

Organization Information

EMS Agency: Yes
Organization Name: PITTSYLVANIA COUNTY PUBLIC SAFETY
Address Line1: 53 N. Main St
Address Line2:
City: CHATHAM State: VA Zip: 24531
City/County: PITTSYLVANIA Phone Number: (434)432-7939
Regional Council: Western Virginia EMS Council FIN#: 546001508
Organization Structure: Governmental Organization Type: Governmental

Personnel Information**Number of Certified Personnel**

First Responder: 0 EMT: 19 Paramedic: 13 Advance EMT: 6 Enhanced: 0
Intermediate: 8 Advanced Life Support Coordinator: 0 Education Coordinator: 0

Certification

First Responder: 0 EMT: 19 Paramedic: 13 Advance EMT: 6 Enhanced: 0
Intermediate: 8 Advanced Life Support Coordinator: 0 Education Coordinator: 5
Driver Only: Other: **Total: 51**

Personnel

Career: 46 Volunteer: 5 **Total: 51**

Comments:**Call Activity and Demographics**

BLS Calls: 795 ALS Calls: 526 Calls Unable To Respond: 0
Calls Outside Primary Service Area: 0 Avg Call Time(minutes): 55 Average Round Trip Mileage: 70
Avg Mileage To Nearest Hospital: 18
Square Miles of Service Area: 969 Population of Service Area: 60,501 Total Number of Stations: 4

Comments:

Pittsylvania County Public Safety runs as the primary EMS responder in the Hurt area and back up in the central and southern parts of the county. The department also runs a QRV in the extreme eastern side of the county. Our mileage per call is up due to so many hospital diversions this past year and transporting patients to Lynchburg and Martinsville.

Statement of Need:

The Public Safety Department assist with coordination and oversight of the volunteer fire and EMS departments in the County. We also provide 3 staffed ambulances and 1 QRV to assist with EMS calls. While are volunteer agencies have greatly improved responses, the public safety staff still answers approximately 1500 calls a year and provides ALS back up to all

Grant Number:PI-C02/06-22**Call Activity and Demographics**

the volunteer agencies. The county is seeing a serious increase in EMS calls this year as well. Most recently we've been requested to look at staffing another ambulance in the Kentuck/Sutherlin area due to the call volume there and the distance to the closest EMS agency. We currently have 5 ambulances. 2 were purchased new and the other 3 were hand me downs (one of which is used daily and the other 2 are county spares). Our goal with this grant is to remount one of the ambulances that was given to us with a new chassis. The other portion of the this request would come from the county's budget.

Agency Vehicle Information

This Organization has additional ambulances not listed: No

Are any vehicles used by other jurisdictions? No

Unit#	VIN	Chassis Box Year	Make	Model	Vehicle Type	Class Permit	4WD	Mileage	Engine Hours
UNIT 6	1FDXF47P04EC92373	2004/2004	FORD	450 XLT	TYPE I AMBULANCE	Ambulance	Y	88678	
Unit 7	1FDUF4HT9CEC35747	2012/2012	FORD	450 XLT	TYPE I AMBULANCE	Ambulance	Y	80302	
UNIT 4	1FDXF47P37EB01405	2007/2007	FORD	F-450	TYPE I AMBULANCE	Ambulance	Y	64522	
UNIT 5	1FDUF4HT1KEF84805	2019/2019	FORD	F-450 SUPERDUTY	TYPE I AMBULANCE	Ambulance	Y	34357	
UNIT 1	1FDUF5HT2KEF03218	2019/2019	FORD	F-550	TYPE I AMBULANCE	Ambulance	Y	54491	
RESPONSE 4	1C6RR7TT7KS602677	2019/2019	DODGE	1500	PICKUP	Quick Response Vehicle (QRV)	Y	40645	
PS-3	1C6RR7XT0LS148672	2020/2020	DODGE	RAM	PICKUP	Quick Response Vehicle (QRV)	Y	22627	

Financial Information**Receipts / Revenue**

	<u>Previous Fiscal year</u>	<u>Current Fiscal year</u>	<u>Change</u>
Donations:	\$0.00	\$0.00	0%
26% Return to Locality:	\$76,606.00	\$66,869.00	-13%
Grants:	\$19,456.00	\$0.00	-100%
Total Revenue:	\$96,062.00	\$66,869.00	-30%
Description of Receipts/ Revenue:			
4-for-life funds are directed to the volunteer agencies.			

