

Anderson County Board of Commissioners Purchasing Committee Meeting Minutes

**March 9, 2020
4:30 p.m., Room 312**

Members Present: Tim Isbel (Committee Chair), Steve Mead, Phil Yager, and Catherine Denenberg.

Members Absent: Joshua Anderson

A. Contracts Approved by Law Director

B. Contracts Pending Law Director Approval

C. Other Business

Request to surplus the following Capital Assets:

- 1. Board of Education Central Office 2002 Ford E150 EL Van - 144,168 miles, in running condition with body damage. Requested starting bid of \$200.**
- 2. Board of Education ACHS Food Service 2000 Ford E150 EL Van - 165,985 miles, in running condition with body damage. No air conditioner. Requested starting bid of \$200.**
- 3. Sheriff's Department, 2008 Chevy Tahoe – 179,869 miles, in running condition with minor body damage. Requested starting bid of \$2800.**

Commissioner Yager made a motion to approve as a group and to forward to County Commission with a recommendation for approval. Commissioner Denenberg seconded the motion. Motion passed by voice vote.

D. New Business

None.

E. Old Business

None.

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Purchasing Committee Meeting Agenda**

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D. New Business

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ANDERSON COUNTY GOVERNMENT PROPERTY DISPOSITION AND SURPLUS RECORD

- Property declared to be surplus may be transferred to another Anderson County office or be sold at internet auction.
- The IT Department will manage the disposition of hard drives.
- The Vehicle Inspection Form is to be used to sell vehicles. A police report must accompany this form if the property was stolen.
- Transferring property to an Entity outside of Anderson County requires Purchasing Committee and County Commission approval.
- This form should be emailed to Surplus@andersontn.org

Special Education
(Department)

requests to surplus property as detailed below.

Signature of Department Head/Elected Official

Date

Asset Tag Number (N/A if no Tag)	Property Description (Vehicles - list Year, Make, Model and Location)	Serial Number/ VIN Number (N/A if no Serial No.)	Property Condition (Working, inoperable, unknown)
BU-5779	02 Ford E150 XL, Central office parking lot	LFM2B11222H 121060	144168 miles working, frame damage
AT-2987	00 Ford E150 XL, ACHS Food Service	LFM2B1125Y41 162484	105,985, unknown STOP UP

Attach additional sheet(s) if necessary.

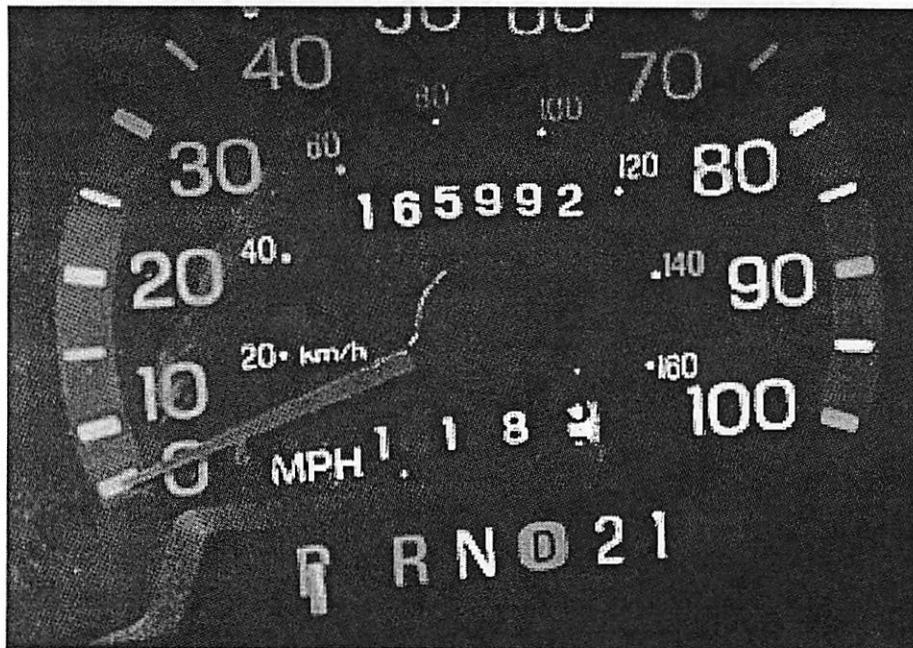
Property Disposition Method (check applicable box)

