIGINAL ACQUISITION AMOUNT 589.74

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE *Daniel K. Atwell*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00018815

DESCRIPTION: HP PRO 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: HUMAN RESOURCES<sup>1115</sup> SIGNATURE: *SM*

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/12/31

G/L ACCOUNT FOR PROCEEDS 1190-3836 HR

ORIGINAL ACQUISITION AMOUNT 616.18

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6.19.18

SIGNATURE *[Signature]*

**RECEIVED**

MAY 03 2018

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00018302

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: *SM*

**RECEIVED**

MAY 03 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/04/25

G/L ACCOUNT FOR PROCEEDS 1190-3836 Ha

ORIGINAL ACQUISITION AMOUNT 589.74

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE *[Signature]*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00015835

DESCRIPTION: HP L1740  
MONITOR LCD 17 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 01/25/2007

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: [Signature]

**RECEIVED**

MAY 07 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2007/02/23

G/L ACCOUNT FOR PROCEEDS 1190-3836 NR

ORIGINAL ACQUISITION AMOUNT 188.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6.19.18

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00014838

DESCRIPTION: CISCO CATALYST 2950  
SWITCH ETHERNET

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 02/15/05

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL<sup>1170</sup> SIGNATURE: Km

**RECEIVED**

MAY 07 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2005/02/07

G/L ACCOUNT FOR PROCEEDS 1190-3836 Na

ORIGINAL ACQUISITION AMOUNT 585.56

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 5-19-18

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00013639

DESCRIPTION: CISCO CATALYST 2950  
SWITCH ETHERNET

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 11/26/02

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: *SM*

**RECEIVED**  
MAY 07 2018  
BOONE COUNTY AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2002/11/26

G/L ACCOUNT FOR PROCEEDS 1190-3836 HQ

ORIGINAL ACQUISITION AMOUNT 622.27

ORIGINAL FUNDING SOURCE \_\_\_\_\_

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE \_\_\_ AUCTION \_\_\_ SEALED BIDS

\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 5/19/18

SIGNATURE *Samuel P. Atwell*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00013640

DESCRIPTION: CISCO CATALYST 2950  
SWITCH ETHERNET

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

MAY 07 2018

OTHER INFORMATION: \_\_\_\_\_

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: PURCHASED 11/26/02

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL<sup>1170</sup> SIGNATURE: *SM*

### AUDITOR

ORIGINAL ACQUISITION DATE 2002/11/26

G/L ACCOUNT FOR PROCEEDS 1190-383642

ORIGINAL ACQUISITION AMOUNT 622.27

ORIGINAL FUNDING SOURCE \_\_\_\_\_

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 10.19.18

SIGNATURE *Dennis L. Atwell*



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00017567

DESCRIPTION: CISCO CATALYST 2950  
SWITCH ETHERNET

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 12/31/01

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION <sup>1170</sup> TECHNOL SIGNATURE: *KM*

**RECEIVED**

MAY 07 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2001/12/31

G/L ACCOUNT FOR PROCEEDS 1190-3836 *HR*

ORIGINAL ACQUISITION AMOUNT 1,524.50

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE *Daniel P. Atwell*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00013636

DESCRIPTION: CISCO CATALYST 2950  
SWITCH ETHERNET

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

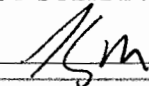
OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 11/26/02

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: PUBLIC WORKS 2046 SIGNATURE: 

**RECEIVED**

MAY 07 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2002/11/26

G/L ACCOUNT FOR PROCEEDS 1190-3836 HR

ORIGINAL ACQUISITION AMOUNT 622.27

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

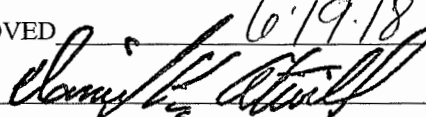
INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6/19/18

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018 FIXED ASSET TAG NUMBER: 00014820

DESCRIPTION: CISCO CATALYST 2950  
SWITCH ETHERNET

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 01/27/05

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: *Km*

**RECEIVED**

MAY 07 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2005/03/16 G/L ACCOUNT FOR PROCEEDS 1190-3836 CR

ORIGINAL ACQUISITION AMOUNT 585.86

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE \_\_\_ AUCTION \_\_\_ SEALED BIDS

\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6.19.18

SIGNATURE *[Signature]*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00013644

DESCRIPTION: CISCO CATALYST 2950  
SWITCH ETHERNET

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 11/26/02

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOLOGY SIGNATURE: [Signature]

**RECEIVED**

MAY 07 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2002/11/26

G/L ACCOUNT FOR PROCEEDS 1190-3836 HA

ORIGINAL ACQUISITION AMOUNT 622.27

ORIGINAL FUNDING SOURCE \_\_\_\_\_

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00013641

DESCRIPTION: CISCO CATALYST 2950  
SWITCH ETHERNET

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 11/26/02

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1170 INFORMATION TECHNOLOGY SIGNATURE: Km

**RECEIVED**  
MAY 07 2018  
BOONE COUNTY AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2002/11/26

G/L ACCOUNT FOR PROCEEDS 1190-38364R

ORIGINAL ACQUISITION AMOUNT 622.27

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 10-19-18

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00013642

DESCRIPTION: CISCO CATALYST 2950  
SWITCH ETHERNET

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 11/26/02

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1170 INFORMATION TECHNOL SIGNATURE: ASm

**RECEIVED**

MAY 07 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2002/11/26

G/L ACCOUNT FOR PROCEEDS 1190-3836 #10

ORIGINAL ACQUISITION AMOUNT 622.27

ORIGINAL FUNDING SOURCE \_\_\_\_\_

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/03/2018

FIXED ASSET TAG NUMBER: 00013643

DESCRIPTION: CISCO CATALYST 2950  
SWITCH ETHERNET

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 11/26/02

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1170 INFORMATION TECHNOL SIGNATURE: *Km*

**RECEIVED**

MAY 07 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2002/11/26

G/L ACCOUNT FOR PROCEEDS 1190-3836 HQ

ORIGINAL ACQUISITION AMOUNT 622.27

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6.19.18

SIGNATURE *David L. Atwell*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/04/2018

FIXED ASSET TAG NUMBER: 00014899

DESCRIPTION: HP L1740  
MONITOR LCD 17 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 03/24/05

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2005/04/20

G/L ACCOUNT FOR PROCEEDS 1190-38364R

ORIGINAL ACQUISITION AMOUNT 319.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE 

**RECEIVED**  
MAY 07 2018  
BOONE COUNTY AUDITOR



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/04/2018 FIXED ASSET TAG NUMBER: 00017505

DESCRIPTION: HP LE1911  
MONITOR LCD 19 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 10/04/2010

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: [Signature]

**RECEIVED**

MAY 07 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2010/10/22

G/L ACCOUNT FOR PROCEEDS 2901-38364R

ORIGINAL ACQUISITION AMOUNT 139.00

ORIGINAL FUNDING SOURCE 2787

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE \_\_\_ AUCTION \_\_\_ SEALED BIDS

\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6.19.18

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/04/2018

FIXED ASSET TAG NUMBER: 00018457

DESCRIPTION: HP LE1911  
MONITOR LCD 19 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 05/01/13

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: 

**RECEIVED**

MAY 07 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/05/10

G/L ACCOUNT FOR PROCEEDS 1170-3836 HA

ORIGINAL ACQUISITION AMOUNT 124.66

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 10-19-18

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/04/2018

FIXED ASSET TAG NUMBER: 00016749

DESCRIPTION: HP L1950  
MONITOR LCD 19 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 02/27/09