Expenditures

	<u>Previous Fiscal year</u>	<u>Current Fiscal year</u>	<u>Change</u>
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Financial Information**Expenditures**

Personnel Costs:	\$1,524,990.00	\$1,716,870.00	13%
Operating Costs:	\$1,960,700.00	\$1,998,350.00	2%
Capital Expenses:	\$538,000.00	\$300,000.00	-44%
Total Expenditure:	\$4,023,690.00	\$4,015,220.00	0%

Other DetailsComments:

The majority of the budget is directed at supporting the volunteer fire and EMS agencies. While our county as enjoyed successful economic development effort we are still behind the state average in median income (\$47,690 vs. state avg of \$74,222) and we have a high number of individuals living in poverty at 14% (state avg = 9.2%). Additionally, we are above the state average in the number of people over the age of 65, disabled, and not having health insurance. For many of our citizens their first experience with the health care system is using the EMS system. COVID19 has also taken a negative toll on our citizen and our economy. It has also created many issues with hospital diversions for our county as we are the largest county in the state and only have 2 emergency rooms. It is no common to transport patients as much as an hour to a hospital or even taking them into NC to hospitals.

Define Capital Expenditure:

Equipment and apparatus purchases over \$5000 are considered capital. The \$300,000 in capital this year was for volunteer apparatus. There are other capital lines but no expenditures as of yet.

Amount received from EMS Fee for Service for Last Fiscal Year: \$404,508.00

Service Fee Charged: Yes Service Fee per Call: \$500.00 Cost Recovery: 40.00%

Budget Narrative:

The budget is in a spreadsheet with the many of the lines defined.

Requested Items Information**Item Name: LUCAS 3,**

Item Type:	BLS Equipment	Requested Quantity: 1
Funding Level:	50 / 50	Action: Add Current Quantity: 3
Total Price:	\$16,476.89	Matching Funds: \$8,238.45 State Funds: \$8,238.45
Comments:	The public safety department staffs a quick response vehicle in the eastern side of the county 7 days a week from 6am to 7pm. This was done when 640 Rescue Squad went out of business. This area is very remote and rural. Call volumes do not justify an ambulance in this location but because it so remote EMS service is a needed in that area. The closest ambulance is at least 15 minutes away. We are requesting a Lucas CPR device to assist with patient since we only have one EMS provider working at that station.	

Requested Items Information			
Item Name: LUCAS 3,			
Supporting Documents			
Name	Type	Description	Size
f265710732/lucas-quote-mar-2022.pdf...	Quote	quote for Lucas 3	113 KB
Item Name: Stryker MTS 6390 Power Load			
Item Type:	Other	Requested Quantity: 1	
Funding Level:	50 / 50	Action: Add	Current Quantity: 3
Total Price:	\$29,600.00	Matching Funds: \$14,800.00	State Funds: \$14,800.00
Comments:	If the requested remounting of the 2007 is granted the box will have to have a up to date stretcher retention system. This ambulance does not currently have that. We are requesting assistance with the purchase of the Stryker power load system. This truck was donated from 640 Rescue Squad when they went out of business.		
Supporting Documents			
Name	Type	Description	Size
f-1498839940/quote-for-stryker-powe...	Quote	Stryker Power Load System	270 KB
Item Name: Stryker Cot conversion kit			
Item Type:	Other	Requested Quantity: 1	
Funding Level:	50 / 50	Action: Add	Current Quantity: 3
Total Price:	\$3,871.00	Matching Funds: \$1,935.50	State Funds: \$1,935.50
Comments:	Requesting conversion kit to allow cot to be compatible with the Stryker power load system. This is part of a ambulance remounting grant request. Box is a 2007 and remount would include a power load system. The cot being used with this truck was also donated to us.		
Supporting Documents			
Name	Type	Description	Size
f454526746/quote-for-stryker-cot-co...	Quote	Stryker cot conversion kit	271 KB
Item Name: Remounting 2007 Ford Ambulance			
Item Type:	Vehicle - Rechassis/Chassis	Requested Quantity: 1	
Funding Level:	50 / 50	Action: Replace	Current Quantity: 5
Total Price:	\$206,158.00	Matching Funds: \$103,079.00	State Funds: \$103,079.00
Comments:	We are requesting funding to remount a 2007 Ford Osage ambulance that we received from the 640 Rescue Squad when they went out of business. The truck was not very well cared for and we've had considerable chassis and motor issues. The box is in good shape and we wish to remount it onto a 2023 Ford F550. Remounting could take 12 - 18 months from date of grant award and truck will replace a 2012 Ford in daily use or possibly be assigned to a new staffing station that will be considered in FY24 once it is back from the manufacture. The current budget situation does not allow us to complete a remount without grant assistance.		