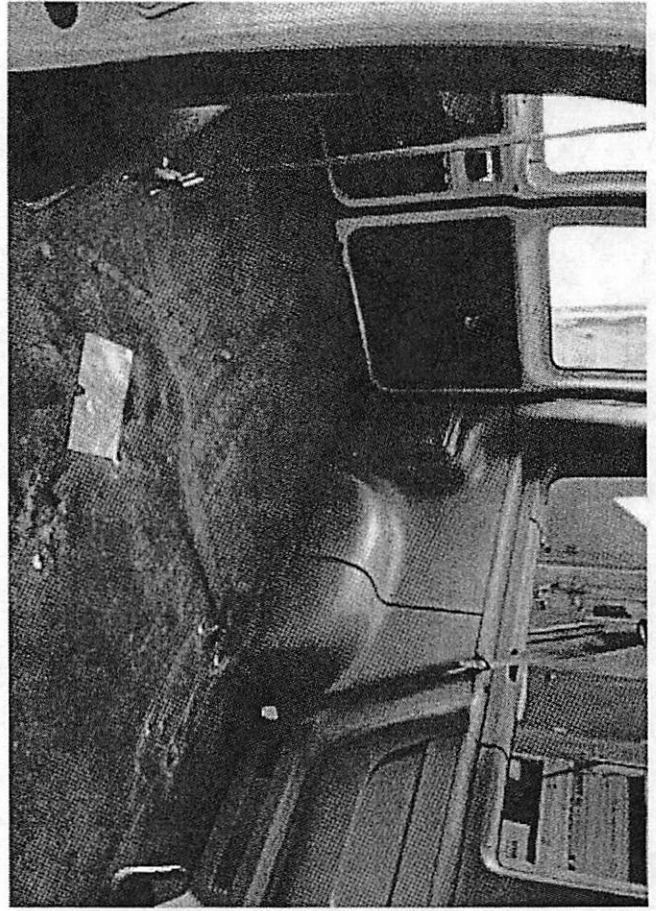
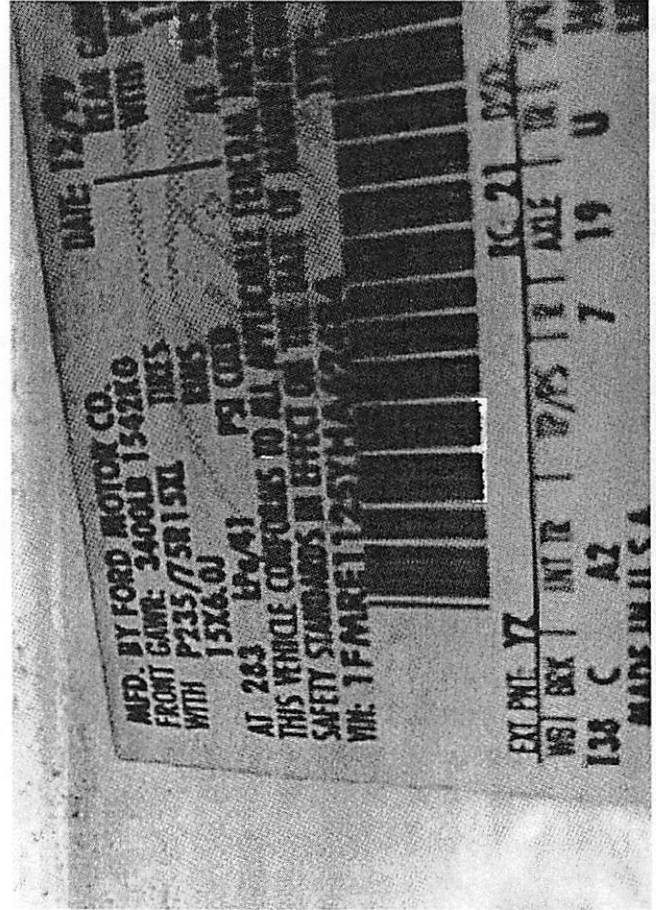
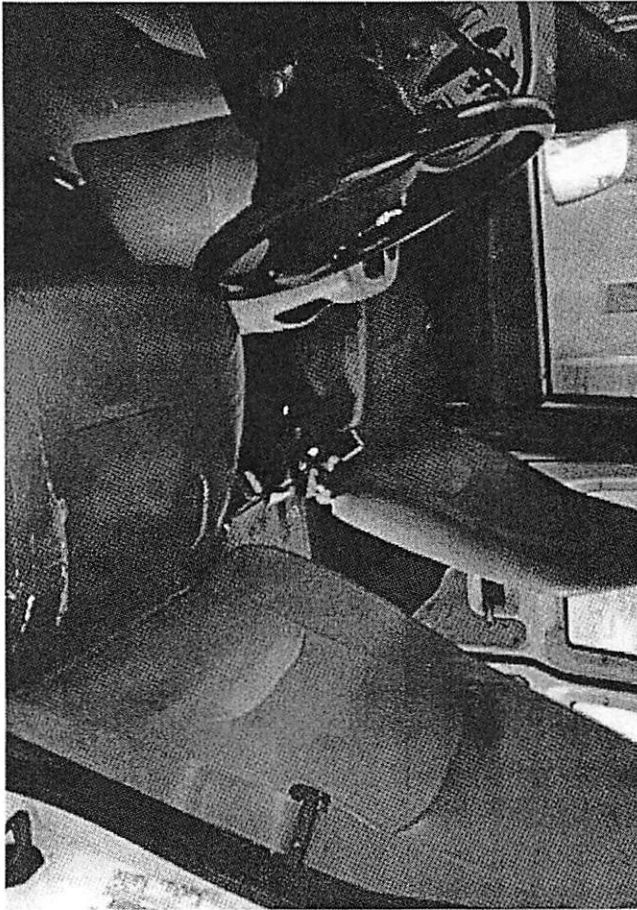
✓	Internet Auction Fund #: _____ Fund Description: _____ (Attach photos of item(s) to record)	Purchasing Office Use Only Govdeals ID#: _____ Date: _____ Sale Amount: \$ _____ Date removed from Asset Listing: _____
	Transfer Property To: _____ (Department) Signature of Receiving Department Head/Elected Official _____ Date _____	
	Trade In Purchase Order Number of Trade in: _____	
	Stolen or Lost (Attach copy of Police Report)	
	Property Destroyed (Attach explanation)	

