

169-2019

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

County of Boone

} ea.

April Session of the April Adjourned

Term. 20 19

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

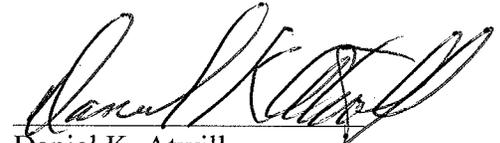
the following, among other proceedings, were had, viz:

Now on this day, the County Commission of the County of Boone does hereby recognize April 2019 as Second Chance Month.

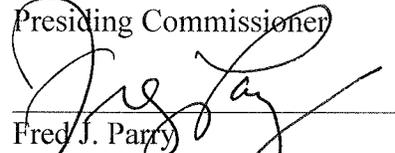
Done this 18th day of April 2019.

ATTEST:

Brianna L. Lennon
Brianna L. Lennon
Clerk of the County Commission



Daniel K. Atwill
Presiding Commissioner



Fred J. Parry
District I Commissioner



Janet M. Thompson
District II Commissioner

PROCLAMATION RECOGNIZING APRIL 2019 AS SECOND CHANCE MONTH

Whereas, every person is endowed with human dignity and value; and

Whereas, redemption and second chances are American values; and

Whereas, an estimated 65 million Americans have a criminal record; and

Whereas, individuals returning to their communities from prison have served their sentence for criminal activity and have earned the chance to take their rightful place back in society; and

Whereas, individuals with a criminal history face significant barriers, also known as collateral consequences, such as the inability to find housing, employment or education, volunteer in their community, and pay for significant debt that arises as a result of their conviction and incarceration; and

Whereas, these barriers can contribute to recidivism, which increases victimization and decreases public safety; this can also result in lost human capital and lost economic output for the United States; and

Whereas, the designation of April as Second Chance Month would contribute to increased public awareness about these issues, the need for closure for those who have paid their debt, and opportunities for individuals, employers, congregations, and communities to extend second chances.

Therefore, in honor of those who have exited the prison system and successfully reentered society, and in support of those who are dedicated to helping former inmates succeed in their communities, the Boone County Commission does hereby recognize April 2019 as Second Chance Month.

IN TESTIMONY WHEREOF, this 18th day of April, 2019.

Daniel K. Atwill, Presiding Commissioner

Fred J. Parry, District I Commissioner

Janet M. Thompson, District II Commissioner

ATTEST:

Brianna L. Lennon, County Clerk

CERTIFIED COPY OF ORDER

STATE OF MISSOURI }
County of Boone } ca.

April Session of the April Adjourned

Term. 20 19

In the County Commission of said county, on the 18th day of April 2019

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

Now on this day, the County Commission of the County of Boone does hereby approve the disposition of surplus, per attached summary order description, to Kaytina M Harrison Revocable Living Trust in the amount of \$49,523.91.

It is furthered ordered the Boone County Commissioners are hereby authorized to sign said summary order.

Done this 18th day of April 2019.

ATTEST:

Brianna L. Lennon
Brianna L. Lennon
Clerk of the County Commission

Daniel K. Atwill
Daniel K. Atwill

Presiding Commissioner

Fred J. Parry
Fred J. Parry

District I Commissioner

Janet M. Thompson
Janet M. Thompson
District II Commissioner

Commission Order #1 of 2:

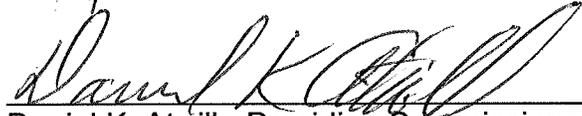
Now on this day the Boone County Commission takes up the disposition of the **2018** tax sale surplus relating to **Parcel 16-800-00-02-035.00:**

Pursuant to RSMo §140.230 the Commission is authorized to approve claims for any tax sale surplus being held by the County Treasurer associated with the County Collector's annual tax sale as part of a redemption or after the expiration of the applicable redemption period. In this instance, the owner of record at the time the subject property went to tax sale was **Kaytina M Harrison Revocable Living Trust**, per the vesting deed at Book 3611, Page 152, Boone County Records. The owner of record has assigned the tax sale surplus to the Boone County Collector as part of her redemption of the property. The other documentation which support of this claim is made a part of this record. The application to the County Treasurer for the surplus funds is timely.

The County Treasurer, based upon the documents presented to his office and made a part of this record, is satisfied that **Kaytina M Harrison Revocable Living Trust** is entitled to assign the total surplus of **\$49,523.91** to the Boone County Collector as part of his redemption of the subject property and recommends the Commission approve the same.

NOW, THEREFORE, upon the recommendation of the County Treasurer and the evidence made a part of this record, the County Commission hereby approves the disposition of the surplus via assignment to **the Boone County Collector, assignee of the owner of record**, in the amount of **\$49,523.91**, in a manner mutually-agreed to by the County Collector and County Treasurer, in order to facilitate **Kaytina M Harrison Revocable Living Trust's** redemption of the subject property pursuant to RSMo §140.340.

Done this 18th day of April, 2019.


Daniel K. Atwill - Presiding Commissioner

ATTEST:


Fred J. Parry - District I Commissioner


Brianna L. Lennon
Boone County Clerk


Janet M. Thompson - District II Commissioner



ASSIGNMENT OF TAX SURPLUS TO BOONE COUNTY COLLECTOR FOR REDEMPTION PURPOSES

Parcel #: 16-800-00-02-035.00
Sec 34 T48 R13
4104 Fall Ridge Dr
L135 The Pines SD as shown in Plat Book/Page 28/38

Owner(s) of Record: KAYTINA M HARRISON REVOCABLE LIVING TRUST

Current Mailing address: 4104 Fall Ridge, Columbus

SSN: [REDACTED] Driver's License / State ID Number: [REDACTED]

Pursuant to the provisions of RSMo Sec. 140.230 the undersigned, the publicly recorded owner or owners of record of the subject property sold at the 2018 delinquent tax sale auction which took place on August 27, 2018, wish to assign the tax sale surplus in the amount of \$49,523.91 currently being held by the Boone County Treasurer to the Boone County Collector as part of my redemption of the subject property. I understand that I have a priority right to use these tax sale surplus funds for my redemption efforts only for the first one-year period following the delinquent tax sale auction; or, until the tax sale purchaser acquires a Collector's Deed. I understand that I must remit the appropriate sums to the Boone County Collector in addition to the surplus to accomplish this redemption. I hereby authorize the Boone County Treasurer to remit to the County Collector, on my behalf and for my account, the tax sale surplus as part of my owner's redemption efforts pursuant to which I desire to redeem the above-described property.

[Signature]

STATE OF MISSOURI)
)ss
COUNTY OF BOONE)

2019 SUBSCRIBED and sworn to before me a notary public, this 15th day of April



JILL ROBERTS
My Commission Expires
April 28, 2019
Boone County
Commission #15535091

[Signature]
Notary Public

[Signature] 4-15-19
Collector's Office received by and date

Property Information

Property Location (Situs Address)	4104 FALL RIDGE DR
-----------------------------------	--------------------

Legal Description	THE PINES SD LOT 135	RECEIVED MAY 24 2018 PROPERTY TAX COLLECTOR
<u>FB</u> Initial if legal description matches description on delinquent statements. If not, explain discrepancies in Additional Info.		

Vesting Deed

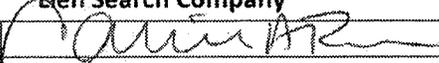
Name of Owner(s)	HARRISON KAYTINA M REVOCABLE LIVING TRUST
Address	4104 FALL RIDGE DR., COLUMBIA MO 65203-6629
Title Taken By	QUIT CLAIM DEED
Date of Deed	3/4/2010
Date Recorded	3/4/2010 9:11:30 AM
Book/Page	3611/152
Address Correction	

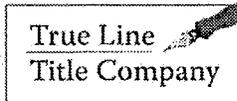
Open Deed(s) of Trust

First Deed of Trust	
Lender's Address	
Deed of Trust Date	
Date Recorded	
Book/ Page	
Loan Amount	
Assigned To	
Date Assigned	

Second Deed of Trust	
Lender's Address	
Deed of Trust Date	
Date Recorded	
Book/ Page	
Loan Amount	
Assigned To	
Date Assigned	

Lien Search Company

Signature of Searcher	
Searcher (print)	CARRIE BELLINGHAUSEN
Date Searched	05/10/2018



True Line Title Company
110 E Ash Street
Columbia, MO 65203

Additional Liens

Special Assessments	
Tax Bill #	
Address	

Federal Tax Liens	
Date	
Address	

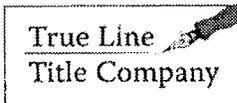
State Tax Liens	
Date	
Address	

Mechanics Liens	
Date	
Address	

Judgments	MIDLAND FUNDING LLC
Date	01/13/2012
Address	C/O GAMACHE & MEYERS PC, 1000 CAMERA AVE., STE A, ST. LOUIS, MO 63126
Case #	11BA-CV05184

Other (Lis Pendens, Bankruptcies, etc)	
Date	
Address	
Case #	

Additional Information



True Line Title Company
 110 E Ash Street
 Columbia, MO 65203

Boone County, Missouri



Unofficial Document

Recorded in Boone County, Missouri
Date and Time: 03/04/2010 at 09:11:30 AM
Instrument # 2070003744 Book 3611 Page 152
Grantor HARRISON, KAYTINA M
Grantee HARRISON, KAYTINA M REVOCABLE LIVIN...

Instrument Type QTCL
Recording Fee \$27.00 S
No of Pages 2

Bettie Johnson
Bettie Johnson, Recorder of Deeds



QUIT-CLAIM DEED

(INFORMATION PROVIDED ON THIS DOCUMENT MUST BE TYPED OR PRINTED)

THIS INDENTURE, Made and entered into this 4 day of March A.D. Two Thousand and 10 by and between Kaytina M. Harrison (Grantor),

of the County of Boone, in the State of Missouri, party or parties of the First Part, and Kaytina M. Harrison Revocable Living Trust w/TA dtd 6.12.2003 (Grantee),
(Grantee's mailing address) 4104 Fall Ridge Dr., Columbia, MO 65203

of Boone County, State of Missouri party or parties of the Second Part:

WITNESSETH, That the said party or parties of the First Part in consideration of the sum of ten dollars and other valuable considerations paid by the said party or parties of Second Part, the receipt of which is hereby acknowledged, does or do by these presents, Remise, Release and forever Quit Claim, unto the said party or parties of the Second Part, the following described real estate, lying, being and situate in the County of Boone and State of Missouri, to-wit:

Situated in the County of Boone, STATE OF MISSOURI;
Lot 135 The Pines, Columbia, MO 65203 Lot ONE HUNDRED THIRTY-FIVE (135) OF THE PINES AS SHOWN BY PLAT OF SAID SUBDIVISION RECORDED IN PLAT BOOK 28, PAGE 38, Boone County Records;

TO HAVE AND TO HOLD the same with all the rights and immunities, privileges and appurtenances thereto belonging, unto the said party or parties of the Second Part, and their heirs and assigns, FOREVER; so that neither the said party or parties of the First Part, nor their heirs, nor any other person or persons for them or in their name--or behalf, shall or will hereafter claim or demand any right or title to the aforesaid premises or any part thereof but they and every one of them shall, by these presents, be excluded and forever barred.

IN WITNESS WHEREOF, The said party or parties of the First Part has or have hereunto set their hand or hands the day and year first above written.

[Signature]

Kaytina M. Harrison

Kaytina M. Harrison

(ALL SIGNATURES MUST HAVE THE NAME TYPED OR PRINTED UNDERNEATH)

Nora Dietzel, Recorder of Deeds

Boone County, Missouri

Unofficial Document

BOONE COUNTY MO MAR 04 2010

STATE OF MISSOURI)
COUNTY OF Boone) ss.