Requested Items Information**Item Name: Remounting 2007 Ford Ambulance**

Vehicle Location: The truck will replace a 2012 currently being used in at our Mt. Hermon location or may be placed in service at a new staffed location being considered in the future in the southeastern portion of the county. Currently the truck is in a reserve capacity but will be a primary run truck upon its return.

Maintenance Program: PM is scheduled on each truck at 8,000 miles. Because some of our vehicle were donated to us we've considerable maintenance cost.

Average service length of all agency vehicles: 7 Years 125000 Miles

Rechassis / Refurbish: Yes Unit Number: UNIT 4 VIN: 1FDXF47P37EB01405

Current Condition:

This ambulance was donated from 640 Rescue Squad when they went out of business. The vehicle was not very well maintained. The engine and chassis have had issues and costly repairs thus far. It is being held in a reserve capacity currently. The box is in very good condition and we seek to remount it onto a new chassis. We will also seek a grant for the stretcher mounting system and lift system to meet current standards.

Supporting Documents

Name	Type	Description	Size
f-1618056667/2023-ford-osage-remoun...	Quote	Quote for remount 2007 Ford to a 2023 Ford	1657 KB

Affirmation**Brief Project Description:**

We have requested funding to remount a 2007 Ford Osage ambulance to a 2023 Ford chassis. This ambulance was donated to us and has had many mechanical and chassis issues. We've also requested funding for power load system and cot conversion for this unit. Additionally, we've requested a Lucas3 CPR device to be placed on our quick response vehicle that we operate in the eastern part of the county. A very rural and remote area.

Project /Equipment Sustainability:

We will service the ambulance approximately every 8,000 miles. Is our goal to get 6-7 years of each ambulance as a primary response unit and then be placed into reserve at after 125,000 miles. We would like to remount each ambulance at least once depending on the box standards at the time of remount. The Lucas will be under a preventative maintenance contract very much like we have now on Lucas and cardiac monitors.

Supporting Documents

Name	Type	Description	Size
f-669223305/pittsylvania-county-eva...	IRS Letter / 990 / W9	Pittsylvania County W9	135.08 KB
f-798309768/fy22-fire-and-rescue-bu...	Budget		417.17 KB

Authorized Agent

First Name: CHRISTOPHER

Last Name: SLEMP

Phone#: (434)432-7939

Email: CCSFIREFIGHTER@YAHOO.COM

Signature: Christopher Slemph, Director

Financial Officer

First Name: Wendy

Last Name: McDaniel

Phone#: (434)432-7743

Email: WENDY.MCDANIEL@PITTGOV.ORG

Signature: Wendy McDaniel

Grant Number:PI-C02/06-22

Operational Medical Director

First Name: KAYLA

Last Name: LONG

Phone#: (540)797-4322

Email: KAYLA.W.LONG@GMAIL.COM

Signature: Kayla Long, D.O.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

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

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

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

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

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

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

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

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

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

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

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

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

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

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

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

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

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

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

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

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

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

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

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

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

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

Part II. Certification

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

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

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

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.

You must give your correct TIN, but you do not have to sign the certification.

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

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

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

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

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

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

² Circle the minor's name and furnish the minor's SSN.