Received by Purchasing Office:

KC 2/26/20
(Date)

Deputy Purchasing Agent Signature: _____





GovDeals Vehicle Inspection Form

Inventory ID: _____	Department: _____	Fund: _____
Short Description: Year <u>00</u> Make <u>Ford</u> Model <u>E150 XL</u>		
VIN: 1 F M R E 1 1 2 5 Y H A 6 2 4 8 7 Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N		
Mileage/Odometer: 1 6 5 9 8 5 Odometer Accurate <input type="checkbox"/> Y <input checked="" type="checkbox"/> N: _____		
Long Description: This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>4.6L V8</u> <input type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: _____ This vehicle was maintained every <u>5000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual _____ Speed Transmission Condition: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: _____ Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____		
Exterior: Color: <u>White</u> Windows: <input type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Bings Tire Condition: <input checked="" type="checkbox"/> Low <input type="checkbox"/> Flat Hubcaps <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Major Damage to: _____ Additional Damage: _____ Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input type="checkbox"/> Have been Removed & <input type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes		
Interior: Color: <u>Gray</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>All Seats</u> Damage to Dash/Floor: <u>Crack</u> Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input checked="" type="checkbox"/> No AC Air Bags <input type="checkbox"/> drivers side <input type="checkbox"/> dual <input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Steering <input type="checkbox"/> Seats		
Reviewed Prior to Being Posted by Purchasing Agent: _____ Start Date: _____ First _____ Second _____ Third End Date: _____ First _____ Second _____ Third		
Location of Asset: _____ For more information contact: _____ Views/Picture # _____ # _____ # _____ # _____ # _____ # _____ # _____		

ANDERSON COUNTY GOVERNMENT PROPERTY DISPOSITION AND SURPLUS RECORD

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Special Education
(Department)

requests to surplus property as detailed below.

Kim Voue

Signature of Department Head/Elected Official

Date

Asset Tag Number (N/A if no Tag)	Property Description (Vehicles - list Year, Make, Model and Location)	Serial Number/ VIN Number (N/A if no Serial No.)	Property Condition (Working, inoperable, unknown)
BU-5779	02 Ford E150 XL, Central office parking lot	1FMRB11A22H121060	144,168 miles, working frame damage
BT-2937	00 Ford E150 XL, ACHS Food Service	1FMRB1125YH462484	105,985, unknown

