

**Anderson County Board of Commissioners
Purchasing Committee Meeting Minutes
November 14, 2022
4:30 p.m.
Room 312 of the Courthouse**

Members Present: Tim Isbel (Committee Chair), Phil Yager, Catherine Denenberg, Tyler Mayes and Denise Palmer

A. Contracts Approved by Law Director

1. **Life Assist, EMS, Contract #23-0041** – One-year contract with four one-year renewal options for medical supplies. Pricing from competitive bid.
2. **Bound Tree, EMS, Contract #23-0042** – One-year contract with four one-year renewal options for medical supplies. Pricing from competitive bid.
3. **Ever Dixie, EMS, Contract #23-0043** – One-year contract with four one-year renewal options for medical supplies. Pricing from competitive bid.
4. **Henry Schein, EMS, Contract #23-0044** – One-year contract with four one-year renewal options for medical supplies. Pricing from competitive bid.
Note: This bid had six categories and hundreds of line items. Awarding to multiple vendors will allow EMS to compare prices at the times of order and ensure product availability.

Commissioner Mayes made a motion to approve as a group and forward to County Commission with a recommendation for approval. Commissioner Denenberg seconded the motion. Motion passed unanimously.

B. Contracts Pending Law Director Approval

Katherine Ajmeri informed the Committee that the Law Director has since approved these contracts since the agenda was created.

1. **McKesson Medical, EMS, Contract #23-0040** – One-year contract with four one-year renewal options for medical supplies. Pricing from competitive bid.
2. **Canon, Clerk & Master, Copier Rental, Contract #23-0046** – Five-year copier lease at \$66.39 per month plus copy charges. Pricing from State Wide Contract.

3. **Canon, Clerk & Master, Copier Rental, Contract #23-0047** – Five-year copier lease at \$38.40 per month plus copy charges. Pricing from State Wide Contract.
4. **Tennessee Emergency Management Agency, EMA, Contract #23-0007 Amendment** – Grant for off-site emergency planning and response. Pass through funding from the Department of Energy. Originally approved by County Commission in August 2022. This amendment extends the end date from 11/30/2022 to 7/31/2023.

Commissioner Mayes made a motion to approve as a group and forward to County Commission with a recommendation for approval. Commissioner Denenberg seconded the motion. Motion passed unanimously.

C. Other Business

1. Request to Surplus the following:

DESCRIPTION	DEPARTMENT	Condition	Starting Bid
Land at 135 Iroquois Lane in Clinton	Board of Education	.64 Acre Vacant Lot in India Hills Subdivision. Purchased when the ACCTC students had all-day classes to build houses.	\$15,000
2008 Ford F250 with Service Body	Fleet Services	Working, has frame damage from a wreck	\$250
2011 Ford Crown Victoria, BX132053	Sheriff	Working, some dents and dings	\$250
2011 Ford Crown Victoria, BX108478	Sheriff	Working, some dents and dings	\$250
2011 Ford Crown Victoria, BX109407	Sheriff	Not Working, will not start, some dents and dings	\$250
2012 Dodge Charger, CH172575	Sheriff	Not working, has electrical problems, no driver seat	\$250
2011 Ford Crown Victoria, BX156078	Sheriff	Starts with a boost, missing window, dents	\$250
2012 Dodge Charger, CH236974	Sheriff	Not working, will not start	\$250
2016 Dodge Charger, GH165607	Sheriff	Not working, involved in accident, no title	\$250
2007 Chevy Impala, 79213468	Sheriff	Not working, starter is removed	\$250
2005 Ford Crown Victoria, 5X113813	Sheriff	Working, cosmetic damage, park safety switch inoperable	\$250

The Committee elected to vote on the surplus request of 135 Iroquois Lane separately and the rest of the items as a group.

Commissioner Yager made a motion to approve the surplus sale of 135 Iroquois Lane. After discussion, Commissioner Yager withdrew his original motion and made a motion to defer this decision until next month to allow time for Commissioner Denenberg to evaluate the starting and reserve amounts. Commissioner Denenberg seconded the motion. Motion passed unanimously.

Commissioner Denenberg made a motion to approve the surplus sales of all the vehicles as a group and forward to County Commission with a recommendation for approval. Commissioner Mayes seconded the motion. Motion passed unanimously.

2. Request to donate food trays from the Detention Center to Scott County.

Commissioner Yager made a motion to approve and forward to County Commission with a recommendation for approval. Commissioner Palmer seconded the motion. Motion passed unanimously.

D. New Business

E. Old Business

Informational Only – Update on the Laundry Equipment Bid for the Detention Facility:

Last month County Commission voted to put the five washers and six dryers out for bid instead of allowing for an emergency purchase. The initial quote was for a total of \$138,645 with a delivery time of 12 – 16 weeks. Another vendor won the bid for \$111,701 and installed the machines last week.

Contract for Medical Supplies

This Agreement is made, between Anderson County, Tennessee, a governmental entity and political subdivision of the State of Tennessee (hereinafter, "County") and **McKesson Medical** (hereinafter, "Contractor") and for good and valuable consideration, the sufficiency of which is hereby acknowledged, the parties agree as follows:

Contractor Services. Contractor agrees to provide **Medical Supplies** for the County Per Bid #2308, Exhibit 1.

Standard of Performance. Contractor agrees to perform the contract requirements in a manner consistent with the standard in the industry and to the satisfaction of the County.

Purchase Order. A Purchase Order must in place before commodities are delivered.

Contractor Compensation. Contractor shall be paid by the County within thirty (30) days of invoicing and delivery. The compensation to Contractor shall be calculated by Bid #2308, Exhibit 1. Contractor **shall not** receive additional compensation for expenses including travel, hotel, food, etc.

Term. The term of this agreement shall begin on 12/1/2022 and shall end on 11/30/2023 with renewal options of

Release. Contractor hereby agrees to release, indemnify, and hold County harmless from and against any and all claims, lawsuits, or the like associated with County's performance of this agreement, or as it relates to the past, present, or future financial condition of the County or the performance of Contractor's services under this Agreement.

Default. In the event of default by the Contractor hereto, the County may bring suit against the Contractor to enforce the terms of this Agreement. In such event, the prevailing party shall be entitled to recover any remedies available at law and/or equity including reasonable attorney's fees and costs associated with the default.

No Oral Modification. No modification, amendment, supplement to or waiver of this Agreement or any of its provisions shall be binding upon the parties hereto unless made in writing and duly signed by all the parties.

Waiver. A failure of any party to exercise any right provided for herein, shall not be deemed to be a waiver of any right hereunder.

Entire Agreement. This Agreement sets forth the entire understanding of the parties as to the subject matter and may not be modified except in a writing executed by all parties.

Severability. In the event any one or more of the provisions of this Agreement is invalid or otherwise unenforceable, the enforceability of the remaining provisions shall be unimpaired.

Cancellation. In the event any party materially breaches, defaults or fails to perform hereunder, this Agreement may be cancelled by the other party with cause on thirty (30) days written notice to the other, if the event constituting the breach, default, or failure is not cured during that time.

Termination. The County reserves the right to terminate this contract in whole or in part with thirty (30) days written notification to the contractor. In the event of termination, the County shall not be liable for any costs other than the cost of services performed and materials delivered and accepted prior to termination date.

Contract for Medical Supplies

Exhibits. Any Exhibits attached hereto or incorporated herein are made a part of this Agreement for all purposes. The expression "this Agreement" means the body of this Agreement and the Exhibits.

Multiple Counterparts: Effectiveness. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original for all purposes and all of which shall be deemed, collectively, one Agreement. This Agreement shall become effective when executed by all the parties.

Jurisdiction. Each party hereby irrevocably consents to the jurisdiction of all state courts sitting in Tennessee or all federal courts sitting in Knoxville, Tennessee and agrees that venue for any legal action brought in connection with this Agreement shall lie exclusively in such courts.

Binding Effect. This Agreement shall be binding upon and inure to the benefit of the parties and upon their respective successors, heirs, or assigns.

Choice of Law. This Agreement shall be governed and construed in accordance with the laws of the State of Tennessee. The Contractor certifies that in performing this contract they will comply with all applicable provisions of the federal, state, and local laws, regulations, rules, and orders.

Appropriated Funds. The County's obligation to pay under this Contract is contingent upon funds appropriated in the current fiscal year's budget as approved by the County Board of Commissioners. Any contract requiring appropriated funds beyond the current fiscal year may be cancelled without notice in the event that funding to support the contract are unavailable in the subsequent fiscal year.

Payment Terms. The County's payment terms are net 30. All invoices shall be addressed to Anderson County Director of Finance, Room 210, 100 North Main Street, Clinton, TN 37716, and must include Contractor's name, address and phone number, and clearly list quantities, item description and units of measure.

Delivery. The County requires delivery of all products to be FOB ("free on board") unless indicated otherwise. If completed deliveries are not made at the time agreed, the County reserves the right to cancel or purchase elsewhere and hold Contractor accountable. If delivery dates cannot be met, Contractor agrees to advise the County of the earliest possible shipping date for acceptance by the County. Contractor agrees to bear all risk of loss, injury, or destruction of goods and materials ordered herein which may for any reason occur prior to acceptance by the County. No such loss, injury, or destruction shall release Contractor from any obligations hereunder.

Inspection. Goods and material must be properly packaged. Damaged goods and materials will not be accepted, or if the damage is not readily apparent at the time of delivery, the goods shall be returned at no cost to the County. The County reserves the right to inspect the goods at a reasonable time subsequent to delivery where circumstances or conditions prevent effective inspection of the goods at the time of delivery.

Warranty. The Contractor warrants to the County that all goods and services furnished hereunder shall be free of defects in materials, workmanship, and from defect in design. In addition, Contractor warrants the goods and services are suitable for and will perform in accordance with the purposes for which they were intended.

Insurance Requirement. Contractors awarded bids or contracts are required to maintain, at their expense adequate insurance coverage to protect them from claims arising under the Worker's Compensation Act, any and all claims for bodily injury and property damage to the Contractor and to the County while completing delivery and services. A certificate of insurance may be required before work begins and be maintained until work is completed. Certificate Holder Shall Be: Anderson County

Contract for Medical Supplies

Government, Clinton, Tennessee. Anderson County Government shall be named as an additional insured on all policies except worker's compensation and auto. Insurance carrier ratings shall have a Best's rating of A-VII or better, or its equivalent. Cancellation clause on certificate should strike out "endeavor to" and include a 30-day notice of cancellation where applicable. Any deviations from the above requirements must be disclosed to the County Purchasing Agent. Any liability deductibles or exclusions must also be disclosed.

Uniform Commercial Code. All applicable portions of the Tennessee Uniform Commercial Code shall govern contracts with the County.

Non-discrimination. The Contractor shall comply with the Tennessee Human Rights Act, T. C. A. §4-21-101 et. seq., as amended and any rules and regulations promulgated in accordance therewith.

Equal Employment Opportunity. It shall also be an unlawful employment practice for the Contractor (1) to fail or refuse to hire or to discharge any individual or otherwise to discriminate against any individual with respect to their compensation, or the terms, conditions, or privileges of their employment, because of such individual's race, color, religion, sex, age, handicap or national origin; or (2) to limit, segregate, or classify their employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect their status as an employee, because of such individual's race, color, religion, sex, age, handicap or national origin. Contractor shall comply with The Civil Rights Act of 1964, 42 U.S.C. sec. 2000 et seq. (2000), as amended.

Anti-Boycott of Israel: By signing this contract the Contractor certifies that it is not currently engaged in and agrees for the duration of this Contract not to engage in, the boycott of Israel.

Notice. Any notice required or provided pursuant to this Agreement shall be in writing and sent or delivered to the parties.

Titles and Subtitles. Titles of paragraphs and subparagraphs are for convenient reference only and shall not have the effect of modifying, amending, or changing the express terms of this Agreement.

Assignment. This Agreement shall be assignable only upon the written consent of the non-assigning party. Consent to an assignment shall not be unreasonably withheld. In the event of assignment or succession, the terms and conditions of this Agreement shall be binding upon the parties and their successors, assigns, heirs, executors, and/or administrators.

Further Documentation. The parties agree for themselves and their successors and assigns to execute any and all instruments in writing which are or may become necessary or proper to carry out the purpose and intent of this Agreement.

Contractor/Supplier:

Signature

Date

Title

Printed Name

Name of Company

23-0040

Contract for Medical Supplies

Anderson County Government
Administrative Approval:

Approved as to Form

Robert J. Holbrook, Finance Director Date

Law Director Date

Anderson County Department Head
Approval:

Name, Title & Date

Contract for Medical Supplies

This Agreement is made, between Anderson County, Tennessee, a governmental entity and political subdivision of the State of Tennessee (hereinafter, "County") and Life-Assist Inc. (hereinafter, "Contractor") and for good and valuable consideration, the sufficiency of which is hereby acknowledged, the parties agree as follows:

Contractor Services. Contractor agrees to provide **Medical Supplies** for the County Per Bid #2308, Exhibit 1.

Standard of Performance. Contractor agrees to perform the contract requirements in a manner consistent with the standard in the industry and to the satisfaction of the County.

Purchase Order. A Purchase Order must in place before commodities are delivered.

Contractor Compensation. Contractor shall be paid by the County within thirty (30) days of invoicing and delivery. The compensation to Contractor shall be calculated by Bid #2308, Exhibit 1. Contractor shall not receive additional compensation for expenses including travel, hotel, food, etc.