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

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

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

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

Secure Your Tax Records From Identity Theft

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

To reduce your risk:

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

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

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

Protect yourself from suspicious emails or phishing schemes.

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

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

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Fire and Rescue Operations		FY22 approved	
100-4-032200-101100	commission	\$16,200	
100-4-032200-110000	subtotal salaries	\$1,058,911	
100-4-032200-210000	FICA 7.65 %	\$97,470	
100-4-032200-221000	VRS Retirement	\$134,338	
	VRS employee share		
	VRS-Disability		
100-4-032200-240000	VRS-Life Insurance	\$14,927	
100-4-032200-260000	Unemployment (40.80)	\$1,470	
100-4-032200-270000	Work Comp (\$3556 per)	\$76,264	
100-4-032200-230100	Dental	\$3,312	
100-4-032200-230000	Health	\$169,978	
100-4-032200-130000	Part-time	\$118,200	
100-4-032200-120000	Overtime	\$42,000	
100-4-032200-601100	Uniforms	\$15,000	
100-4-032200-550000	Travel and Training	\$3,000	
100-4-032200-600300	Fire portable equip	\$3,000	
100-4-032200-602300	Fire Investigations supplies	\$3,000	
100-4-032200-511000	Electricity	\$2,000	
100-4-032200-511100	Fire Training Center	\$12,000	
100-4-032200-512000	Heating Fuel		
100-4-032200-523000	Telephone	\$12,000	
100-4-032200-530500	Insurance	\$310,000	volunteer vehicles & buildings
100-4-032200-530600	Line of Duty Insurance	\$90,000	volunteers
100-4-032200-542000	Rental - buildings	\$14,400	
100-4-032200-554000	Training & Safety (classes)	\$45,000	volunteer classes
100-4-032200-566000	Fire/Rescue Vehicle Program		
100-4-032200-566100	Direct contribution to Volunteer dept	\$1,097,500	direct to volunteers
100-4-032200-566110	Volunteer recruitment / retention	\$5,000	
100-4-032200-566200	Matching Contributions		
100-4-032200-566300	Block Payments	\$90,000	direct to volunteers
100-4-032200-566400	EMS Supplement	\$127,500	direct to volunteers
100-4-032200-566700	United Way Contribution		
100-4-032200-567000	FEMA reimbursement		
100-4-032200-600100	Office Supplies	\$3,500	
100-4-032200-600310	Furniture	\$2,500	
100-4-032200-600400	Communications Equipment	\$35,000	county & volunteer radios
100-4-032200-600800	Fuels - Vehicle	\$32,000	staff vehicles

100-4-032200-600900	Vehicle Supplies & maintenance	\$3,000	
100-4-032200-603000	SVC cost - parts	\$2,000	
100-4-032200-603100	SVC cost - labor	\$12,000	
100-4-032200-813200	Specials Ops		
100-4-032200-605200	Medical Supplies	\$35,000	
100-4-032200-813000	DRT		
100-4-032200-332000	equipment maintenance contracts	\$30,000	volunteer SCBA maintenance
100-4-032200-350000	Printing	\$150	
100-4-032200-566500	OMD contract	\$6,000	
100-4-032200-521000	Postage	\$100	
100-4-032200-581000	Dues	\$500	
100-4-032200-585100	Emergency Spill Reimbursement	\$700	
100-4-032200-601200	Books & Subscriptions	\$1,000	
100-4-032200-602100	Computer Supplies	\$3,000	
100-4-032200-331000	Dry hydrant maintenance	\$2,500	
Capital			
310-4-094135-810200	Medical equipment	\$19,729	
310-4-094135-810211	SCBA cylinders replacement plan	\$51,704	
310-4-094135-810220	Training Center Equipment	\$26,243	
310-4-094135-810510	Fire Engine	\$210,000	
310-4-094135-810511	Ambulance (volunteer)	\$90,000	
310-4-094135-810512	F&R Apparatus staff	\$40,864	
310-4-032200-812800	Building support		
310-4-032200-812800	Building support		
310-4-094135-810215	Fire & Rescue Capital Reserve	\$45,417	
310-4-094135-8132000	Special Ops Capital Equipment	\$25,000	