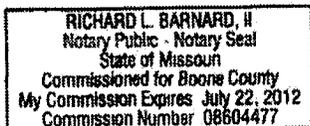
On this 4th day of March, 20 10 before me personally appeared Kaytina M.

Harrison to me known to be the person or persons described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at my office in Boone County, the day and year first above written.

My term expires July 22, 2012.

(Seal)



Richard L. Barnard II
Notary Public
Richard L. Barnard, II

Nora Dietzel, Recorder of Deeds

171-2019

CERTIFIED COPY OF ORDER

STATE OF MISSOURI }
County of Boone } ea.

April Session of the April Adjourned

Term. 2019

In the County Commission of said county, on the 18th day of April 2019

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

Now on this day, the County Commission of the County of Boone does hereby approve the disposition of surplus, per attached summary order description, to Kaytina M Harrison Revocable Living Trust in the amount of \$67,979.91.

It is furthered ordered the Boone County Commissioners are hereby authorized to sign said summary order.

Done this 18th day of April 2019.

ATTEST:

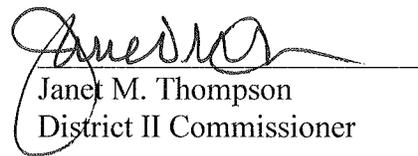
Brianna L. Lennon
Brianna L. Lennon
Clerk of the County Commission



Daniel K. Atwill
Presiding Commissioner



Fred J. Parry
District I Commissioner



Janet M. Thompson
District II Commissioner

Commission Order #2 of 2:

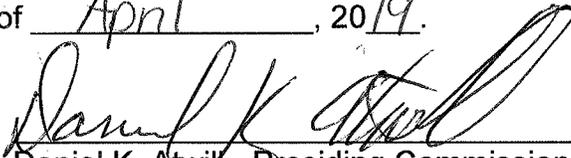
Now on this day the Boone County Commission takes up the disposition of the **2018 tax sale surplus relating to Parcel 16-800-00-03-035.00:**

Pursuant to RSMo §140.230 the Commission is authorized to approve claims for any tax sale surplus being held by the County Treasurer associated with the County Collector's annual tax sale as part of a redemption or after the expiration of the applicable redemption period. In this instance, the owner of record at the time the subject property went to tax sale was **Kaytina M Harrison Revocable Living Trust**, per the vesting deed at Book 2246, Page 195, Boone County Records. The owner of record has assigned the tax sale surplus to the Boone County Collector as part of her redemption of the property. The other documentation which support of this claim is made a part of this record. The application to the County Treasurer for the surplus funds is timely.

The County Treasurer, based upon the documents presented to his office and made a part of this record, is satisfied that **Kaytina M Harrison Revocable Living Trust** is entitled to assign the total surplus of **\$67,979.91** to the Boone County Collector as part of his redemption of the subject property and recommends the Commission approve the same.

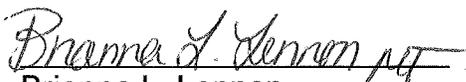
NOW, THEREFORE, upon the recommendation of the County Treasurer and the evidence made a part of this record, the County Commission hereby approves the disposition of the surplus via assignment to **the Boone County Collector, assignee of the owner of record**, in the amount of **\$67,979.91**, in a manner mutually-agreed to by the County Collector and County Treasurer, in order to facilitate **Kaytina M Harrison Revocable Living Trust's** redemption of the subject property pursuant to RSMo §140.340.

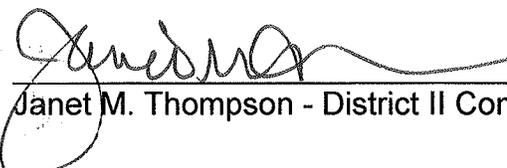
Done this 18th day of April, 2019.


Daniel K. Atwill - Presiding Commissioner

ATTEST:


Fred J. Parry - District I Commissioner


Brianna L. Lennon
Boone County Clerk


Janet M. Thompson - District II Commissioner

Property Information

Property Location (Situs Address)	4806 NEWCASTLE DR
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Legal Description <u>FB</u> Initial if legal description matches description on delinquent statements. If not, explain discrepancies in Additional Info.	HERITAGE MEADOWS PLAT 4 LOT 66	RECEIVED JUN 01 2018 BOONE COUNTY COLLECTOR
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Vesting Deed

Name of Owner(s)	HARRISON KAYTINA M REVOCABLE LIVING TRUST
Address	4104 FALL RIDGE DR., COLUMBIA MO 65203-6629
Title Taken By	WARRANTY DEED
Date of Deed	6/16/2003
Date Recorded	6/16/2003 2:24:17 PM
Book/Page	2246/195
Address Correction	

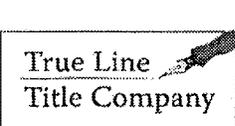
Open Deed(s) of Trust

First Deed of Trust	
Lender's Address	
Deed of Trust Date	
Date Recorded	
Book/ Page	
Loan Amount	
Assigned To	
Date Assigned	

Second Deed of Trust	
Lender's Address	
Deed of Trust Date	
Date Recorded	
Book/ Page	
Loan Amount	
Assigned To	
Date Assigned	

Lien Search Company

Signature of Searcher	
Searcher (print)	CARRIE BELLINGHAUSEN
Date Searched	05/10/2018



True Line Title Company
 110 E Ash Street
 Columbia, MO 65203

Additional Liens

Special Assessments	
Tax Bill #	
Address	

Federal Tax Liens	
Date	
Address	

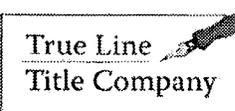
State Tax Liens	
Date	
Address	

Mechanics Liens	
Date	
Address	

Judgments	MIDLAND FUNDING LLC
Date	01/13/2012
Address	C/O GAMACHE & MEYERS PC
Case #	11BA-CV05184

Other (Lis Pendens, Bankruptcies, etc)	
Date	
Address	
Case #	

Additional Information



True Line Title Company
110 E Ash Street
Columbia, MO 65203

Boone County, Missouri

195

Unofficial Document



Recorded in Boone County, Missouri
Date and Time 06/16/2003 at 02:24:17 PM
Instrument #: 2003023746 Book.02246 Page 0195

First Grantor HILKER, GREGG G
First Grantee HARRISON, KAYTINA M TRUSTEE
Instrument Type WD
Recording Fee \$26.00



Bette Johnson
Bette Johnson, Recorder of Deeds

GENERAL WARRANTY DEED

THIS DEED, Made and entered into this 16th day of June, 2003, by and between GREGG F. HILKER AND DEBORAH K. HILKER, HUSBAND AND WIFE

party or parties of the first part of BOONE County, State of Missouri, Grantor(s) and KAYTINA M. HARRISON, OR HER SUCCESSOR(S), TRUSTEE OF THE KAYTINA M. HARRISON REVOCABLE LIVING TRUST U/T/A DATED JUNE 12, 2003.

party or parties of the second part of BOONE County, State of Missouri, Grantee(s).

Grantee's Mailing Address is 4104 Fall Ridge Columbia MO 65203

WITNESSETH, that the said party or parties of the first part, in consideration of the sum of Ten Dollars and other valuable considerations paid by the said party or parties of the second part, the receipt of which is hereby acknowledged, does or do by these presents, GRANT, BARGAIN AND SELL, CONVEY AND CONFIRM, unto the said party or parties of the second part the following described Real Estate, situated in the County of BOONE, State of Missouri, to-wit:

LOT SIXTY-SIX (66) OF HERITAGE MEADOWS PLAT NUMBER FOUR (4), A SUBDIVISION IN THE CITY OF COLUMBIA, MISSOURI, AS SHOWN BY PLAT RECORDED IN PLAT BOOK 32, PAGE 36, RECORDS OF BOONE COUNTY, MISSOURI.

SUBJECT TO EASEMENTS AND RESTRICTIONS OF RECORD.

TO HAVE AND TO HOLD THE SAME, together with all the rights, immunities, privileges, and appurtenances thereunto belonging unto the said party or parties of the second part forever, the said party or parties of the first part covenanting that said party or parties and the heirs, executors, administrators and assigns of such party or parties shall and will WARRANT AND DEFEND the title to the premises unto the said party or parties of the second part, and to the heirs and assigns of such party or parties forever, against the lawful claims of all persons whomsoever, excepting however, the general taxes for the calendar year 2003 and thereafter, and special taxes becoming a lien after the date of this deed.

BOOGWD

Nora Dietzel, Recorder of Deeds

Boone County, Missouri

196

Unofficial Document

IN WITNESS WHEREOF, the said party or parties of the first part has or have hereunto set their hand or hands the day and year first above written.

Gregg F. Hilker
GREGG F. HILKER

Deborah K. Hilker
DEBORAH K. HILKER

STATE OF MISSOURI }
COUNTY OF BOONE } ss

On this 16th day of June, 2003, before me personally appeared GREGG F. HILKER AND DEBORAH K. HILKER, HUSBAND AND WIFE

to me known to be the person or persons described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at my office in COLUMBIA

Missouri, the day and year first above written.

My term expires the _____ day of _____

Claudia G. Coffin
signed

(SEAL)

CLAUDIA G. COFFIN
Notary Public - Notary Seal
STATE OF MISSOURI
COUNTY OF BOONE
My Commission Expires April 26, 2004

Nora Dietzel, Recorder of Deeds

172²⁰¹⁹

CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

April Session of the April Adjourned

Term. 20 19

County of Boone

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

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 a photocopier located in the Boone County Sheriff's Department, fixed asset tag 17596.

It is further ordered the Presiding Commissioner is hereby authorized to sign said Request for Disposal Form.

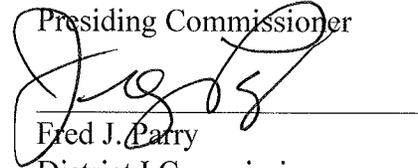
Done this 18th day of April 2019.

ATTEST:

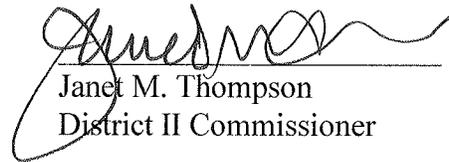
Brianna L. Lennon
Brianna L. Lennon
Clerk of the County Commission



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 Street, Room 110
Columbia, MO 65201
Phone: (573) 886-4391
Fax: (573) 886-4390

TO: Boone County Commission

FROM: Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

DATE: April 16, 2019

RE: Surplus Disposal: photocopier, asset tag 17596

Attached is a Disposal Form for a copier located in the Sheriff Department. Fixed asset tag 17596. It will be traded in with a zero-dollar value on the purchase of a new copier that was approved in Commission on Commission Order # 167-2019.

cc: Disposal File; Leasa Quick, Sheriff

CAPITAL

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 04/01/19

Fixed Asset Tag Number: 17596

RECEIVED

APR 05 2019

Description of Asset: Copier

BOONE COUNTY
AUDITOR

Requested Means of Disposal: Sell Trade-In Recycle/Trash Other, Explain: As recommended by the Purchasing Department.

Other Information (Serial number, etc.): 05019766

Condition of Asset: Fair

Reason for Disposition: Replaced

Location of Asset and Desired Date for Removal to Storage: Sheriff's Department/upon arrival of new machine

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: 1251 Sheriff's

Signature 

To be Completed by: AUDITOR

Original Acquisition Date 12-1-10

G/L Account for Proceeds 1190-3835 NA

Original Acquisition Amount \$8,980.00

Original Funding Source 2782

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 172-2019

Date Approved 4-18-19



CERTIFIED COPY OF ORDER

STATE OF MISSOURI

} ea.

