RESOLUTION NO.

A RESOLUTION AUTHORIZING THE SUBMISSION OF A GRANT APPLICATION TO THE WYOMING OFFICE OF HOMELAND SECURITY FOR THE FFY 2019 STATE HOMELAND SECURITY GRANT PROGRAM (SHSP), ON BEHALF OF THE GOVERNING BODY OF LARAMIE COUNTY, WYOMING TO REQUEST FUNDING FOR THE CORONER'S DEPARTMENT IN THE AMOUNT OF \$55,300.00

FOR THE PURPOSE OF: REQUESTED FUNDS WILL BE USED FOR THE PURCHASE OF A PORTABLE X-RAY UNIT (X-RAY, IMAGE STATION, MONITOR, 2 APRONS, AND A CART).

WITNESSETH

WHEREAS, the Wyoming Office of Homeland Security receives FFY 2019 SHSP funds from the Federal Emergency Management Agency and;

WHEREAS, the Wyoming Office of Homeland Security distributes a portion of these FFY 2019 SHSP funds to Wyoming Counties and;

WHEREAS, the Laramie County Board of Commissioners is eligible to apply for and receive FFY 2019 SHSP funds for the Coroner's Department and;

WHEREAS, the Governing Body of Laramie County desires to participate in the Wyoming Office of Homeland Security Grant Program (SHSP) by sponsoring this grant application to assist in financing the Coroner's Department; and

WHEREAS, the Governing Body of Laramie County has been provided with preliminary cost estimates and information on this project; and

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF LARAMIE COUNTY that a grant application in the amount of \$55,300.00 be submitted to the Wyoming Office of Homeland Security for consideration of assistance in funding the Laramie County Coroner's Department under the FFY 2019 SHSP grant program.

BE IT FURTHER RESOLVED, that Sandra Newland, or her successor in the position of Laramie County Grants Manager, is appointed as agent of the Laramie County Board of Commissioners to execute and submit applications and certifications for these funds and to receive funds and implement the programs funded under this grant.

PASSED, APPROVED AND ADOPTED THIS 2ND DAY OF APRIL, 2019.

Date:

Rv.

	Datc
Linda Heath, Chairman	
ATTEST:	Date
Debra Lee, Laramie County Clerk	Date:
Received and Approved as to Form only By: Mark Voss, County Attorney	Date: 3 35 19

Agency Name*: Laramie County Coroner's Office

Project Title*: Mobile Wireless X-ray System

Dollar Amount Requested*: \$55,300.00

Applicant Information

Agency Name*: Laramie County Coroner's Office Type of Jurisdiction*: (Coroner
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If other, please describe: Click here to enter text.

Legal Jurisdiction Name (if different): Click here to enter text.

Mailing Address*: 3964 Archer Parkway

Cheyenne, WY 82009

DUNS Number*: 197732709

*If your agency does not have a DUNS number, one can be obtained here: http://fedgov.dnb.com/webform

Agency Point of Contact (to contact in regards to this application) *: Rebecca Reid

Telephone Number: 307-214-7608

Email Address: rebeccar@laramiecounty.com

Alternate Agency Point of Contact (to contact in regards to this application): Sandra Newland

Telephone Number: 307-633-4201

Email Address: snewland@laramiecounty.com

Will you accept partial funding?

⊠Yes

 \square No

Please explain: Our request is for the X-ray machine, imaging station, portable system, storage cart, aprons, freight and installation. If we are partially funded we would be purchasing the X-ray machine and other components could wait until we could get the full amount needed to make it a complete portable unit.

Project Description

Project Justification: Community Resilience

Briefly describe the project and how it supports the investment justification.

The Laramie County Coroner's Office is requesting funding for a portable X-ray unit. This project falls under the Community Resilience section as it assists in the response and recovery from a threat or incident creating fatalities. A portable X-ray unit could be deployed across the State to be utilized in the field to identify bodies or remains. Within the 2018 THIRA we discovered that our office could not process more than five deceased individuals at any given time. However, our cooler has the capability to hold 40-45 bodies for storage. A portable X-ray unit would allow us, and qualified users, the ability to process bodies immediately to prevent back up in the morgue.

