

VAN BUREN COUNTY QUORUM COURT

ORDINANCE NO. 2018-19

BE IT ENACTED BY THE QUORUM COURT OF THE COUNTY OF VAN BUREN, STATE OF ARKANSAS, AN APPROPRIATION ORDINANCE TO BE ENTITLED:

AN APPROPRIATION ORDINANCE TO AMEND THE ORIGINAL APPROPRIATION ORDINANCE #2017-39, THE ANNUAL OPERATING BUDGET FOR 2018, TO INCREASE THE PROJECTED REVENUE AND APPROPRIATE \$3,936.95 INTO THE VAN BUREN COUNTY HEALTH DEPARTMENT BUDGET #1000-~~300~~;

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BOOK 2018  
RECORDED  
ORDINANCE BOOK  
DEC 22 2018 11:17 AM  
PAM BRADFORD  
County Clerk  
VAN BUREN County, AR

WHEREAS: The Van Buren County Health Department received a Grant in the amount of \$3,936.95 from Arkansas Department of Health; and

WHEREAS: this Grant money is to be used for assisting in the purchase and installation of a dehumidifier system in the County Health Department.

NOW THEREFORE BE IT ORDAINED BY THE QUORUM COURT OF VAN BUREN COUNTY, ARKANSAS THAT:

Van Buren County shall appropriate funds in the amount of \$3,936.95 into County General, 1000-~~300~~-3103 (Grants In) for the Van Buren County Health Department.

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Approved this 21st day of June, 2018

APPROVED: Roger W. Hooper  
Roger Hooper, County Judge

ATTEST: Pam Bradford  
Pam Bradford, County Clerk



STATE OF ARKANSAS  
Sub Grant Quantity contract

Vendor No. 800001882  
Contact Local Grant Trust  
Your reference Sub Grant

VAN BUREN COUNTY  
OFFICE OF THE COUNTY JUDGE  
PO Box 60  
CLINTON AR 72031-0060

Contract No. 4600042671  
Date 06/06/2018

Contact Sherry Gibson  
Telephone 501-661-2569

Our ref. SG  
Incoterms FOB  
DESTINATION

Send Invoice To:

Arkansas Department of Health  
Center for Local Public Health  
4815 West Markham Street Slot 21  
Little Rock, Arkansas 72205

Ship To:

ADH - CENTER FOR LOCAL PUBLIC HEALTH-SL  
CENTER FOR LOCAL PUBLIC HEALTH-SLOT H-  
4815 W MARKHAM  
LITTLE ROCK AR 72205

Valid from: 06/04/2018  
Valid to: 06/30/2018

Target value 3,936.95 USD  
PURCHASE REQUISITION #1000824567

**BOOK 2018  
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Unsolicited Proposal

Agency Contact Person Responsible for the Sub Grant Agreement/PO/Invoice  
Lynn Humphries  
501-280-4414  
lynn.humphries@arkansas.gov

Recipient Contact:  
Roger Hooper  
501-745-2443  
vbcjudge@arelco.com

Sub Grant Initial Term is 06/04/2018 through 06/30/2019. Contract term has no additional options to extend.

Item	Material/Description	Target Qty	UM	Unit Price	Amount
0001	10090106 PRO SERVICE, COUNTY JUDGE FY 2018 Services - 06/04/2018 to 06/30/2018 Compensation - \$3,936.95 Unsolicited Proposal - The Local Grant Trust Fund will provide funding to assist with the purchase and installation of a dehumidifier system in the Van Buren County Health Unit in Van Buren County.	3,936.95	Lump Sum	1.00	\$ 3,936.95

**GENERAL CONDITIONS AND INSTRUCTIONS TO VENDOR:**

All purchasing rules and regulations defined by the State of Arkansas apply to this document.

*Sherry Gibson*

Purchasing Official/Fiscal Officer

**06/06/2018**

Arkansas Department of Health



STATE OF ARKANSAS  
**Sub Grant Quantity contract**

Vendor No. 800001882  
 Contact Local Grant Trust  
 Your reference Sub Grant

Contract No. 4600042671  
 Date 06/06/2018  
 Our reference SG

Item	Material/Description	Target QtyUM	Unit Price	Amount
				Estimated Net Value
				3,936.95
<p>Pursuant to Arkansas Code Annotated 19-4-1206, the agency shall certify that the services have been performed and/or the goods received prior to payment being authorized and processed.</p> <p style="text-align: right;"><b>BOOK 2018</b> <b>PAGE 42</b></p>				

**GENERAL CONDITIONS AND INSTRUCTIONS TO VENDOR:**

All purchasing rules and regulations defined by the State of Arkansas apply to this document.

**Arkansas Department of Health**

**LOCAL GRANT TRUST FUND  
REQUEST FOR PAYMENT**

Date: \_\_\_\_\_ Request Number: 18-001

Remit To: Grantee: Van Buren County - Office of the County Judge  
 Address: P.O. Box 60  
 City: Clinton, AR Zip: 72031-0060

Payment by Direct Deposit?  Yes  No Date(s) of Service Expenditure Period 6/4/2018 thru 6/30/2018

Vendor Number: 800001882 Contract Grant Number: 4600042671

Purchase Order Number: 4501804427 MIGO Number: \_\_\_\_\_

	<u>LGTF</u>	<u>LOCAL MATCH</u>
Beginning amount - LGTF and Local Match	\$ 3,936.95	\$ 7,347.88
Less Amount of Disbursement to Date		
<b>FUND BALANCE SUBTOTAL</b>	<b>\$ 3,936.95</b>	<b>\$ 7,347.88</b>

List Expenses and amount requested:

_____	\$ _____	<b>BOOK 2018</b> -
_____	\$ -	<b>PAGE 43</b> -
_____	\$ -	\$ -
_____	\$ -	\$ -
_____	\$ -	\$ -
_____	\$ -	\$ -
_____	\$ -	\$ -
_____	\$ -	\$ -
Total of Expense	\$ -	\$ -
<b>TOTAL REMAINING FUNDS</b>	<b>\$ 3,936.95</b>	<b>\$ 7,347.88</b>

I certify that this request for payment has been prepared in accordance with the terms and conditions of the Grant Agreement with the Local Grant Trust Fund and that the amount requested is proper for payments to the Grantee. I also certify that the date reported above is correct and that the amount of the request for payment is not in excess of current needs. The supporting documentation has been reviewed and agrees with the amount requested.

\_\_\_\_\_  
**Responsible Person Signature**  
 \_\_\_\_\_  
 Printed Name  
 N/A  
 \_\_\_\_\_  
**Project Architect Signature**  
 N/A  
 \_\_\_\_\_  
 Printed Name  
 \_\_\_\_\_  
**Grant Administrator Signature**  
 Donna Branscum  
 \_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date  
 Van Buren County Judge  
 \_\_\_\_\_  
 Title  
 N/A  
 \_\_\_\_\_  
 Date  
 N/A  
 \_\_\_\_\_  
 Title

I certify that this instrument was filed on 06/22/2018 11:17 AM and recorded in ORDINANCE Book 2018  
 \_\_\_\_\_  
**PAM BRADFORD**  
 County Clerk  
 VAN BUREN County, AR  
*Pam Bradford* D.C.

Send To:  
 Arkansas Department of Health  
 Local Grant Trust Fund Liaison  
 4815 West Markham Street - Slot 21  
 Little Rock, AR 72205