April Session of the April Adjourned

Term. 20 19

County of Boone

In the County Commission of said county, on the 18th day of April 2019

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 State Homeland Security Program Grant applications from the Boone County Department of Emergency Management Operations.

Done this 18th day of April 2019.

ATTEST:

Brianna L. Lennon
Brianna L. Lennon
Clerk of the County Commission

Daniel K. Atwill
Daniel K. Atwill
Presiding Commissioner
Fred J. Pary
Fred J. Pary
District I Commissioner
Janet M. Thompson
Janet M. Thompson
District II Commissioner



BOONE COUNTY
Office of Emergency Management

2145 County Drive
Columbia, MO 65202
573-554-7908

Tom Hurley

Deputy Director

DATE: April 15, 2019

TO: Dan Atwill, Presiding Commissioner
Fred Parry, District I Commissioner
Janet Thompson, District II Commissioner

FROM: Tom Hurley, Emergency Management Deputy Director

SUBJECT: Applications for State Homeland Security Program Grant

Boone County Emergency Management intends to submit three applications for the fiscal year 2019 funding through the Regional Homeland Security Grant Program. Each application is for specific purposes that allow for regionally deployable assets to be held by local administrative authorities. These applications reflect 100 percent of cost being requested and have no matching components.



Application

101880 - 2019 SHSP Region F - Final Application

**102565 - Boone County OEM Generator Load Testing
State Homeland Security Program (SHSP)**

Status: Editing **Submitted Date:**

Applicant Information

Primary Contact:

Name:* Ms. Della Luster
Title First Name Last Name

Job Title:* Administrative Coordinator

Email:* dluster@boonecountymo.org

Mailing Address:* 2145 County Drive

Street Address 1:

Street Address 2:

*** City State/Province Postal Code/Zip**
 Columbia Missouri 65202

Phone:* 573-554-7907 Ext.

Fax:* 573-442-3828

Organization Information

Applicant Agency:* Boone County, Emergency Management Agency

Organization Type:* Government

Federal Tax ID#: 436000349

DUNS #: 073755977

CCR Code: Valid Until Date

Organization Website: www.showmeboone.com/OEM

Mailing Address:* 2145 County Drive

Street Address 1:

Street Address 2:

City* State/Province Postal Code/Zip
 Columbia Missouri 65202 0000

	City	State/Province	Postal Code/Zip	+ 4
County:*	Boone			
Congressional District:*	04			
Phone:*	573-554-7900			Ext.
Fax:*	573-442-3828			

Contact Information

Authorized Official

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract.

- *If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official*
- *If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official*
- *If the applicant agency is a State Department, the Director shall be the Authorized Official*
- *If the applicant agency is a college/university, the President shall be the Authorized Official*
- *If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official.*

If applicable please upload copy of 501C3 in the Other Attachments section of this application

- *If the applicant agency is an RPC or COG, the Executive Director shall be the Authorized Official*

This is not an all-inclusive list. If your agency does not fall into the above categories or you are unsure of who the Authorized Official should be for your agency, please contact the Missouri Office of Homeland Security at (573) 526-9014

Authorized Official:*	Mr.	Daniel	Atwill
	<small>Title (Mr.Ms.etc)</small>	<small>First Name</small>	<small>Last Name</small>
Job Title:*	Presiding Commissioner		
Agency:*	Boone County Commission		
Mailing Address:*	801 E. Walnut Suite 333		
Street Address 1:			
Street Address 2:			
*	Columbia	Missouri	65201
	<small>City</small>	<small>State</small>	<small>Zip Code</small>
Email:*	datwill@boonecountymo.org		
Phone:*	573-886-4306		
	<small>Office</small>	<small>Ext.</small>	<small>Cell</small>
Fax:*	573-886-4311		

Applicant Project Director

Applicant Project Director:*	Mr	Thomas	Hurley
	<small>Title (Mr.Ms.etc)</small>	<small>First Name</small>	<small>Last Name</small>
Job Title:*	Deputy Director		
Agency:*	Boone County Office of Emergency Management		
Mailing Address:*	2145 E. County Drive		
Street Address 1:			
Street Address 2:			
*	Columbia	Missouri	65202

	City	State	Zip Code
Email:*	thurley@boonecountymo.org		
Phone:*	573-554-7900	573-268-0996	
	Office	Ext.	Cell
Fax*	573-442-3828		
Fiscal Officer			
Fiscal Officer:*	Ms	June	Pitchford
	Title (Mr..Ms.etc)	First Name	Last Name
Job Title:*	Boone County Auditor		
Agency:*	County of Boone		
Mailing Address:*	801 E. Walnut Room 304		
Street Address 1:			
Street Address 2:			
*	Columbia	Missouri	65201
	City	State	Zip Code
Email:*	jpitchford@boonecountymo.org		
Phone:*	573-886-4275		
	Office	Ext.	Cell
Fax*	573-886-4280		
Project Contact Person			
Project Contact Person:	Mr	Thomas	Hurley
	Title (Mr..Ms.etc)	First Name	Last Name
Job Title:	Deputy Director		
Agency:	Boone County Office of Emergency Management		
Mailing Address:	2145 E. County Drive		
Street Address 1:			
Street Address 2:			
	Columbia	Missouri	65202
	City	State	Zip Code
Email:	thurley@boonecountymo.org		
Phone:	573-554-7900	573-268-0996	
	Office	Ext.	Cell
Fax:	573-442-3828		

SHSP Project Package

A. Project Worksheet

A.1 Project Title:* Generator Load Testing
A.2 Agency Name:* Boone County Office of Emergency Management
A.3 Region:* F
A.4 County:* Boone
A.5 Project Location Zip Code:* 65202
A.6 Project Activity Type:* Develop/enhance homeland security/emergency management organization and structure

A.7 If the project is for a new resource(s), to build or enhance a capability, has the applicant attempted coordination of resources?* No

A.8 If new resource describe attempts for coordination of resources:
 Coordination example: contacted other agencies within your region to see if this capability/asset currently exists and is available.

A.9 Project Start Date:* 09/01/2019
 Project must start on or after 09/01/2019.

A.10 Project End Date:* 08/31/2021
 Project must end on or before 08/31/2021.

A.11 Investment Justification:* Building and Sustaining Regional Collaboration via Regional Homeland Security Oversight Committees
 Select the Investment Justification that the proposed project aligns to. Applicant agencies applying through RPC for Regionalization funds should select **IJS Building and Sustaining Regional Collaboration via RHSOC.**

A.12 Project Description:* Annual load testing of large towable power electrical generators is necessary to ensure operational when needed for EOC backup supply, operational emergency communications.

Provide a complete project description. The project description should contain a summary of what specific action is proposed, objectives the project is designed to accomplish (the purpose), how this project aligns with terrorism preparedness, and the reason the project is needed.
 2000 Character Limit

B. Project Capability, THIRA and Dual Use

B.1 Primary Core Capability:* Response Operational Coordination

Capability Target information listed in B.2 needs to be obtained directly from Missouri's FY18 THIRA. If you are unsure of how to align your agencies project to the FY18 THIRA please contact the Missouri Office of Homeland Security at (573) 526-9014.

B.2 Capability Target(s):* Operational coordination, Public Information/Warning, Planning Core capabilities. Threats and Hazards, Incident Management, Emergency Coordination and operations.

1000 Character Limit

Explain how the project impacts capability gap(s) from the Missouri THIRA Capability Target selected.

B.3 Impact:* Electrical Power generator backup is crucial to all capability targets to assist with any hazards/threats to ensure electrical power is supplied.

1000 Character Limit

Funding for activities not explicitly focused on terrorism preparedness must demonstrate Dual Use. If not explicitly focused on terrorism preparedness, describe Dual Use below.

B.4 Dual Use: Available within Region F and throughout the state for deployment during incidents where power is needed.



Dual use are activities which support the achievement of target capabilities related to terrorism preparedness and may simultaneously support enhanced preparedness for other hazards unrelated to acts of terrorism. 1000 Character Limit

C. Project Background

Sustaining Capability: Projects that sustain capabilities at their current level
 Building Capability: Projects that start a new capability, or increase a current capability level

C.1 Type of Project:* Sustaining Capability

Complete Project Background Investment Justification alignment and Prior Accomplishments for each year ONLY if proposed project was also funded with prior grant funds.

C.2 Was any portion of the proposed project funded with FY18 funds?:* No

C.5 Was any portion of the proposed project funded with FY17 funds?:* No

C.8 Was any portion of the proposed project funded with FY16 funds?:* No

C.11 If the proposed project was previously funded prior to the last 3 grant fiscal years state what grant fiscal year, fund source and last major accomplishment/milestone was completed: 250 Character Limit

D. Deployable/Sharable Resources

Deployable Resource: Identifies the availability and utility of an asset to multiple jurisdictions, regions, and the Nation; provides information on mobility of assets in an area. An asset that is physically mobile and can be used anywhere in the United States and territories via Emergency Management Assistance Compacts or other mutual aid/assistance agreements.

Shareable Resource: Provides information on the utility of a non-deployable shared asset in a region; identifies the asset's ability to augment and sustain a reinforced response within a region. An asset that can be utilized as a local, state, regional, or national capability, but is not physically deployable (i.e., fusion centers).

D.1 Does this project fund resources that are:* Deployable Resource

If answered Deployable in question D.1 complete questions D.2-D.8.
 If answered Shareable in question D.1 complete questions D.2-D.4.
 If answered NA in question D.1 skip to Section E.

D.2 Item Name:

D.3 If sustaining deployable/sharable Homeland Security resource(s), describe how the project sustains each resource(s):* Generators need to be tested annually to ensure equipment meets or exceeds manufacturer specs. 250 Character Limit

D.4 Special conditions/requirements on sharing the deployable/shareable resource(s): Example: Specific requirements of equipment, operator, etc. 250 Character Limit

FEMA Resource Typing Library Tool is located at <https://rttl.preptoolkit.org/Public>.

D.5 Is deployable resource NIMS Kind & Typed?: No

D.6 Deployable Resources Kind & Type Name(s):

Example: Mass Casualty Support Vehicle
250 Character Limit

D.7 Deployable Resources Kind & Type ID(s): (ID x-xxx-xxxx)

Example: ID 3-508-1032 Vehicle
250 Character Limit

D.8 If not NIMS Kind & Typed, explain how the item further supports the Homeland Security Initiative:

Generators are Region F deployable assets.

250 Character Limit

E. Audit Details

E.1 Has the Applicant Agency exceeded the federal expenditure threshold of \$750,000 in federal funds during agency's last fiscal year?:*

Yes

If the applicant agency exceeded the federal expenditure threshold in their last fiscal year, they must have their Single Audit or Program Specific Audit completed and submitted to the OHS within nine (9) months after the end of the audited fiscal year.

E.2 Date last audit completed: MM/DD/YYYY*

12/31/2017

E.3 By checking this box the applicant agency understands they are required to upload a copy of the agencies most recent completed audit in the Named Attachments section of this application:*

Yes

F. Risk Assessment

F.1 Does the applicant agency have new personnel that will be working on this award?:*

No

New personnel is defined as working with this award type less than 12 months.

F.2 Does the applicant agency have a new fiscal or time accounting system that will be used on this award?:*

No

New fiscal or time accounting system is defined as a system being utilized less than 12 months within the applicant agency.

F.3 Does the applicant agency receive any direct Federal awards?:*

Yes

Direct grants are grant that you apply directly to the federal government for and there is no intermediary agency such as OHS.