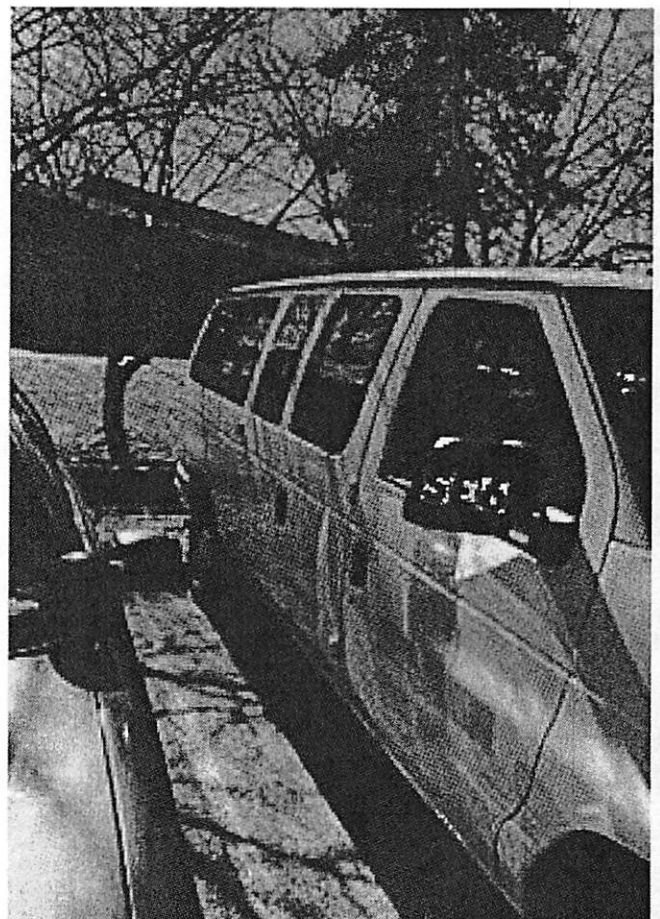
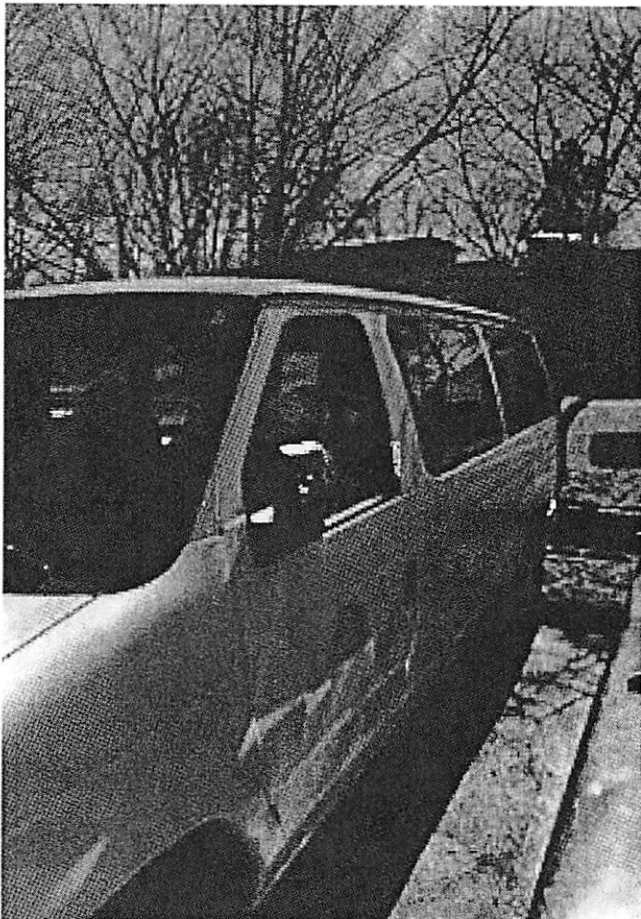
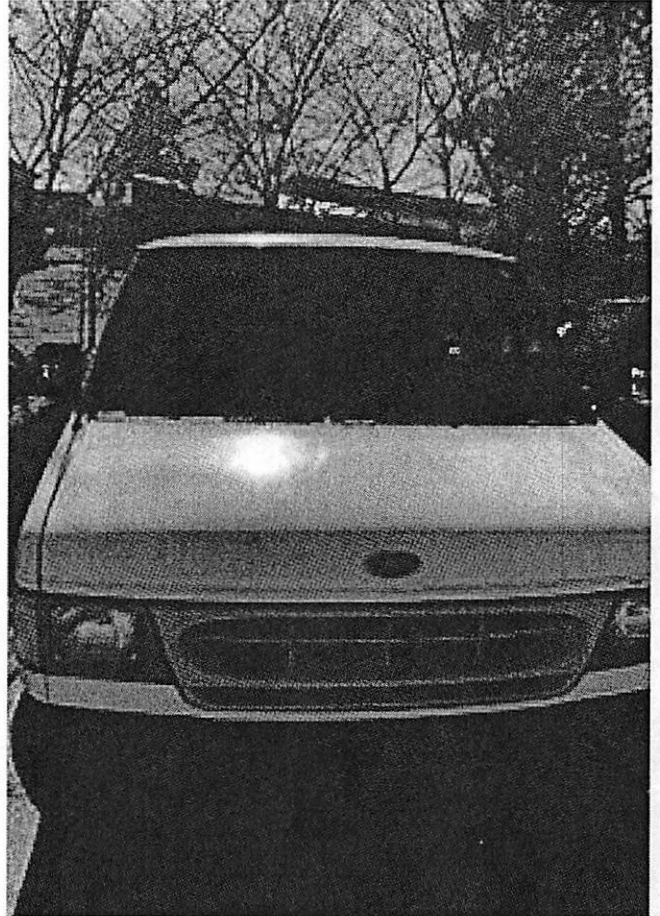
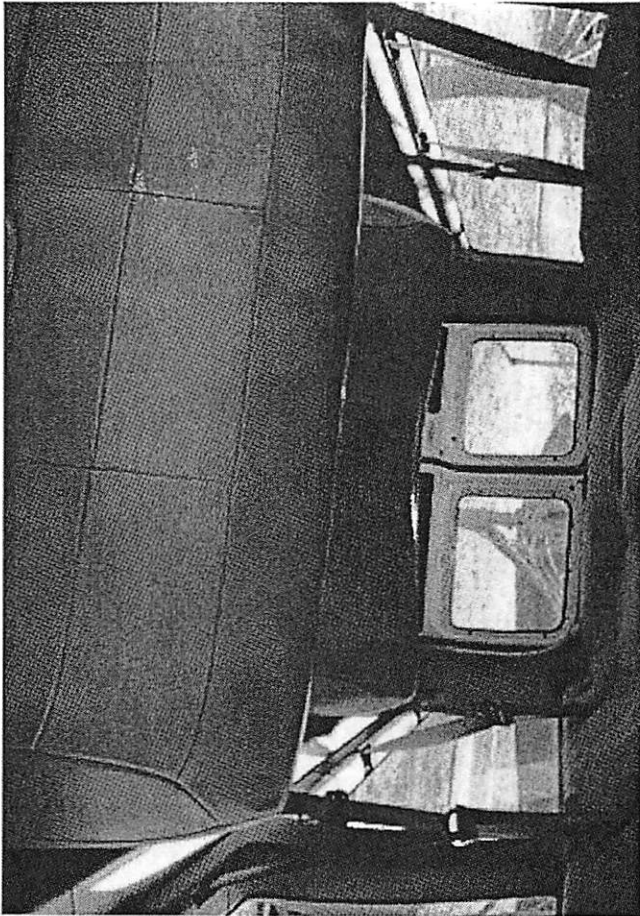
Attach additional sheet(s) if necessary.