Kasey Seay - LUCAS RSAF

Quote Number: 10502235

Remit to:

Stryker Medical

Version: 1

P.O. Box 93308

Chicago, IL 60673-3308

Prepared For: PITTSYLVANIA COUNTY EMER MGMT

Rep:

Chris Elting

Attn:

Email:

chris.elting@stryker.com

Phone Number:

Quote Date: 03/08/2022

Expiration Date: 06/06/2022

Delivery Address

Name: PITTSYLVANIA COUNTY EMER MGMT

Account #: 1501489

Address: 53 N MAIN ST

CHATHAM

Virginia 24531-3113

End User - Shipping - Billing

Name: PITTSYLVANIA COUNTY EMER MGMT

Account #: 1501489

Address: 53 N MAIN ST

CHATHAM

Virginia 24531-3113

Bill To Account

Name: PITTSYLVANIA COUNTY EMER MGMT

Account #: 1501489

Address: 53 N MAIN ST

CHATHAM

Virginia 24531-3113

Equipment Products:

#	Product	Description	Qty	Sell Price	Total
1.0	99576-000063	LUCAS 3, v3.1 Chest Compression System, Includes Hard Shell Case, Slim Back Plate, (2) Patient Straps, (1) Stabilization Strap, (2) Suction Cups, (1) Rechargeable Battery and Instructions for use With Each Device	1	\$15,434.79	\$15,434.79
2.0	11576-000080	LUCAS 3 Battery - Dark Grey - Rechargeable LiPo	1	\$686.80	\$686.80
3.0	11576-000071	LUCAS External Power Supply	1	\$355.30	\$355.30
Equipment Total:					\$16,476.89

Price Totals:

Estimated Sales Tax (0.000%):	\$0.00
Freight/Shipping:	\$0.00
Grand Total:	\$16,476.89

Prices: In effect for 90 days

Terms: Net 30 Days

Contact your local Sales Representative for more information about our flexible payment options.

Capital Terms and Conditions:

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule. Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency. A copy of Stryker Medical's Acute Care capital terms and conditions can be found at https://techweb.stryker.com/Terms_Conditions/index.html. A copy of Stryker Medical's Emergency Care capital terms and conditions can be found at <https://www.strykeremergencycare.com/terms>.

Vest's Sales and Service, Inc.

1157 Stonewall Road, N.E.

Check, VA 24072-3246

Phone (540) 251-0392

Fax (540) 251-0340

Estimate

DATE	ESTIMATE #
3/8/2022	7560

NAME / ADDRESS
Pittsylvania County Public Safety P.O. Box 426 Chatham, VA 24531

			PROJECT
DESCRIPTION	QTY	COST	TOTAL
REMOUNT Used 2007 Type I Osage 172" Super Warrior (2788 J-985) Ambulance Module ONTO NEW 2023 Ford F-550 4x4 XLT (Diesel) Chassis w/ Liquid Spring Suspension / Dump System (On Rear Axle) -Maintains Osage LIFETIME Structural Warranty Original Osage Production #: J894 - Current Production Slots Booking For April 2023 -Includes Osage Standard Remount Features & Warranty (See Included Documents For Details) -Maintains Osage LIFETIME Structural Warranty REFERENCE USED AMBULANCE VERSION OF THIS TRUCK FOR FULL LIST OF ALREADY INSTALLED OPTIONS & DRAWINGS: Highlighted Additional Features Included / Added / Replaced (This is NOT a comprehensive list of all features included): -Reuse Existing Stryker Cot -Reuse Already Installed Zico Universal O2 Bottle Mount Hydraulic / O2 Lift System -Reuse (2) FERNO Portable O2 Mounts In Step Well Box Out -Remove & Weld Up Side Window, Install Side Impact Crash Rails -Total Module Sandblasting, PPG Repaint, & New Door Seals / Thresholds -Paint Module & Chassis White -Polish All Metal Parts -All NEW LED Clearance & DOT Lights -Replace All Non-LED Whelen Warning Lights with Whelen LED Warning Lights -Replace All Whelen Warning Lights with Clear Lenses and New Chrome Bezels -Install (6) New Whelen LED Scene Lights On Sides -Install (1) New Whelen TAL85 LED Traffic Controller On Rear -Re-use Newer Whelen Premium LED Dome Lights	1	206,158.00	206,158.00
Estimate good for 60 days.		TOTAL	