Describer threats and hazards that create the need.

We anticipate the X-ray unit being critical in a variety of threats to include, chemical, biological, radiological, and natural events causing fatalities. The portable unit would allow our Coroner's Office and other authorized users to identify bodies and remains quickly without having to send them to Colorado labs to await determinations. The portable X-ray unit will be valuable for examining dental images and being able to send those results to others for proper identification.

Explain this project's dual applicability to all-hazard events (manmade and natural hazards):

The portable X-ray unit is easily transportable and could be used on all scenes with fatalities. The cause of the threat/scene is not a prohibiting factor for the equipment to be utilized, as it is portable. This is also a deployable asset that could be requested and used throughout the state.

Identify portions of the THIRA and SPR that the project will address.

Our request addresses the Laramie County THIRA with examination of the Fatality Management Services capability. Our Coroner's Office cannot process more than five deceased individuals at a given time. The THIRA confirmed our known gap in this area with response and recovery. The portable X-ray unit would facilitate a speedier process for identifying bodies on scene or in the field versus bringing the deceased or remains back to the morgue for identification. The results from the X-rays can be

processed quickly and provided to community partners in a collaborative response effort.

How will this project increase capability or reduce vulnerabilities in protecting, preventing, responding, or recovering from an act of terrorism?

The proposed project will increase our office's ability and capacity to identify bodies and remains on scene. This ability is particularly useful in terrorist or CBRNE events where the deceased identities are difficult to confirm without proper X-rays. The response and recovery of bodies will be an accurate and easier process and can be done on scene or remotely from a morgue facility.

Provide justification on how the project will be maintained, supported, and sustained.

Laramie County Coroner's Office will assume all responsibility for the maintenance of the equipment to keep it operational and ready for use internally and externally by MOU partners. The requested equipment can easily be sustained by Laramie County for future operations. Our request would assist Laramie County and the State in fatality management.

Core Capabilities

Core Capability:

The Core Capabilities are outlined in the National Preparedness Goal which can be found at: http://www.fema.gov/pdf/prepared/npg.pdf. Additional information regarding the Core Capabilities can be found by going to http://www.fema.gov/pdf/prepared/crosswalk.pdf The Crosswalk of Target Capabilities can be located at http://www.fema.gov/pdf/prepared/crosswalk.pdf

Primary: Fatality Management Services

Secondary: Operational Coordination

Tertiary/Third: Planning

Describe existing capability levels.

The Laramie County Coroner's Office currently has the capability to process and handle up to five bodies at once in the existing facility with existing equipment. We do not have an X-ray unit or machine in our facility. When we need to identify a deceased individual or remains, we have to take them to Colorado for autopsy and identification. This can be a lengthy process at times, due to inclement weather and backlog at the facility.

Please provide an overview of the trainings, exercises, real events, or other needs assessments that have identified this as a gap (included the cause of the gap).

The Laramie County Coroner's Office participates in all area trainings and exercises. We have been highly involved in all planning and training efforts coordinated by our EMA office. We participate in all area exercises, trainings, table tops and planning efforts with LCCC, refinery, CFD and the state. When we participate in these activities the gap of the Coroner's Office not having enough capability to process more than five bodies at a time is a concern. We believe we can increase this number and assist other agencies with the requested portable X-ray unit. The X-ray will allow for a quick identification process and thus less time in the facility. Another contributing factor to this gap is the limitations on our facility, which we are addressing in our funding efforts.

How will this project reduce capability gaps?

If funded, the portable X-ray unit will allow our Coroner's office and authorized users to use the equipment to quickly identify a body or remains on scene or in the field. This will allow for an expedited identification process in not having to relocate the victim or remains for identification

purposes. This will in turn reduce that case load returning to our morgue for processing.