Term. The term of this agreement shall begin on 12/1/2022 and shall end on 11/30/2023 with renewal options of

Release. Contractor hereby agrees to release, indemnify, and hold County harmless from and against any and all claims, lawsuits, or the like associated with County's performance of this agreement, or as it relates to the past, present, or future financial condition of the County or the performance of Contractor's services under this Agreement.

Default. In the event of default by the Contractor hereto, the County may bring suit against the Contractor to enforce the terms of this Agreement. In such event, the prevailing party shall be entitled to recover any remedies available at law and/or equity including reasonable attorney's fees and costs associated with the default.

No Oral Modification. No modification, amendment, supplement to or waiver of this Agreement or any of its provisions shall be binding upon the parties hereto unless made in writing and duly signed by all the parties.

Waiver. A failure of any party to exercise any right provided for herein, shall not be deemed to be a waiver of any right hereunder.

Entire Agreement. This Agreement sets forth the entire understanding of the parties as to the subject matter and may not be modified except in a writing executed by all parties.

Severability. In the event any one or more of the provisions of this Agreement is invalid or otherwise unenforceable, the enforceability of the remaining provisions shall be unimpaired.

Cancellation. In the event any party materially breaches, defaults or fails to perform hereunder, this Agreement may be cancelled by the other party with cause on thirty (30) days written notice to the other, if the event constituting the breach, default, or failure is not cured during that time.

Termination. The County reserves the right to terminate this contract in whole or in part with thirty (30) days written notification to the contractor. In the event of termination, the County shall not be liable for any costs other than the cost of services performed and materials delivered and accepted prior to termination date.

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Contract for Medical Supplies

Anderson County Government
Administrative Approval:

Approved as to Form

Robert J. Holbrook, Finance Director Date

Law Director Date

Anderson County Department Head
Approval:

Name, Title & Date

Contract for Medical Supplies

This Agreement is made, between Anderson County, Tennessee, a governmental entity and political subdivision of the State of Tennessee (hereinafter, "County") and **Bound Tree Medical, LLC** (hereinafter, "Contractor") and for good and valuable consideration, the sufficiency of which is hereby acknowledged, the parties agree as follows:

Contractor Services. Contractor agrees to provide **Medical Supplies** for the County Per Bid #2308, Exhibit 1.

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Contract for Medical Supplies

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Binding Effect. This Agreement shall be binding upon and inure to the benefit of the parties and upon their respective successors, heirs, or assigns.

Choice of Law. This Agreement shall be governed and construed in accordance with the laws of the State of Tennessee. The Contractor certifies that in performing this contract they will comply with all applicable provisions of the federal, state, and local laws, regulations, rules, and orders.

Appropriated Funds. The County's obligation to pay under this Contract is contingent upon funds appropriated in the current fiscal year's budget as approved by the County Board of Commissioners. Any contract requiring appropriated funds beyond the current fiscal year may be cancelled without notice in the event that funding to support the contract are unavailable in the subsequent fiscal year.

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Inspection. Goods and material must be properly packaged. Damaged goods and materials will not be accepted, or if the damage is not readily apparent at the time of delivery, the goods shall be returned at no cost to the County. The County reserves the right to inspect the goods at a reasonable time subsequent to delivery where circumstances or conditions prevent effective inspection of the goods at the time of delivery.

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23-0042

Contract for Medical Supplies

Anderson County Government
Administrative Approval:

Approved as to Form

Robert J. Holbrook, Finance Director Date

Law Director Date

Anderson County Department Head
Approval:

Name, Title & Date

Contract for Medical Supplies

This Agreement is made, between Anderson County, Tennessee, a governmental entity and Ever Dixie USA EMS Supply Company, (hereinafter, "Contractor") and for good and valuable consideration, the sufficiency of which is hereby acknowledged, the parties agree as follows:

Contractor Services. Contractor agrees to provide **Medical Supplies** for the County Per Bid #2308, Exhibit 1.

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Delivery. The County requires delivery of all products to be FOB ("free on board") unless indicated otherwise. If completed deliveries are not made at the time agreed, the County reserves the right to cancel or purchase elsewhere and hold Contractor accountable. If delivery dates cannot be met, Contractor agrees to advise the County of the earliest possible shipping date for acceptance by the County. Contractor agrees to bear all risk of loss, injury, or destruction of goods and materials ordered herein which may for any reason occur prior to acceptance by the County. No such loss, injury, or destruction shall release Contractor from any obligations hereunder.

Inspection. Goods and material must be properly packaged. Damaged goods and materials will not be accepted, or if the damage is not readily apparent at the time of delivery, the goods shall be returned at no cost to the County. The County reserves the right to inspect the goods at a reasonable time subsequent to delivery where circumstances or conditions prevent effective inspection of the goods at the time of delivery.

Warranty. The Contractor warrants to the County that all goods and services furnished hereunder shall be free of defects in materials, workmanship, and from defect in design. In addition, Contractor warrants the goods and services are suitable for and will perform in accordance with the purposes for which they were intended.

Insurance Requirement. Contractors awarded bids or contracts are required to maintain, at their expense adequate insurance coverage to protect them from claims arising under the Worker's Compensation Act, any and all claims for bodily injury and property damage to the Contractor and to the County while completing delivery and services. A certificate of insurance may be required before work begins and be maintained until work is completed. Certificate Holder Shall Be: Anderson County

Contract for Medical Supplies

Government, Clinton, Tennessee. Anderson County Government shall be named as an additional insured on all policies except worker's compensation and auto. Insurance carrier ratings shall have a Best's rating of A-VII or better, or its equivalent. Cancellation clause on certificate should strike out "endeavor to" and include a 30-day notice of cancellation where applicable. Any deviations from the above requirements must be disclosed to the County Purchasing Agent. Any liability deductibles or exclusions must also be disclosed.

Uniform Commercial Code. All applicable portions of the Tennessee Uniform Commercial Code shall govern contracts with the County.

Non-discrimination. The Contractor shall comply with the Tennessee Human Rights Act, T. C. A. §4-21-101 et. seq., as amended and any rules and regulations promulgated in accordance therewith.

Equal Employment Opportunity. It shall also be an unlawful employment practice for the Contractor (1) to fail or refuse to hire or to discharge any individual or otherwise to discriminate against any individual with respect to their compensation, or the terms, conditions, or privileges of their employment, because of such individual's race, color, religion, sex, age, handicap or national origin; or (2) to limit, segregate, or classify their employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect their status as an employee, because of such individual's race, color, religion, sex, age, handicap or national origin. Contractor shall comply with The Civil Rights Act of 1964, 42 U.S.C. sec. 2000 et seq. (2000), as amended.

Anti-Boycott of Israel: By signing this contract the Contractor certifies that it is not currently engaged in and agrees for the duration of this Contract not to engage in, the boycott of Israel.

Notice. Any notice required or provided pursuant to this Agreement shall be in writing and sent or delivered to the parties.

Titles and Subtitles. Titles of paragraphs and subparagraphs are for convenient reference only and shall not have the effect of modifying, amending, or changing the express terms of this Agreement.

Assignment. This Agreement shall be assignable only upon the written consent of the non-assigning party. Consent to an assignment shall not be unreasonably withheld. In the event of assignment or succession, the terms and conditions of this Agreement shall be binding upon the parties and their successors, assigns, heirs, executors, and/or administrators.

Further Documentation. The parties agree for themselves and their successors and assigns to execute any and all instruments in writing which are or may become necessary or proper to carry out the purpose and intent of this Agreement.

Contractor/Supplier:

Signature

Date

Title

Printed Name

Name of Company

Contract for Medical Supplies

Anderson County Government
Administrative Approval:

Approved as to Form

Robert J. Holbrook, Finance Director Date

Law Director Date

Anderson County Department Head
Approval:

Name, Title & Date

Contract for Medical Supplies

This Agreement is made, between Anderson County, Tennessee, a governmental entity and Henry Schein, (hereinafter, "Contractor") and for good and valuable consideration, the sufficiency of which is hereby acknowledged, the parties agree as follows:

Contractor Services. Contractor agrees to provide **Medical Supplies** for the County Per Bid #2308, Exhibit 1.

Standard of Performance. Contractor agrees to perform the contract requirements in a manner consistent with the standard in the industry and to the satisfaction of the County.

Purchase Order. A Purchase Order must in place before commodities are delivered.

Contractor Compensation. Contractor shall be paid by the County within thirty (30) days of invoicing and delivery. The compensation to Contractor shall be calculated by Bid #2308, Exhibit 1. Contractor shall not receive additional compensation for expenses including travel, hotel, food, etc.

Term. The term of this agreement shall begin on 12/1/2022 and shall end on 11/30/2023 with renewal options of

Release. Contractor hereby agrees to release, indemnify, and hold County harmless from and against any and all claims, lawsuits, or the like associated with County's performance of this agreement, or as it relates to the past, present, or future financial condition of the County or the performance of Contractor's services under this Agreement.

Default. In the event of default by the Contractor hereto, the County may bring suit against the Contractor to enforce the terms of this Agreement. In such event, the prevailing party shall be entitled to recover any remedies available at law and/or equity including reasonable attorney's fees and costs associated with the default.

No Oral Modification. No modification, amendment, supplement to or waiver of this Agreement or any of its provisions shall be binding upon the parties hereto unless made in writing and duly signed by all the parties.

Waiver. A failure of any party to exercise any right provided for herein, shall not be deemed to be a waiver of any right hereunder.

Entire Agreement. This Agreement sets forth the entire understanding of the parties as to the subject matter and may not be modified except in a writing executed by all parties.

Severability. In the event any one or more of the provisions of this Agreement is invalid or otherwise unenforceable, the enforceability of the remaining provisions shall be unimpaired.

Cancellation. In the event any party materially breaches, defaults or fails to perform hereunder, this Agreement may be cancelled by the other party with cause on thirty (30) days written notice to the other, if the event constituting the breach, default, or failure is not cured during that time.

Termination. The County reserves the right to terminate this contract in whole or in part with thirty (30) days written notification to the contractor. In the event of termination, the County shall not be liable for any costs other than the cost of services performed and materials delivered and accepted prior to termination date.

Contract for Medical Supplies

Exhibits. Any Exhibits attached hereto or incorporated herein are made a part of this Agreement for all purposes. The expression "this Agreement" means the body of this Agreement and the Exhibits.

Multiple Counterparts: Effectiveness. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original for all purposes and all of which shall be deemed, collectively, one Agreement. This Agreement shall become effective when executed by all the parties.

Jurisdiction. Each party hereby irrevocably consents to the jurisdiction of all state courts sitting in Tennessee or all federal courts sitting in Knoxville, Tennessee and agrees that venue for any legal action brought in connection with this Agreement shall lie exclusively in such courts.

Binding Effect. This Agreement shall be binding upon and inure to the benefit of the parties and upon their respective successors, heirs, or assigns.

Choice of Law. This Agreement shall be governed and construed in accordance with the laws of the State of Tennessee. The Contractor certifies that in performing this contract they will comply with all applicable provisions of the federal, state, and local laws, regulations, rules, and orders.

Appropriated Funds. The County's obligation to pay under this Contract is contingent upon funds appropriated in the current fiscal year's budget as approved by the County Board of Commissioners. Any contract requiring appropriated funds beyond the current fiscal year may be cancelled without notice in the event that funding to support the contract are unavailable in the subsequent fiscal year.

Payment Terms. The County's payment terms are net 30. All invoices shall be addressed to Anderson County Director of Finance, Room 210, 100 North Main Street, Clinton, TN 37716, and must include Contractor's name, address and phone number, and clearly list quantities, item description and units of measure.

Delivery. The County requires delivery of all products to be FOB ("free on board") unless indicated otherwise. If completed deliveries are not made at the time agreed, the County reserves the right to cancel or purchase elsewhere and hold Contractor accountable. If delivery dates cannot be met, Contractor agrees to advise the County of the earliest possible shipping date for acceptance by the County. Contractor agrees to bear all risk of loss, injury, or destruction of goods and materials ordered herein which may for any reason occur prior to acceptance by the County. No such loss, injury, or destruction shall release Contractor from any obligations hereunder.

Inspection. Goods and material must be properly packaged. Damaged goods and materials will not be accepted, or if the damage is not readily apparent at the time of delivery, the goods shall be returned at no cost to the County. The County reserves the right to inspect the goods at a reasonable time subsequent to delivery where circumstances or conditions prevent effective inspection of the goods at the time of delivery.

Warranty. The Contractor warrants to the County that all goods and services furnished hereunder shall be free of defects in materials, workmanship, and from defect in design. In addition, Contractor warrants the goods and services are suitable for and will perform in accordance with the purposes for which they were intended.

Insurance Requirement. Contractors awarded bids or contracts are required to maintain, at their expense adequate insurance coverage to protect them from claims arising under the Worker's Compensation Act, any and all claims for bodily injury and property damage to the Contractor and to the County while completing delivery and services. A certificate of insurance may be required before work begins and be maintained until work is completed. Certificate Holder Shall Be: Anderson County

Contract for Medical Supplies

Government, Clinton, Tennessee. Anderson County Government shall be named as an additional insured on all policies except worker's compensation and auto. Insurance carrier ratings shall have a Best's rating of A-VII or better, or its equivalent. Cancellation clause on certificate should strike out "endeavor to" and include a 30-day notice of cancellation where applicable. Any deviations from the above requirements must be disclosed to the County Purchasing Agent. Any liability deductibles or exclusions must also be disclosed.