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Estimate

DATE	ESTIMATE #
3/8/2022	7560

NAME / ADDRESS
Pittsylvania County Public Safety P.O. Box 426 Chatham, VA 24531

PROJECT

DESCRIPTION	QTY	COST	TOTAL
-Install New 60 Minute Checkout Timer Switch -New Rear & Side Entry Door Tinted Windows -Osage Standard Insulation Package & Sound Deadening -Install New Lacrosse Atomic Digital Clock -Upgrade All Composite Southco Cabinet Latches To SS Southco Latches -(3) 6 Point Harnesses & Upgraded 1/2" Thick Dual Crash Rails On Each Side -New HVAC System & Rebuild AC Vent Housing & Replace With Upgraded -Remove old HVAC Evaporator And Move To Standard Location In Bulkhead Cabinets; -Digital Pro-Air Thermostat Already Installed -Upgrade To Osage Max Cool Stealth AC System w/ Auxiliary Compressor Under Hood & Condenser Mounted Under Module -New Front & Rear Stoneguards -Upgrade Front Running Board Lights To 4" LED Grommated Lights -New Aluminum Ceiling / Headliner -New EVS Cushions & Padding -New EVS Attendant Seat w/ 3 pt Harness & Child Safety Seat & Swivel -Leave Pass Thru Window Between Cab & Module -Reuse Rear Premium Silk Stone Monitor Shelf -Reuse Front Action Area Silk Stone Counter Top -Install New Sharps & Waste Clean Out Under Action Area In #2 Compt. -Replace Front & Rear Wired Rite Toggle Switch Panels with NEW RC Tronics Toggle Switch Panels -(1) IV Drawer w/ CompX 150-KP-CAB Smart Lock -VA ALS Drug Box w/ CompX 150-KP-CAB Smart Lock -Rebuild Front Bulkhead Cabinetry & Install NEW OTE Climate Controlled Drug Box w/ TCM Conroller -Replace Cabinets Over CPR Seat & Squad Bench -Add Work Station w/ 2 IV Drawers @ Head of Bench -New Diamond Plate Running Boards w/ Grip Strut Inserts			
Estimate good for 60 days.	TOTAL		

Vest's Sales and Service, Inc.

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Phone (540) 251-0392

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Estimate

DATE	ESTIMATE #
3/8/2022	7560

NAME / ADDRESS
Pittsylvania County Public Safety P.O. Box 426 Chatham, VA 24531

PROJECT

DESCRIPTION	QTY	COST	TOTAL
-New Rear Rubber Mud Flaps -New Osage / Phoenix Polished Stainless Steel Simulators w/ Valve Extensions -New Osage Rear Fenderettes -New Custom Console w/ Built In Padded Armrest -New Gas Shocks On Cabinets & Exterior Compartments -New Module Door Nader Pins -New Rub Rails -New Rear Door Grabbers -New License Plate Holder -New Rear Bumper & Flip up Step w/ Recessed Rear Tow Hooks -Hidden Cab Door Unlock Switch -Kussmaul Shoreline Auto Eject w/ New Weatherproof Cover -Reuse Lonplate Diamond Plate Textured Flooring w/ 3" Rolled Siding - Clean, Polish, & Reseal -Sand & Polish Side Stainless Aisles -Install New (4) Glove Holder w/ Dividers & New Hinges / Plexiglass Over Side Entry Doors -Reuse Carson SA-441 Dual Tone Siren & Speakers -Weld Up Angled Zico Reverse Lights -Weld Up 2nd Shoreline Hole -New Gas Shocks & Plexiglass On Cabinets & Exterior Compartment			
Estimate good for 60 days.		TOTAL	

Vest's Sales and Service, Inc.