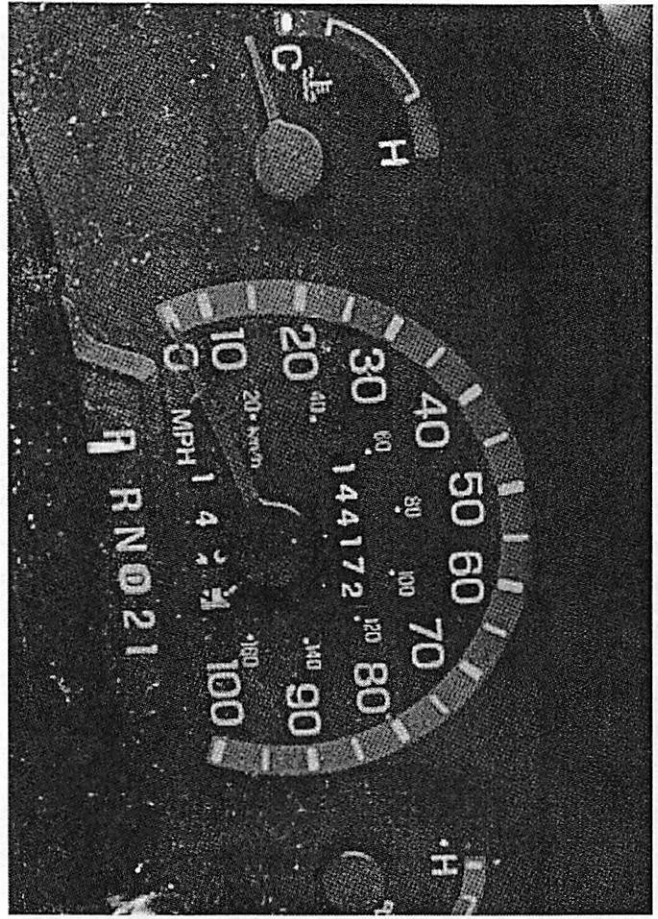
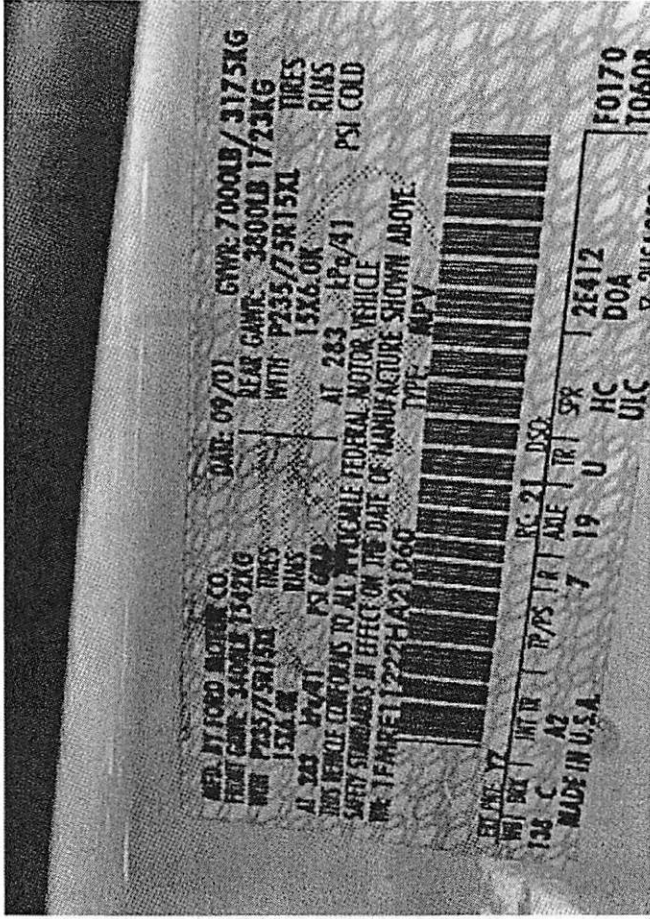
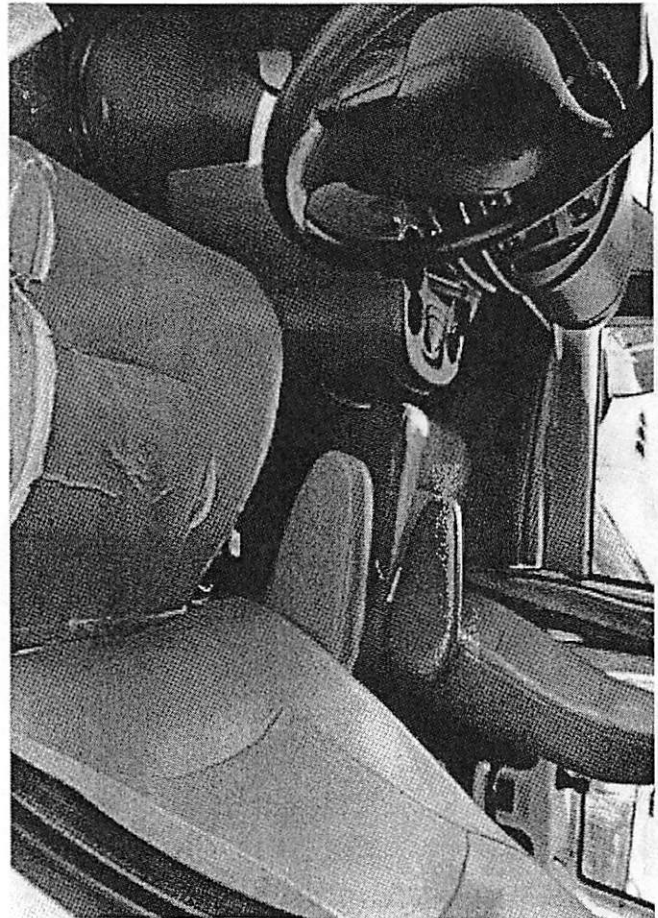