Basic Project Information

Primary Mission Area*: Recovery Additional information regarding these Mission Areas can be found at: http://www.fema.gov/mission-areas
Does this investment focus on building new capabilities or sustaining existing?
⊠Build □Sustain
Is any part of this proposed project a deployable asset? (Identifies the availability and the 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 (EMAC) or other mutual aid/assistance agreements)
⊠Yes □No
Please explain: Yes, this equipment can be used as a deployable asset with or without the Mass Fatality Trailer. It is a portable unit that could fit into a van or large SUV for transportation.
Is any part of this proposed project a shareable asset? (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)
□Yes ⊠No
Please explain: This equipment can be used for multi-jurisdictional response, but is physically deployable.
Does this project support a NIMS typed resource?
⊠Yes □No
Please explain: Yes, for fatality management services.
Has this project been identified as a local priority through trainings, exercises, real world events, or other needs assessments?
⊠Yes □No

Please explain:				
The Laramie County Coroner's Office has prioritized this project to assist				
with addressing the identified gaps within the THIRA. We would like to be				
able to contribute more to Laramie County and the State with a deployable				
asset that has the potential to assist on all scenes for proper body and remain				
identification.				
Does this project support a previously awarded investment?				
□Yes				
⊠No				
If yes, what previous year, investment name and last completed milestone?				

Milestones

Submit at minimum of three (3) milestones for all projects. Milestones should represent a logical progression of the project to allow for realistic monitoring and management of grant funding. This attribute will function as a tool for measuring project progress in future reporting periods. Provide a high level narrative description of activities to occur within each milestone including anticipated milestone dates/timeframes.

	Milestone/ Key activity	Projected Start Date	Projected End Date
1	Upon Award, bid out equipment request	10/1/2019	12/31/2019
2	Evaluate bids, award contract and purchase equipment	1/15/2020	5/15/2020
3	Installation, training and implementation of equipment	6/01/2020	8/01/2020
4	Closeout of Grant funds	9/01/2020	10/15/2020

- A grant award is anticipated to occur in October 2019. At this time we will establish a budget and accounting line items to prepare for the grant. After funding has been awarded we will start the public advertisement process and go out for a formal bid. We are anticipating this will be completed by the end of December 2019.
- 2. We anticipate receiving bids the beginning of February 2020 and at that time bids will be evaluated and a contractor recommended to the County Commissioners for an award. Once a contract is in place we will be moving forward with our selected vendor to purchase the equipment. We are allocating five months for this process.
- 3. Beginning in June of 2020 we anticipate receiving the equipment, having it properly installed and receiving the associated training. We are allowing two months for this process to allow for fluctuating shipping and training time. We anticipate being completed with this milestone the first of August 2020.
- 4. Our final milestone will be to close out and finalize all grant items for the grant from Wyoming Office of Homeland Security. We anticipate this concluding around October 15, 2020.

Budget Narrative

Instructions: Below you will find a budget table for each of the 5 solution areas: planning, organization, equipment, training, and exercise. Complete a budget table and narrative for each solution area associated with your project. For more information on allowable expenses for each solution area, please see the 2019 SHSP application guidance.

Budget Summary Table

Please submit the budget narrative that further details the total amount of funding being requested for each solution area.

Solution Area	Amount of Funding Requested
Planning	\$0.00
Organization	\$0.00
Equipment	\$55,300.00
Training	\$0.00
Exercise	\$0.00
Total Amount:	\$55,300.00

Planning Table

Description	Amount Requested	
NO ACTIVITY		
Narrative: Summarize planned expenditures requested for planning. What is the gap identified through the THIRA/SPR being addressed? Describe how the funding will contribute to building or sustaining a core capability.		

Organization Table

Description	Amount Requested	
NO ACTIVITY		
Narrative: Summarize planned expenditures requested for organization. What is the gap identified through the THIRA/SPR being addressed? Describe how the funding will contribute to building or sustaining a core capability.		

Equipment Table

Equipment Description	AEL Code	Requested Amount
Portable X-ray Unit, with laptop workstation, aprons and cart.	09MY-01-XRAY	\$55,300.00

The AEL is available at http://www.fema.gov/authorized-equipment-list. Some equipment items require prior approval before the obligation or purchase of the items. Please reference the grant notes for each equipment item to ensure prior approval is not required.

Narrative: Summarize planned expenditures requested for equipment. What is the gap identified through the THIRA/SPR being addressed? Describe how the funding will contribute to building or sustaining a core capability.