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: [Signature]

**RECEIVED**  
MAY 07 2018  
BOONE COUNTY AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2009/03/25

G/L ACCOUNT FOR PROCEEDS 1190-3836 HQ

ORIGINAL ACQUISITION AMOUNT 189.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 5-19-18

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/04/2018

FIXED ASSET TAG NUMBER: 00015609

DESCRIPTION: HP L1740  
MONITOR LCD 17 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 08/02/06

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: Km

### AUDITOR

ORIGINAL ACQUISITION DATE 2006/08/24

G/L ACCOUNT FOR PROCEEDS 1190-383640

ORIGINAL ACQUISITION AMOUNT 227.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE [Signature]

**RECEIVED**  
MAY 07 2018  
BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/04/2018

FIXED ASSET TAG NUMBER: 00018531

DESCRIPTION: HP LV2011  
MONITOR LCD 20 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 07/02/13

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF 1251 SIGNATURE: *Sm*

**RECEIVED**  
MAY 07 2018  
BOONE COUNTY AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/07/12

G/L ACCOUNT FOR PROCEEDS 1190-383642

ORIGINAL ACQUISITION AMOUNT 99.18

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6/19/18

SIGNATURE *Clayton A. Atwell*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/04/2018

FIXED ASSET TAG NUMBER: 00018306

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: ASSESSOR 2010 SIGNATURE: 

**RECEIVED**

MAY 07 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/04/25

G/L ACCOUNT FOR PROCEEDS 2010-3836 40

ORIGINAL ACQUISITION AMOUNT 589.74

ORIGINAL FUNDING SOURCE 2743

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

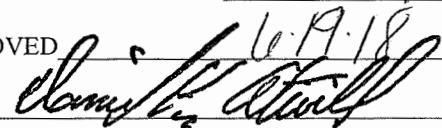
INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/04/2018

FIXED ASSET TAG NUMBER: 00018352

DESCRIPTION: HP COMPAQ 6300  
PC WORKSTATION

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: HARD DRIVES AND MEMORY REMOVED

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: ASSESSOR 2010 SIGNATURE: *BM*

**RECEIVED**

MAY 07 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2013/04/25

G/L ACCOUNT FOR PROCEEDS 2010-3836 HR

ORIGINAL ACQUISITION AMOUNT 589.74

ORIGINAL FUNDING SOURCE 2743

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE *Daniel L. Atwell*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/04/2018

FIXED ASSET TAG NUMBER: 00014284

DESCRIPTION: CISCO CATALYST 2950  
SWITCH ETHERNET

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 10/31/11

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: *Sm*

**RECEIVED**

MAY 07 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2003/12/31

G/L ACCOUNT FOR PROCEEDS 2701-3836

ORIGINAL ACQUISITION AMOUNT 1,519.46

ORIGINAL FUNDING SOURCE 2772

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6/19/18

SIGNATURE *Clayton H. Atwell*



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/04/2018

FIXED ASSET TAG NUMBER: 00014910

DESCRIPTION: CISCO CATALYST 3750  
SWITCH ETHERNET

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 04/21/05-WORKING

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL<sup>1170</sup> SIGNATURE: 

**RECEIVED**  
MAY 07 2018  
BOONE COUNTY AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2005/06/17

G/L ACCOUNT FOR PROCEEDS 1190-3836 

ORIGINAL ACQUISITION AMOUNT 3,686.93

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

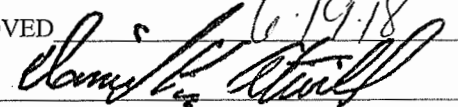
INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6.19.18

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/04/2018

FIXED ASSET TAG NUMBER: 00014909

DESCRIPTION: CISCO CATALYST 3750  
SWITCH ETHERNET

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 04/21/05 - WORKING

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1170 INFORMATION TECHNOL SIGNATURE: SM

**RECEIVED**  
MAY 07 2018  
BOONE COUNTY AUDITOR

### AUDITOR

ORIGINAL ACQUISITION DATE 2005/06/17

G/L ACCOUNT FOR PROCEEDS 1190-3836 HR

ORIGINAL ACQUISITION AMOUNT 3,686.93

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/04/2018 FIXED ASSET TAG NUMBER: 00014415

DESCRIPTION: CISCO CATALYST 3550  
SWITCH ETHERNET

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 04/29/04-WORKING

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL<sup>1170</sup> SIGNATURE: *BM*

**RECEIVED**

MAY 07 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2004/05/18

G/L ACCOUNT FOR PROCEEDS 2905-3836 NQ

ORIGINAL ACQUISITION AMOUNT 3,257.00

ORIGINAL FUNDING SOURCE 2787

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE *[Signature]*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/04/2018 FIXED ASSET TAG NUMBER: 00014416

DESCRIPTION: CISCO CATALYST 3550  
SWITCH ETHERNET

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 04/29/04-WORKING

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOLOGY SIGNATURE: 

**RECEIVED**

MAY 07 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2004/05/18

G/L ACCOUNT FOR PROCEEDS 2905-3836 *HR*

ORIGINAL ACQUISITION AMOUNT 3,257.00

ORIGINAL FUNDING SOURCE 2787

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_


INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/04/2018

FIXED ASSET TAG NUMBER: 00015102

DESCRIPTION: CISCO CATALYST 2950  
SWITCH ETHERNET

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

MAY 07 2018

OTHER INFORMATION: \_\_\_\_\_

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: PURCHASED 06/01/05-WORKING

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: 

### AUDITOR

ORIGINAL ACQUISITION DATE 2005/07/27

G/L ACCOUNT FOR PROCEEDS 1190-3836 RL

ORIGINAL ACQUISITION AMOUNT 550.42

ORIGINAL FUNDING SOURCE 2744

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6/19/18

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/04/2018 FIXED ASSET TAG NUMBER: 00015298

DESCRIPTION: CISCO 2801  
ROUTER

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

MAY 07 2018

OTHER INFORMATION: \_\_\_\_\_

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: PURCHASED 01/17/06-NOT WORKING

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: [Signature]

### AUDITOR

ORIGINAL ACQUISITION DATE 2005/12/31

G/L ACCOUNT FOR PROCEEDS 1190-3836 AR

ORIGINAL ACQUISITION AMOUNT 1,803.18

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE AUCTION SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 10-19-18

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/04/2018

FIXED ASSET TAG NUMBER: 00015122

DESCRIPTION: CISCO 1841 SEC/K9  
ROUTER

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 07/08/05-NOT WORKING

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: 

**RECEIVED**

MAY 07 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2005/08/12

G/L ACCOUNT FOR PROCEEDS 2905-3836 HR

ORIGINAL ACQUISITION AMOUNT 1,569.02

ORIGINAL FUNDING SOURCE 2787

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6.19.18

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/04/2018

FIXED ASSET TAG NUMBER: 00016479

DESCRIPTION: CISCO 1841 SEC/K9  
ROUTER

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

MAY 07 2018

OTHER INFORMATION: \_\_\_\_\_

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: PURCHASED 04/11/08-NOT WORKING

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: Km

### AUDITOR

ORIGINAL ACQUISITION DATE 2008/05/07

G/L ACCOUNT FOR PROCEEDS 1190-3836 HR

ORIGINAL ACQUISITION AMOUNT 1,437.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6.19.18