Uniform Commercial Code. All applicable portions of the Tennessee Uniform Commercial Code shall govern contracts with the County.

Non-discrimination. The Contractor shall comply with the Tennessee Human Rights Act, T. C. A. §4-21-101 et. seq., as amended and any rules and regulations promulgated in accordance therewith.

Equal Employment Opportunity. It shall also be an unlawful employment practice for the Contractor (1) to fail or refuse to hire or to discharge any individual or otherwise to discriminate against any individual with respect to their compensation, or the terms, conditions, or privileges of their employment, because of such individual's race, color, religion, sex, age, handicap or national origin; or (2) to limit, segregate, or classify their employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect their status as an employee, because of such individual's race, color, religion, sex, age, handicap or national origin. Contractor shall comply with The Civil Rights Act of 1964, 42 U.S.C. sec. 2000 et seq. (2000), as amended.

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Further Documentation. The parties agree for themselves and their successors and assigns to execute any and all instruments in writing which are or may become necessary or proper to carry out the purpose and intent of this Agreement.

Contractor/Supplier:

Signature

Date

Title

Printed Name

Name of Company

Contract for Medical Supplies

Anderson County Government
Administrative Approval:

Approved as to Form

Robert J. Holbrook, Finance Director Date

Law Director Date

Anderson County Department Head
Approval:

Name, Title & Date



State of Tennessee Contract Quote Sheet

23-0046

Issued Under:

SWC 400 Multifunction Devices

Contract #: 62117

60 month
term

QUOTE AND PURCHASE ORDER DOCUMENT

Quote #: BB-400

Date: 8/10/2022

BILL TO: ("Customer")

Customer Name: Anderson County

Dept: _____

Contact: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

SHIP TO: (if different)

Customer Name: _____

Dept: Clerk & Master

Contact: Kathy Patterson

Address: 100 N Main Street

City/State/Zip: Clinton, TN 37716

Phone: _____

Email: _____

Auto Toner Contact (if different from above):

Name: _____

Phone: _____

Email: _____

CSA to Pick Up Current Copier if Completed:

Make: _____

Model: _____

Serial #: _____

Black & White Group IV - Canon IRADV DX 6860I (55 CPM)

Qty	Model Description - Base Configuration	Monthly Rental Price	Vendor Item ID
1	Canon IRADV DX 6860I MONTHLY RENTAL Cost Per Copy Charges apply Equipment Maintenance cost per copy/print includes toner and staples: B/W CPC: \$ 0.0028		4963C002
ACCESSORIES (INCLUDED WHEN QUANTITY NOTED):			
1	STAPLE FINISHER-AB1		3999C002
1	BUFFER PASS UNIT-P1		4003C002
1	CASSETTE FEEDING UNIT-AQ1		4030C002
	HIGH CAPACITY CASSETTE FEEDING UNIT-C1		4031C002
	PAPER DECK UNIT-E1		0607C002
	2/3 HOLE PUNCHER UNIT-A1		0126C001
1	SUPER G3 FAX BOARD-AX1		3998C001
1	CARD-SCANNER/FOLLOW-ME-PRINT		3575B678
1	TRACKING SOFTWARE		3575B436
THE BELOW ITEMS ARE NOT AVAILABLE ON STATE CONTRACT #62117. CUSTOMER HEREBY ACKNOWLEDGES THE REQUISITE PURCHASING AUTHORITY IS CHAPTER 0690-3-1 OF THE DGS RULES, OR LOCAL PURCHASING REGS, AS APPLICABLE, NOTWITHSTANDING, THESE ITEMS ARE SUBJECT TO THE TERMS OF 62117, WHICH IS CONTROLLING.			

TOTAL: \$66.39

☐ Auto Toner Fulfillment **(Requires use of imageWare Remote)

Send Signed Purchase Canon Solutions America, Inc.

Order or Email Attn.

Acknowledgement to: 402 BNA Drive, Ste. 360

Nashville, TN. 37217

Send Payments To: Canon Financial Services, Inc.

14904 Collections Center Drive

Chicago, IL 60693



State of Tennessee Contract Quote Sheet

23-0047

Issued Under:

SWC 400 Multifunction Devices

Contract #: 62117

60 month
term

QUOTE AND PURCHASE ORDER DOCUMENT

Quote #: BB-401

Date: 8/10/2022

BILL TO: ("Customer")
Customer Name: Anderson County

Dept: _____

Contact: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

SHIP TO: (if different)

Customer Name: _____

Dept: Clerk & Master

Contact: Kathy Patterson

Address: 100 N Main St

City/State/Zip: Clinton, TN 37716

Phone: _____

Email: _____

Name: _____ Auto Toner Contact (if different from above):
Phone: _____ Email: _____CSA to Pick Up Current Copier if Completed:
Make: _____ Model: _____ Serial #: _____

Black & White Group III - Canon iRADV4745 (45 CPM)

Qty	Model Description - Base Configuration	Monthly Rental Price	Vendor Item ID
1	Canon iRADV4745 MONTHLY RENTAL Cost Per Copy Charges apply		4054C003
Equipment Maintenance cost per copy/print includes toner and staples: B/W CPC: \$ 0.0037			
ACCESSORIES (INCLUDED WHEN QUANTITY NOTED):			
1	Cabinet style Q (incl. in base configuration)		2299C001
1	Inner Finisher (Stapler)		1423C002
	Fax Board/Fax Forwarding		0166C007
1	Card Scanner/Follow-me-print		3575B678
1	Tracking Software		3575B436
	Additional Input Tray (Cassette Feed Unit)		1419C002
	2 & 3 hole punch		1424C002
THE BELOW ITEMS ARE NOT AVAILABLE ON STATE CONTRACT #82117. CUSTOMER HEREBY ACKNOWLEDGES THE REQUISITE PURCHASING AUTHORITY IS CHAPTER 0690-3-1 OF THE DGS RULES, OR LOCAL PURCHASING REGS, AS APPLICABLE, NOTWITHSTANDING, THESE ITEMS ARE SUBJECT TO THE TERMS OF 62117, WHICH IS CONTROLLING.			

TOTAL: \$38.40

☒ Auto Toner Fulfillment ** (Requires use of imageWare Remote)

Send Signed Purchase Canon Solutions America, Inc.

Order or Email Attn:

Acknowledgement to: 402 BNA Drive, Ste. 360

Nashville, TN. 37217

-- OR --

Fax: 615 - Attn

Email: @csa.canon.com

Send Payments To: Canon Financial Services, Inc.

14904 Collections Center Drive

Chicago, IL 60693

**GOVERNMENTAL GRANT CONTRACT**

(cost reimbursement grant contract with a federal or Tennessee local governmental entity or their agents and instrumentalities)

Begin Date 12/01/2021	End Date 07/31/2023	Agency Tracking # 34101-00223	Edison ID		
Grantee Legal Entity Name ANDERSON COUNTY			Edison Vendor ID 4145		
Subrecipient or Recipient <input checked="" type="checkbox"/> Subrecipient <input type="checkbox"/> Recipient		CFDA # 81.214 Grantee's fiscal year end June 30th			
Service Caption (one line only) DEPARTMENT OF ENERGY (DOE) PASS-THROUGH FUNDING FOR OFF-SITE EMERGENCY PLANNING AND RESPONSE					
Funding —					
FY	State	Federal	Interdepartmental	Other	TOTAL Grant Contract Amount
2023		16,000.00			16,000.00
TOTAL:		16,000.00			16,000.00
Grantee Selection Process Summary					
<input type="checkbox"/> Competitive Selection					
<input checked="" type="checkbox"/> Non-competitive Selection		This contract is in the best interest of the State. The Department of Energy (DOE) program supports the Tennessee Agreement between DOE and the State of Tennessee. The agreement assures citizens that their health, safety and the environment are protected.			
Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.				CPO USE - GG	
Speed Chart (optional)		Account Code (optional) 71301000			

**GRANT CONTRACT
BETWEEN THE STATE OF TENNESSEE,
DEPARTMENT OF MILITARY, TENNESSEE EMERGENCY MANAGEMENT AGENCY
AND
ANDERSON COUNTY**

This grant contract ("Grant Contract"), by and between the State of Tennessee, Department of Military, Tennessee Emergency Management Agency, hereinafter referred to as the "State" or the "Grantor State Agency" and Grantee Anderson County, hereinafter referred to as the "Grantee," is for the provision of pass-through funding from the Department of Energy (DOE), as further defined in the "SCOPE OF SERVICES AND DELIVERABLES."

Grantee Edison Vendor ID # 4145

A. SCOPE OF SERVICES AND DELIVERABLES:

- A.1. The Grantee shall provide the scope of services and deliverables ("Scope") as required, described, and detailed in this Grant Contract.
- A.2. The Grantee shall maintain the capability to respond off-site during DOE emergencies as defined in the State of Tennessee Multi-Jurisdictional Emergency Response Plan (MJERP) for the Department of Energy Oak Ridge Reservation.
- A.3. The Grant shall maintain the capability for the provision of assets to DOE sites and offsite per Mutual Aid Agreements and Memoranda of Understanding with DOE. A current list of these documents may be found in the MJERP.
- A.4. The Grantee shall participate in the development of drills and exercises and attend exercise planning meetings related to DOE sites as requested by TEMA.
- A.5. The Grantee shall participate in all drills and exercises related to the DOE sites as requested by TEMA.
- A.6. The Grantee shall attend scheduled quarterly meetings with DOE and TEMA.
- A.7. The Grantee shall ensure the development of local plans and procedures to ensure the Grantee's responsibilities as defined in the MJERP can be met.
- A.8. The Grantee shall identify equipment procured in support of this Grant and provide reimbursement information on the purchase of this equipment as requested by TEMA.
- A.9. The Grantee shall furnish to the TEMA East Regional Office a quarterly report, not later than fifteen days after the end of each quarter that describes the activities performed in support of the MJERP.
- A.10. The Grantee shall provide updates to the MJERP as requested by TEMA to include but not limited to changes in local planning information or capabilities including specific roadblock locations or assignments, endangered facilities, evacuation routes, pre-designated shelter assignments, and assigned responsibilities.
- A.11. Incorporation of Federal Award Identification Worksheet. The federal award identification worksheet, which appears as Attachment 2, is incorporated in this Grant Contract.

B. TERM OF CONTRACT:

B.1. This Grant Contract shall be effective for the period beginning on December 1, 2021 ("Effective Date") and ending on July 31, 2023 ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.

B.2. Federal Preaward Authority. The Parties acknowledge that the State has the power to expend funds under this Grant Contract in accordance with applicable federal preaward authority. Federal preaward authority is a system under which recipients of federal grant money may incur certain project costs before the final approval of a federal grant and may retain eligibility for subsequent reimbursement after grant approval. The payment obligations of this Grant Contract may be predicated wholly or in part on the State's exercise of federal preaward authority. By accepting the terms of this Grant Contract, the Grantee acknowledges the following:

- a. With regard to the Grantee's activities prior to the Effective Date of this Grant Contract, only those activities which meet all of the following requirements shall be considered for reimbursement:
 - (1) Activities that are reasonably related to the Scope of Services;
 - (2) Activities in whose absence the Scope of Services could not be completed or performed; and
 - (3) Activities that meet the relevant federal agency's requirements for reimbursement under federal preaward authority.
- b. The Grantee understands the federal preaward authority system and its relation to this Grant Contract.
- c. Preaward authority is not a legal or implied commitment that the work contemplated in this Grant Contract will be approved for federal assistance or that a federal agency will obligate funds. Furthermore, it is not a legal or implied commitment that all items undertaken by the Grantee will be eligible for inclusion in a federally funded project.
- d. It is the Grantee's responsibility to ensure its own compliance with the policies and requirements of the relevant federal agency with regard to the goods or services contemplated in this Grant Contract. The Grantee assumes all risk and is responsible for ensuring that all conditions are met to retain eligibility for federal reimbursement via grant.
- e. To the extent that this Grant Contract is funded through federal preaward authority, the State's obligations under Section C of this Grant Contract shall be void in the event that any of the following occur:
 - (1) the Grantee fails to comply with the grantor federal agency's policies and regulations;
 - (2) the relevant federal agency fails or refuses to finalize a grant; or
 - (3) the relevant federal agency refuses to reimburse specific expenses incurred under preaward authority.
- f. The start date of the State's federal preaward authority is December 1, 2021.

C. PAYMENT TERMS AND CONDITIONS:

C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed sixteen thousand dollars and 00/100 (\$ 16,000.00) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment 1 is the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.

C.2. Compensation Firm. The Maximum Liability of the State is not subject to escalation for any reason unless amended. The Grant Budget amounts are firm for the duration of the Grant Contract and are not subject to escalation for any reason unless amended, except as provided in Section C.6.