We are requesting funding for a portable X-ray unit with a laptop workstation, aprons and a cart designed to hold and move the unit. The Coroner's Office is open to various types of portable X-ray units, but wants something reliable and durable. The portable X-ray unit comes with software, a laptop workstation, and a portable system for X-rays, a monitor, two lead aprons and a cart; this will be included in our bid documentation. Typically the equipment also comes with a one year warranty. The Coroner's Office will move forward with expenditures after a successful bidding process has occurred and once a vendor has been selected. The gap identified is in fatality management services. We hope to be able to process the identification of bodies and remains in an expedited fashion without always having to transport the deceased back to our facility. This will aid in our ability to process and handle more than our capacity of five bodies at any given point. Even with our cooler storage being 40-45 bodies, this is for storage only and does not account for the processing of the deceased. The requested equipment will be fully portable and deployable for use on scenes across the State as needed. If funded, this equipment will contribute to reducing our identified gaps in fatality management. We will be able to build on this core capability for future expansion and strengthening.

Training Table

Training	Description	Requested Amount
NO ACTIVITY		

Narrative: Summarize planned expenditures requested for training. What is the gap identified through a Training and Exercise Plan or other
assessment (National Emergency Communications Plan NECP Goal Assessments)? Describe how the funding will contribute to building or
sustaining a core capability.

Exercises Table

Exercise	Description	Requested Amount
NO ACTIVITY		

Narrative: Summarize planned expenditures requested for exercise. What is the gap identified through the Training and Exercise Plan or			
THIRA/SPR being addressed? Describe how the funding will contribute to building or sustaining a core capability.			

Application Checklist

equired:
Complete FFY 2019 State Homeland Security Program Grant Application
NIMS Adoption Resolution
THIRA/SPR Certification
Eapplicable:
Communications maintenance and sustainment plan
Training and Exercise Plan (required if funding is being requested for training or exercise)
Any applicable supporting documentation (maps, product specifications, quotes, etc.)

Submit completed applications in PDF format electronically to:

Program Manager Rachel Nuss

<u>rachel.nuss2@wyo.gov</u>

307-777-5768

THIRA/SPR PARTICIPATION CERTIFICATION			
DATE:	8-23-2018		
	Laramie County Coroners office Cheyenne, wy		
JURISDICTION/RERT #:			
PRINTED NAME:	Rebecca Reid		
SIGNATURE:	Kebecca 12.		
The Jurisdiction/RERT par	signature, under penalty of false swearing pursuant to W.S. 6-5-303: rticipated actively in a community Threat and Hazard Identification Risk Assessment (THIRA) and Stakeholders R) for the 2018 submission.		

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THIRA/SPR PARTICIPATION CERTIFICATION			
DATE:	August 23, 2018		
JURISDICTION/RERT #:	Laranie County, Wyoming		
PRINTED NAME:	Sandra Newland		
SIGNATURE:	5-2-		
_			
The Jurisdiction/RERT par	signature, under penalty of false swearing pursuant to W.S. 6-5-303: ticipated actively in a community Threat and Hazard Identification Risk Assessment (THIRA) and Stakeholders) for the 2018 submission.		