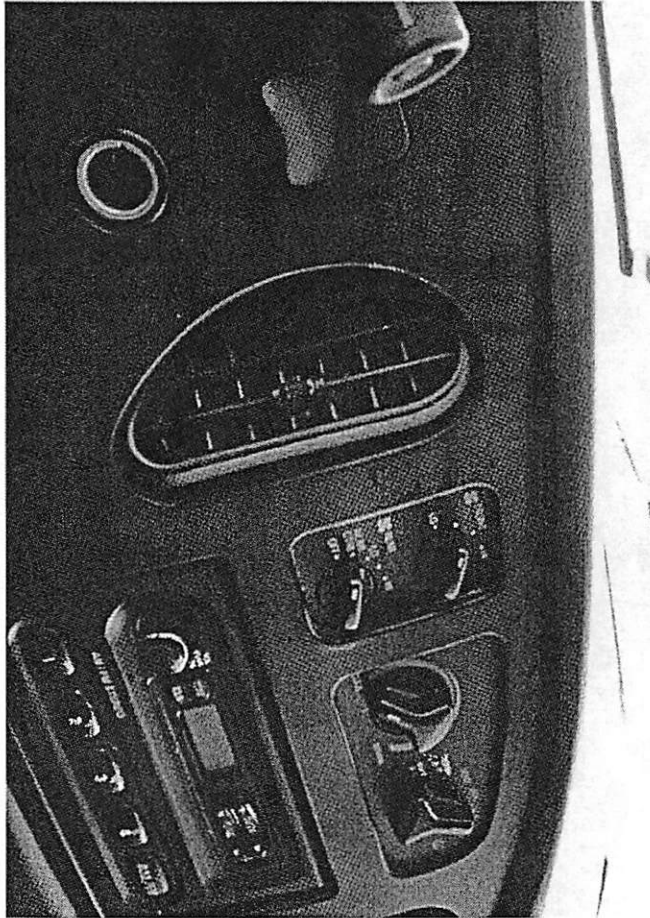
Property Disposition Method (check applicable box)