1157 Stonewall Road, N.E.

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Phone (540) 251-0392

Fax (540) 251-0340

Estimate

DATE	ESTIMATE #
3/8/2022	7560

NAME / ADDRESS
Pittsylvania County Public Safety P.O. Box 426 Chatham, VA 24531

			PROJECT
DESCRIPTION	QTY	COST	TOTAL
Highlighted Additional Features Included / Added / Replaced Continued: -Reuse All Exterior Paddle Style Latches -New Rubber Matting On Exterior Shelving -Reuse (2) 5lb ABC Fire Extinguishers -Reinstall Radios -NEW IMPACT Suction Canister & Hoses -New LED Step Well Light -AMICO Digital O2 Gauge w/ New O2 Tank Regulator -Original Electric O2 Bypass Switch -(2) Original CAST IV Hangers In Ceiling -Storage Under Squad Bench & CPR Seat -Add Nylon Retention Strap On Side Entry Door -(2) Stainless Steel Antimicrobial Coating Full Length Grab Handles -Install New Brigade Color IR Reverse Camera System & LCD Screen -Replace Wall Laminate In Several Locations / Walls -Install (2) LED Driving / Fog Lights -Install Tecniq E-41 Dual Full Height LED Strip Lighting In All Exterior Compartments -Replace All "Push Button" Style Door Sensors w/ New Magnetic Sensors -Add (2) Additional 110V / USB Combo Outlets -Remove, Acid Wash, Lubricate, & Reinstall Existing Zico Electric Heavy Duty Cast Aluminum Step -Install New Stainless Steel Fuel Guard -Install New Reflectors On Compartment Doors -Reuse Vanner Inverter / Battery Charger -Credit For No Painted Stripe	1		0.00
Estimate good for 60 days.		TOTAL	

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Estimate

DATE	ESTIMATE #
3/8/2022	7560

NAME / ADDRESS
Pittsylvania County Public Safety P.O. Box 426 Chatham, VA 24531

			PROJECT
DESCRIPTION	QTY	COST	TOTAL
INCLUDED: Install NEW Stryker MTS 6390 Power-LOAD Loading Retention System w/ Built In Cot Charging System At Osage Ambulances Operation Guide Label: English (North America) Manual: English Option Warranty: 1 years parts, labor & travel Install Stryker 6390 Power-LOAD in Ambulance Installation Includes: Routing Ambulance Floor, Installation & Mounting Of System, Wiring For Charging Capabilities, Adding Additional Substructure & Plating As Needed For Mounting, Miscellaneous Parts, & Cleaning / Sealing of Floor, Etc. General Installation Time: 2 Days (Includes Time For Floor & Sealant To Dry, Clean Unit, & Test Cot With System To Ensure Cot Is Being Charged When Docked In Power-LOAD, Etc.)	1	29,600.00	29,600.00
Stryker Cot Aftermarket Power-LOAD Compatibility Kit 6500-700-049A Power-LOAD Cot Compatibility Upgrade Kit (6500) For Stryker Cot Serial #: SN _____ Style #: 6500 POWER-PRO XT	1	3,871.00	3,871.00
Cot Compatibility Kit Installation By Stryker Technician	1	332.00	332.00
Estimate good for 60 days.		TOTAL	

LFT = \$33,803

Vest's Sales and Service, Inc.