		THIRA/SPR PA	RTICIPATION CERTIFICATION	COUN	TY: GARAMIE	
DATE	PRINTED NAME	SIGNED NAME	AGENCY	PHONE	EMAIL	GRANT FUNDING TYPE I.E. EMPG, SHSHP, PDM
SHUIX	milli menson	Wilds	WOHS	779-4939	Milk: Murson ou	0.900
	Dillon Conner	Toll	Laranie County Five Vist # I	307-275-5540	comere LCF07.Com	0
	Darrick Wittlestadt	Dul AHHH	Laramie County Fire Dist. # 1	286-4806	duittlestadt @ Icfd L.con	
8-23-18	Cardis Pickard	Carlo Pichard	Cheyenne Regional Medical Conte	-633-7890	Carris, Dicko docemento	RG
	Sandra Newland	3-1	Laranje County, witoming	633-480	Brewland @loromie county.	am all.
	Rebecca Reid	Keberca 120	Laramic Canh Chroness office	307-214-7608	RebeccareLaranecantecan	1
14	Keuin James	Kevyforme	Laramie County Shenff's Office	633 4773	James Ka laramie county com	
8/23/14	NATHAN BUSICK	7	CHAMANNE POLICE DOST.	307-637-6543	NBUSKURD CHRYLANEPD	016 16
8-23-18	Susan Sweeney	BUSAY EMORROY	Larange County Mik Mariagement AMR CHEXCLEX / LARANGE COV Clasquem From Lescus / Lest	307-631-5280	SSNEONEND COMMITTED IN 1501	7
8/03/18	GARY, HAUSOND	John /	AMR CHEYELONE/LARMINE CTY	7204173803	GRAN HANDSOND AMP NE	
8/23	Gerg Holgatt	Madelli	Chryman Fide Lescus / Let	7	,	
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0 40 .0					ANADOS CONTRACTOR	
8.23.18	JOHN KELLEY		C-LCHO/PHRC	307-633.4063	JKELLEY @ LARAMIE LU	UNTY I COM BT
8-23-18		Cles All	Laranie County Emf	307-633-433	JUL STELOTEN POCONTUC	OM EMPSISHSP
8-23-18	Mathew Butler	Matthe BidL	Lammie County Emp	307-693-4335	mbottor alaramic coun	to comPDMMMGF
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09MY-01-SUPT Kit, Mortuary Operations Support

Includes miscellaneous equipment and supplies necessary to Description:

support mortuary operations such as buckets and basins, tables and chairs, wet/dry vacuum, rope, sifters, hot plate, truck seals,

cleaning supplies, etc.

Applicable Grant Programs: Amtrak , MMRS , SHSP , THSGP , UASI

Grant Notes:

Applicable Core Capabilities:

Fatality Management Services, Public Health and Medical Services

09MY-01-XRAY Kit, Radiography Tools

Equipment used for obtaining full body radiographic images of the deceased. [Note: Replaces and includes item 09MO-01-LTBX] Description:

Applicable Grant Programs: Amtrak, MMRS, SHSP, THSGP, UASI

Grant Notes:

Applicable Core Capabilities: Fatality Management Services . Public Health and Medical Services

(09MY-02)Storage and Transport

09MY-02-BAGS System, Encapsulating Body Storage

Bag or other sealing system designed to completely seal and Description:

contain all hazardous gases and fluids associated with the

transport, handling and storage of human remains. Applicable Grant Programs: Amtrak , MMRS , SHSP , THSGP , UASI

Grant Notes:

Applicable Core Capabilities: Fatality Management Services, Public Health and Medical Services

09MY-02-BHST Hoist, Body

Description: Cadaver lift designed for one or two persons to move a decedent

in a confined area.[Note: Replaces item 09MO-02-BHST]

Applicable Grant Programs: Amtrak . MMRS . SHSP . THSGP . UASI

Grant Notes:

Applicable Core Capabilities: Fatality Management Services, Public Health and Medical Services

09MY-02-RACK Racking, Lightweight, Portable

Description: Portable lightweight racks for decedents to be used in temporary

refrigerated areas such as tents or trailers. [Note: Replaces item

09MO-02-RACK1

Applicable Grant Programs: Amtrak, MMRS, SHSP, THSGP, UASI

Grant Notes:

Applicable Core Capabilities: Fatality Management Services . Public Health and Medical Services

09MY-02-REFR Refrigerator, Multi-Body

Stand alone refrigerator units capable of storing multiple bodies to Description:

increase storage space in existing facilities or temporary morgues.[Note: Replaces item 09MO-01-REFR]

Applicable Grant Programs: Amtrak, MMRS, SHSP, THSGP, UASI

Grant Notes:

Applicable Core Capabilities: Fatality Management Services, Public Health and Medical Services

Interactive versions of this list, including an integrated AEL/SEL display are available on-line at www.rkb.us.

MOBILE WIRELESS DR X-RAY SYSTEM

Number: CL02192019

Date: 2- 19- 2019

Presented to: Mrs. Rebecca Reed D-Office Of The Coroner Laramie County 3964 Archer Parkway Cheyenne, Wyo 8200

Medical Solutions, Inc.