- C.3. Payment Methodology. The Grantee shall be reimbursed for actual, reasonable, and necessary costs based upon the Grant Budget, not to exceed the Maximum Liability established in Section C.1. Upon progress toward the completion of the Scope, as described in Section A of this Grant Contract, the Grantee shall submit invoices prior to any reimbursement of allowable costs.
- C.4. Travel Compensation. Reimbursement to the Grantee for travel, meals, or lodging shall be subject to amounts and limitations specified in the "State Comprehensive Travel Regulations," as they are amended from time to time, and shall be contingent upon and limited by the Grant Budget funding for said reimbursement.
- C.5. Invoice Requirements. The Grantee shall invoice the State no more often than monthly, with all necessary supporting documentation, and present such to:

Tennessee Emergency Management Agency
DOE Grant Program
803 North Concord Street
Knoxville, TN 37919

- a. Each invoice shall clearly and accurately detail all of the following required information (calculations must be extended and totaled correctly).
- (1) Invoice/Reference Number (assigned by the Grantee).
 - (2) Invoice Date.
 - (3) Invoice Period (to which the reimbursement request is applicable).
 - (4) Grant Contract Number (assigned by the State).
 - (5) Grantor: Department of Military Tennessee Emergency Management Agency.
 - (6) Grantor Number (assigned by the Grantee to the above-referenced Grantor).
 - (7) Grantee Name.
 - (8) Grantee Tennessee Edison Registration ID Number Referenced in Preamble of this Grant Contract.
 - (9) Grantee Remittance Address.
 - (10) Grantee Contact for Invoice Questions (name, phone, or fax).
 - (11) Itemization of Reimbursement Requested for the Invoice Period— it must detail, at minimum, all of the following:
 - i. The amount requested by Grant Budget line-item (including any travel expenditure reimbursement requested and for which documentation and receipts, as required by "State Comprehensive Travel Regulations," are attached to the invoice).
 - ii. The amount reimbursed by Grant Budget line-item to date.
 - iii. The total amount reimbursed under the Grant Contract to date.
 - iv. The total amount requested (all line-items) for the Invoice Period.
- b. The Grantee understands and agrees to all of the following.
- (1) An invoice under this Grant Contract shall include only reimbursement requests for actual, reasonable, and necessary expenditures required in the delivery of service described by this Grant Contract and shall be subject to the Grant Budget and any other provision of this Grant Contract relating to allowable reimbursements.
 - (2) An invoice under this Grant Contract shall not include any reimbursement request for future expenditures.
 - (3) An invoice under this Grant Contract shall initiate the timeframe for reimbursement only when the State is in receipt of the invoice, and the invoice meets the minimum requirements of this section C.5.

- C.6. Budget Line-item: Expenditures, reimbursements, and payments under this Grant Contract shall adhere to the Grant Budget. The Grantee may request revisions of Grant Budget line-items by letter, giving full details supporting such request, provided that such revisions do not increase total Grant Budget amount. Grant Budget line-item revisions may not be made without prior, written approval of the State in which the terms of the approved revisions are explicitly set forth. Any increase in the total Grant Budget amount shall require a Grant Contract amendment.
- C.7. Disbursement Reconciliation and Close Out. The Grantee shall submit any final invoice and a grant disbursement reconciliation report within sixty (60) days of the Grant Contract end date, in form and substance acceptable to the State.
- a. If total disbursements by the State pursuant to this Grant Contract exceed the amounts permitted by the section C, payment terms and conditions of this Grant Contract, the Grantee shall refund the difference to the State. The Grantee shall submit the refund with the final grant disbursement reconciliation report.
 - b. The State shall not be responsible for the payment of any invoice submitted to the State after the grant disbursement reconciliation report. The State will not deem any Grantee costs submitted for reimbursement after the grant disbursement reconciliation report to be allowable and reimbursable by the State, and such invoices will NOT be paid.
 - c. The Grantee's failure to provide a final grant disbursement reconciliation report to the State as required by this Grant Contract shall result in the Grantee being deemed ineligible for reimbursement under this Grant Contract, and the Grantee shall be required to refund any and all payments by the State pursuant to this Grant Contract.
 - d. The Grantee must close out its accounting records at the end of the Term in such a way that reimbursable expenditures and revenue collections are NOT carried forward.
- C.8. Indirect Cost. Should the Grantee request reimbursement for indirect costs, the Grantee must submit to the State a copy of the indirect cost rate approved by the cognizant federal agency or the cognizant state agency, as applicable. The Grantee will be reimbursed for indirect costs in accordance with the approved indirect cost rate and amounts and limitations specified in the attached Grant Budget. Once the Grantee makes an election and treats a given cost as direct or indirect, it must apply that treatment consistently and may not change during the Term. Any changes in the approved indirect cost rate must have prior approval of the cognizant federal agency or the cognizant state agency, as applicable. If the indirect cost rate is provisional during the Term, once the rate becomes final, the Grantee agrees to remit any overpayment of funds to the State, and subject to the availability of funds the State agrees to remit any underpayment to the Grantee.
- C.9. Cost Allocation. If any part of the costs to be reimbursed under this Grant Contract are joint costs involving allocation to more than one program or activity, such costs shall be allocated and reported in accordance with the provisions of Department of Finance and Administration Policy Statement 03 or any amendments or revisions made to this policy statement during the Term.
- C.10. Payment of Invoice. A payment by the State shall not prejudice the State's right to object to or question any reimbursement, invoice, or related matter. A payment by the State shall not be construed as acceptance of any part of the work or service provided or as approval of any amount as an allowable cost.
- C.11. Non-allowable Costs. Any amounts payable to the Grantee shall be subject to reduction for amounts included in any invoice or payment that are determined by the State, on the basis of audits or monitoring conducted in accordance with the terms of this Grant Contract, to constitute unallowable costs.

- C.12. State's Right to Set Off. The State reserves the right to set off or deduct from amounts that are or shall become due and payable to the Grantee under this Grant Contract or under any other agreement between the Grantee and the State of Tennessee under which the Grantee has a right to receive payment from the State.
- C.13. Prerequisite Documentation. The Grantee shall not invoice the State under this Grant Contract until the State has received the following, properly completed documentation.
- a. The Grantee shall complete, sign, and return to the State an "Authorization Agreement for Automatic Deposit (ACH Credits) Form" provided by the State. By doing so, the Grantee acknowledges and agrees that, once this form is received by the State, all payments to the Grantee under this or any other grant contract will be made by automated clearing house ("ACH").
 - b. The Grantee shall complete, sign, and return to the State the State-provided W-9 form. The taxpayer identification number on the W-9 form must be the same as the Grantee's Federal Employer Identification Number or Social Security Number referenced in the Grantee's Edison registration information.

D. STANDARD TERMS AND CONDITIONS:

- D.1. Required Approvals. The State is not bound by this Grant Contract until it is signed by the parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this Grant Contract, the officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).
- D.2. Modification and Amendment. This Grant Contract may be modified only by a written amendment signed by all parties and approved by the officials who approved the Grant Contract and, depending upon the specifics of the Grant Contract as amended, any additional officials required by Tennessee laws and regulations (the officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).
- D.3. Termination for Convenience. The State may terminate this Grant Contract without cause for any reason. A termination for convenience shall not be a breach of this Grant Contract by the State. The State shall give the Grantee at least thirty (30) days written notice before the effective termination date. The Grantee shall be entitled to compensation for authorized expenditures and satisfactory services completed as of the termination date, but in no event shall the State be liable to the Grantee for compensation for any service that has not been rendered. The final decision as to the amount for which the State is liable shall be determined by the State. The Grantee shall not have any right to any actual general, special, incidental, consequential, or any other damages whatsoever of any description or amount for the State's exercise of its right to terminate for convenience.
- D.4. Termination for Cause. If the Grantee fails to properly perform its obligations under this Grant Contract, or if the Grantee violates any terms of this Grant Contract, the State shall have the right to immediately terminate this Grant Contract and withhold payments in excess of fair compensation for completed services. Notwithstanding the exercise of the State's right to terminate this Grant Contract for cause, the Grantee shall not be relieved of liability to the State for damages sustained by virtue of any breach of this Grant Contract by the Grantee.
- D.5. Subcontracting. The Grantee shall not assign this Grant Contract or enter into a subcontract for any of the services performed under this Grant Contract without obtaining the prior written approval of the State. If such subcontracts are approved by the State, each shall contain, at a minimum, sections of this Grant Contract pertaining to "Conflicts of Interest," "Lobbying," "Nondiscrimination,"

"Public Accountability," "Public Notice," and "Records" (as identified by the section headings). Notwithstanding any use of approved subcontractors, the Grantee shall remain responsible for all work performed.

D.6. Conflicts of Interest. The Grantee warrants that no part of the total Grant Contract Amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Grantee in connection with any work contemplated or performed relative to this Grant Contract.

D.7. Lobbying. The Grantee certifies, to the best of its knowledge and belief, that:

- a. No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this contract, grant, loan, or cooperative agreement, the Grantee shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- c. The Grantee shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into and is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352.

D.8. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Grant Contract shall be in writing and shall be made by certified, first class mail, return receipt requested and postage prepaid, by overnight courier service with an asset tracking system, or by email or facsimile transmission with recipient confirmation. All communications, regardless of method of transmission, shall be addressed to the respective party as set out below:

The State:

Roger Thompson, DOE Program Manager
Tennessee Emergency Management Agency
803 North Concord Street
Knoxville, TN 37919
roger.thompson@tn.gov
Telephone #: (865) 594-5660
FAX #: (865) 594-5668

The Grantee:

Terry Frank, County Mayor

"Public Accountability," "Public Notice," and "Records" (as identified by the section headings). Notwithstanding any use of approved subcontractors, the Grantee shall remain responsible for all work performed.

D.6. Conflicts of Interest. The Grantee warrants that no part of the total Grant Contract Amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Grantee in connection with any work contemplated or performed relative to this Grant Contract.

D.7. Lobbying. The Grantee certifies, to the best of its knowledge and belief, that:

- a. No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this contract, grant, loan, or cooperative agreement, the Grantee shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- c. The Grantee shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into and is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352.

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The State:

Roger Thompson, DOE Program Manager
Tennessee Emergency Management Agency
803 North Concord Street
Knoxville, TN 37919
roger.thompson@tn.gov
Telephone #: (865) 594-5660
FAX #: (865) 594-5668

The Grantee:

Terry Frank, County Mayor

Anderson County
100 North Main Street, Suite 208
Clinton, TN 37716
tfrank@andersontn.org
Telephone #: (865) 457-6200
FAX #: (865) 264-6270

Point of Contact:

Steve Payne, Director
Anderson County EMA
111 South Charles G. Seivers Boulevard
Clinton, TN 37716
paynkey@hotmail.com
Telephone #: (865) 457-6765
Fax #: (865) 457-6557

A change to the above contact information requires written notice to the person designated by the other party to receive notice.

All instructions, notices, consents, demands, or other communications shall be considered effectively given upon receipt or recipient confirmation as may be required.

- D.9. Subject to Funds Availability. This Grant Contract is subject to the appropriation and availability of State or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the State reserves the right to terminate this Grant Contract upon written notice to the Grantee. The State's right to terminate this Grant Contract due to lack of funds is not a breach of this Grant Contract by the State. Upon receipt of the written notice, the Grantee shall cease all work associated with the Grant Contract. Should such an event occur, the Grantee shall be entitled to compensation for all satisfactory and authorized services completed as of the termination date. Upon such termination, the Grantee shall have no right to recover from the State any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.
- D.10. Nondiscrimination. The Grantee hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Grant Contract or in the employment practices of the Grantee on the grounds of handicap or disability, age, race, color, religion, sex, national origin, or any other classification protected by federal, Tennessee state constitutional, or statutory law. The Grantee shall, upon request, show proof of nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.
- D.11. HIPAA Compliance. The State and the Grantee shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH) and any other relevant laws and regulations regarding privacy (collectively the "Privacy Rules"). The obligations set forth in this Section shall survive the termination of this Grant Contract.
- a. The Grantee warrants to the State that it is familiar with the requirements of the Privacy Rules and will comply with all applicable HIPAA requirements in the course of this Grant Contract.
 - b. The Grantee warrants that it will cooperate with the State, including cooperation and coordination with State privacy officials and other compliance officers required by the Privacy Rules, in the course of performance of this Grant Contract so that both parties will be in compliance with the Privacy Rules.

- c. The State and the Grantee will sign documents, including but not limited to business associate agreements, as required by the Privacy Rules and that are reasonably necessary to keep the State and the Grantee in compliance with the Privacy Rules. This provision shall not apply if information received by the State under this Grant Contract is NOT "protected health information" as defined by the Privacy Rules, or if the Privacy Rules permit the State to receive such information without entering into a business associate agreement or signing another such document.
- D.12. Public Accountability. If the Grantee is subject to Tenn. Code Ann. § 8-4-401 *et seq.*, or if this Grant Contract involves the provision of services to citizens by the Grantee on behalf of the State, the Grantee agrees to establish a system through which recipients of services may present grievances about the operation of the service program. The Grantee shall also display in a prominent place, located near the passageway through which the public enters in order to receive Grant supported services, a sign at least eleven inches (11") in height and seventeen inches (17") in width stating:
- NOTICE: THIS AGENCY IS A RECIPIENT OF TAXPAYER FUNDING. IF YOU OBSERVE AN AGENCY DIRECTOR OR EMPLOYEE ENGAGING IN ANY ACTIVITY WHICH YOU CONSIDER TO BE ILLEGAL, IMPROPER, OR WASTEFUL, PLEASE CALL THE STATE COMPTROLLER'S TOLL-FREE HOTLINE: 1-800-232-5454.
- The sign shall be on the form prescribed by the Comptroller of the Treasury. The Grantor State Agency shall obtain copies of the sign from the Comptroller of the Treasury, and upon request from the Grantee, provide Grantee with any necessary signs.
- D.13. Public Notice. All notices, informational pamphlets, press releases, research reports, signs, and similar public notices prepared and released by the Grantee in relation to this Grant Contract shall include the statement, "This project is funded under a grant contract with the State of Tennessee." All notices by the Grantee in relation to this Grant Contract shall be approved by the State.
- D.14. Licensure. The Grantee, its employees, and any approved subcontractor shall be licensed pursuant to all applicable federal, state, and local laws, ordinances, rules, and regulations and shall upon request provide proof of all licenses.
- D.15. Records. The Grantee and any approved subcontractor shall maintain documentation for all charges under this Grant Contract. The books, records, and documents of the Grantee and any approved subcontractor, insofar as they relate to work performed or money received under this Grant Contract, shall be maintained in accordance with applicable Tennessee law. In no case shall the records be maintained for a period of less than five (5) full years from the date of the final payment. The Grantee's records shall be subject to audit at any reasonable time and upon reasonable notice by the Grantor State Agency, the Comptroller of the Treasury, or their duly appointed representatives.