F.4 Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?:*

No

G. National Incident Management System (NIMS)

G.1 Has the jurisdiction formally adopted the National Incident Management System (NIMS) throughout the jurisdiction or organization to prevent,

Yes

protect against, mitigate, respond to, and recover from incidents?*

G.2 Has the jurisdiction ensured training for the incident personnel incorporates NIMS training that is pertinent to each individuals incident responsibilities in alignment with the NIMS training program?*

Yes

G.3 Does the jurisdiction develop, maintain, and implement mutual aid agreements (to include agreements with the private sector and nongovernmental organizations)?*

Yes

G.4 Does the jurisdiction apply ICS as the standard approach to the on-scene command, control, and coordination of incidents?*

Yes

G.5 Does the jurisdiction enable effective and secure communications within and across jurisdictions and organizations?*

Yes

G.6 Does the jurisdiction identify and inventory deployable incident resources consistently with national NIMS resource typing definitions and job titles/position qualifications, available through the Resource Typing Library Tool?*

Yes

If answered No to any questions G.1-G.6, please explain planned activities during grant period to strive towards being NIMS compliant.

G.7 Planned Activities:

H. Certified Assurances

To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances if the assistance is awarded:

SHSP Certified Assurances

H.1 By checking this box, I have read and agree to the terms and conditions of this grant:*

Yes

In order to be eligible for funding the correct Authorized Official must be designated and have knowledge of these Certified Assurances. If the incorrect Authorized Official is listed or is left off this proposed application this application will be deemed ineligible for funding.

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-If the applicant agency is a college/university, the President shall be the Authorized Official

-If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, If applicable please upload copy of 501C3 in the

Other Attachments section of this application

-If the applicant agency is an RPC or COG, the Executive Director shall be the Authorized Official

*-**This is not an all-inclusive list if you do not fall into the above categories or are unsure of who the Authorized Official is for your agency please contact The Missouri Office of Homeland Security at (573) 522-6125***

H.2 Authorized Official Name and Title:* Daniel Atwill, Presiding Commissioner

H.3 Name and Title of person completing this proposed application:* Della Luster, Administrative Coordinator

H.4 Date:* 04/10/2019

Personnel

Name:	Position Title:	Position Status:	Employment Status:	%of time spent on this grant funded activities	Requested Personnel Cost:	Discipline:	Function:	Allowable Activity:
					\$0.00			

Narrative Justification - Personnel

5000 Character Limit

Personnel Benefits

Name:	Benefits % of Salary	Requested Benefit Cost:	Discipline:	Function:	Allowable Activity:
		\$0.00			

Narrative Justification - Benefits

5000 Character Limit

Travel

Item Name:	Category:	Explanation of Other Travel:	Total Cost:	Discipline:	Function:	Allowable Activity:

			\$0.00		
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Narrative Justification - Travel

Travel Justification

5000 Character Limit

Equipment

Line Item Name:	AEL #:	Qty:	Unit Cost:	Total Cost:	Sustainment:	Discipline:	Function:	Allowable Activity:
				\$0.00				

Narrative Justification - Equipment

5000 Character Limit

Supplies/Operations

Supply/Operation Type:	Item Name:	Qty:	Unit Cost:	Total Supply or Operation Expense Cost:	Discipline:	Function:	Allowable Activity:
Other (computer, projector, chair, etc.)	Generator annual load testing	3.0	\$500.00	\$1,500.00	Emergency Management	Equipment	Power
				\$1,500.00			

Narrative Justification - Supplies/Operations

Annual Generator Testing is a sustainable item vital to the operations of generators.

5000 Character Limit

Contractual

Item Name:	Type of Contract:	Contract Amount:	Discipline:	Function:	Allowable Activity:
		\$0.00			

Narrative Justification - Contractual

5000 Character Limit

Total Budget

Total Personnel:	\$0.00
Total Benefits:	\$0.00
Total Travel:	\$0.00
Total Equipment:	\$0.00
Total Supplies/Operation:	\$1,500.00
Total Contractual:	\$0.00
Total Project Cost:	\$1,500.00

Named Attachments

Attachment	Description	File Name	Type	File Size
Audit/Financial Statement (REQUIRED)	Boone County Audit Year Ending 12/31/17	2017_OMB_Circular_A-133.pdf	pdf	157 KB
Federal Fund Schedule (REQUIRED if not included in Audit)				
Quotes or other cost basis				
Training Request Form				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				



Application

101880 - 2019 SHSP Region F - Final Application

102543 - Generator Accessories
State Homeland Security Program (SHSP)

Status: Editing **Submitted Date:**

Applicant Information

Primary Contact:

Name:*	Ms. <small>Title</small>	Della <small>First Name</small>	Luster <small>Last Name</small>
Job Title:*	Administrative Coordinator		
Email:*	dluster@boonecountymo.org		
Mailing Address:*	2145 County Drive		
Street Address 1:			
Street Address 2:			
*	Columbia <small>City</small>	Missouri <small>State/Province</small>	65202 <small>Postal Code/Zip</small>
Phone:*	573-554-7907		<small>Ext.</small>
Fax:*	573-442-3828		

Organization Information

Applicant Agency:*	Boone County, Emergency Management Agency			
Organization Type:*	Government			
Federal Tax ID#:*	436000349			
DUNS #:*	073755977			
CCR Code:	<small>Valid Until Date</small>			
Organization Website:	www.showmeboone.com/OEM			
Mailing Address:*	2145 County Drive			
Street Address 1:				
Street Address 2:				
City*	Columbia	Missouri	65202	0000

	City	State/Province	Postal Code/Zip	+ 4
County:*	Boone			
Congressional District:*	04			
Phone:*	573-554-7900			Ext.
Fax:*	573-442-3828			

Contact Information

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 - *If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official*
 - *If the applicant agency is a State Department, the Director shall be the Authorized Official*
 - *If the applicant agency is a college/university, the President shall be the Authorized Official*
 - *If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official.*
- If applicable please upload copy of 501C3 in the Other Attachments section of this application*
- *If the applicant agency is an RPC or COG, the Executive Director shall be the Authorized Official*
- **This is not an all-inclusive list. If your agency does not fall into the above categories or you are unsure of who the Authorized Official should be for your agency, please contact the Missouri Office of Homeland Security at (573) 526-9014***

Authorized Official:*	Mr.	Daniel	Atwill
	<small>Title (Mr.Ms.etc)</small>	<small>First Name</small>	<small>Last Name</small>

Job Title:* Presiding Commissioner

Agency:* Boone County Commission

Mailing Address:* 801 E. Walnut Suite 333

Street Address 1:

Street Address 2:

*	Columbia	Missouri	65201
	<small>City</small>	<small>State</small>	<small>Zip Code</small>

Email:* datwill@boonecountymo.org

Phone:*	573-886-4306		
	<small>Office</small>	<small>Ext.</small>	<small>Cell</small>

Fax:* 573-886-4311

Applicant Project Director

Applicant Project Director:*	Mr.	Thomas	Hurley
	<small>Title (Mr.Ms.etc)</small>	<small>First Name</small>	<small>Last Name</small>

Job Title:* Deputy Director

Agency:* Boone County Office of Emergency Management

Mailing Address:* 2145 E. County Drive

Street Address 1:

Street Address 2:

*	Columbia	Missouri	65202
---	----------	----------	-------

	City	State	Zip Code
Email:*	thurley@boonecountymo.org		
Phone:*	573-554-7900	7908	573-268-0996
	Office	Ext.	Cell
Fax*	573-442-3828		
Fiscal Officer			
Fiscal Officer:*	Ms.	June	Pitchford
	Title (Mr.Ms.etc)	First Name	Last Name
Job Title:*	Boone County Auditor		
Agency:*	County of Boone		
Mailing Address:*	801 E. Walnut Room 304		
Street Address 1:			
Street Address 2:			
*	Columbia	Missouri	65201
	City	State	Zip Code
Email:*	jpitchford@boonecountymo.org		
Phone:*	573-886-4275		
	Office	Ext.	Cell
Fax*	573-886-4280		
Project Contact Person			
Project Contact Person:	Mr.	Thomas	Hurley
	Title (Mr.Ms.etc)	First Name	Last Name
Job Title:	Deputy Director		
Agency:	Boone County Office of Emergency Management		
Mailing Address:	2145 E. County Drive		
Street Address 1:			
Street Address 2:			
	Columbia	Missouri	65202
	City	State	Zip Code
Email:	thurley@boonecountymo.org		
Phone:	573-554-7900	7908	573-268-0996
	Office	Ext.	Cell
Fax:	573-442-3828		

SHSP Project Package

A. Project Worksheet

- A.1 Project Title:*** Generator Accessories
- A.2 Agency Name:*** Boone County Office of Emergency Management
- A.3 Region:*** F
- A.4 County:*** Boone
- A.5 Project Location Zip Code:*** 65202
- A.6 Project Activity Type:*** Assess vulnerability of and/or harden/protect critical infrastructure and key assets
- A.7 If the project is for a new resource(s), to build or enhance a capability, has the applicant agency attempted coordination of resources?*** Yes
- A.8 If new resource describe attempts for coordination of resources:** Coordination of resources through our Region F Multi-Agency Coordination Center-FMACC

Coordination example: contacted other agencies within your region to see if this capability/asset currently exists and is available.
- A.9 Project Start Date:*** 09/01/2019
Project must start on or after 09/01/2019.
- A.10 Project End Date:*** 08/31/2021
Project must end on or before 08/31/2021.
- A.11 Investment Justification:*** Building and Sustaining Regional Collaboration via Regional Homeland Security Oversight Committees
Select the Investment Justification that the proposed project aligns to. Applicant agencies applying through RPC for Regionalization funds should select **I15 Building and Sustaining Regional Collaboration via RHSOC.**
- A.12 Project Description:*** Purchase of Large Generator Power Accessories: cord assembly, Portable Power Distribution Panel, Power Distribution Box and Cam-lock pigtails

Provide a complete project description. The project description should contain a summary of what specific action is proposed, objectives the project is designed to accomplish (the purpose), how this project aligns with terrorism preparedness, and the reason the project is needed.
2000 Character Limit

B. Project Capability, THIRA and Dual Use

- B.1 Primary Core Capability:*** Response Infrastructure Systems

Capability Target information listed in B.2 needs to be obtained directly from Missouri's FY18 THIRA. If you are unsure of how to align your agencies project to the FY18 THIRA please contact the Missouri Office of Homeland Security at (573) 526-9014.
- B.2 Capability Target(s):*** Response-stabilize critical infrastructure functions, minimize health and safety threats, and efficiently restore and revitalize systems and services to support a viable resilient community.

1000 Character Limit

Explain how the project impacts capability gap(s) from the Missouri THIRA Capability Target selected.
- B.3 Impact:*** Generators play a critical part in restoring order and critical infrastructure functions.

1000 Character Limit

Funding for activities not explicitly focused on terrorism preparedness must demonstrate Dual Use. If not explicitly focused on terrorism preparedness, describe Dual Use below.

B.4 Dual Use: Available within Region F and throughout the state for deployment during incidents where power is needed.



Dual use are activities which support the achievement of target capabilities related to terrorism preparedness and may simultaneously support enhanced preparedness for other hazards unrelated to acts of terrorism. 1000 Character Limit

C. Project Background

Sustaining Capability: Projects that sustain capabilities at their current level
 Building Capability: Projects that start a new capability, or increase a current capability level

C.1 Type of Project:* Sustaining Capability

Complete Project Background Investment Justification alignment and Prior Accomplishments for each year ONLY if proposed project was also funded with prior grant funds.

C.2 Was any portion of the proposed project funded with FY18 funds?:* No

C.5 Was any portion of the proposed project funded with FY17 funds?:* No

C.8 Was any portion of the proposed project funded with FY16 funds?:* No

C.11 If the proposed project was previously funded prior to the last 3 grant fiscal years state what grant fiscal year, fund source and last major accomplishment/milestone was completed: 250 Character Limit

D. Deployable/Sharable Resources

Deployable Resource: Identifies the availability and utility of an asset to multiple jurisdictions, regions, and the Nation; provides information on mobility of assets in an area. An asset that is physically mobile and can be used anywhere in the United States and territories via Emergency Management Assistance Compacts or other mutual aid/assistance agreements.