307-637-8000

Presented by:

Chris Lickteig

MTX Medical Solutions, Inc.
P.O. Box 20403, Billings, MT 59104
Toll Free: (866) 348-3062 : Fax: (406) 248-3062

Quantity	Catalog #	Description	Price
1	8003003	ImagePilot Aero DR 14X17	
		The ImagePilot Aero MOB is targeted for primary imaging providers requiring the productivity of a mobile wireless	
		DR system. It includes Konica Minolta's innovative AeroDR flat panel detector and AutoPilot Image Processing that	
		dramatically simplifies DR image acquisition. This ImagePilot configuration provides workflow appropriate for	
		mobile environments.	
		The ImagePilot Aero MOB system consists of the following items:	
		Detector and Subsystems	
		o AeroDR for ImagePilot 14"x17" wireless panel with Csl scintillator	1
		o AeroDR sync –simple generator interface with hand switch	1
		o Wireless AeroDR access point	
		o Docking Station	
1	IPCONPKODR	ImagePilot Convertible Imaging Station for DR	
		-Laptop Workstation	
		o Ruggedized Convertable12.5" Multi Touch Screen	1
		o 256 GB HDD -sufficient to hold about 12,000 DR images	
	5	250 GB TIBB -suilicient to floid about 12,000 BR images	
		System features	
- 1		o Patient Registration	
- 1		o AeroDR Acquisition with AutoPilot Image Processing	
- 1		o Diagnostic Image Review with Annotation and Measurement tools	
- 1		o Image Manipulation Tools including Window-Level settings	
- 1		o Import Images –DICOM or JPG –from disk or CD/DVD	
		o Export Images –DICOM or JPG -to disk or CD/DVD with DICOM Viewer (PDI)	
		o Compare with prior exams	
		o Advanced Search for reviewing past exams	1
		o One DICOM Store license -i.e. to remote PACS or off-site archive	1
- 1		o Windows Paper Printing	1
		o Simple Note Tool	1
- 1		o Web browser-based ImagePilot Viewer for additional in-office connectivity (iPad, laptop, etc.)	1
		o ImagePilot Worklist Toolkit -includes DICOM MWL and Study Mapping tool	1
		o Grid line suppression	1
		o DVD Backup Tool	
		o Windows 10	
		a Product to the	
1	SPSL-HF8.0-APL-LC	8.0 kW Portable System for Human Application	
- 1		SPSL-HF-8.0-AP6 Portable System with Stand, 8.0kW, 6 APR	1
- 1		• 8.0 kW, 100 mA, 125 kVp	
- 1		High Frequency Ripple: 300 kHz	
- 1		• 40 to 125 kVp in 1 kVp steps	
		Touch Screen	
		Allows customization of 6 APR regions (skull, thorax, spine, abdomen/pelvis, lower)	
		and upper extremities) - small, medium, large and pediatric patient sizes	
- 1		User friendly multi-language selection	
		• 14 mA stations: 5, 6.4, 8, 10, 12.5, 16, 20, 25, 32, 40, 50, 64, 80 and 100	
		• 0.001-10 second exposure time range, 41 total in 25% steps	
		• 0.1 to 250 mAs, 34 total in 25% steps	
		• Tube: 0.6mm x 2.8mm dual focus stationary anode tube, 76,000 HU	
		• Power Cord: 19.7' long (6 meters)	
		• Exposure Cord: 9.8' long (3 meters)	
		Collimator: Certified manual, Laser Light	
		Stand on base with wheels for easy maneuverability	
1		Gas spring arm supports tube to accommodate easy positioning	

		Cassette storage box accommodates up to 8 cassettes		
		• Vertical tube travel, 61.4" (17.3"-78.7")		
		• 102.5 lbs total weight		
		Single-phase line Automatic Regulation, Automatic Output		
		Power Adaptation to Power Line Conditions		
		• 220 / 240 VAC		
1	50100	Markers pair		
1	52418H	Monitor 23" LED		
1	Cart-3Shelf	CART		
1	62018-20	LEAD APRON (1) Medium		
1	62019-20	LEAD APRON (1) Large		
		MTX MEDICAL SERVICES "ALWAYS" INCLUDED IN INSTALLED TOTAL:		
		· Freight		
		· Installation		
		· Applications Training		
		· 1 Year On-Site Labor Warranty (24/7/365 response as required)		
		(WILL NEED PORTABLE GENERATOR FOR OFF SITE WORK WITH (220 VOLT RECEPTACLE)		
			Installed Total	\$55,300.00
		Important Note - Any images used within quotation may not represent actual product and/or components included		