The records shall be maintained in accordance with Governmental Accounting Standards Board (GASB) Accounting Standards or the Financial Accounting Standards Board (FASB) Accounting Standards Codification, as applicable, and any related AICPA Industry Audit and Accounting guides.

In addition, documentation of grant applications, budgets, reports, awards, and expenditures will be maintained in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

Grant expenditures shall be made in accordance with local government purchasing policies and procedures and purchasing procedures for local governments authorized under state law.

The Grantee shall also comply with any recordkeeping and reporting requirements prescribed by the Tennessee Comptroller of the Treasury.

The Grantee shall establish a system of internal controls that utilize the COSO Internal Control - Integrated Framework model as the basic foundation for the internal control system. The Grantee shall incorporate any additional Comptroller of the Treasury directives into its internal control system.

Any other required records or reports which are not contemplated in the above standards shall follow the format designated by the head of the Grantor State Agency, the Central Procurement Office, or the Commissioner of Finance and Administration of the State of Tennessee.

- D.16. Monitoring. The Grantee's activities conducted and records maintained pursuant to this Grant Contract shall be subject to monitoring and evaluation by the State, the Comptroller of the Treasury, or their duly appointed representatives.
- D.17. Progress Reports. The Grantee shall submit brief, periodic, progress reports to the State as requested.
- D.18. Annual and Final Reports. The Grantee shall submit, within three (3) months of the conclusion of each year of the Term, an annual report. For grant contracts with a term of less than one (1) year, the Grantee shall submit a final report within three (3) months of the conclusion of the Term. For grant contracts with multiyear terms, the final report will take the place of the annual report for the final year of the Term. The Grantee shall submit annual and final reports to the Grantor State Agency. At minimum, annual and final reports shall include: (a) the Grantee's name; (b) the Grant Contract's Edison identification number, Term, and total amount; (c) a narrative section that describes the program's goals, outcomes, successes and setbacks, whether the Grantee used benchmarks or indicators to determine progress, and whether any proposed activities were not completed; and (d) other relevant details requested by the Grantor State Agency. Annual and final report documents to be completed by the Grantee shall appear on the Grantor State Agency's website or as an attachment to the Grant Contract.
- D.19. Audit Report. The Grantee shall be audited in accordance with applicable Tennessee law.
- If the Grantee is subject to an audit under this provision, then the Grantee shall complete Attachment 3.
- When a federal single audit is required, the audit shall be performed in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.
- A copy of the audit report shall be provided to the Comptroller by the licensed, independent public accountant. Audit reports shall be made available to the public.
- D.20. Procurement. If other terms of this Grant Contract allow reimbursement for the cost of goods, materials, supplies, equipment, or contracted services, such procurement shall be made on a competitive basis, including the use of competitive bidding procedures, where practical. The Grantee shall maintain documentation for the basis of each procurement for which reimbursement is paid pursuant to this Grant Contract. In each instance where it is determined that use of a competitive procurement method is not practical, supporting documentation shall include a written justification for the decision and for use of a non-competitive procurement. If the Grantee is a subrecipient, the Grantee shall comply with 2 C.F.R. §§ 200.317—200.326 when procuring property and services under a federal award.

The Grantee shall obtain prior approval from the State before purchasing any equipment under this Grant Contract.

For purposes of this Grant Contract, the term "equipment" shall include any article of nonexpendable, tangible, personal property having a useful life of more than one year and an acquisition cost which equals or exceeds five thousand dollars (\$5,000.00).

- D.21. Strict Performance. Failure by any party to this Grant Contract to insist in any one or more cases upon the strict performance of any of the terms, covenants, conditions, or provisions of this Grant Contract is not a waiver or relinquishment of any term, covenant, condition, or provision. No term or condition of this Grant Contract shall be held to be waived, modified, or deleted except by a written amendment signed by the parties.
- D.22. Independent Contractor. The parties shall not act as employees, partners, joint venturers, or associates of one another in the performance of this Grant Contract. The parties acknowledge that they are independent contracting entities and that nothing in this Grant Contract shall be construed to create a principal/agent relationship or to allow either to exercise control or direction over the manner or method by which the other transacts its business affairs or provides its usual services. The employees or agents of one party shall not be deemed or construed to be the employees or agents of the other party for any purpose whatsoever.
- D.23. Limitation of State's Liability. The State shall have no liability except as specifically provided in this Grant Contract. In no event will the State be liable to the Grantee or any other party for any lost revenues, lost profits, loss of business, loss of grant funding, decrease in the value of any securities or cash position, time, money, goodwill, or any indirect, special, incidental, punitive, exemplary or consequential damages of any nature, whether based on warranty, contract, statute, regulation, tort (including but not limited to negligence), or any other legal theory that may arise under this Grant Contract or otherwise. The State's total liability under this Grant Contract (including any exhibits, schedules, amendments or other attachments to the Contract) or otherwise shall under no circumstances exceed the Maximum Liability originally established in Section C.1 of this Grant Contract. This limitation of liability is cumulative and not per incident.
- D.24. Force Majeure. "Force Majeure Event" means fire, flood, earthquake, elements of nature or acts of God, wars, riots, civil disorders, rebellions or revolutions, acts of terrorism or any other similar cause beyond the reasonable control of the party except to the extent that the non-performing party is at fault in failing to prevent or causing the default or delay, and provided that the default or delay cannot reasonably be circumvented by the non-performing party through the use of alternate sources, workaround plans or other means. A strike, lockout or labor dispute shall not excuse either party from its obligations under this Grant Contract. Except as set forth in this Section, any failure or delay by a party in the performance of its obligations under this Grant Contract arising from a Force Majeure Event is not a default under this Grant Contract or grounds for termination. The non-performing party will be excused from performing those obligations directly affected by the Force Majeure Event, and only for as long as the Force Majeure Event continues, provided that the party continues to use diligent, good faith efforts to resume performance without delay. The occurrence of a Force Majeure Event affecting Grantee's representatives, suppliers, subcontractors, customers or business apart from this Grant Contract is not a Force Majeure Event under this Grant Contract. Grantee will promptly notify the State of any delay caused by a Force Majeure Event (to be confirmed in a written notice to the State within one (1) day of the inception of the delay) that a Force Majeure Event has occurred, and will describe in reasonable detail the nature of the Force Majeure Event. If any Force Majeure Event results in a delay in Grantee's performance longer than forty-eight (48) hours, the State may, upon notice to Grantee: (a) cease payment of the fees until Grantee resumes performance of the affected obligations; or (b) immediately terminate this Grant Contract or any purchase order, in whole or in part, without further payment except for fees then due and payable. Grantee will not increase its charges under this Grant Contract or charge the State any fees other than those provided for in this Grant Contract as the result of a Force Majeure Event.

- D.25. Tennessee Department of Revenue Registration. The Grantee shall comply with all applicable registration requirements contained in Tenn. Code Ann. §§ 67-6-601 – 608. Compliance with applicable registration requirements is a material requirement of this Grant Contract.
- D.26. Charges to Service Recipients Prohibited. The Grantee shall not collect any amount in the form of fees or reimbursements from the recipients of any service provided pursuant to this Grant Contract.
- D.27. State Interest in Equipment or Motor Vehicles. The Grantee shall take legal title to all equipment or motor vehicles purchased totally or in part with funds provided under this Grant Contract, subject to the State's equitable interest therein, to the extent of its *pro rata* share, based upon the State's contribution to the purchase price. The term "equipment" shall include any article of nonexpendable, tangible, personal property having a useful life of more than one year and an acquisition cost which equals or exceeds five thousand dollars (\$5,000.00). The term "motor vehicle" shall include any article of tangible personal property that is required to be registered under the "Tennessee Motor Vehicle Title and Registration Law", Tenn. Code Ann. Title 55, Chapters 1-6.

As authorized by the Tennessee Uniform Commercial Code, Tenn. Code Ann. Title 47, Chapter 9 and the "Tennessee Motor Vehicle Title and Registration Law," Tenn. Code Ann. Title 55, Chapters 1-6, the parties intend this Grant Contract to create a security interest in favor of the State in the equipment or motor vehicles acquired by the Grantee pursuant to the provisions of this Grant Contract. A further intent of this Grant Contract is to acknowledge and continue the security interest in favor of the State in the equipment or motor vehicles acquired by the Grantee pursuant to the provisions of this program's prior year Grant Contracts between the State and the Grantee.

The Grantee grants the State a security interest in all equipment or motor vehicles acquired in whole or in part by the Grantee under this Grant Contract. This Grant Contract is intended to be a security agreement pursuant to the Uniform Commercial Code for any of the equipment or motor vehicles herein specified which, under applicable law, may be subject to a security interest pursuant to the Uniform Commercial Code, and the Grantee hereby grants the State a security interest in said equipment or motor vehicles. The Grantee agrees that the State may file this Grant Contract or a reproduction thereof, in any appropriate office, as a financing statement for any of the equipment or motor vehicles herein specified. Any reproduction of this or any other security agreement or financing statement shall be sufficient as a financing statement. In addition, the Grantee agrees to execute and deliver to the State, upon the State's request, any financing statements, as well as extensions, renewals, and amendments thereof, and reproduction of this Grant Contract in such form as the State may require to perfect a security interest with respect to said equipment or motor vehicles. The Grantee shall pay all costs of filing such financing statements and any extensions, renewals, amendments and releases thereof, and shall pay all reasonable costs and expenses of any record searches for financing statements the State may reasonably require. Without the prior written consent of the State, the Grantee shall not create or suffer to be created pursuant to the Uniform Commercial Code any other security interest in said equipment or motor vehicles, including replacements and additions thereto. Upon the Grantee's breach of any covenant or agreement contained in this Grant Contract, including the covenants to pay when due all sums secured by this Grant Contract, the State shall have the remedies of a secured party under the Uniform Commercial Code and, at the State's option, may also invoke the remedies herein provided.

The Grantee agrees to be responsible for the accountability, maintenance, management, and inventory of all property purchased totally or in part with funds provided under this Grant Contract. The Grantee shall maintain a perpetual inventory system for all equipment or motor vehicles purchased with funds provided under this Grant Contract and shall submit an inventory control report which must include, at a minimum, the following:

- a. Description of the equipment or motor vehicles;

- b. Vehicle identification number;
- c. Manufacturer's serial number or other identification number, when applicable;
- d. Acquisition date, cost, and check number;
- e. Fund source, State Grant number, or other applicable fund source identification;
- f. Percentage of state funds applied to the purchase;
- g. Location within the Grantee's operations where the equipment or motor vehicles is used;
- h. Condition of the property or disposition date if Grantee no longer has possession;
- i. Depreciation method, if applicable; and
- j. Monthly depreciation amount, if applicable.

The Grantee shall tag equipment or motor vehicles with an identification number which is cross referenced to the equipment or motor vehicle item on the inventory control report. The Grantee shall inventory equipment or motor vehicles annually. The Grantee must compare the results of the inventory with the inventory control report and investigate any differences. The Grantee must then adjust the inventory control report to reflect the results of the physical inventory and subsequent investigation.

The Grantee shall submit its inventory control report of all equipment or motor vehicles purchased with funding through this Grant Contract within thirty (30) days of its end date and in form and substance acceptable to the State. This inventory control report shall contain, at a minimum, the requirements specified above for inventory control. The Grantee shall notify the State, in writing, of any equipment or motor vehicle loss describing the reasons for the loss. Should the equipment or motor vehicles be destroyed, lost, or stolen, the Grantee shall be responsible to the State for the *pro rata* amount of the residual value at the time of loss based upon the State's original contribution to the purchase price.

Upon termination of the Grant Contract, where a further contractual relationship is not entered into, or at another time during the term of the Grant Contract, the Grantee shall request written approval from the State for any proposed disposition of equipment or motor vehicles purchased with Grant funds. All equipment or motor vehicles shall be disposed of in such a manner as the parties may agree from among alternatives approved by the Tennessee Department of General Services as appropriate and in accordance with any applicable federal laws or regulations.