Shareable Resource: Provides information on the utility of a non-deployable shared asset in a region; identifies the asset's ability to augment and sustain a reinforced response within a region. An asset that can be utilized as a local, state, regional, or national capability, but is not physically deployable (i.e., fusion centers).

D.1 Does this project fund resources that are:* Deployable Resouce

If answered Deployable in question D.1 complete questions D.2-D.8.
 If answered Shareable in question D.1 complete questions D.2-D.4.
 If answered NA in question D.1 skip to Section E.

D.2 Item Name: Large Towable Generator

D.3 If sustaining deployable/sharable Homeland Security resource(s), describe how the project sustains each resource(s)?: 250 Character Limit

D.4 Special conditions/requirements on sharing the deployable/shareable resource(s): Example: Specific requirements of equipment, operator, etc. 250 Character Limit

FEMA Resource Typing Library Tool is located at <https://rtl.preptoolkit.org/Public>.

D.5 Is deployable resource NIMS Kind & Typed?: No

D.6 Deployable Resources Kind & Type Name(s):

Example: Mass Casualty Support Vehicle
250 Character Limit

D.7 Deployable Resources Kind & Type ID(s): (ID x-xxx-xxxx)

Example: ID 3-508-1032 Vehicle
250 Character Limit

D.8 If not NIMS Kind & Typed, explain how the item further supports the Homeland Security Initiative:

Generator does not meet the minimum standards per NIMS.

250 Character Limit

E. Audit Details

E.1 Has the Applicant Agency exceeded the federal expenditure threshold of \$750,000 in federal funds during agency's last fiscal year?:*

Yes

If the applicant agency exceeded the federal expenditure threshold in their last fiscal year, they must have their Single Audit or Program Specific Audit completed and submitted to the OHS within nine (9) months after the end of the audited fiscal year.

E.2 Date last audit completed: MM/DD/YYYY*

12/31/2017

E.3 By checking this box the applicant agency understands they are required to upload a copy of the agencies most recent completed audit in the Named Attachments section of this application:*

Yes

F. Risk Assessment

F.1 Does the applicant agency have new personnel that will be working on this award?:*

No

New personnel is defined as working with this award type less than 12 months.

F.2 Does the applicant agency have a new fiscal or time accounting system that will be used on this award?:*

No

New fiscal or time accounting system is defined as a system being utilized less than 12 months within the applicant agency.

F.3 Does the applicant agency receive any direct Federal awards?:*

Yes

Direct grants are grant that you apply directly to the federal government for and there is no intermediary agency such as OHS.

F.4 Did the applicant agency receive any Federal monitoring on a direct federal award in their last fiscal year?:*

No

G. National Incident Management System (NIMS)

G.1 Has the jurisdiction formally adopted the National Incident Management System (NIMS) throughout the jurisdiction or organization to prevent,

Yes

protect against, mitigate, respond to, and recover from incidents?*

G.2 Has the jurisdiction ensured training for the incident personnel incorporates NIMS training that is pertinent to each individuals incident responsibilities in alignment with the NIMS training program?*

Yes

G.3 Does the jurisdiction develop, maintain, and implement mutual aid agreements (to include agreements with the private sector and nongovernmental organizations)?*

Yes

G.4 Does the jurisdiction apply ICS as the standard approach to the on-scene command, control, and coordination of incidents?*

Yes

G.5 Does the jurisdiction enable effective and secure communications within and across jurisdictions and organizations?*

Yes

G.6 Does the jurisdiction identify and inventory deployable incident resources consistently with national NIMS resource typing definitions and job titles/position qualifications, available through the Resource Typing Library Tool?*

Yes

If answered No to any questions G.1-G.6, please explain planned activities during grant period to strive towards being NIMS compliant.

G.7 Planned Activities:

H. Certified Assurances

To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances if the assistance is awarded:

SHSP Certified Assurances

H.1 By checking this box, I have read and agree to the terms and conditions of this grant:*

Yes

In order to be eligible for funding the correct Authorized Official must be designated and have knowledge of these Certified Assurances. If the incorrect Authorized Official is listed or is left off this proposed application this application will be deemed ineligible for funding.

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Other Attachments section of this application

-If the applicant agency is an RPC or COG, the Executive Director shall be the Authorized Official

*-**This is not an all-inclusive list if you do not fall into the above categories or are unsure of who the Authorized Official is for your agency please contact The Missouri Office of Homeland Security at (573) 522-6125***

H.2 Authorized Official Name and Title:* Daniel Atwill, Presiding Commissioner

H.3 Name and Title of person completing this proposed application:* Della Luster, Administrative Coordinator

H.4 Date:* 04/10/2019

Personnel

Name:	Position Title:	Position Status:	Employment Status:	%of time spent on this grant funded activities	Requested Personnel Cost:	Discipline:	Function:	Allowable Activity:
					\$0.00			

Narrative Justification - Personnel

5000 Character Limit

Personnel Benefits

Name:	Benefits % of Salary	Requested Benefit Cost:	Discipline:	Function:	Allowable Activity:
		\$0.00			

Narrative Justification - Benefits

5000 Character Limit

Travel

Item Name:	Category:	Explanation of Other Travel:	Total Cost:	Discipline:	Function:	Allowable Activity:

			\$0.00		
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Narrative Justification - Travel

Travel Justification

5000 Character Limit

Equipment

Line Item Name:	AEL #:	Qty:	Unit Cost:	Total Cost:	Sustainment:	Discipline:	Function:	Allowable Activity:
Generator accessories	10GE-00-GENR	1.0	\$8,100.00	\$8,100.00	No	Emergency Management	Equipment	Power
				\$8,100.00				

Narrative Justification - Equipment

Generator accessories needed for back up power for critical infrastructure that will be available within Region F and throughout the state for deployment during incidents where power is needed

5000 Character Limit

Supplies/Operations

Supply/Operation Type:	Item Name:	Qty:	Unit Cost:	Total Supply or Operation Expense Cost:	Discipline:	Function:	Allowable Activity:
				\$0.00			

Narrative Justification - Supplies/Operations

5000 Character Limit

Contractual

Item Name:	Type of Contract:	Contract Amount:	Discipline:	Function:	Allowable Activity:
		\$0.00			

Narrative Justification - Contractual

5000 Character Limit

Total Budget

Total Personnel:	\$0.00
Total Benefits:	\$0.00
Total Travel:	\$0.00
Total Equipment:	\$8,100.00
Total Supplies/Operation:	\$0.00
Total Contractual:	\$0.00
Total Project Cost:	\$8,100.00

Named Attachments

Attachment	Description	File Name	Type	File Size
Audit/Financial Statement (REQUIRED)	Boone County Single Audit Report 12/31/17	2017_OMB_Circular_A-133.pdf	pdf	157 KB
Federal Fund Schedule (REQUIRED if not included in Audit)				
Quotes or other cost basis	Generator Accessories-Distribution Panel, box, and cables	Generator Accessories Quote.pdf	pdf	606 KB
Training Request Form				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				



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Eugene, Oregon 97402 • United States

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F: 1-541-284-2820

QUOTE

RFQ for Spider Box and 10 Outlet Power Panel

Date 12/10/2018
Quote # 8092
Expires 4/9/2019
Sales Rep Warren R Ward
Sales Rep Phone 254-768-4242
Sales Rep Email ward@westernshelter.com
Est. Ship ARO
Customer Reference
Terms Net 30

Bill To

Boone County Fire Protection District
2145 E. County Drive
Columbia MO 65202

Ship To

Boone County Fire Protection District
2145 E. County Drive
Columbia MO 65202

Item	Quantity	Description	Weight (lbs)	Unit Price	Amount
WSPPDP400 (EL-EDP400)	1	Portable Power Distribution Panel- Three phase with 10 ea. 50 Amp 125/250volt outlets. For use with 70-150 KW generators. Includes 5 Wire set of 12' female Cam Lock pigtails (See stand option #)	100 (100)	\$5,474.97	\$5,474.97
CEP650GU (EL-EDP50)	1	Power Distribution Box - 50 amp Spider Box	28 (28)	\$1,141.08	\$1,141.08
02-210-60204 (PA-ELCBCLPT4012)	1	Cam-lock Pigtaills, 5 Wire Set of 12' 4/0 Female Cam-lock	()	\$628.86	\$628.86
WS-50A254W (PA-ELCB50A254W)	1	Cord Assembly, 25' 6/4 50 Amp Extension Cable SINGLE PHASE	()	\$162.62	\$162.62
WS-50A504W (PA-ELCB50A504W)	1 5	Cord Assembly, 50' 6/4 50 Amp Extension Cable SINGLE PHASE	28 (28)	\$209.77	\$209.77
WS-50A1004W (PA-ELCB50A1004W)	1	Cord Assembly, 100' 6/4 50 Amp Extension Cable SINGLE PHASE	45 (45)	\$368.44	\$368.44
ShipFreight	1	Shipping via a freight Carrier	()	(C)	\$399.29
			Order Weight (lbs) :	201	

Terms & Conditions

1. This is a quotation. Items added or deleted in final specification may result in re-quotation.
2. Position in the production schedule is not reserved until acceptance of a valid Purchase Order.
3. Freight estimates and charges based on FOB Eugene, Oregon 97402 unless otherwise specified.
4. Western Shelter Systems (WSS) may be responsible to collect any state/local Sales/ Service Tax generated by this transaction. Any taxes assessed will be included on the invoice created by WSS as an additional cost and are not reflected in the quote above. Determination of applicable taxes cannot accurately be estimated until the transaction is processed as tax rates may change after this quotation has been issued.
5. Verbal Purchase Orders will not be accepted.
6. Western Shelter Systems warrants all products against defects and workmanship for a period of one year from date of manufacture.
7. All weights are approximate.
8. Credit card payments are subject to a 2% processing fee excluding GSA Ebuy.
9. Past due accounts are subject to a 1.5% late charge per month.
10. GSA contract items available under GSA Schedule #GS-03F-084CA
11. Western Shelter Systems requires proof of eligibility for all GSA orders. Where applicable, please submit a letter confirming eligibility to purchase under GSA schedule 78 in order to qualify for GSA pricing.

Subtotal	\$8,385.03
Tax	\$0.00
Total	\$8,385.03

8064.19



Application

101880 - 2019 SHSP Region F - Final Application

102028 - Diesel Water/Trash Pumps
State Homeland Security Program (SHSP)

Status: Editing

Submitted Date:

Applicant Information

Primary Contact:

Name:*	Ms. <small>Title</small>	Della <small>First Name</small>	Luster <small>Last Name</small>
Job Title:*	Administrative Coordinator		
Email:*	dluster@boonecountymo.org		
Mailing Address:*	2145 County Drive		
Street Address 1:			
Street Address 2:			
* City	Columbia	Missouri	65202
	<small>City</small>	<small>State/Province</small>	<small>Postal Code/Zip</small>
Phone:*	573-554-7907		Ext.
Fax:*	573-442-3828		

Organization Information

Applicant Agency:*	Boone County, Emergency Management Agency			
Organization Type:*	Government			
Federal Tax ID#:*	436000349			
DUNS #:*	073755977			
CCR Code:	Valid Until Date			
Organization Website:	www.showmeboone.com/OEM			
Mailing Address:*	2145 County Drive			
Street Address 1:				
Street Address 2:				
City*	Columbia	Missouri	65202	0000

	City	State/Province	Postal Code/Zip	+ 4
County:*	Boone			
Congressional District:*	04			
Phone:*	573-554-7900			Ext.
Fax:*	573-442-3828			

Contact Information

Authorized Official

The Authorized Official is the individual who has the authority to legally bind the applicant into a contract.