Freight, Installation, and Applications training included

1. GENERAL TERMS & CONDITIONS

20% with order

80% on completion of installation

2. F.O.B.:

Factory

3. NOTE:

The purchase price does not include sales, use, excise, local, federal or property taxes. All pricing is reflected as "cash" terms, no credit card payments can be accepted. Quote valid ONLY to 10/30/2016. Order must be received by 10/30/2016 to ensure pricing.

4. BUYER'S OBLIGATION TO INSPECT:

Buyer acknowledges the duty to inspect the features, capabilities and specifications of the equipment and items purchased through familiarization and review of the manuals and specification sheets which pertain to the purchased equipment or product. Buyer acknowledges that by signing this Purchase Agreement he accepts the equipment or product with the features and specifications delineated in the manual or specifications sheets which pertain to and are provided with the product or equipment.

5. LIMITED WARRANTY:

A. Seller provides a one (1) year warranty on all parts and labor. There are no warranties, which extend beyond the description on the face hereof.

Positive mechanical brakes

- B. NO WARRANTIES OF MERCHANTIBILITY OR FITNESS FOR PARTICULAR PURPOSE. Section 1 herein sets forth Buyer's sole and exclusive warranty. SELLER EXPRESSLY EXCLUDES ALL OTHER WARRANTIES, AND BUYER RECEIVES NO OTHER WARRANTIES, EXPRESS OR IMPLIED, STATUTORY OR OTHERWISE, AS TO THE EQUIPMENT OR SERVICES BEING MERCHANTABLE OR FIT FOR ANY PARTICULAR PURPOSE OR THAT MAY ARISE FROM COURSE OF DEALING OR USAGE OF TRADE. For any deficiencies in the equipment reported to Seller during the limited one-year warranty period, Seller's sole and exclusive obligation in the event of any deficiency in the equipment or services is to use commercially reasonable efforts to correct such deficiency.
- C. Warranties will not apply if the malfunction is caused, in Seller's or its affiliated party's reasonable opinion, by abuse, misuse (whether intentional or not), accident (including but not limited to fire,
- water, Improper power, environmental conditions), alteration, user modification, neglect of the Product or any part thereot; lack of routine care or maintenance or failure to follow Seller's instructions.

 D. Unless otherwise agreed by the Seller in writing, Buyer shall pay costs of shipping for products returned to the Seller or its affiliated party for repair, and shall be responsible for loss or damage in transit.

6. LIMITATION OF LIABILITY:

- A. This Agreement states Buyer's sole and exclusive warranty. In no event will the Seller or any company affiliated with it be liable for indirect, incidental, consequential damages, special damages, injuries, loss of profits, loss of business or goodwill however arising. Seller's liability, if any, hereunder is limited to the actual cost paid to the Seller by Buyer for this product.
- B. This exclusion and limitation of damages applies regardless of the theory of liability. Buyer acknowledges it bargained for this allocation of risk and recognizes that absent the foregoing, the price of the product would be substantially greater.

7. LOCATION SAFETY MEASURES:

MTX Medical Solutions, Inc. does not make any warranty or representation that all room safety measures are completed or conform to Federal, State or Local specifications. Examples of such safety measures may include, but are not limited to; room design, lead requirements, chemical disposal and/or storage, as well as other particular operational and physical characteristics of Buyer's facility or operations. By executing document below and/or submitting purchase order to acquire described service and/or product, MTX Medical Solutions, Inc. is hereby relieved of any and all liability.