SIGNATURE [Signature]



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/04/2018

FIXED ASSET TAG NUMBER: 00015313

DESCRIPTION: CISCO 1841 SEC/K9  
ROUTER

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 02/06/06-NOT WORKING

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: INFORMATION TECHNOL SIGNATURE: *Km*

**RECEIVED**

MAY 07 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2006/03/06

G/L ACCOUNT FOR PROCEEDS 2045-3836 *HR*

ORIGINAL ACQUISITION AMOUNT 1,981.02

ORIGINAL FUNDING SOURCE 2741

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 5-19-18

SIGNATURE *Daniel P. Atwell*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/04/2018 FIXED ASSET TAG NUMBER: 00017568

DESCRIPTION: CISCO CATALYST 3750  
SWITCH ETHERNET

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

CONDITION OF ASSET: PURCHASED 12/11/07

REASON FOR DISPOSITION: NO LONGER NEEDED

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP in GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1170 INFORMATION TECHNOL SIGNATURE: KM

**RECEIVED**

MAY 07 2018

**BOONE COUNTY AUDITOR**

### AUDITOR

ORIGINAL ACQUISITION DATE 2007/12/21

G/L ACCOUNT FOR PROCEEDS 1190-3836 NA

ORIGINAL ACQUISITION AMOUNT 8,685.00

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

     TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

     TRADE           AUCTION           SEALED BIDS

     OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE [Signature]

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

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MAY 11 2018

BOONE COUNTY AUDITOR

Date: 5/11/18

Fixed Asset Tag Number: No Tags

Description of Asset: Miscellaneous PC/Monitors

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): See attached spreadsheet

Condition of Asset:

Reason for Disposition: No longer needed

Location of Asset and Desired Date for Removal to Storage: ASAP - ECC - IT Area (Contact: See Beth Boos)

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2703 - IT 911/EM

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date NO data

G/L Account for Proceeds 1190-3836 HQ

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

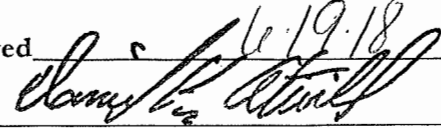
Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 307-2018

Date Approved 6-19-18

Signature 

Description	Serial Number	Condition
PC - HP Compaq ProDesk 600GI	2UA51425z9	harddrive & memory removed
PC - HP Compaq ProDesk 600GI	2UA5241MHM	harddrive & memory removed
PC - HP Compaq ProDesk 600GI	2UA5241MFT	harddrive & memory removed
PC - HP Compaq ProDesk 600GI	2UA5241MFK	harddrive & memory removed
PC - HP Compaq ProDesk 600GI	2UA5241MHN	harddrive & memory removed
PC - HP Compaq Pro 6300 MT	MXL3270X2B	harddrive & memory removed
PC - HP Compaq Z420	2UA2400KWF	harddrive & memory removed
PC - HP Compaq Pro 6300 MT	MXL3270X1R	harddrive & memory removed
PC - HP Compaq ProDesk 600GI	2UA5241MHG	harddrive & memory removed
PC - HP Compaq Pro 6300 MT	MXL3270X1Z	harddrive & memory removed
PC - HP Compaq Z420	2UA2400KWJ	harddrive & memory removed
PC - HP Compaq Pro 6300 MT	MXL3270X20	harddrive & memory removed
PC - HP Compaq Z420	2UA2400KWC	harddrive & memory removed
PC - HP Compaq Pro 6300 MT	MXL3270X1Y	harddrive & memory removed
PC - HP Compaq Z420	2UA2400KV4	harddrive & memory removed
PC - HP Compaq Pro 6300 MT	MXL3270X1T	harddrive & memory removed
PC - HP Compaq Z420	2UA2400KVZ	harddrive & memory removed
PC - HP Compaq Pro 6300 MT	MXL3270X27	harddrive & memory removed
PC - HP Compaq Z420	2UA2400KVS	harddrive & memory removed
PC - HP Compaq Pro 6300 MT	MXL3270X2F	harddrive & memory removed
PC - HP Compaq Z420	2UA2400KVN	harddrive & memory removed
PC - HP Compaq Pro 4300 SFF	2UA3382POP	harddrive & memory removed
PC - HP Compaq ProDesk 600	2UA5371K6V	harddrive & memory removed
PC - HP Compaq ProDesk 600GI	2UA5371K8H	harddrive & memory removed
PC - HP Compaq Pro 6300 MT	2UA3150RXQ	harddrive & memory removed
PC - HP Compaq Pro 4300 SFF	2UA3382NZR	harddrive & memory removed
PC - HP Compaq dc6000 Pro SFF	2UA115107V	harddrive & memory removed
PC - HP Compaq Pro 4300 SFF	2UA3382K9M	harddrive & memory removed
PC - HP Compaq ProDesk 600GI	2UA5241MK6	harddrive & memory removed
PC - HP Compaq Pro 4300 SFF	2UA3382NZC	harddrive & memory removed
PC - HP Compaq Pro 4300 SFF	2UA3382P2H	harddrive & memory removed
PC - HP Compaq ProDesk 600GI	2UA4270BGW	harddrive & memory removed
PC - Dell Inspiron S70-9113BK	ILO2NSI	harddrive & memory removed

Description	Serial Number	Condition
Monitor - HP LA2405	CN42290CG9	
Monitor - HP LA2405wg	CN41410JY0	
Monitor - HP LA2405wg	CN41410JX1	
Monitor - HP LA2405wg	CN41410JYP	

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 05/15/2018

FIXED ASSET TAG NUMBER: 00016866

DESCRIPTION: HP L1910  
MONITOR LCD 19 INCH

REQUESTED MEANS OF DISPOSAL: \_\_\_\_\_

**RECEIVED**

OTHER INFORMATION: \_\_\_\_\_

**MAY 15 2018**

CONDITION OF ASSET: PURCHASED 2009 - POOR

**BOONE COUNTY AUDITOR**

REASON FOR DISPOSITION: REPLACEMENT

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123.

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: PROSECUTING ATTORNI SIGNATURE: Judy

### AUDITOR

ORIGINAL ACQUISITION DATE 2009/05/05

G/L ACCOUNT FOR PROCEEDS 1190-3836

ORIGINAL ACQUISITION AMOUNT 134.78

ORIGINAL FUNDING SOURCE 2731

ACCOUNT GROUP 1603

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_ TRADE \_\_\_ AUCTION \_\_\_ SEALED BIDS

\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 5/19/18

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5-17-18

FIXED ASSET TAG NUMBER: No Tags

DESCRIPTION: Monitor Stands

REQUESTED MEANS OF DISPOSAL:

OTHER INFORMATION:

CONDITION OF ASSET:

REASON FOR DISPOSITION: No longer needed.