- D.28. State and Federal Compliance. The Grantee shall comply with all applicable state and federal laws and regulations in the performance of this Grant Contract. The U.S. Office of Management and Budget's Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards is available here: http://www.ecfr.gov/cgi-bin/text-idx?SID=c6b2f053952359ba94470ad3a7c1a975&tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl
- D.29. Governing Law. This Grant Contract shall be governed by and construed in accordance with the laws of the State of Tennessee, without regard to its conflict or choice of law rules. The Grantee agrees that it will be subject to the exclusive jurisdiction of the courts of the State of Tennessee in actions that may arise under this Grant Contract. The Grantee acknowledges and agrees that any rights or claims against the State of Tennessee or its employees hereunder, and any remedies arising there from, shall be subject to and limited to those rights and remedies, if any, available under Tenn. Code Ann. §§ 9-8-101 through 9-8-408.
- D.30. Completeness. This Grant Contract is complete and contains the entire understanding between the parties relating to the subject matter contained herein, including all the terms and conditions agreed to by the parties. This Grant Contract supersedes any and all prior understandings, representations, negotiations, or agreements between the parties, whether written or oral.
- D.31. Severability. If any terms and conditions of this Grant Contract are held to be invalid or unenforceable as a matter of law, the other terms and conditions shall not be affected and shall remain in full force and effect. To this end, the terms and conditions of this Grant Contract are declared severable.

- D.32. Headings. Section headings are for reference purposes only and shall not be construed as part of this Grant Contract.
- D.33. Iran Divestment Act. The requirements of Tenn. Code Ann. § 12-12-101, *et seq.*, addressing contracting with persons as defined at Tenn. Code Ann. §12-12-103(5) that engage in investment activities in Iran, shall be a material provision of this Grant Contract. The Grantee certifies, under penalty of perjury, that to the best of its knowledge and belief that it is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.
- D.34. Debarment and Suspension. The Grantee certifies, to the best of its knowledge and belief, that it, its current and future principals, its current and future subcontractors and their principals:
- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department or agency;
 - b. have not within a three (3) year period preceding this Grant Contract been convicted of, or had a civil judgment rendered against them from commission of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
 - c. are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in section b. of this certification; and
 - d. have not within a three (3) year period preceding this Grant Contract had one or more public transactions (federal, state, or local) terminated for cause or default.

The Grantee shall provide immediate written notice to the State if at any time it learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals or the principals of its subcontractors are excluded or disqualified, or presently fall under any of the prohibitions of sections a-d.

- D.35. Confidentiality of Records. Strict standards of confidentiality of records and information shall be maintained in accordance with applicable state and federal law. All material and information, regardless of form, medium or method of communication, provided to the Grantee by the State or acquired by the Grantee on behalf of the State that is regarded as confidential under state or federal law shall be regarded as "Confidential Information." Nothing in this Section shall permit Grantee to disclose any Confidential Information, regardless of whether it has been disclosed or made available to the Grantee due to intentional or negligent actions or inactions of agents of the State or third parties. Confidential Information shall not be disclosed except as required or permitted under state or federal law. Grantee shall take all necessary steps to safeguard the confidentiality of such material or information in conformance with applicable state and federal law.

The obligations set forth in this Section shall survive the termination of this Grant Contract.

E. SPECIAL TERMS AND CONDITIONS:

- E.1. Conflicting Terms and Conditions. Should any of these special terms and conditions conflict with any other terms and conditions of this Grant Contract, the special terms and conditions shall be subordinate to the Grant Contract's other terms and conditions.

- E.2. Compliance With Title VI of the Civil Rights Act of 1964. The Grantee agrees to comply with the provisions contained in Title VI of the 1964 Civil Rights Act (42 U.S.C. 2000d), and any federal regulations specific to the funding of this grant. The Grantee further agrees to complete and return a self-compliance report as provided by the Grantor.
- E.3. The Grantee shall provide a drug-free workplace pursuant to the "Drug-Free Workplace Act," 41 U.S.C. §§ 8101 through 8106, and its accompanying regulations.
- E.4. Environmental Tobacco Smoke. Pursuant to the provisions of the federal "Pro-Children Act of 1994" and the "Children's Act for Clean Indoor Air of 1995," Tenn. Code Ann. §§ 39-17-1601 through 1606, the Grantee shall prohibit smoking of tobacco products within any indoor premises in which services are provided to individuals under the age of eighteen (18) years. The Grantee shall post "no smoking" signs in appropriate, permanent sites within such premises. This prohibition shall be applicable during all hours, not just the hours in which children are present. Violators of the prohibition may be subject to civil penalties and fines. This prohibition shall apply to and be made part of any subcontract related to this Grant Contract.

IN WITNESS WHEREOF,

ANDERSON COUNTY:

GRANTEE SIGNATURE

DATE

TERRY FRANK, COUNTY MAYOR

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

DEPARTMENT OF MILITARY, TENNESSEE MANAGEMENT AGENCY:

MG JEFFREY H. HOLMES, THE ADJUTANT GENERAL,
MILITARY DEPARTMENT

DATE

I certify that this entity meets Civil
Rights Title VI compliance.

Signature

Date

Reviewed by Dept. of Military Civil Rights Title VI Officer

ATTACHMENT 1

Page 1

GRANT BUDGET				
GRANTEE NAME: ANDERSON COUNTY U.S. DEPARTMENT OF ENERGY (DOE) PASS-THROUGH FUNDING FOR OFF-SITE PLANNING AND RESPONSE				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period: BEGIN: 12/01/2021 END: 07/31/2023				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY ¹	GRANT CONTRACT	GRANTEE MATCH	TOTAL PROJECT
1, 2	Salaries, Benefits & Taxes	0.00	0.00	0.00
4, 15	Professional Fee, Grant & Award ²	16,000.00	0.00	16,000.00
5, 6, 7, 8, 9, 10	Supplies, Telephone, Postage & Shipping, Occupancy, Equipment Rental & Maintenance, Printing & Publications	0.00	0.00	0.00
11, 12	Travel, Conferences & Meetings	0.00	0.00	0.00
13	Interest ²	0.00	0.00	0.00
14	Insurance	0.00	0.00	0.00
16	Specific Assistance To Individuals	0.00	0.00	0.00
17	Depreciation ²	0.00	0.00	0.00
19	Other Non-Personnel ²	0.00	0.00	0.00
20	Capital Purchase ²	0.00	0.00	0.00
22	Indirect Cost	0.00	0.00	0.00
24	In-Kind Expense	0.00	0.00	0.00
25	GRAND TOTAL	16,000.00	0.00	16,000.00

¹ Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*. (posted on the Internet at: <https://www.tn.gov/finance/looking-for/policies.html>).

² Applicable detail follows this page if line-item is funded.

³ A Grantee Match Requirement is detailed by this Grant Budget, and the maximum total amount reimbursable by the State pursuant to this Grant Contract, as detailed by the "Grant Contract" column above, shall be reduced by the amount of any Grantee failure to meet the Match Requirement.

GRANT BUDGET LINE-ITEM DETAIL:

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
OFF-SITE EMERGENCY PLANNING AND RESPONSE	16,000.00
TOTAL	16,000.00

ATTACHMENT 2

Federal Award Identification Worksheet

Subrecipient's name (must match name associated with its Unique Entity Identifier (SAM))	Anderson County
Subrecipient's Unique Entity Identifier (SAM)	EEBG6LPGY97
Federal Award Identification Number (FAIN)	DE-SC0019506
Federal award date	12/01/2021
Subaward Period of Performance Start and End Date	12/01/2021-07/31/2023
Subaward Budget Period Start and End Date	12/01/2021-07/31/2023
Assistance Listing number (formerly known as the CFDA number) and Assistance Listing program title.	81.214 Department of Energy
Grant contract's begin date	12/01/2021
Grant contract's end date	07/31/2023
Amount of federal funds obligated by this grant contract	16,000.00
Total amount of federal funds obligated to the subrecipient	16,000.00
Total amount of the federal award to the pass-through entity (Grantor State Agency)	4,393,720.00
Federal award project description (as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA))	DOE 2022
Name of federal awarding agency	Department of Energy
Name and contact information for the federal awarding official	Virginia T. Hernandez NNSA Non M&O Contracting Operations NA-APM-12 Albuquerque Complex P.O. Box 5400 Albuquerque, N 87185-5400
Name of pass-through entity	Department of Military, Tennessee Emergency Management Agency
Name and contact information for the pass-through entity awarding official	Roger Thompson, DOE Program Manager Tennessee Emergency Management Agency 803 North Concord Street Knoxville, TN 37919 roger.thompson@tn.gov Telephone #: (865) 594-5660 FAX #: (865) 594-5668
Is the federal award for research and development?	No
Indirect cost rate for the federal award (See 2 C.F.R. §200.331 for information on type of indirect cost rate)	None

ATTACHMENT 3

Parent Child Information

The Grantee should complete this form and submit it with the Grant Contract. The Grantee should submit only one, completed "Parent Child Information" document to the State during the Grantee's fiscal year.

"Parent" means an entity whose IRS filing contains the information of at least one other entity.

"Child" means an entity whose information is contained in another entity's IRS filing.

Grantee's Edison Vendor ID number: 4145

Is Anderson County a parent? Yes ☐ No ☐

If yes, provide the name and Edison Vendor ID number, if applicable, of any child entities.

Is Anderson County a child? Yes ☐ No ☐

If yes, complete the fields below.

Parent entity's name: _____

Parent entity's tax identification number: _____

Note: If the parent entity's tax identification number is a social security number, this form must be submitted via US mail to:

Central Procurement Office, Grants Program Manager
3rd Floor, WRS Tennessee Tower
312 Rosa L Parks Avenue
Nashville, TN 37243

Parent entity's contact information

Name of primary contact person: _____

Address: _____

Phone number: _____

Email address: _____

Parent entity's Edison Vendor ID number, if applicable: _____

Attachment 8
ANDERSON COUNTY GOVERNMENT
PROPERTY DISPOSITION AND SURPLUS RECORD

- Surplus property may be transferred to another Anderson County Department or be sold at internet auction after ensuring another Department does not want it.
- The IT Department will manage the disposition of hard drives.
- The Vehicle Inspection Form is required to sell vehicles. The Purchasing Office will obtain available service records from the Fleet Services Department.
- The transfer of property to an Entity outside of Anderson County requires County Commission approval. The surplus of capital assets requires County Commission approval.
- This form is to be emailed to Surplus@andersontn.org

Anderson County Schools CTE _____ requests to surplus property as detailed below.
 (Department)

Kelly Myers

Signature of Department Head/Elected Official

11/9/22

Date

Asset Tag # (N/A if no Tag).	Property Description & Condition, to include serial or VIN #
	135 Iroquois Ln Clinton Tn 37716

Attach photographs – the more the better. Attach additional sheet(s) as necessary.

Property Disposition Method (check and fill out applicable box)	
<input type="checkbox"/>	Auction on GovDeals Bid Starting Amount: <u>\$15,000.00</u>
<input type="checkbox"/>	Transfer Property To: _____ (Department) Signature of Receiving Department Head/Elected Official _____ Date _____
<input type="checkbox"/>	Trade In Purchase Order Number of Trade in: _____
<input type="checkbox"/>	Stolen or Lost (Attach copy of Police Report)
<input type="checkbox"/>	Property Destroyed (Attach explanation)

Received by Purchasing Office (Date): _____	Purchasing Office Use Only Govdeals ID#: _____ Date: _____ Sale Amount: \$ _____ Date removed from Asset Listing: _____
Deputy Purchasing Agent Signature: <u>Katherine Ajmei</u>	



Powered by CRS Data

TM

Monday, November 07, 2022

LOCATION

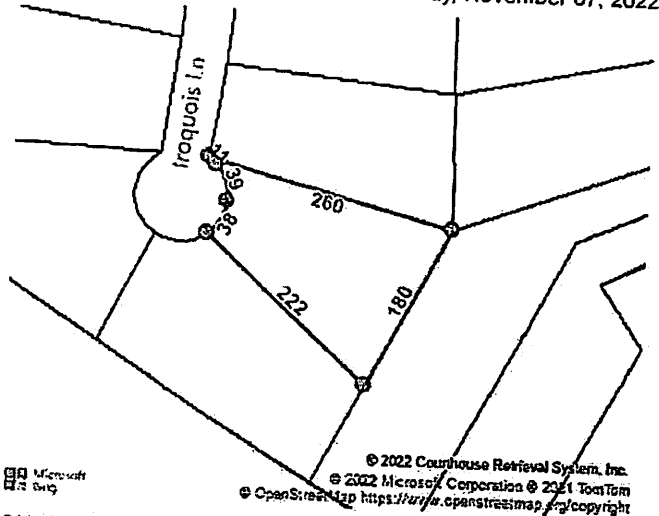
Property Address 135 Iroquois Ln
Clinton, TN 37716
Subdivision Indian Hills Ph Two
County Anderson County, TN

PROPERTY SUMMARY

Property Type County Exempt
Land Use Household Units
Improvement Type
Square Feet

GENERAL PARCEL INFORMATION

Parcel ID/Tax ID 065D A 052.00
Special Int 000
Alternate Parcel ID
Land Map 065D
District/Ward 01
2020 Census Trct/Blk 209.02/2
Assessor Roll Year 2021



CURRENT OWNER

Name Anderson County Board Of Education
Courthouse
Mailing Address No Address Available

SCHOOL INFORMATION

These are the closest schools to the property

Anderson County High School 2.0 mi
High: 9 to 12 Distance
Clinch River Community School 2.1 mi
Middle-High: K to 12 Distance

SALES HISTORY THROUGH 10/19/2022

Date	Amount	Buyer/Owners	Seller	Instrument	No. of Parcels	Book/Page Or Document#
6/30/1992		Anderson County Board Of Education				
3/5/1984		Indian Hills Development Corp				J-18/946
					30	Y-15/558

TAX ASSESSMENT

Appraisal	Amount	Assessment	Amount	Jurisdiction	Rate
Appraisal Year	2021	Assessment Year	2021		
Appraised Land	\$27,500	Assessed Land		Anderson	2.6289
Appraised Improvements		Assessed Improvements			
Total Tax Appraisal	\$27,500	Total Assessment			
		Exempt Amount			
		Exempt Reason			

TAXES

Tax Year City Taxes County Taxes Total Taxes
No tax records were found for this parcel.