Customer may require: (a) additional cabling; and/or (b) additional network infrastructure (including, but not limited to: T1 connections, routers, bridges, and Ethernet hub and drops) to properly install, operate and maintain the Product(s). The installation of such cabling and network infrastructure, and all costs and expenses associated therewith, are the sole responsibility of Customer, unless otherwise agreed upon in writing by MTX Medical Solutions Inc.. Customer should anticipate that additional fees for its telecommunication providers analog line installation (to facilitate remote MTX Medical Solutions Inc. service) and access will be incurred in connection with the installation, operation and maintenance of the Product(s). Customer will be solely responsible for providing MTX Medical Solutions Inc. with such access and for paying all costs and expenses associated therewith.

9. SECURITY INTEREST:

The seller hereby retains a purchase money security interest under the Uniform Commercial Code and any goods sold under this Agreement until full payment of the goods have been made, the buyer acknowledges that any properties sold under this Agreement will remain the personal property of the seller (MTX Medical Solutions Inc.) and will not become a fixture even if attached to real property. This purchase money security interest shall remain in full force and effect under the Uniform Commercial Code and applicable state laws until buyer pays for the goods covered hereunder in full.

10. INTEGRATION OR MERGER CLAUSE

This Agreement constitutes the entire agreement of the parties relating to the subject matter addressed in this Agreement. This Agreement supersedes all prior communications, contracts, or agreements between the parties with respect to the subject matter addressed in this Agreement, whether oral or written. This Agreement can only be amended or modified in writing.

11. SEVERABILITY

If any provision of this agreement is held to be invalid or unenforceable, the other provisions will remain in effect.

12. GOVERNING LAW

This Agreement shall be construed and enforced in accordance with the laws of the State of Montana.

13. VENUE

The parties agree that any claim or dispute they may have must be resolved by the 13th Judicial District Court in Yellowstone County, Montana.

Initials: ____

MTX Medical Solutions		Office Of The Coroner Laramie County		
Chris Lickteig (printed or typed)		(printed or typed)		
(signature)	2-19-2019 (date)	(signature)	(date)	

Initials:

RESOLUTION NO. 180330-119

'A RESOLUTION ADOPTING THE NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS), ON BEHALF OF THE GOVERNING BODY OF LARAMIE COUNTY, WYOMING

WITNESSETH

WHEREAS, the President in Homeland Security Directive (HSPD)-5, directed the Secretary of the Department of Homeland Security to develop and administer a National Incident Management System (NIMS), which would provide a consistent nationwide approach for Federal, State, and local governments to work together more effectively and efficiently to prevent, prepare for, respond to and recover from domestic incidents, regardless of cause, size or complexity;

WHEREAS, the collective input and guidance from all Federal, State, and local homeland security partners has been, and will continue to be, vital to the development, effective implementation and utilization of a comprehensive NIMS;

WHEREAS, it is necessary and desirable that all Federal, State, and local emergency agencies and personnel coordinate their efforts to effectively and efficiently provide the highest levels of incident management;

WHEREAS, to facilitate the most efficient and effective incident management it is critical that Federal, State, and local organizations utilize standardized terminology, standardized organizational structures, interoperable communications, consolidated action plans, unified command structures, uniform personnel qualification standards, uniform standards for planning, training, and exercising, comprehensive resource management, and designated incident facilities during emergencies or disasters;

WHEREAS, the NIMS standardized procedures for managing personnel, communications, facilities and resources will improve the county's ability to utilize federal funding to enhance local agency readiness, maintain first responder safety, and streamline incident management processes,

WHEREAS, the Incident Command System components of NIMS are already an integral part of various city/county incident management activities, including current emergency management training programs; and

WHEREAS, the National Commission on Terrorist Attacks (9-11 Commission) recommended adoption of a standardized Incident Command System.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF LARAMIE COUNTY that the National Incident Management System (NIMS) is established as the County standard for incident management; and

BE IT FURTHER RESOLVED, that Jeanine West, or her successor in the position of Director of EMA, is appointed as agent of the Laramie County Board of Commissioners to execute and submit items and certifications for NIMS compliance.

PASSED, APPROVED AND ADOPTED THIS 20th DAY OF MARCH, 2018.

By: K.M. Buck Holmes, Chairman

ATTEST:

Debra Lee, Laramie County Clerk

Date

Received and Approved as to Form:

Date