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - In GC Room 123

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 2703 - IT 911/EM SIGNATURE Judy

### AUDITOR

ORIGINAL PURCHASE DATE No Data

RECEIPT INTO 1190-3836 HA

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE [Signature]

RECEIVED

MAY 18 2018

BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5-17-18

FIXED ASSET TAG NUMBER: No Tags

DESCRIPTION: Monitor Arms

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MAY 18 2018

BOONE COUNTY AUDITOR

REQUESTED MEANS OF DISPOSAL:

OTHER INFORMATION:

CONDITION OF ASSET:

REASON FOR DISPOSITION: No longer needed

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE:

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 2703-IT 911/EM SIGNATURE Judy

### AUDITOR

ORIGINAL PURCHASE DATE No Data RECEIPT INTO 1190-3836 JS

ORIGINAL COST \_\_\_\_\_ GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_ GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_ DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6-19-18

SIGNATURE [Signature]



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 5-17-18 FIXED ASSET TAG NUMBER: No Tags

DESCRIPTION: PC Work station - Stands

REQUESTED MEANS OF DISPOSAL:

**RECEIVED**

OTHER INFORMATION:

MAY 18 2018

CONDITION OF ASSET:

**BOONE COUNTY AUDITOR**

REASON FOR DISPOSITION: No longer needed

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE:

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 2703-IT 911/EM SIGNATURE Judy

**AUDITOR**  
ORIGINAL PURCHASE DATE No Data RECEIPT INTO 1190-3836 HA  
ORIGINAL COST \_\_\_\_\_ GRANT FUNDED (Y/N) \_\_\_\_\_  
ORIGINAL FUNDING SOURCE \_\_\_\_\_ GRANT NAME \_\_\_\_\_  
ASSET GROUP \_\_\_\_\_ % FUNDING \_\_\_\_\_  
AGENCY \_\_\_\_\_  
DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_  
TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_  
LOCATION WITHIN DEPARTMENT \_\_\_\_\_  
INDIVIDUAL \_\_\_\_\_  
\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS  
\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 307-2018

DATE APPROVED 6.19.18

SIGNATURE [Signature]

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**  
*Complete, sign, and return to Auditor's Office*

Date: 5/18/18

Fixed Asset Tag Number: 18487

**RECEIVED**

Description of Asset: Monitor - ASUS / VE198

**MAY 18 2018**

**BOONE COUNTY AUDITOR**

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): Serial #CBLMQS009547

Condition of Asset: Purchased in 2013 - Very Poor

Reason for Disposition: No longer needed.

Location of Asset and Desired Date for Removal to Storage: ASAP - In GC Room 123.

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 - Joint Communications Ops

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date 7-2-13

G/L Account for Proceeds 2701-3836 HQ

Original Acquisition Amount \$108.98

Original Funding Source 2742

Account Group 1603

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

Trade  Auction  Sealed Bids

Other Explain \_\_\_\_\_

Commission Order Number 307-2018

Date Approved 6-19-18

Signature 

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**

*Complete, sign, and return to Auditor's Office*

Date: 5/18/18

Fixed Asset Tag Number: No Tag

Description of Asset: Monitor - HP LA 1951g

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): Serial #3CQ23302TG

Condition of Asset: Very Poor

Reason for Disposition: No longer needed.

Location of Asset and Desired Date for Removal to Storage: ASAP - In GC Room 123.

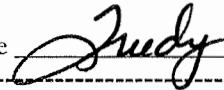
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2703 - IT 911/EM

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date No Data

G/L Account for Proceeds 1190-3836 HA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

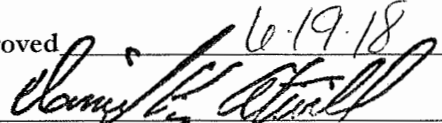
Individual \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 307-2018

Date Approved 6-19-18

Signature 

**RECEIVED**  
**MAY 18 2018**  
**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 5/18/18

Fixed Asset Tag Number: No Tag

Description of Asset: Monitor - HP LA 195lg

**RECEIVED**

MAY 18 2018

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain

**BOONE COUNTY AUDITOR**

Other Information (Serial number, etc.): Serial #CNC028R5DS

Condition of Asset: Very Poor

Reason for Disposition: No longer needed.

Location of Asset and Desired Date for Removal to Storage: ASAP - In GC Room 123.

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2703 - IT 911/EM

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date No Data

G/L Account for Proceeds 1190-3836

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 307-2018

Date Approved 6.19.18

Signature 

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 5/25/18

Fixed Asset Tag Number: No Tag

RECEIVED

MAY 25 2018

Description of Asset: HP Laserjet M4555 MFP - Printer

BOONE COUNTY AUDITOR

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: Unknown

Reason for Disposition: No longer needed.

Location of Asset and Desired Date for Removal to Storage: ASAP - In GC Room 123.

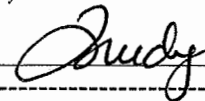
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2703 - IT 911/EM

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date No Date

G/L Account for Proceeds 1190-3836 4A

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

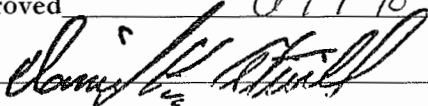
Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 307-2018

Date Approved 6-19-18

Signature 

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI

June Session of the April Adjourned

Term. 20 18

County of Boone

} ea.

In the County Commission of said county, on the

19th

day of

June

20 18


the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the request by the Purchasing Department to dispose of the following attached list of surplus equipment by auction on GovDeals or by destruction for whatever is not suitable for auction.

It is further ordered the Presiding Commissioner is hereby authorized to sign said Request for Disposal forms.

Done this 19th day of June, 2018

ATTEST:

  
Taylor W. Burks  
Clerk of the County Commission

  
Daniel K. Atwill  
Presiding Commissioner

  
Fred J. Party  
District I Commissioner

  
Janet M. Thompson  
District II Commissioner

**Boone County Purchasing**  
**David Eagle**  
Purchasing Assistant



613 E. Ash Street  
Columbia, MO 65201  
Phone: (573) 886-4394

**MEMORANDUM**

**TO:** Boone County Commission  
**FROM:** David Eagle  
**RE:** Surplus Disposal  
**DATE:** June 20, 2018

The Purchasing Departments requests permission to dispose of the following list of surplus equipment by auction on GovDeals or by destruction for whatever is not suitable for auction.

	Asset #	Description	Make & Model	Department	Condition of Asset	
1	NO TAG	CLOTHES WASHING MACHINE	AMANA	SHERIFF	NOT OPERATIONAL	
2	NO TAG	ROOM AIR CONDITIONER	GE	JOINT COMMUNICATIONS	POOR	REMOVE FROM INVENTORY (RECYCLED)
3	NO TAG	ROOM AIR CONDITIONER	GE	JOINT COMMUNICATIONS	POOR	REMOVE FROM INVENTORY (RECYCLED)
4	17461	AIR-PACK	SCOTT	SHERIFF	WORKING	
5	17462	AIR-PACK	SCOTT	SHERIFF	WORKING	
6	17463	AIR-PACK	SCOTT	SHERIFF	WORKING	
7.	17464	AIR-PACK	SCOTT	SHERIFF	WORKING	

8	NO TAG	POST RACK		INFORMATION TECHNOLOGY	FAIR	
9	NO TAG	POST RACK		INFORMATION TECHNOLOGY	FAIR	
10	NO TAG	POST RACK		INFORMATION TECHNOLOGY	FAIR	

cc: Heather Acton, Auditor's office  
Surplus File



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 05/25/2018

FIXED ASSET TAG NUMBER: n/a

DESCRIPTION: Amana clothes washing machine

REQUESTED MEANS OF DISPOSAL: you choose

OTHER INFORMATION: Serial #661925157 Model NTW4605EWD

CONDITION OF ASSET: not operational at this time

REASON FOR DISPOSITION: It won't agitate or drain

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: as soon as possible

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Sheriff/Jail - attention Bob or Joe