MORTGAGE HISTORY

COPYRIGHT © 2022 COURTHOUSE RETRIEVAL SYSTEM, INC. ALL RIGHTS RESERVED.
Information Deemed Reliable But Not Guaranteed.

No mortgages were found for this parcel.

PROPERTY CHARACTERISTICS: BUILDING

No Buildings were found for this parcel.

PROPERTY CHARACTERISTICS: EXTRA FEATURES

No extra features were found for this parcel.

PROPERTY CHARACTERISTICS: LOT

Land Use	Household Units	Lot Dimensions	82.82 X261.54 IRR.
Block/Lot	/0021	Lot Square Feet	
Latitude/Longitude	36.132511°/-84.112492°	Acreage	

PROPERTY CHARACTERISTICS: UTILITIES/AREA

Gas Source		Road Type	Paved
Electric Source	Public	Topography	Rolling
Water Source	Public	District Trend	Stable
Sewer Source		Special School District 1	
Zoning Code		Special School District 2	
Owner Type			

LEGAL DESCRIPTION

Subdivision	Indian Hills Ph Two	Plat Book/Page	2/157B
Block/Lot	/0021	District/Ward	01
Description	01 065D A 065D 05200 000		

FEMA FLOOD ZONES

Zone Code	Flood Risk	BFE	Description	FIRM Panel ID	FIRM Panel Eff. Date
X	Minimal		Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	47001C0138G	05/04/2009

11/8/22, 8:42 AM

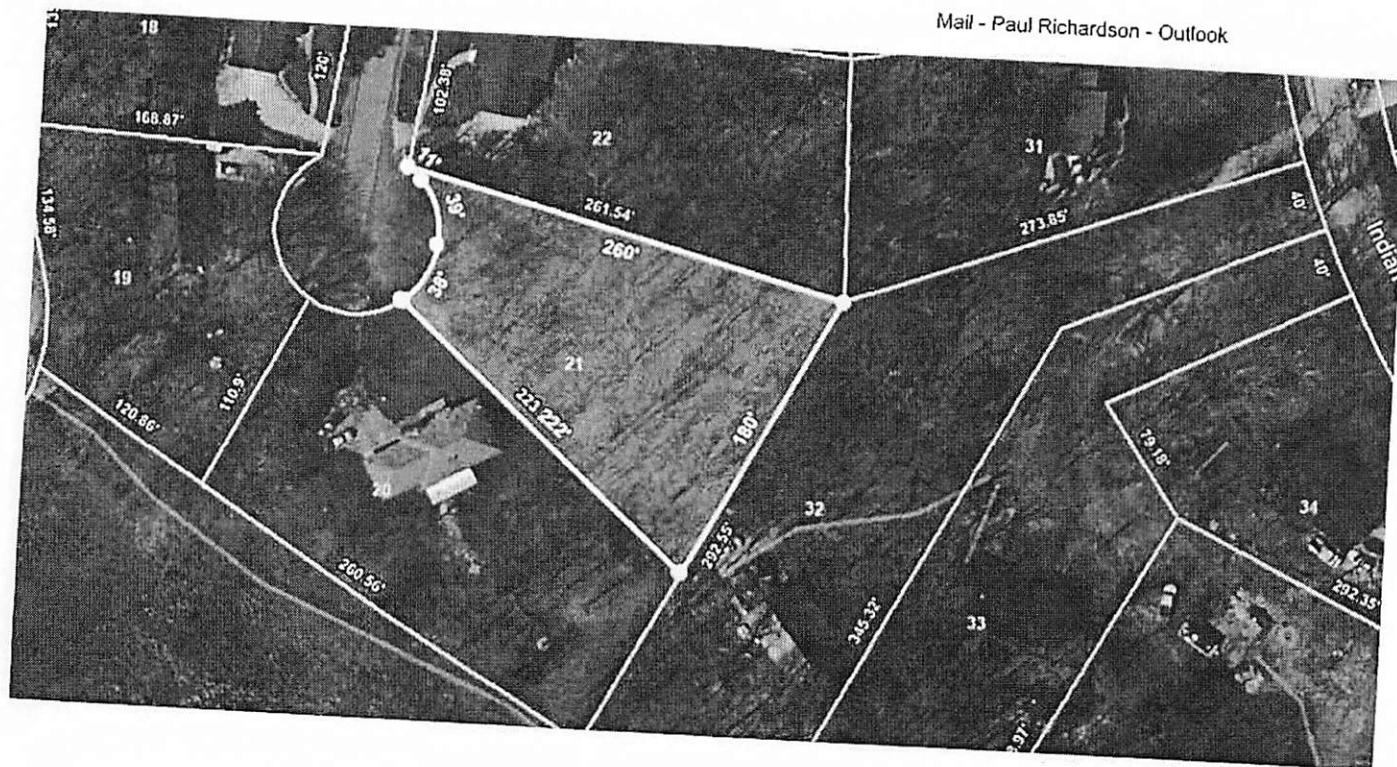
Mail - Paul Richardson - Outlook





11/8/22, 8:42 AM

Mail - Paul Richardson - Outlook



Distribution:

Initial	Date	Department
		Purchasing
		Insurance
		Assets Clerk

ANDERSON COUNTY GOVERNMENT DISPOSITION AND SURPLUS PROPERTY RECORD

Property Disposition: (Check One)	
<input checked="" type="checkbox"/>	Surplus Property (See note below)
<input type="checkbox"/>	Stolen or Lost (Attach copy of Police Report)
<input type="checkbox"/>	Trade In (Purchase Order Number of Trade In)
<input type="checkbox"/>	Vehicle Wrecked
<input type="checkbox"/>	Vehicle Totaled
<input type="checkbox"/>	Seized Property
<input type="checkbox"/>	Transfer Property
From Department: <u>Fleet Service</u>	
_____ Signature of Department Head/Elected Official transferring surplus item)	
To Department: _____	
_____ Signature of Department Head/Elected Official receiving surplus item)	
<p>I certify that the above-described equipment has been transferred to another department, declared surplus, stolen or lost, etc. as indicated above. If the item was declared surplus, it is available for use by other county offices or can be sold in the prescribed manner as surplus. If stolen, a stolen property report has been filed with the Police Department and attached with this form. (When transferring to another Department Head/Elected Official must sign verifying receiving property. Transferring property to another agency requires Purchasing Committee and County Commission approval.)</p>	

Note: Surplus Property: When property is declared surplus, Computer Hard Drives **MUST** be removed to ensure proper sanitation of computer equipment and is the responsibility of each elected official or department head. Please list all Computer Hard Drives, **DO NOT** list computer peripheral devices such as keyboards, monitors, speakers and mice.

Property Number	Property Description	Serial Number/ VIN Number	Property Condition
N/A if no Property number.	For vehicles list Year, Make, Model and Vehicle Location	N/A if no Serial No.	Working, inoperable, unknown
	2008 Ford F250 / with service body	1FDWF21548ED03978	WORKING with has frame damage from wreck

\$250

Approved by Commission

Purchasing Agent Signature _____		Date _____	Date _____
ENDORSEMENTS			
Item Sold Thru Internet Auction _____		Amount \$ _____	
(Surplus Item Number)			
Date: _____			

- need title ✓

Vehicle Inspection Form

Inventory ID:	Asset Number:	Fair Market Value:																	
Short Description: Year <u>2008</u> Make <u>FORD</u> Model <u>F250</u>																			
VIN: <table border="1" style="display: inline-table; text-align: center; width: 300px;"> <tr> <td>1</td><td>F</td><td>D</td><td>N</td><td>F</td><td>2</td><td>1</td><td>5</td><td>2</td><td>8</td><td>E</td><td>D</td><td>0</td><td>3</td><td>9</td><td>7</td><td>8</td> </tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			1	F	D	N	F	2	1	5	2	8	E	D	0	3	9	7	8
1	F	D	N	F	2	1	5	2	8	E	D	0	3	9	7	8			
Odometer: <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>2</td><td>3</td><td>0</td><td>8</td><td>8</td><td>3</td> </tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			2	3	0	8	8	3											
2	3	0	8	8	3														
Long Description: This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>5.4 L, V 8</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>SMOKES ON START UP</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: <u>10/20/22</u> Maintenance Records: <input checked="" type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual _____ Speed Condition: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: _____ Drivetrain: <input type="checkbox"/> 2 Wheel Drive <input checked="" type="checkbox"/> 4 Wheel Drive Condition: _____																			
Exterior: Color: <u>BLACK</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: <u>GOOD</u> Tread: <u>GOOD</u> #Flat _____ Hubcaps # _____ Major Damage to: <u>FRAME VEHICLE SHAKES FROM 55MPH TO 65MPH</u> Additional Damage: <u>SLOW TO FILL WHEN REFUELING</u> Decals: <input checked="" 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 type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes																			
Interior: Color <u>GREY</u> <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>NORMAL WEAR</u> Damage to Dash/Floor: <u>NORMAL WEAR</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 checked="" type="checkbox"/> Driver's 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 checked="" type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Seats																			
Additional Equipment: <u>UTILITY BED</u> Manufacturer _____ Model _____ Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input checked="" type="checkbox"/> Utility Body: Brand <u>READING</u> <input type="checkbox"/> Hitch: Type _____																			
Location of Asset: <u>FLEET SERVICE 110 SOUTH BOWLING ST CLINTON TN</u> 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.																			

1502

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

Sheriff's Department
(Department) _____ requests to surplus property as detailed below.

Signature of Department Head/Elected Official _____

9/13/22
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)
	2011 FORD CROWN VICTORIA		
	2011 FORD CROWN VICTORIA		OPERABLE
	2011 FORD CROWN VICTORIA	2FABP7BV3BX109407	
	2011 FORD CROWN VICTORIA	2FABP7BVXBX132053	OPERABLE

Attach additional sheet(s) if necessary.

Property Disposition Method (check applicable box)

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

Received by Purchasing Office: _____
(Date)

Deputy Purchasing Agent Signature: _____

Property Disposition & Surplus Record

Approved by Commission

Date _____

Rev. 1/29/2018

Vehicle Inspection Form

Inventory ID: **ACSO-1502**

Asset Number:

Fair Market Value:

Short Description:

Year **2011**

Make **FORD**

Model **CROWN VICTORIA**

VIN: **2 F A B P 7 B V X B X 1 3 2 0 5 3**

Odometer: **1 3 5 6 3 6**

☒ Miles ☐ Kilometers Odometer Accurate ☒ Y ☐ N

Title Restriction: ☐ Y ☒ N

Long Description:

This Vehicle: ☐ Starts ☒ Starts with a Boost & ☒ Runs/Driveable ☐ Engine Runs ☐ Does Not Run ☐ For Parts Only

Engine- Type: **4.6L, V8** ☒ Gas ☐ Diesel Engine ☐ Propane/Natural Gas ☐ Gas/Electric Hybrid

Engine Condition: ☒ Runs ☐ Needs repair ☐ is in unknown condition

Repairs needed:

This vehicle was maintained every **5000** ☐ Days ☐ Hours ☒ Miles

Date Removed From Service: **06/01/2022** Maintenance Records: ☒ Available ☐ Not Available For Inspection

Transmission: ☒ Automatic ☐ Manual ☐ Speed Condition: ☐ Operable ☐ Needs repair ☐ Is Unknown Condition

Repairs Needed:

Drivetrain: ☒ 2 Wheel Drive ☐ 4 Wheel Drive Condition:

Exterior: Color: **WHITE**

Windows: ☒ No Cracked Glass ☐ Cracked

Minor: ☒ Dents ☒ Scratches ☒ Dings

Tire Condition: Tread: #Flat Hubcaps #

Major Damage to:

Additional Damage:

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 **GREY**

☒ Cloth ☐ Vinyl ☐ Leather

Damage to Seats: **NO REAR SEAT WAS A K9 VEHICLE, FRONT PASS SEAT RIPPED ON BACK, NO REAR DOOR PANELS**

Damage to Dash/Floor: **HOLES FROM EQUIPMENT**

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.

ANDERSON COUNTY GOVERNMENT PROPERTY DISPOSITION AND SURPLUS RECORD

8537

- > 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

Sheriff's Department
(Department)

requests to surplus property as detailed below.

Signature of Department Head/Elected Official

9/13/22
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)
	2011 FORD CROWN VICTORIA	2FABP7BV2BX108478	OPERABLE
	2011 FORD CROWN VICTORIA	2FABP7BV3BX109407	IN OPERABLE
	2011 FORD CROWN VICTORIA	2FABP7BV3BX109407	IN OPERABLE

Attach additional sheet(s) if necessary.