<input checked="" type="checkbox"/>	Internet Auction Fund #: _____ Fund Description: _____ (Attach photos of item(s) to record)	Purchasing Office Use Only Govdeals ID#: _____ Date: _____ Sale Amount: \$ _____ Date removed from Asset Listing: _____
	Transfer Property To: _____ (Department) Signature of Receiving Department Head/Elected Official _____ Date _____	
	Trade In Purchase Order Number of Trade in: _____	
	Stolen or Lost (Attach copy of Police Report)	
	Property Destroyed (Attach explanation)	

Received by Purchasing Office: YC 2/26/20
(Date)

Deputy Purchasing Agent Signature: _____





GovDeals Vehicle Inspection Form

Inventory ID:	Department:	Fund:																	
Short Description:																			
Year <u>02</u>	Make <u>FORD</u>	Model <u>E150 XL</u>																	
VIN: <table border="1" style="display: inline-table; text-align: center; font-family: monospace;"> <tr><td>I</td><td>F</td><td>M</td><td>R</td><td>E</td><td>1</td><td>1</td><td>2</td><td>2</td><td>2</td><td>H</td><td>A</td><td>2</td><td>1</td><td>0</td><td>6</td><td>0</td></tr> </table>		I	F	M	R	E	1	1	2	2	2	H	A	2	1	0	6	0	Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N
I	F	M	R	E	1	1	2	2	2	H	A	2	1	0	6	0			
Mileage/Odometer: <table border="1" style="display: inline-table; text-align: center; font-family: monospace;"> <tr><td>1</td><td>4</td><td>4</td><td>1</td><td>6</td><td>8</td></tr> </table>		1	4	4	1	6	8	Odometer Accurate <input type="checkbox"/> Y <input checked="" type="checkbox"/> N											
1	4	4	1	6	8														
Long Description:																			
This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only																			
Engine- Type: <u>4.6L V 8</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine																			
Engine Condition: <input type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition																			
Repairs needed: <u>YES</u>																			
This vehicle was maintained every <u>5000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles																			
Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection																			
Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual _____ Speed																			
Transmission Condition: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition																			
Repairs Needed: _____																			
Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____																			
Exterior: Color: <u>White</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked																			
Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <input checked="" type="checkbox"/> Low <input type="checkbox"/> Flat Hubcaps <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																			
Major Damage to: _____																			
Additional Damage: _____																			
Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input type="checkbox"/> Have been Removed & <input type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions																			
Emergency equip: <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes																			
Interior: Color <u>Gray</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather																			
Damage to Seats: <u>WORN DAMAGE</u>																			
Damage to Dash/Floor: <u>CRACK</u>																			
Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD																			
<input checked="" type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags <input type="checkbox"/> drivers side <input type="checkbox"/> dual																			
<input type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control																			
Power: <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Steering <input type="checkbox"/> Seats																			
Reviewed Prior to Being Posted by Purchasing Agent: _____																			
Start Date: _____ First _____ Second _____ Third End Date: _____ First _____ Second _____ Third																			
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For more information contact: _____																			
Views/Picture # _____ # _____ # _____ # _____ # _____ # _____ # _____																			