SIGNATURE

*Captain Jimmy Atwell #154*

**AUDITOR**

ORIGINAL PURCHASE DATE No Data

RECEIPT INTO 1190-3836 HA

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 308-2018

DATE APPROVED 6-19-18

SIGNATURE *Jimmy Atwell*

**RECEIVED**

MAY 25 2018

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 05/24/18

Fixed Asset Tag Number: No tag

Description of Asset: G.E. ROOM AIR CONDITIONER  
MOD/AJC Q12DC6L SER/H6228687

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: USED

Reason for Disposition: COMPRESSOR BURNED UP

Location of Asset and Desired Date for Removal to Storage:

N/W BASEMENT EXTERIOR DOOR AREA-OUTSIDE

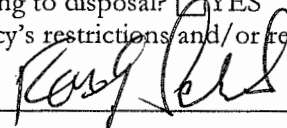
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: BEJC 274  
RODGER SCHLICK

Signature



To be Completed by: AUDITOR No Data

Original Acquisition Date \_\_\_\_\_

G/L Account for Proceeds 2700-3836 NA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 308-2018

Date Approved 6-19-18

Signature 

RECEIVED  
MAY 29 2018  
BOONE COUNTY AUDITOR

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 05/24/18

Fixed Asset Tag Number: No tag

Description of Asset: G.E. ROOM AIR CONDITIONER

MOD/AJC Q12DCGL1 SER/H6228642

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.):

Condition of Asset: USED

Reason for Disposition: COMPRESSOR BURNED UP

Location of Asset and Desired Date for Removal to Storage:

N/W BASEMENT EXTERIOR DOOR AREA-OUTSIDE

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name:

BCJC 2704  
REPOWER SCHWANK

Signature

*[Signature]*

**To be Completed by: AUDITOR**

Original Acquisition Date No Data

G/L Account for Proceeds 2700-3836 #a

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 308-2018

Date Approved 6/19/18

Signature *[Signature]*

**RECEIVED**

MAY 29 2018

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 09/11/17

FIXED ASSET TAG NUMBER: 17461

DESCRIPTION: Scott Air-Pack

REQUESTED MEANS OF DISPOSAL: Sell - GovDeals

OTHER INFORMATION:

CONDITION OF ASSET: Working

REASON FOR DISPOSITION: No longer applicable in our situation

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: As soon as possible

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1255

SIGNATURE

*[Handwritten Signature]*

**AUDITOR**

ORIGINAL PURCHASE DATE 4-7-10

RECEIPT INTO 1190-3836 *HA*

ORIGINAL COST \$3,830.00

GRANT FUNDED (Y/N) Y

ORIGINAL FUNDING SOURCE 2744

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP 1604

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 308-2018

DATE APPROVED 6-19-18

SIGNATURE *[Handwritten Signature]*

**RECEIVED**

APR 30 2018

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 09/11/17

FIXED ASSET TAG NUMBER: 17462

DESCRIPTION: Scott Air-Pack #2

REQUESTED MEANS OF DISPOSAL: Sell - GovDeals

OTHER INFORMATION:

CONDITION OF ASSET: Working

REASON FOR DISPOSITION: No longer applicable in our situation

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: As soon as possible

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1255

SIGNATURE

*[Handwritten Signature]*

RECEIVED

APR 08 2018

BOONE COUNTY AUDITOR

**AUDITOR**

ORIGINAL PURCHASE DATE 4-7-10

RECEIPT INTO 1190-3836 HQ

ORIGINAL COST \$3,830.00

GRANT FUNDED (Y/N) Y

ORIGINAL FUNDING SOURCE 2744

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP 1604

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 308-2018

DATE APPROVED 6-19-18

SIGNATURE *[Handwritten Signature]*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 09/11/17

FIXED ASSET TAG NUMBER: 17463

DESCRIPTION: Scott Air-Pack #3

REQUESTED MEANS OF DISPOSAL: Sell - GovDeals

OTHER INFORMATION:

CONDITION OF ASSET: Working

REASON FOR DISPOSITION: No longer applicable in our situation

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: As soon as possible

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1255 Corrections

SIGNATURE [Signature]

RECEIVED

APR 06 2018

BOONE COUNTY AUDITOR

**AUDITOR**

ORIGINAL PURCHASE DATE 4-7-10

RECEIPT INTO 1190-3836 NA

ORIGINAL COST \$3,830.00

GRANT FUNDED (Y/N) Y

ORIGINAL FUNDING SOURCE 2744

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP 1604

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 308-2018

DATE APPROVED 6-19-18

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 09/11/17

FIXED ASSET TAG NUMBER: 17464

DESCRIPTION: Scott Air-Pack #4

REQUESTED MEANS OF DISPOSAL: Sell - GovDeals

OTHER INFORMATION:

CONDITION OF ASSET: Working

REASON FOR DISPOSITION: No longer applicable in our situation

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: As soon as possible

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1255 Corrections

SIGNATURE

*[Handwritten Signature]*

### AUDITOR

ORIGINAL PURCHASE DATE 4-7-10

RECEIPT INTO 1190-3836 *HA*

ORIGINAL COST \$3,830.00

GRANT FUNDED (Y/N) Y

ORIGINAL FUNDING SOURCE 2744

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP 1604

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 308-2018

DATE APPROVED 6-19-18

SIGNATURE *[Handwritten Signature]*

**RECEIVED**  
APR 06 2018  
BOONE COUNTY AUDITOR

### III. Postaward Requirements

#### 3.7 PROPERTY STANDARDS

- Source of the property, including the federal award identification number
- Identification of the title holder
- Acquisition date
- Cost of the property
- Percentage of Federal participation in the cost of the property
- Location of the property
- Use and condition of the property
- Disposition data, including the date of disposal and sale price
- **Inventory.** You must take a physical inventory of the property and reconcile the results with the property records at least once every 2 years.
- **Maintenance procedures.** You must establish and use adequate maintenance procedures to keep the property in good condition.
- **Control system.** You must have a control system in place with adequate safeguards to prevent loss, damage, and theft.
  - Promptly and properly investigate and fully document any loss, damage, or theft, and make the documentation part of the official project records. 2 C.F.R. § 200.313 (d)(3).
  - Provide at a minimum, the equivalent insurance coverage for equipment acquired with Federal funds that the non-Federal entity owns. Federally-owned equipment need not be insured unless required by your award. 2 C.F.R. § 200.310.
  - Non-federal entities are responsible for replacing or repairing property that is willfully or negligently lost, stolen, damaged, or destroyed.
- **Proper sales procedures.** If authorized or required to sell the property, the recipient or subrecipient must establish proper sales procedures to ensure the highest possible return.

#### Disposition of Equipment

A State recipient must dispose of equipment acquired under the award in accordance with State laws and procedures.

*Recipients and subrecipients other than States* must dispose of the equipment when original or replacement equipment acquired under the award or subaward is no longer needed for the original project, or for other activities currently or previously supported by a Federal awarding agency, as follows:

- If the item to be disposed of has a current per-unit fair market value of \$5,000 or less, you may retain, sell, or otherwise dispose of it with no further obligation to the awarding agency.
- If the item has a current per-unit fair market value of more than \$5,000, you may retain or sell it, but the awarding agency will have a right to a specific dollar amount. Calculate this amount by multiplying the current market value or proceeds from the item sale by the awarding agency's share of the equipment (i.e. the agency's percentage of participation in the cost of the original purchase). The seller is also eligible for limited sale and handling costs of \$500 or 10% of the proceeds, whichever is less.
- In cases where you or your subrecipient fails to take appropriate disposition actions, the awarding agency may direct you to take other disposition actions.



# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 04/02/18

Fixed Asset Tag Number: N/A

Description of Asset: Post Rack

RECEIVED

APR 02 2018

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

BOONE COUNTY AUDITOR

Other Information (Serial number, etc.): Sticker #0425-081694-2035060330 - Newton Instrument Company Inc

Condition of Asset:

Reason for Disposition: Replacement

Location of Asset and Desired Date for Removal to Storage: *ASAP- In GL Room 123.*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Information Technology

Signature

**To be Completed by: AUDITOR**

Original Acquisition Date NO Data

G/L Account for Proceeds 1190-3836 NA

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 308-2018

Date Approved 6-19-18

Signature

# BOONE COUNTY

## Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 04/02/18

Fixed Asset Tag Number: N/A

RECEIVED

Description of Asset: Post Rack

APR 02 2018

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

BOONE COUNTY AUDITOR

Other Information (Serial number, etc.): Sticker #0425-081694-2035060330 - Newton Instrument Company Inc

Condition of Asset:

Reason for Disposition: Replacement

Location of Asset and Desired Date for Removal to Storage: *ASAP- In GL Room 123.*

Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Information Technology

Signature

**To be Completed by: AUDITOR**

Original Acquisition Date No Data

G/L Account for Proceeds 1190-3836 *HA*

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 308-2018

Date Approved 6.19.18

Signature

**BOONE COUNTY**  
**Request for Disposal/Transfer of County Property**

*Complete, sign, and return to Auditor's Office*

Date: 04/02/18

Fixed Asset Tag Number: N/A

**RECEIVED**

**APR 02 2018**

**BOONE COUNTY AUDITOR**

Description of Asset: Post Rack

Requested Means of Disposal:  Sell  Trade-In  Recycle/Trash  Other, Explain:

Other Information (Serial number, etc.): Sticker #0425-081694-2035060330 - Newton Instrument Company Inc

Condition of Asset:

Reason for Disposition: Replacement

Location of Asset and Desired Date for Removal to Storage: ASAP - In 6C Room 123.

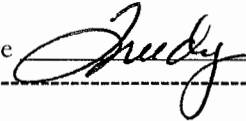
Was asset purchased with grant funding?  YES  NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal?  YES  NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Information Technology

Signature



**To be Completed by: AUDITOR**

Original Acquisition Date No Data

G/L Account for Proceeds 1190-3836 Ha

Original Acquisition Amount \_\_\_\_\_

Original Funding Source \_\_\_\_\_

Account Group \_\_\_\_\_

**To be Completed by: COUNTY COMMISSION / COUNTY CLERK**

Approved Disposal Method:

\_\_\_\_ Transfer Department Name \_\_\_\_\_ Number \_\_\_\_\_

Location within Department \_\_\_\_\_

Individual \_\_\_\_\_

\_\_\_\_ Trade \_\_\_\_\_ Auction \_\_\_\_\_ Sealed Bids

\_\_\_\_ Other Explain \_\_\_\_\_

Commission Order Number 308-2018

Date Approved 6-19-18

Signature 

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI

June Session of the April Adjourned

Term. 20 18

County of Boone

} ea.

In the County Commission of said county, on the 19th day of June 20 18

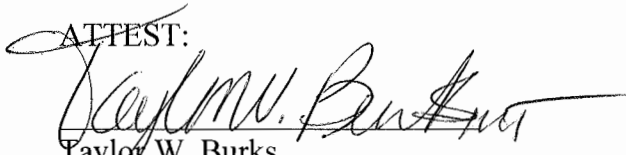
the following, among other proceedings, were had, viz:


Now on this day the County Commission of the County of Boone does hereby approve the attached Utility Agreement between Boone County and Boone Electric Cooperative.

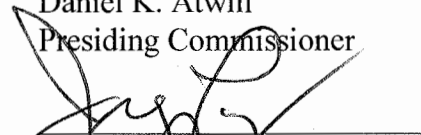
The terms of the Agreement are stipulated in the attached Agreement. It is further ordered the Presiding Commissioner is hereby authorized to sign said Utility Agreement.

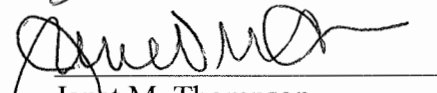
Done this 19th day of June, 2018.

ATTEST:

  
Taylor W. Burks  
Clerk of the County Commission

  
Daniel K. Atwill  
Presiding Commissioner

  
Fred J. Parry  
District I Commissioner

  
Janet M. Thompson  
District II Commissioner

## UTILITY AGREEMENT – ACTUAL COST

THIS AGREEMENT is entered into by Boone County, Missouri (hereinafter, "County") and Boone Electric Cooperative (hereinafter, "Company").

WITNESSETH:

WHEREAS, the "County" desires to rehabilitate/construct certain roadways more specifically described as Route Z and Enterprise Drive Improvements, in the vicinity of Columbia, Missouri. Said improvement is to be designed and constructed in compliance with Missouri Department of Transportation (hereinafter, MoDOT) and Boone County, Missouri standards.

WHEREAS, in order to improve said roadway in accordance with said plans, it will be necessary to adjust certain facilities now located on private easement and within the MoDOT Route Z right of way in order to maintain the present services of said "Company", such changes being generally shown as proposed utility relocation sketch marked Exhibit "A", and estimate of relocation cost marked Exhibit "B" attached hereto and each made a part hereof;

WHEREAS, the "County" has been awarded a Community Development Block Grant for said improvements and must include environmental requirements and summary of civil rights laws, executive orders, and regulations marked Exhibit "C" attached hereto and made a part hereof;

NOW, THEREFORE, in consideration of these mutual covenants, the parties agree as follows:

(1) RELOCATION CORRIDOR: The "Company" will move one pole and stay within their existing private easement along the Route Z frontage of the American Outdoor Brands development site.

(2) COMMENCEMENT AND COMPLETION OF WORK: After approval of this agreement and upon notification to proceed by the "County", the "Company" will commence, without unnecessary delay, to make changes to its facilities. The "Company" will actively pursue completion of the work to reach the earliest possible completion date and to minimize interference with the roadway contractor and other utility companies doing relocation work. The "Company" agrees to provide a written estimated time schedule of its planned work and a written notification to the "County's" engineer at least five (5) days prior to beginning the work. The submitted schedule shall show completion before or by twenty-one (21) calendar days after the "County's" notice to proceed date. If the "Company" falls behind in its work schedule, it shall submit a revised work schedule to the "County's" engineer. The "Company" will make every effort to get back on schedule and complete its work. The "Company" has an affirmative duty to cooperate and coordinate its activities with those of the roadway

contractor and other utility companies doing relocation work. The contractor has a contractual requirement to cooperate and coordinate its activity with the "Company" and other utility companies on this project.

(3) AUDIT OF RECORDS: The "Company" shall develop the adjustment cost of the work by using the actual and related indirect cost accumulated in accordance with an established accounting procedure used by the "Company" in its regular operations and shall keep a detailed and accurate account of all labor, materials, supplies, incidentals, and other necessary costs involved in making such changes. The "County" engineer in charge of said project, or any authorized agent of the "County", shall have access during normal business hours to such "Company" records. These records must be available during the contract period and any extension, and for three (3) years from the date of final payment at no charge.