1157 Stonewall Road, N.E.

Check, VA 24072-3246

Phone (540) 251-0392

Fax (540) 251-0340

Estimate

DATE	ESTIMATE #
3/8/2022	7560

NAME / ADDRESS
Pittsylvania County Public Safety P.O. Box 426 Chatham, VA 24531

			PROJECT
DESCRIPTION	QTY	COST	TOTAL
All ambulance module items and accessories, lighting, components to be working upon delivery	1	0.00	0.00
- Configured as VAOEMS ALS Ambulance			
- Change Notice 8, 9, 10, 11, & 12 etc. Compliant (Including All Previous Version)			
- VA State Vehicle Inspection			
- 2nd Front End Alignment In VA Before Delivery			
- Top Off DEF, Fuel, & Misc. Fluids			
The quoted unit will meet the latest Virginia and national standards (KKK-A-1822F) for ambulance construction, cot retention systems, and will be configured to your current needs, to be used as an ALS Ambulance.			
Final Dealer Prep / Inspection & Delivery To Chatham, VA	1	0.00	0.00
INCLUDED: Custom Printed 3M Scotchlite 7 Year Vinyl, Star of Lifes, Logos, & Lettering (Installed) To Match Last New Osage Ambulance To Be Completed @ Signs & Designs (Clarksville, VA) Unit # / Designation: _____	1	0.00	0.00
INCLUDED: (2) Unit # Placards	1	0.00	0.00
INCLUDED: Go-Industries #46647 Black Powder Coated Rancher Heavy Duty Grille Guard or Equivalent (Installed)	1	0.00	0.00
FORD GPC FLEET DISCOUNT ALREADY FIGURED INTO PRICING (ESTIMATED)	1	0.00	0.00
OPTION (NOT INCLUDED IN TOTAL BELOW): Prepayment Discount - Dept. Must Pay In Full For Unit (3) Days Before Final Inspection At Osage	0	-1,500.00	0.00
Estimate good for 60 days.		TOTAL	\$239,961.00

#206,158- Truck
Remount

Vest's Sales and Service, Inc.

1157 Stonewall Road, N.E.

Check, VA 24072-3246

Phone (540) 251-0392

Fax (540) 251-0340

Estimate

DATE	ESTIMATE #
3/8/2022	7560

NAME / ADDRESS
Pittsylvania County Public Safety P.O. Box 426 Chatham, VA 24531

			PROJECT
DESCRIPTION	QTY	COST	TOTAL
INCLUDED: Install NEW Stryker MTS 6390 Power-LOAD Loading Retention System w/ Built In Cot Charging System At Osage Ambulances Operation Guide Label: English (North America) Manual: English Option Warranty: 1 years parts, labor & travel Install Stryker 6390 Power-LOAD in Ambulance Installation Includes: Routing Ambulance Floor, Installation & Mounting Of System, Wiring For Charging Capabilities, Adding Additional Substructure & Plating As Needed For Mounting, Miscellaneous Parts, & Cleaning / Sealing of Floor, Etc. General Installation Time: 2 Days (Includes Time For Floor & Sealant To Dry, Clean Unit, & Test Cot With System To Ensure Cot Is Being Charged When Docked In Power-LOAD, Etc.)	1	29,600.00	29,600.00
Stryker Cot Aftermarket Power-LOAD Compatibility Kit 6500-700-049A Power-LOAD Cot Compatibility Upgrade Kit (6500)	1	3,871.00	3,871.00
For Stryker Cot Serial #: SN _____ Style #: 6500 POWER-PRO XT Cot Compatibility Kit Installation By Stryker Technician	1	332.00	332.00
Estimate good for 60 days.		TOTAL	

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			PROJECT
DESCRIPTION	QTY	COST	TOTAL
INCLUDED: Install NEW Stryker MTS 6390 Power-LOAD Loading Retention System w/ Built In Cot Charging System At Osage Ambulances	1	29,600.00	29,600.00
Operation Guide Label: English (North America) Manual: English Option Warranty: 1 years parts, labor & travel			
Install Stryker 6390 Power-LOAD in Ambulance Installation Includes: Routing Ambulance Floor, Installation & Mounting Of System, Wiring For Charging Capabilities, Adding Additional Substructure & Plating As Needed For Mounting, Miscellaneous Parts, & Cleaning / Sealing of Floor, Etc.			
General Installation Time: 2 Days (Includes Time For Floor & Sealant To Dry, Clean Unit, & Test Cot With System To Ensure Cot Is Being Charged When Docked In Power-LOAD, Etc.)			
Stryker Cot Aftermarket Power-LOAD Compatibility Kit 6500-700-049A Power-LOAD Cot Compatibility Upgrade Kit (6500)	1	3,871.00	3,871.00
For Stryker Cot Serial #: SN _____ Style #: 6500 POWER-PRO XT			
Cot Compatibility Kit Installation By Stryker Technician	1	332.00	332.00
Estimate good for 60 days.		TOTAL	