- If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official
- If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official
- If the applicant agency is a State Department, the Director shall be the Authorized Official
- If the applicant agency is a college/university, the President shall be the Authorized Official
- If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official.
- If applicable please upload copy of 501C3 in the Other Attachments section of this application
- If the applicant agency is an RPC or COG, the Executive Director shall be the Authorized Official
- ****This is not an all-inclusive list. If your agency does not fall into the above categories or you are unsure of who the Authorized Official should be for your agency, please contact the Missouri Office of Homeland Security at (573) 526-9014****

Authorized Official:*	Mr.	Daniel	Atwill
	Title (Mr.Ms.etc)	First Name	Last Name

Job Title:* Presiding Commissioner

Agency:* Boone County Commission

Mailing Address:* 801 E. Walnut Suite 333

Street Address 1:

Street Address 2:

*	Columbia	Missouri	65201
	City	State	Zip Code

Email:* datwill@boonecountymo.org

Phone:*	573-886-4306		
	Office	Ext.	Cell

Fax:* 573-886-4311

Applicant Project Director

Applicant Project Director:*	Mr.	Thomas	Hurley
	Title (Mr.Ms.etc)	First Name	Last Name

Job Title:* Deputy Director

Agency:* Boone County Office of Emergency Management

Mailing Address:* 2145 E. County Drive

Street Address 1:

Street Address 2:

*	Columbia	Missouri	65202
---	----------	----------	-------

	City	State	Zip Code
Email:*	thurley@boonecountymo.org		
Phone:*	573-554-7900	7908	573-268-0996
	Office	Ext.	Cell
Fax*	573-442-3828		
Fiscal Officer			
Fiscal Officer:*	Ms.	June	Pitchford
	Title (Mr.Ms.etc)	First Name	Last Name
Job Title:*	Boone County Auditor		
Agency:*	County of Boone		
Mailing Address:*	801 E. Walnut Room 304		
Street Address 1:			
Street Address 2:			
*	Columbia	Missouri	65201
	City	State	Zip Code
Email:*	jpitchford@boonecountymo.org		
Phone:*	573-886-4275		
	Office	Ext.	Cell
Fax*	573-886-4280		
Project Contact Person			
Project Contact Person:	Mr.	Thomas	Hurley
	Title (Mr.Ms.etc)	First Name	Last Name
Job Title:	Deputy Director		
Agency:	Boone County Office of Emergency Management		
Mailing Address:	2145 E. County Drive		
Street Address 1:			
Street Address 2:			
	Columbia	Missouri	65202
	City	State	Zip Code
Email:	thurley@boonecountymo.org		
Phone:	573-554-7900	7908	573-268-0996
	Office	Ext.	Cell
Fax:	573-442-3828		

SHSP Project Package

A. Project Worksheet

A.1 Project Title:* Diesel Water/Trash Pump Purchase

A.2 Agency Name:* Boone County Office of Emergency Management

A.3 Region:* F

A.4 County:* Boone

A.5 Project Location Zip Code:* 65202

A.6 Project Activity Type:* Assess vulnerability of and/or harden/protect critical infrastructure and key assets

A.7 If the project is for a new resource(s), to build or enhance a capability, has the applicant agency attempted coordination of resources?* Yes

A.8 If new resource describe attempts for coordination of resources: Contacted other EMD's in Region, these are currently not available in Region F.
 Coordination example: contacted other agencies within your region to see if this capability/asset currently exists and is available.

A.9 Project Start Date:* 09/01/2019
 Project must start on or after 09/01/2019.

A.10 Project End Date:* 08/31/2021
 Project must end on or before 08/31/2021.

A.11 Investment Justification:* Building and Sustaining Regional Collaboration via Regional Homeland Security Oversight Committees
 Select the Investment Justification that the proposed project aligns to. Applicant agencies applying through RPC for Regionalization funds should select **IJ5 Building and Sustaining Regional Collaboration via RHSOC.**

A.12 Project Description:* Purchase of a 6 inch Water/Trash pump.

Provide a complete project description. The project description should contain a summary of what specific action is proposed, objectives the project is designed to accomplish (the purpose), how this project aligns with terrorism preparedness, and the reason the project is needed.
 2000 Character Limit

B. Project Capability, THIRA and Dual Use

B.1 Primary Core Capability:* Response Infrastructure Systems

Capability Target information listed in B.2 needs to be obtained directly from Missouri's FY18 THIRA. If you are unsure of how to align your agencies project to the FY18 THIRA please contact the Missouri Office of Homeland Security at (573) 526-9014.

B.2 Capability Target(s):* Mitigate and protect critical infrastructure from flood damage.

1000 Character Limit

Explain how the project impacts capability gap(s) from the Missouri THIRA Capability Target selected.

B.3 Impact:* Water pumps play a critical part in restoring order and critical infrastructure functions.

1000 Character Limit

Funding for activities not explicitly focused on terrorism preparedness must demonstrate Dual Use. If not explicitly focused on terrorism preparedness, describe Dual Use below.

B.4 Dual Use: Available within Region F and throughout the state for deployment during incidents where flooding is a threat

Dual use are activities which support the achievement of target capabilities related to terrorism preparedness and may simultaneously support enhanced preparedness for other hazards unrelated to acts of terrorism.
1000 Character Limit

C. Project Background

Sustaining Capability: Projects that sustain capabilities at their current level
Building Capability: Projects that start a new capability, or increase a current capability level

C.1 Type of Project:* Sustaining Capability

Complete Project Background Investment Justification alignment and Prior Accomplishments for each year ONLY if proposed project was also funded with prior grant funds.

C.2 Was any portion of the proposed project funded with FY18 funds?:* No

C.5 Was any portion of the proposed project funded with FY17 funds?:* No

C.8 Was any portion of the proposed project funded with FY16 funds?:* No

C.11 If the proposed project was previously funded prior to the last 3 grant fiscal years state what grant fiscal year, fund source and last major accomplishment/milestone was completed: 250 Character Limit

D. Deployable/Sharable Resources

Deployable Resource: Identifies the availability and utility of an asset to multiple jurisdictions, regions, and the Nation; provides information on mobility of assets in an area. An asset that is physically mobile and can be used anywhere in the United States and territories via Emergency Management Assistance Compacts or other mutual aid/assistance agreements.

Shareable Resource: Provides information on the utility of a non-deployable shared asset in a region; identifies the asset's ability to augment and sustain a reinforced response within a region. An asset that can be utilized as a local, state, regional, or national capability, but is not physically deployable (i.e., fusion centers).

D.1 Does this project fund resources that are:* Deployable Resource

If answered Deployable in question D.1 complete questions D.2-D.8.
If answered Shareable in question D.1 complete questions D.2-D.4.
If answered NA in question D.1 skip to Section E.

D.2 Item Name: Water/Trash Pumps

D.3 If sustaining deployable/sharable Homeland Security resource(s), describe how the project sustains each resource(s):* 250 Character Limit
Pump is a Region F deployable asset.

D.4 Special conditions/requirements on sharing the deployable/shareable resource(s): Resource request will be reviewed and equipment can be deployed as agreed. Requirement is to maintain the equipment and perform necessary maintenance and repairs/replacement if needed.
Example: Specific requirements of equipment, operator, etc.
250 Character Limit

FEMA Resource Typing Library Tool is located at <https://rtlt.preptoolkit.org/Public>.

D.5 Is deployable resource NIMS Kind & Typed?: No

**D.6 Deployable Resources
Kind & Type Name(s):**

Example: Mass Casualty Support Vehicle
250 Character Limit

**D.7 Deployable Resources
Kind & Type ID(s):
(ID x-xxx-xxxx)**

Example: ID 3-508-1032 Vehicle
250 Character Limit

**D.8 If not NIMS Kind &
Typed, explain how the
item further supports the
Homeland Security
Initiative:**

250 Character Limit

E. Audit Details**E.1 Has the Applicant
Agency exceeded the
federal expenditure
threshold of \$750,000 in
federal funds during
agency's last fiscal
year?***

Yes

If the applicant agency exceeded the federal expenditure threshold in their last fiscal year, they must have their Single Audit or Program Specific Audit completed and submitted to the OHS within nine (9) months after the end of the audited fiscal year.

**E.2 Date last audit
completed:
MM/DD/YYYY***

12/31/2017

**E.3 By checking this box
the applicant agency
understands they are
required to upload a copy
of the agencies most
recent completed audit in
the Named Attachments
section of this
application:***

Yes

F. Risk Assessment**F.1 Does the applicant
agency have new
personnel that will be
working on this award?***

No

New personnel is defined as working with this award type less than 12 months.

**F.2 Does the applicant
agency have a new fiscal
or time accounting system
that will be used on this
award?***

No

New fiscal or time accounting system is defined as a system being utilized less than 12 months within the applicant agency.

**F.3 Does the applicant
agency receive any direct
Federal awards?***

Yes

Direct grants are grant that you apply directly to the federal government for and there is no intermediary agency such as OHS.

**F.4 Did the applicant
agency receive any
Federal monitoring on a
direct federal award in
their last fiscal year?***

No

G. National Incident Management System (NIMS)**G.1 Has the jurisdiction
formally adopted the
National Incident
Management System
(NIMS) throughout the
jurisdiction or
organization to prevent,
protect against, mitigate,
respond to, and recover
from incidents?***

Yes

G.2 Has the jurisdiction ensured training for the incident personnel incorporates NIMS training that is pertinent to each individuals incident responsibilities in alignment with the NIMS training program?* Yes

G.3 Does the jurisdiction develop, maintain, and implement mutual aid agreements (to include agreements with the private sector and nongovernmental organizations)?* Yes

G.4 Does the jurisdiction apply ICS as the standard approach to the on-scene command, control, and coordination of incidents?* Yes

G.5 Does the jurisdiction enable effective and secure communications within and across jurisdictions and organizations?* Yes

G.6 Does the jurisdiction identify and inventory deployable incident resources consistently with national NIMS resource typing definitions and job titles/position qualifications, available through the Resource Typing Library Tool?* Yes

If answered No to any questions G.1-G.6, please explain planned activities during grant period to strive towards being NIMS compliant.

G.7 Planned Activities:

H. Certified Assurances

To the best of my knowledge and belief, all data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant attests to and/or will comply with the following Certified Assurances if the assistance is awarded:

SHSP Certified Assurances

H.1 By checking this box, I have read and agree to the terms and conditions of this grant:* Yes

*In order to be eligible for funding the correct Authorized Official must be designated and have knowledge of these Certified Assurances. **If the incorrect Authorized Official is listed or is left off this proposed application this application will be deemed ineligible for funding.***

*The Authorized Official is the individual who has the authority to legally bind the applicant into a contract.
 -If the applicant agency is a city, the Mayor or City Administrator shall be the Authorized Official
 -If the applicant agency is a county, the Presiding County Commissioner or County Executive shall be the Authorized Official
 -If the applicant agency is a State Department, the Director shall be the Authorized Official
 -If the applicant agency is a college/university, the President shall be the Authorized Official
 -If the applicant agency is a nonprofit, the Board Chair/President shall be the Authorized Official, If applicable please upload copy of 501C3 in the Other Attachments section of this application
 -If the applicant agency is an RPC or COG, the Executive Director shall be the Authorized Official
 -**This is not an all-inclusive list if you do not fall into the above categories or are unsure of who the Authorized Official is for your agency please contact The Missouri Office of Homeland Security at (573) 522-6125***

H.2 Authorized Official Name and Title:* Daniel Atwill, Presiding Commissioner

H.3 Name and Title of person completing this proposed application:* Della Luster, Administrative Coordinator

H.4 Date:* 04/10/2019

Personnel

Name:	Position Title:	Position Status:	Employment Status:	%of time spent on this grant funded activities	Requested Personnel Cost:	Discipline:	Function:	Allowable Activity:
					\$0.00			

Narrative Justification - Personnel

5000 Character Limit

Personnel Benefits

Name:	Benefits % of Salary	Requested Benefit Cost:	Discipline:	Function:	Allowable Activity:
		\$0.00			

Narrative Justification - Benefits

5000 Character Limit

Travel

Item Name:	Category:	Explanation of Other Travel:	Total Cost:	Discipline:	Function:	Allowable Activity:
			\$0.00			

Narrative Justification - Travel

Travel Justification

5000 Character Limit

Equipment

Line Item Name:	AEL #:	Qty:	Unit Cost:	Total Cost:	Sustainment:	Discipline:	Function:	Allowable Activity:
6" Diesel Water/Trash Pump & Accessories	03SR-02-TPEL	2.0	\$18,000.00	\$36,000.00	Yes	Emergency Management	Equipment	CBRNE Operational Search and Rescue Equipment
				\$36,000.00				

Narrative Justification - Equipment

Pump will be available within Region F and throughout the state for deployment during incidents where immediate water removal is needed.