(4) SUBCONTRACT: The "Company" intends to perform this work with its own forces and, if necessary, existing subcontractors of which they have active cost fixed contracts in place. A copy of the pricing contracts in place can be provided to the "County" upon request.

(5) CHANGE ORDER: If any substantial change is made in the original plan and extent of the work, the "Company" agrees that reimbursement shall be limited to costs covered by a supplemental agreement or change order prepared by the "County" engineer and having approval of the "County" PRIOR to the performance of the work.

(6) BACKFILL: The "Company" agrees to compact backfill of all excavation within MoDOT right of way and utility easement limits in accordance with MoDOT Specifications and Chapter II of the Boone County, Missouri Roadway Regulations, respectively.

(7) CONDITION OF RIGHT OF WAY AND UTILITY EASEMENT: The "Company" shall preserve or restore all existing erosion control measures present on the American Outdoor Brands site and supplement as necessary to prevent sediment from leaving the construction site. Upon completion of the work provided in this Agreement, the "Company" shall remove all leftover materials and debris resulting from the work and leave the right of way and utility easement in a neat, workmanlike condition, free of holes, mounds of dirt, or other objectionable material. All disturbed areas shall be prepared, fertilized, permanently seeded and mulched in accordance with MoDOT Specifications and Chapter II of the Boone County, Missouri Roadway Regulations.

(8) SAFETY DEVICES: At all times when work is being performed by the "Company" under such conditions as will affect traffic on the public streets or roadways, "Company" will display warning signs, barricades, flags, lights and/or flares as circumstances may require and shall employ and use a flagger when required for safety of the traveling public, all in accordance with MoDOT permit requirements and the standards set forth in the "Manual on Uniform Traffic Control Devices" (MUTCD).

(9) COST: The total cost of the utility relocation work required for the roadway project is estimated to be \$6,175.81. (See estimate of cost attached as Exhibit "B").

The "County's" obligation toward the cost of the utility work under this Agreement shall not exceed the sum of \$6,175.81 absent a supplement agreement or approved change order document properly executed by "County."

Payment shall be made by "County" to "Company" within thirty (30) days of receipt of a final invoice from "Company" after the work contemplated herein has been completed in accordance with the terms of any permits issued by "County."

(10) FINAL INVOICE SUBMITTAL: After completion of the utility work, the "Company" agrees to submit a final invoice for the actual cost of the work to the "County" within sixty (60) days or as mutually agreed to by the "County's" engineer or his/her representative. The final invoice shall be in as much detail as possible to verify the actual cost of the completed work. It should follow the format of the original cost estimate (Exhibit "B") when possible to promote faster processing by the "County". The "County's" engineer will process the final invoice as soon as possible after receipt. The final invoice shall not be greater than the "County's" estimated obligation provided in paragraph (9) without a Change Order approved in accordance with Paragraph (5) prior to the final invoice.

(11) PERMIT REQUIREMENT: The "Company" shall obtain a permit from MoDOT should any of the intended work be located on MoDOT right of way prior to adjusting or relocating its property from, within, or onto the utility easement corridor. The permit shall be signed by an authorized MoDOT representative.

(12) "COUNTY" REPRESENTATIVE: The "County's" engineer is designated as the "County's" representative for the purpose of administering the provisions of this Agreement.

(13) LAW OF MISSOURI TO GOVERN: This Agreement shall be construed according to the laws of the state of Missouri. The "Company" shall comply with all local, state and federal laws and regulations relating to the performance of this Agreement.

(14) VENUE: It is agreed by the parties that any action at law, suit in equity, or other judicial proceeding to enforce or construe this Agreement, or regarding its alleged breach, shall be instituted only in the Circuit Court of Boone County, Missouri.

(15) ASSIGNMENT: The "Company" shall not assign, transfer or delegate any interest in this Agreement without the prior written consent of the "County".

(16) COOPERATION: When the "Company" relocation work is being done concurrent with the "County's" roadway contractor operation, the "Company" agrees to cooperate and coordinate its work to minimize disturbance to the roadway contractor or other utility companies working on the project.

(17) ROADWAY IMPROVEMENT INFORMATION: The "County" agrees to furnish the "Company" all necessary information on the roadway improvement in order to properly carry out the utility relocation.



IN WITNESS WHEREOF, the parties have entered into this Agreement on the date last written below.

Executed by the "Company" this 13<sup>th</sup> day of June, 2018.

Executed by the "County" this 19<sup>th</sup> day of June, 2018.

**"COMPANY"**

**"COUNTY"**

Boone Electric Cooperative

Boone County, Missouri

By:

Vicki K

By:

[Signature]

Authorized Representative (Signature)

Daniel K. Atwill,  
Presiding Commissioner

Vicki Kemna

Authorized Representative Name (Print or Type)

Title: Asst. General Manager

Attest:

[Signature]  
Taylor W. Burks, County Clerk

Approved as to Legal Form:

[Signature]  
CJ Dykhouse, County Counselor

Certification:

I certify that this contract is within the purpose of the appropriation to which it is to be charged and there is an encumbered balance to the credit of such appropriation sufficient to pay therefore.

[Signature] 6/14/18 2045-71202  
June E. Pitchford, Auditor

**ACKNOWLEDGMENT BY COMPANY**

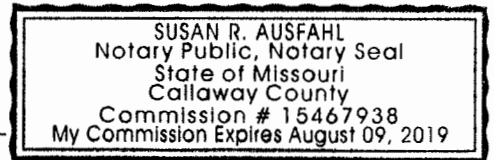
STATE OF Missouri )  
COUNTY OF Callaway )      ss

On this 13<sup>th</sup> day of June, 2018, before me personally appeared Vicki Kemna known to me, who being by me duly sworn, did say that he/she is the Asst. General Manager of Boone Electric Cooperative and that said instrument was signed and sealed on behalf of said corporation by authority of its Board of Directors, and that he/she acknowledged said instrument to be the free act and deed of said corporation and that it was executed for the consideration stated therein and no other.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the county and state aforesaid the day and year written above.

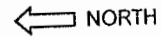
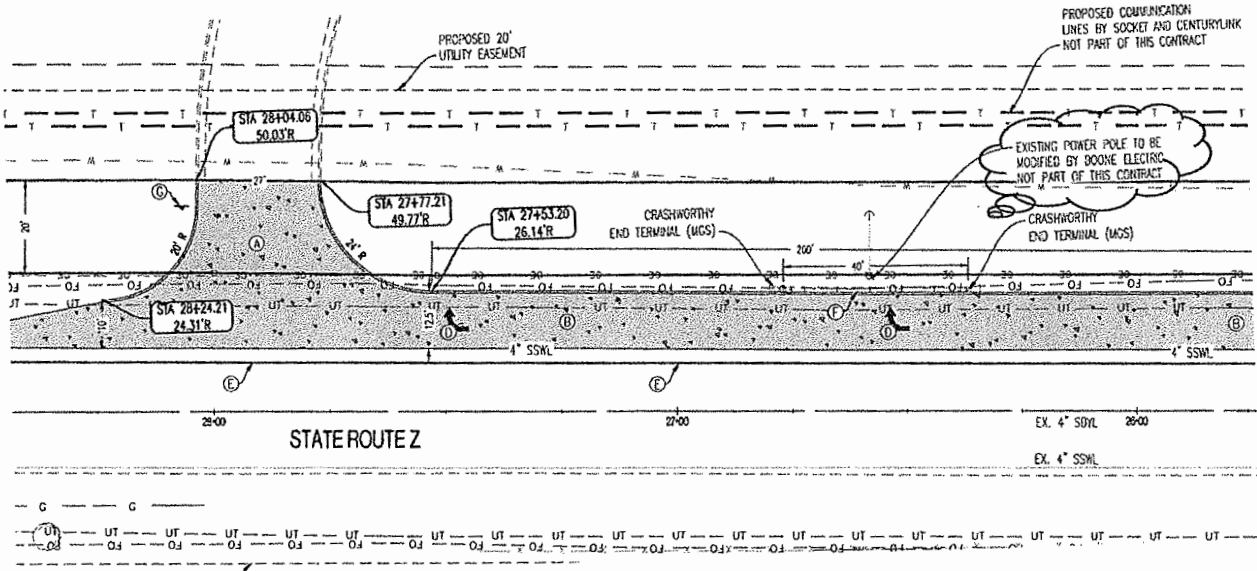
Susan R. Ausfahl  
Notary Public