Surplus

Attachment 8
**ANDERSON COUNTY GOVERNMENT
PROPERTY DISPOSITION AND SURPLUS RECORD**

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Sherrill requests to surplus property as detailed below.
(Department)

X [Signature]
Signature of Department Head/Elected Official

02-27-2020
Date

Asset Tag Number (N/A if no Tag)	Property Description (Vehicles - list Year, Make, Model and Location)	Serial Number/ VIN Number (N/A if no Serial No.)	Property Condition (Working, inoperable, unknown)
2008	IGNEC03038R206212	Cherry Tahoe	Working
	Starting Bid \$2800.00		

Attach additional sheet(s) if necessary.

Property Disposition Method (check applicable box)

Internet Auction Fund #: _____ Fund Description: _____ (Attach photos of item(s) to record)	Purchasing Office Use Only Govdeals ID#: _____ Date: _____ Sale Amount: \$ _____ Date removed from Asset Listing: _____
Transfer Property To: _____ (Department) Signature of Receiving Department Head/Elected Official _____ Date _____	
Trade In Purchase Order Number of Trade in: _____	
Stolen or Lost (Attach copy of Police Report)	
Property Destroyed (Attach explanation)	

Received by Purchasing Office:

YC 2/27/20
(Date)

Deputy Purchasing Agent Signature: _____

Property Disposition & Surplus Record
RCVD FEB 27 2020
A.C. GOV. PURCHASING

Rev. 1/29/2018

GovDeals Vehicle Inspection Form

Inventory ID:	Asset Number:	Fair Market Value:
Short Description: Year <u>2008</u> Make <u>Chevy</u> Model <u>Tahoe</u>		
VIN: <u>1GNEC0303PR206212</u>		Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Odometer: <u>179869</u>	<input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers	Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N

Long Description:

This Vehicle: ☒ Starts ☐ Starts with a Boost & ☒ Runs/Driveable ☐ Engine Runs ☐ Does Not Run ☐ For Parts Only
 Engine- Type: 5.3 L, V8 ☒ Gas ☐ Diesel Engine ☐ Propane/Natural Gas ☐ Gas/Electric Hybrid
 Engine Condition: ☒ Runs ☐ Needs repair ☐ is in unknown condition
 Repairs needed: None Known

This vehicle was maintained every _____ ☐ Days ☐ Hours ☐ Miles
 Date Removed From Service: _____ Maintenance Records: ☐ Available ☐ Not Available For Inspection
 Transmission: ☒ Automatic ☐ Manual 4 Speed Condition: ☒ Operable ☐ Needs repair ☐ Is Unknown Condition
 Repairs Needed: None
 Drivetrain: ☒ 2 Wheel Drive ☐ 4 Wheel Drive Condition: _____

Exterior: Color: Black Windows: ☒ No Cracked Glass ☐ Cracked
 Minor: ☐ Dents ☒ Scratches ☒ Dings Tire Condition: Good Tread: 1/2 #Flat _____ Hubcaps # 4
 Major Damage to: _____
 Additional Damage: Screw holes from equipment removal
 Decals: ☒ None ☐ Have Been Sprayed or ☐ Have been Removed & ☐ Impressions Remain ☐ No Impressions
 Emergency equip: ☐ None ☒ Has been removed & ☒ There are holes in the exterior ☐ There are no holes

Interior: Color Black ☒ Cloth ☐ Vinyl ☐ Leather
 Damage to Seats: _____
 Damage to Dash/Floor: Screw holes here and there
 Radio: ☒ Stock or ☐ Brand & Model: _____ ☐ AM ☐ AM/FM ☐ AM/FM Cassette ☒ AM/FM CD
☒ AC (Condition: ☒ Cold ☐ Unknown) ☐ No AC Air Bags: ☒ Driver's Side ☐ Dual
☐ Cruise Control ☒ Tilt Steering ☒ Remote Mirrors ☒ Climate Control
 Power: ☒ Steering ☒ Windows ☒ Door Locks ☐ Seats

Additional Equipment: _____
 Manufacturer _____ Model _____ Serial # _____
☐ Tool Box ☐ Light Bar ☐ Ladder Rack ☐ Utility Body Brand _____ ☐ Hitch: Type _____

Location of Asset: 308 Public Safety Lane Clinton TN 37716
 For more information contact: _____
 Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends Stagger closing times by 10 minutes

Proceeds need to be Returned to Drug Fund.