5000 Character Limit

Supplies/Operations

Supply/Operation Type:	Item Name:	Qty:	Unit Cost:	Total Supply or Operation Expense Cost:	Discipline:	Function:	Allowable Activity:
				\$0.00			

Narrative Justification - Supplies/Operations

5000 Character Limit

Contractual

Item Name:	Type of Contract:	Contract Amount:	Discipline:	Function:	Allowable Activity:
------------	-------------------	------------------	-------------	-----------	---------------------

		\$0.00			
--	--	--------	--	--	--

Narrative Justification - Contractual

5000 Character Limit

Total Budget

Total Personnel:	\$0.00
Total Benefits:	\$0.00
Total Travel:	\$0.00
Total Equipment:	\$36,000.00
Total Supplies/Operation:	\$0.00
Total Contractual:	\$0.00
Total Project Cost:	\$36,000.00

Named Attachments

Attachment	Description	File Name	Type	File Size
Audit/Financial Statement (REQUIRED)	Boone County Single Audit Report 12/31/17	2017_OMB_Circular_A-133.pdf	pdf	157 KB
Federal Fund Schedule (REQUIRED if not included in Audit)				
Quotes or other cost basis	Water/Trash Pump & Accessories Quotes	Pump and Accessories Quotes.pdf	pdf	2.5 MB
Training Request Form				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				
Other Supporting Information				



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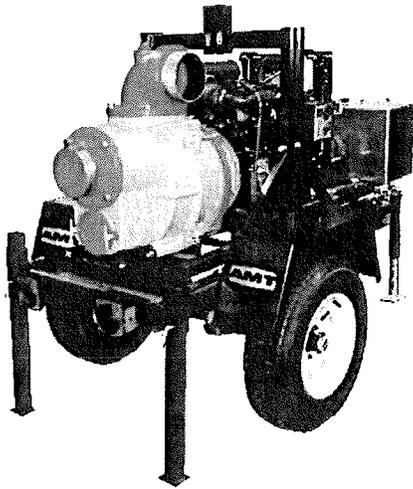
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AMT Pump 5587-D6 - 1000 GPM (6") Trailer Mounted Electric Start Diesel Trash Pump w/ Kohler KDW1003 Engine



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Model: 5587-D6

\$16,593.00

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Manuals

Inlet Size

6"

Features

Style



Specifications

GPM

1000
Gallons

Engine

KOHLER

AMT Trailer-Mounted 6" Diesel Trash Pump

- For high volume flow & solid/debris handling up to 3"

Industrial-Grade Kohler KDW1003 Diesel Engine

- Ultra-Compact, high performance design provides lower noise and vibration
- 20-Gallon Fuel tank provides up to 12-hours of run time

Low Oil Alert

- Helps to prevent engine seizure due to a low oil condition

12V DC Electric Start (Battery Not Included) w/ Digital Tachometer & Hour-Meter

- Makes this pump easy to start, monitor and maintain

Cast Aluminum Pump Casing & Adapter

- Proven design decreases weight without compromising durability

Cast Iron Seal Plate, Volute & Manifold

- Ensures maximum durability and performance
- Seal Wash features helps extend seal life

Silicon Carbide Mechanical Seal & Buna O-Rings/Check Valve

- Increased abrasive resistance, longer life & less maintenance

Stainless Steel Impeller

- Corrosion-resistant design provides extremely efficient pumping

Easy Clean-Out & Service Feature w/ Slide-Out Design

- Patented slide mechanism permits complete servicing w/o removing hoses

D.O.T. Approved Trailer

- 2000 lb axle, 2" ball coupler, 3 x 2000 lb jack stands

Includes 4" Suction Strainer & Nipple

Requires Loading Dock or Forklift For Delivery

1-Year Limited Warranty

Motor

Battery Included No

Pump

Gallons Per Minute 1000 Gallons

Inlet Diameter 6"

Outlet Diameter 6"

Self Priming Yes

Pump Head Material Aluminum

Pump Housing Drain Yes

Quick Clean Out Yes

Mechanical Seal Material Silicon Carbide

Housing Material Aluminum

Impeller Material Cast Iron

Solids Handling Size 3 inch

Handles Solids Yes

Suction Head 20 Feet

Total Head Lift 96 Feet

Built-in check Valve Yes

Engine

Engine Brand Kohler

Starting System 12-Volt Button Start

Engine Cycles 4-Cycle

Low Oil Shutdown Yes

Fuel Tank Size 20 Gallons

Run Time 12 Hours

Accessories

Tool Kit Yes

Strainer Yes

Lifting Hook Yes

Wheel Kit Yes

Overview

Weight 1250 Pounds

Product Length 99 Inches

Product Width 48 Inches

Product Height 62 Inches



Air Compressors

Electric Generators

Lawn Mowers

Pressure Washers

Snow Blowers

Sump Pumps

String Trimmers

Tillers

Water Pumps

More >



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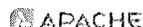
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Hoses

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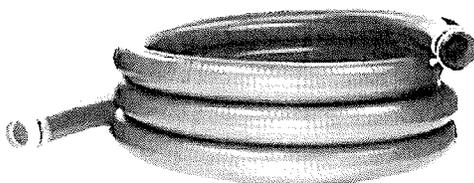
Apache Hose 6" x 20' PVC Suction Hose

Our Price

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Shipping Info

Model: 98128140



\$510.00

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Product Description

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Recommended Accessories

How-To Articles

Features

6" x 20' PVC Suction Hose

- Designed for water, light chemicals and pumping services

Quality Construction

- Flexible, abrasion resistant with a rigid PVC helix for strength

M x F Coupled Ends

- Makes attaching hose to pump and strainer an easy task

Specifications

Pump

Outlet Diameter

6"

Accessories

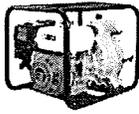
Hose Couplings

Yes

Overview

Weight	101.5 Pounds
Product Length	240 Inches
Product Width	6 Inches
UPC	725559185502

People Who Viewed Apache Hose 6" x 20' PVC Suction Hose Ultimately Bought



BE TP-3065HR - 264 GPM (3") Semi-Trash Pump w/ Honda GX...

\$679.99



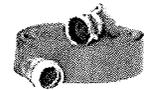
Apache Hose 6" x 20' PVC Suction Hose

\$510.00



Apache Hose 3" Water Pump Hose Kit

\$159.99



Apache Hose 3" x 50' PVC Lay Flat Discharge Hose

\$97.99

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Home > Shop by Brand > Apache Hose > 98138100

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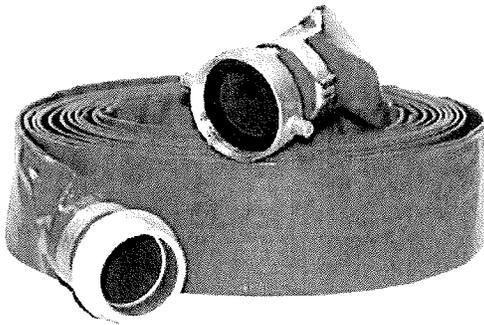


Apache Hose 6" x 50' PVC Lay Flat Discharge Hose

Our Price

Compare Prices

Shipping Info



Click to Enlarge Image

Model: 98138100

\$307.99

As low as \$27 / month at 10% APR with *affirm* See how much you qualify for

Only 1 In-Stock **Ships Friday, Apr 12th**

Size

Hose Length

6"



50 - Feet



Qty. 1

Add To Cart

Product Description

Reviews

Product Q&A

Recommended Accessories

How-To Articles

Features

6" x 50' PVC Lay Flat Discharge Hose

- Designed for water, light chemicals and pumping services

Strong, Lightweight, Non-Water Absorbing & Mildew Proof

- Resistant to oils, grease and many chemicals/acids

Designed For Easy Storage and Transportation

Specifications

Pump

Inlet Diameter 6"

Outlet Diameter 6"

Accessories

- Rolls up flat, no need to hassle with bulky, rigid hoses again

***Note - Designed For Open Ended Use Only**

Hose Couplings Yes

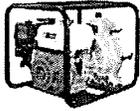
Overview

Weight 49.8 Pounds

Product Length 600 Inches

Product Width 6 Inches

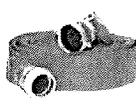
People Who Viewed Apache Hose 6" x 50' PVC Lay Flat Discharge Hose Ultimately Bought



BE TP-3065HR - 264 GPM (3") Semi-Trash Pump w/ Honda GX...

BE TP-3065HR - 264 GPM (3") Semi-Trash Pump w/ Honda GX...

\$679.99



(1)

Apache Hose 3" x 50' PVC Lay Flat Discharge Hose

\$97.99



(2)

Apache Hose 3" Water Pump Hose Kit

\$159.99



Apache Hose 6" x 20' PVC Suction Hose

\$510.00

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Shop for the Apache Hose 6" x 50' PVC Lay Flat Discharge Hose at Water Pumps Direct. Research discharge hose online. Find discharge hose & 6" 50 foot discharge hose features and specifications. Get the best deal, compare prices now. Buy the direct and save.

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Hoses

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Home > Shop by Brand > Apache Hose > 70009710

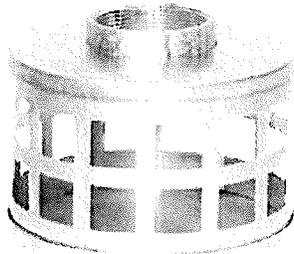
Shop Accessories >



Apache Hose 6" Plated Steel Square Hole Strainer

Our Price

Shipping Info



Click to Enlarge Image

Model: 70009710

\$92.99

Factory-Direct **Ships in 2-5 Business Days**

Factory items ship direct from the manufacturer. Shipping times vary.

Size

6"

Type

Plated Steel Square Hole

Qty. 1

Add To Cart

Product Description

Reviews

Product Q&A

Recommended Accessories

How-To Articles

Features

6" FNPT Plated Steel Square Hole Strainer

- Designed to be rust and crush resistant

Extends The Life Of Your Pump

- Prevents large solids from entering the pump

Recommended For Use With Trash & Semi-Trash Pumps

Specifications

Pump

Inlet Diameter

6"

Overview

Weight

6.32 Pounds

Picture May Not Reflect Actual Size/Shape Of Item

People Who Viewed Ultimately Bought



Apache Hose 6" Plated Steel Round Hole Strainer

\$76.99

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Shop for the Apache Hose 6" Plated Steel Square Hole Strainer at Water Pumps Direct. Research suction strainers online. Find suction strainers & 6" square hole suction strainer features and specifications. Get the best deal, compare prices now. Buy the direct and save.

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STATE OF MISSOURI

} ea.

April Session of the April Adjourned

Term. 20 19

County of Boone

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

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

Now on this day the County Commission of the County of Boone does hereby approve the Boone County Commission Quarter I 2019 Minutes, beginning on 1/2/2019 through 3/26/2019.