My Commission Expires: August 9, 2019



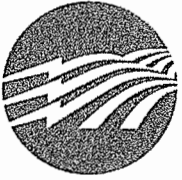
# EXHIBIT "A"

## Proposed Utility Relocation Sketch



## **EXHIBIT "B"**

Estimate of Relocation Cost



# Boone Electric Cooperative

1413 Rangeline St., P.O. Box 797, Columbia, MO 65205-0797 Telephone: 573-449-4181  
Fax: 573-441-7272 Website: [www.BooneElectric.coop](http://www.BooneElectric.coop) Email: [comments@BooneElectric.com](mailto:comments@BooneElectric.com)

June 7, 2018

Jeff McCann, PE  
Boone County Resource Management  
801 E. Walnut, Rm 315  
Columbia, MO 65201

Mr. McCann

Let this letter serve as an estimate of charges for utility work to be performed for the Route Z and Enterprise Drive Improvements contract. Expected charges to be billed after work has been completed is as follows:

Material	\$1,161.54
Labor	<u>\$5,014.26</u>
Total	\$6,175.81

In accordance with the contract, actual charges will be billed within 60 days of work completion and payment will be expected within 30 days. Additionally, BEC will be performing the work with our own crews and does not allow for unauthorized contractors to work on our system facilities.

Please free to contact me if you have any questions or concerns.

Sincerely

Andrew C. Petri, PE  
Manager of Engineering & Technical Services

Cc Kirk Pickett



## **EXHIBIT "C"**

Community Development Block Grant Environmental Requirements  
And  
Summary of Civil Rights Laws, Executive Orders, and Regulations

#### ENVIRONMENTAL REQUIREMENTS:

Historic Preservation – Any excavation by Contractor that uncovers an historical or archaeological artifact or human remains shall be immediately reported to Owner and a representative of Agency. Construction shall be temporarily halted pending the notification process and further directions issued by Agency after consultation with the State Historic Preservation Officer (SHPO).

#### SUMMARY OF CIVIL RIGHTS LAWS, EXECUTIVE ORDERS, AND REGULATION:

CDBG grantees must assure that all project activities will be administered in compliance with civil rights laws and regulations. The following are summaries of those parts of the civil rights laws and regulations that are applicable to CDBG activities.

Title VI of the Civil Rights Act of 1964 provides that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

Title VIII of the Civil Rights Act of 1968, as amended, provides that no person shall, on the basis of race, color, religion, sex, national origin, handicap, or familial status, be discriminated against in housing (and related facilities) provided with Federal assistance or lending practices with respect to residential property when such practices are connected with loans insured or guaranteed by the Federal Government.

Section 109 of the Housing and Community Development (HCD) Act of 1974, as amended, provides that no person in the United States shall, on the ground of race, color, national origin, religion, or sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available under Title I of the Housing and Community Development Act of 1974.

Section 3 of the Housing and Urban Development Act of 1968, as amended, provides that, to the greatest extent feasible, opportunities for training and employment shall be given to recipients of public housing and lower-income residents of the unit of local government or the metropolitan area (or non-metropolitan county) in which the project is located. Contract work in connection with such projects shall be awarded to business concerns which are owned in substantial part by persons residing in the same metropolitan area (or non-metropolitan county) as the project, employ Section 3 residents in full-time positions, or subcontract with businesses which provide economic opportunities to lower income persons.

Section 503 of the Rehabilitation Act of 1973, as amended, provides for nondiscrimination in contractor employment. All recipients of Federal funds must certify Affirmative Action for Handicapped Workers in all contracts issued:

1. The contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap in regard to any position for which the employee or applicant for employment is qualified. The contractor agrees to take affirmative action to employ, advance in employment, and otherwise treat qualified handicapped individuals without discrimination based upon their physical or mental handicap in all employment practices, such as employment upgrading, demotion or transfer, recruitment, advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.
2. The contractor agrees to comply with the rules, regulations, and relevant orders of the Secretary of Labor issued pursuant to the Act.
3. In the event of the contractor's noncompliance with the requirements of this clause, actions for noncompliance may be taken in accordance with the rules, regulations, and relevant orders of the Secretary of Labor issued pursuant to the Act.
4. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices in a form to be prescribed by the Director, provided by or through the contracting officer. Such notices shall state the contractor's obligation under the law to take affirmative action to employ and advance in employment qualified handicapped employees and applicants for employment, and the rights of applicants and employees.
5. The contractor will notify each labor union or representative of workers with which it has a collective bargaining agreement or other contract understanding, that the contractor is bound by the terms of Section 503 of the Rehabilitation Act of 1973, and is committed to take affirmative action to employ and advance in employment physically and mentally handicapped individuals.
6. The contractor will include the provisions of this clause in every subcontract or purchase order of \$2,500 or more unless exempted by rules, regulations, or orders of the Secretary issued pursuant to Section 503 of the Act, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontractor or purchase order as the Director of the Office of Federal Contract Compliance Programs may direct to enforce such provisions, including action for noncompliance.

Section 504 of the Rehabilitation Act of 1973, as amended, provides for nondiscrimination of an otherwise qualified individual solely on the basis of his/her handicap in benefiting from any program or activity receiving Federal financial assistance. All recipients must certify to compliance with all provisions of Section 504.



Age Discrimination Act of 1975 provides that no person in the United States shall, on the basis of age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

Executive Order 11063, as amended, directs all departments and agencies to take all action necessary and appropriate to prevent discrimination in housing and related facilities owned or operated by the Federal Government or provided with Federal financial assistance, and in the lending practices with respect to residential property and related facilities (including land to be developed for residential use) of lending institutions, insofar as such practices relate to loans insured or guaranteed by the Federal Government.

Executive Order 11246, as amended, provides that no person shall be discriminated against on the basis of race, color, religion, sex, or national origin in any phase of employment during the performance of Federal or Federally-assisted construction contracts in excess of \$10,000. Grantees shall comply with Executive Order 11246, as amended by Executive Order 12086, and the regulations issued pursuant thereto (41 CFR Chapter 60), which provide that no person shall be discriminated against on the basis of race, color, religion, sex, or national origin in all phases of employment during the performance of Federal or Federally-assisted construction contracts. As specified in Executive Order 11246 and the implementing regulations, contractors and subcontractors on Federal or Federally assisted construction contracts shall take affirmative action to ensure fair treatment in employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training and apprenticeship.