Done this 18th day of April 2019.

ATTEST:

Brianna L. Lennon
Brianna L. Lennon
Clerk of the County Commission

Daniel K. Atwill
Daniel K. Atwill
Presiding Commissioner

Fred J. Parry
Fred J. Parry
District I Commissioner

Janet M. Thompson
Janet M. Thompson
District II Commissioner

175-2019

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STATE OF MISSOURI }
County of Boone } ea.

April Session of the April Adjourned

Term. 2019

In the County Commission of said county, on the 18th day of April 2019

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

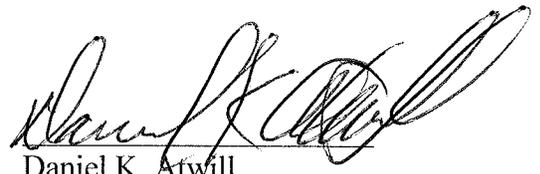
Now on this day, the County Commission of the County of Boone does hereby appoint the following:

Name	Board	Period
Freddy Furlong	Planning & Zoning Commission	April 1, 2019 thru March 31, 2023
Chuck Blossom	Boone County Family Resources	April 1, 2019 thru March 31, 2022
Shari Riley	Senior Citizen Service Corporation	April 1, 2019 thru March 31, 2022

Done this 18th day of April 2019.

ATTEST:

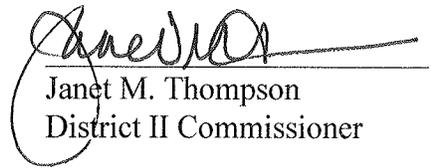
Brianna L. Lennon
Brianna L. Lennon
Clerk of the County Commission



Daniel K. Atwill
Presiding Commissioner



Fred J. Parry
District I Commissioner



Janet M. Thompson
District II Commissioner

Dan Atwill, Presiding Commissioner
Fred J. Parry, District I Commissioner
Janet Thompson, District II Commissioner



Boone County Government Center
801 E. Walnut, Room 333
Columbia, MO 65201
573-886-4305 - FAX 573-886-4311
E-mail: commission@boonecountymo.org

Boone County Commission

BOONE COUNTY BOARD OR COMMISSION APPLICATION FORM

Board or Commission: Planning & Zoning Commission

Name: Freddy D. Furlong

Home Address: 4401 West Voorheis Rd.

City: Sturgeon **Zip Code:** 65284

Business Address: _____

City: _____ **Zip Code:** _____

At which address would you prefer to be contacted? ___

E-mail: fredexcel01@gmail.com

Phone (Home): 573-819-6290 **Phone (Work):** _____

Fax: _____

Qualifications:

I have worked in the construction trade for over 30 years and 18 years of that I have created a successful drywall business. During this time I have had the ability to work closely with general contractors, builders, developers and other tradesmen. Also, during this time I have become familiar with both Boone County, and City of Columbia, ordinances and regulations.

Past Community Service:

I volunteered with the Harrisburg School District 4-H club for 2 years as the archery leader. I actively participate in church related functions for the community of Harrisburg. I have worked collaboratively with other community members to organize fundraisers to benefit the school district. I have also donated my time and labor to multiple members of the community.

References:

Bob Dochler 573-808-3938 Bart Balew 573-808-2358 Quinn Bellmer 573-268-2928 Darin File 573-639-1454

I have no objections to the information in this application being made public. To the best of my knowledge at this time I can serve a full term if appointed. I do hereby certify that the above information is true and accurate.

Applicant Signature

**Return Application
To:**

**Boone County Commission Office
Boone County Government Center
801 East Walnut, Room 333
Columbia, MO 65201
Fax: 573-886-4311**

An Affirmative Action/Equal Opportunity Institution

Application for Appointment to Board of Director of Boone County Family Resources

Boone County Family Resources was established in 1976 with the passage of a special property tax levy. The agency, through its Board of Directors, purchases and provides services for eligible persons of all ages with developmental disabilities. As an administrative agent of the Department of Mental Health, the scope of services has expanded since establishment of the agency, and has grown to include residential services, vocational and practical living skills training, and family support services. The agency is nationally accredited and has a multi-million dollar budget. Additional information about the agency may be obtained at the agency's website, www.b CFR .org, or by contacting the agency.

Composition of the board of directors must meet the statutory requirements of the enabling legislation. Additionally, persons appointed to the board must comply with the provisions of the bylaws of the board, agency policy and the resolution adopted by the Board regarding disclosure of potential conflicts of interest on file with the Missouri Ethics Commission. Board members of Boone County Family Resources also serve on the board of Life and Work Connections, Inc., a Section 501(c)(3) corporation that provides vocational services to young adults through a contractual arrangement with Boone County Family Resources. As appointees of a statutorily created entity with broad powers, board members have certain fiduciary duties, which require that they conduct themselves without conflict to the interest of the agency they serve. Conflicts of interest are not prohibited, but disclosure is critical. Disclosure should not be construed as creating a presumption of impropriety or as automatically precluding someone from participation. Rather, it reflects the recognition of the many factors that can influence one's judgment and a desire to make as much information as possible available to other participants. Potentially conflicting interests may relate to programs and services or operations, such as contracts with third parties.

APPLICATION

Name: Blossom Charles C
Last First Middle Initial

Home Address: 4275 E. Highway 163

City: Columbia Zip: MO

Employment Address: _____
City: _____ Zip: _____

At which address would you prefer to be contacted: Home _____ Business

Email Address (where you wish to be contacted): ccbloss4@gmail.com

Home Phone: 314 660-2066 Business Phone: _____

Section 205.970 RSMo requires that at least 7 of the board members be residents of the county where the facility is located. Are you a Boone County resident and how long have you lived in Boone County? 4 Years 6 Months

Are you a registered voter? Yes No

Have you previously served as a member of a board? If yes, identify the board and the dates of service.

1. Board of Trustees, Dardenne Farms Subdivision (1986 - 1990)

2. Board of Trustees, Village of Cottleville, MO (1988 - 1990) (continued below)

What other professional, civic or community endeavors are you currently involved in?

CASA - Court Appointed Special Advocate Volunteer (currently not assigned)

Are you or have you previously held any local, state or federal government positions, appointments or elected office(s)? If so, please list dates and positions held.

1. Trustee, Dardenne farms Subdivision, 2. Trustee, Village of Cottleville, MO

3. St. Charles County, MO Road Board, 4. Village of Innsbrook, MO Board Member

Section 205.970, Revised Statutes of Missouri, requires that at two of the nine members of the board of directors be related by blood or marriage within the third degree to a handicapped person as defined in Section 205.968 as a person who is "lower range educable or upper range trainable mentally retarded or a person who has a developmental disability." Are you related by blood or marriage within the third degree to a handicapped person as defined in Missouri statutes?

[Relationships in the third degree include mother, father, child, brother, sister, (including half, step and in-law relationships in these same categories), and grandparent, grandchild, aunt, uncle, niece, nephew, great grandparent, great grandchild.] If yes, please identify the person and the relationship.

Brandon Schantz (employed at BCI, St. Charles County), wife's cousin (once removed)

Person

Relationship

For purposes of the following questions, "related family member" is defined to include relationships within the third degree by blood or marriage. [Relationships in the third degree include mother, father, child, brother, sister, (including half, step and in-law relationships in these same categories), and grandparent, grandchild, aunt, uncle, niece, nephew, great grandparent, great grandchild.]

Have you or a related family member applied for eligibility and been determined eligible or ineligible for services of Boone County Family Resources at any time? If yes, identify the individual who applied, their relationship to you and the date of application.

No

Explain briefly why you are seeking this position and identify any special qualifications you have for this position.

I have served as a Board Member, Board President and Executive Director of BCI
(Boone Center, Inc.) for over 25 years. (cont. below)

Do you or any related family member have any financial interest, directly or indirectly, in any contract or subcontract with Boone County Family Resources; or have you or a related family member been employed by any agency or entity that contracts or subcontracts with Boone County Family Resources; or in the sale to Boone County Family Resources of land, materials, supplies, or services? If yes, please explain.

No

Are you or any related family member now or have you or a related family member ever been employed by Boone County Family Resources? If so, please give dates of employment and position held.

No

Do you or does any related family member have any other interest which might conflict or be perceived to conflict with your duty of loyalty to the interests of Boone County Family Resources? If so, identify the interest and the relationship.

No

Have you ever been arrested, charged, or convicted of any felony? Yes No
If yes, please explain.

Have you ever been disciplined, cited, or sanctioned for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? Yes No
If yes, please explain.

Are your Boone County taxes paid in full to date? Yes No

If "No", please explain.

References:

Tom Barratt	friend/co-worker	636 734-2276	31
<i>Name</i>	<i>Nature of Relationship</i>	<i>Contact Information</i>	<i>Years Known</i>
Julie Bartch	BCI Board	314 954-1352	20
<i>Name</i>	<i>Nature of Relationship</i>	<i>Contact Information</i>	<i>Years Known</i>

By my signature, I agree to comply fully with board policy, bylaws, and conflict of interest requirements of the board of directors and certify that the information above is complete and accurate to the best of my knowledge and that should a potential conflict arise during my term, I will bring it to that attention of the Board of Directors of Boone County Family Resources.

Signature

Date

(board service cont.)

3. St. Charles County, MO, Road Board (1985 - 1986)
4. Village of Innsbrook, MO, Board Member (1997 - 2000)
5. Mark Twain Bank, St. Charles County, MO, Board Member (1985 - 1991)
6. UMB Bank, St. Charles County, MO, Board Member (2005 - 2012)
7. Darrell Gwynn Foundation, Davie, FL, Chairman (2004 - 2008)
8. BCI, St. Charles County, MO, Member/Board Chair (1986-1991; 1997-1999)

(why seeking position, cont.)

BCI is a 501(c) 3 enterprise in St. Charles County, MO, incorporated to enrich the lives of adults with disabilities and their families by providing a choice of productive and fulfilling employment. I have both the experience and the passion to continue to serve the developmentally disabled population.

Dan Atwill, Presiding Commissioner
Fred J. Parry, District I Commissioner
Janet Thompson, District II Commissioner



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E-mail: commission@boonecountymo.org

Boone County Commission

BOONE COUNTY BOARD OR COMMISSION APPLICATION FORM

Board or Commission: Senior Citizen Services Corporation

Name: Shari L. Riley, JD, MHA

Home Address: 1934 Lasso Circle

City: Columbia **Zip Code:** 65201

Business Address: 4205 Phillips Farm Road

City: Columbia **Zip Code:** 65201

At which address would you prefer to be contacted?

E-mail: shari.riley@welcare.com

Phone (Home): 573-881-8727 **Phone (Work):** 573-441-2189

Fax: 813-262-2904

Qualifications:

Over 25+ years experience in Missouri health care. Licensed Missouri Attorney. Currently working as the Missouri Market Compliance Officer for WellCare Health Plans, Inc. - parent company of Missouri Care, Inc. -- providing government-sponsored managed care services to families, children, seniors and individuals with complex medical needs primarily through Medicaid Medicare Advantage and Medicare Prescription Drug Plans, as well as individuals in the Health Insurance Marketplace.

Past Community Service:

Mayor's Council on Physical Fitness and Health - 2016 - 2018 Board of Director, Boone County Council on Aging - 2011 - 2013 Member, Golden K Kiwanis Club - 2007 - 2009 Board of Director, Central Missouri Food Bank - 2000 - 2005

References:

Jessica Macy, Senior Associate, New Chapter Coaching - how I found out about this opportunity. Please let me know if you need additional individuals.

I have no objections to the information in this application being made public. To the best of my knowledge at this time I can serve a full term if appointed. I do hereby certify that the above information is true and accurate.

Applicant Signature

**Return Application
To:**

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