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

Received by Purchasing Office: _____
(Date)

Deputy Purchasing Agent Signature: _____

Property Disposition & Surplus Record

Approved by Commission

Date _____

Rev. 1/29/2018

Vehicle Inspection Form

Inventory ID: **ACSO-8537**

Asset Number: _____

Fair Market Value: _____

Short Description:
Year 2011

Make FORD

Model CROWN VICTORIA

VIN:

2	F	A	B	P	7	B	V	3	B	X	1	0	9	4	0	7
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Odometer:

1	6	3	7	8	7
---	---	---	---	---	---

☒ Miles ☐ Kilometers Odometer Accurate ☐ Y ☐ N Title Restriction: ☐ Y ☒ N

Long Description:

This Vehicle: ☐ Starts ☐ Starts with a Boost & ☐ Runs/Driveable ☐ Engine Runs ☒ Does Not Run ☐ For Parts Only
Engine- Type: 4.6L, V8 ☒ Gas ☐ Diesel Engine ☐ Propane/Natural Gas ☐ Gas/Electric Hybrid
Engine Condition: ☐ Runs ☐ Needs repair ☒ is in unknown condition

Repairs needed: WAS RUNNING WHEN PARKED BUT NOT WILL NOT START EVEN WITH BOOSTER
This vehicle was maintained every 5000 ☐ Days ☐ Hours ☒ Miles

Date Removed From Service: 06/01/2022 Maintenance Records: ☒ Available ☐ Not Available For Inspection
Transmission: ☒ Automatic ☐ Manual Speed Condition: ☐ Operable ☐ Needs repair ☐ Is Unknown Condition

Repairs Needed: _____
Drivetrain: ☒ 2 Wheel Drive ☐ 4 Wheel Drive Condition: _____

Exterior: Color: WHITE

Minor: ☒ Dents ☒ Scratches ☒ Dings Windows: ☒ No Cracked Glass ☐ Cracked
Major Damage to: _____ Tire Condition: _____ Tread: _____ #Flat _____ Hubcaps # _____

Additional Damage: _____
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 GREY

Damage to Seats: _____ ☒ Cloth ☒ Vinyl ☐ Leather

Damage to Dash/Floor: HOLES FROM EQUIPMENT REMOVAL

Radio: ☒ Stock or ☐ Brand & Model: _____ ☐ AM ☒ AM/FM ☐ AM/FM Cassette ☐ AM/FM CD
☒ AC (Condition: ☐ Cold ☒ Unknown) ☐ No AC

☒ Cruise Control ☒ Tilt Steering ☒ Remote Mirrors ☐ Climate Control
Air Bags: ☐ Driver's Side ☐ Dual

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.

8538

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@andersonin.org

Sheriff's Department
(Department) requests to surplus property as detailed below.

Signature of Department Head/Elected Official

9/13/22
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)
	2011 FORD CROWN VICTORIA		
	2011 FORD CROWN VICTORIA	2FABP7BV2BX108478	OPERABLE
	2011 FORD CROWN VICTORIA		
	2011 FORD CROWN VICTORIA		

Attach additional sheet(s) if necessary.

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

Received by Purchasing Office: _____
(Date)

Deputy Purchasing Agent Signature: _____
Property Disposition & Surplus Record

Approved by Commission

Date _____

Vehicle Inspection Form

Inventory ID: **ACSO-8538**

Asset Number:

Fair Market Value:

Short Description:
Year **2011**

Make **FORD**

Model **CROWN VICTORIA**

VIN: **2 F A B P 7 B V 2 B X 1 0 8 4 7 8**

Odometer: **1 8 2 6 7 6**

☒ Miles ☐ Kilometers Odometer Accurate ☐ Y ☒ N

Title Restriction: ☐ Y ☒ N

Long Description:

This Vehicle: ☐ Starts ☒ Starts with a Boost & ☒ Runs/Driveable ☐ Engine Runs ☐ Does Not Run ☐ For Parts Only

Engine- Type: **4.6 L, V8**

☒ Gas ☐ Diesel Engine ☐ Propane/Natural Gas ☐ Gas/Electric Hybrid

Engine Condition: ☒ Runs ☐ Needs repair ☐ is in unknown condition

Repairs needed:

This vehicle was maintained every **5000**

☐ Days ☐ Hours ☒ Miles

Date Removed From Service: **06/01/2022**

Maintenance Records: ☒ Available ☐ Not Available For Inspection

Transmission: ☒ Automatic ☐ Manual

Speed Condition: ☐ Operable ☐ Needs repair ☐ Is Unknown Condition

Repairs Needed:

Drivetrain: ☒ 2 Wheel Drive ☐ 4 Wheel Drive

Condition:

Exterior:

Color: **WHITE**

Minor: ☒ Dents ☒ Scratches ☒ Dings

Windows: ☒ No Cracked Glass ☐ Cracked

Major Damage to:

Tire Condition:

Tread: #Flat Hubcaps #

Additional Damage:

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: **GREY**

☒ Cloth ☒ Vinyl ☐ Leather

Damage to Seats:

Damage to Dash/Floor: **HOLES FROM EQUIPMENT REMOVAL**

Radio: ☒ Stock or ☐ Brand & Model:

☐ AM ☒ AM/FM ☐ AM/FM Cassette ☐ AM/FM CD

☒ AC (Condition: ☐ Cold ☒ Unknown) ☐ No AC

☒ Cruise Control ☒ Tilt Steering

☒ Remote Mirrors ☐ Climate Control

Air Bags: ☐ Driver's Side ☐ Dual

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.

1495

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

Sheriff's Department _____ requests to surplus property as detailed below.
(Department)

Bin [Signature]
Signature of Department Head/Elected Official

11-8-22
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)
	2012 DODGE CHARGER	2C3CDXAT5CH236974	NOT DRIVABLE
	2012 DODGE CHARGER	2C3CDXATXCH172575	NOT DRIVABLE
	2011 FORD CROWN VICTORIA	2F5ABR7BV3RX156078	UNKNOWN

Attach additional sheet(s) if necessary.

Property Disposition Method (check applicable box)	
<input 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: _____
<input type="checkbox"/> Transfer Property To: _____ (Department) Signature of Receiving Department Head/Elected Official _____ Date _____	
<input type="checkbox"/> Trade In Purchase Order Number of Trade in: _____	
<input type="checkbox"/> Stolen or Lost (Attach copy of Police Report)	
<input type="checkbox"/> Property Destroyed (Attach explanation)	

Received by Purchasing Office: _____
(Date)

Deputy Purchasing Agent Signature: _____

Property Disposition & Surplus Record

Approved by Commission

Date _____

Vehicle Inspection Form

Inventory ID: **ACSO-1495**

Asset Number:

Fair Market Value:

Short Description:
Year **2012**

Make **DODGE**

Model **CHARGER**

VIN: **2 C 3 C D X A T X C H 1 7 2 5 7 5**

Odometer: **1 1 5 6 2 1**

☐ Miles ☐ Kilometers

Odometer Accurate ☒ Y ☐ N:

Title Restriction: ☐ Y ☒ N

Long Description:

This Vehicle: ☐ Starts ☒ Starts with a Boost & ☐ Runs/Driveable ☐ Engine Runs ☐ Does Not Run ☐ For Parts Only

Engine- Type: **5.7 L, v8**

☒ Gas

☐ Diesel Engine

☐ Propane/Natural Gas

☐ Gas/Electric Hybrid

Engine Condition: ☒ Runs ☐ Needs repair ☐ is in unknown condition

Repairs needed: **VEHICLE HAS AN ELECTRICAL ISSUE NOT DRIVEABLE**

This vehicle was maintained every **5000**

☐ Days

☐ Hours

☒ Miles

Date Removed From Service: **09/2020**

Maintenance Records: ☐ Available ☐ Not Available For Inspection

Transmission: ☒ Automatic

☐ Manual

Speed

Condition: ☐ Operable

☐ Needs repair

☒ Is Unknown Condition

Repairs Needed:

Drivetrain: ☒ 2 Wheel Drive

☐ 4 Wheel Drive

Condition:

Exterior:

Color: **WHITE**

Windows: ☐ No Cracked Glass

☐ Cracked

Minor: ☐ Dents

☐ Scratches

☐ Dings

Tire Condition:

Tread:

#Flat

Hubcaps #

Major Damage to:

NO FRONT PASS WINDOW / DENT IN DRIVER FRONT DOOR AND FENDER / PAINT PEELING ON HOOD, PARTS MISSING

Additional Damage:

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 **GREY**

☒ Cloth

☐ Vinyl

☐ Leather

Damage to Seats:

DRIVER FRONT SEAT MISSING

Damage to Dash/Floor:

Radio: ☒ Stock

or ☐ Brand & Model:

☐ AM

☒ AM/FM

☐ AM/FM Cassette

☐ AM/FM CD

☒ AC (Condition:

☐ Cold

☒ Unknown)

☐ No AC

☒ Cruise Control

☒ Tilt Steering

☒ Remote Mirrors

☒ Climate Control

Air Bags: ☒ Driver's Side

☒ Dual

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.

1497

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

Sheriff's Department
(Department) _____ requests to surplus property as detailed below.

Brian G. [Signature]
Signature of Department Head/Elected Official

11-8-22
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)
	2012 DODGE CHARGER	2C3CDXATF5CH236974	NOT DRIVABLE
	2012 DODGE CHARGER	2C3CDXATXCH172575	NOT DRIVABLE
	2011 FORD CROWN VICTORIA	2FABP7BV3BX156078	UNKNOWN

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: _____
(Date)

Approved by Commission

Deputy Purchasing Agent Signature: _____

Date _____

Vehicle Inspection Form

Inventory ID: **ACSO-1497**

Asset Number:

Fair Market Value:

Short Description:
Year **2011**

Make **FFORD**

Model **CROWN VICTORIA**

VIN: **2 F A B P 7 B V 3 B X 1 5 6 0 7 8**

Odometer: **1 4 4 7 8 1**

☒ Miles ☐ Kilometers

Title Restriction: ☐ Y ☒ N
Odometer Accurate ☐ Y ☒ N: **UNKNOWN**

Long Description:

This Vehicle: ☐ Starts ☒ Starts with a Boost & ☐ Runs/Driveable ☐ Engine Runs ☐ Does Not Run ☐ For Parts Only

Engine- Type: **4.8L, V8** ☒ Gas ☐ Diesel Engine ☐ Propane/Natural Gas ☐ Gas/Electric Hybrid

Engine Condition: ☒ Runs ☐ Needs repair ☐ is in unknown condition

Repairs needed: **UNKNOWN IF VEHICLE IS DRIVEABLE**

This vehicle was maintained every **5000** ☐ Days ☐ Hours ☒ Miles

Date Removed From Service: Maintenance Records: ☒ Available ☐ Not Available For Inspection

Transmission: ☒ Automatic ☐ Manual Speed Condition: ☐ Operable ☐ Needs repair ☒ Is Unknown Condition

Repairs Needed:

Drivetrain: ☒ 2 Wheel Drive ☐ 4 Wheel Drive Condition:

Exterior: Color: **WHITE**

Windows: ☒ No Cracked Glass ☐ Cracked

Minor: ☒ Dents ☐ Scratches ☒ Dings

Tire Condition: **AVERAGE**

Tread: #Flat Hubcaps #

Major Damage to: **DRIVER REAR WINDOW IS MISSING**

Additional Damage:

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 **GREY** ☒ Cloth ☒ Vinyl ☐ Leather

Damage to Seats: **RIP IN FRONT DRIVER SEAT**

Damage to Dash/Floor: **SCRAPES ON THE FRONT OF THE DASH**

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.

1493

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

Sheriff's Department _____ requests to surplus property as detailed below.
(Department)

Brian J. [Signature] _____ 11-8-22
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)
	2012 DODGE CHARGER	2C3CDXAT5CH236974	NOT DRIVABLE
	2012 DODGE CHARGER	2C3CDXAT5CH236974	NOT DRIVABLE
	2011 FORD CROWN VICTORIA	2FADP75V6BX158078	UNKNOWN

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: _____
(Date)

Approved by Commission

Deputy Purchasing Agent Signature: _____

Date _____

Vehicle Inspection Form

Inventory ID: **ACSO-1493**

Asset Number:

Fair Market Value:

Short Description:

Year **2012**

Make **DODGE**

Model **CHARGER**

VIN: **2 C 3 C D X A T 5 C H 2 3 6 9 7 4**

Odometer: **1 5 3 6 2 1**

☒ Miles ☐ Kilometers

Odometer Accurate ☒ Y ☐ N:

Title Restriction: ☐ Y ☐ N

Long Description:

This Vehicle: ☐ Starts ☐ Starts with a Boost & ☐ Runs/Driveable ☐ Engine Runs ☒ Does Not Run ☐ For Parts Only

Engine- Type: **5.7L, V8**

☒ Gas

☐ Diesel Engine

☐ Propane/Natural Gas

☐ Gas/Electric Hybrid

Engine Condition: ☐ Runs ☐ Needs repair ☒ is in unknown condition

Repairs needed: **HAS ELECTRICAL ISSUES**

This vehicle was maintained every **5000**

☐ Days ☐ Hours ☒ Miles

Date Removed From Service: **07/21**

Maintenance Records: ☐ Available ☐ Not Available For Inspection

Transmission: ☒ Automatic ☐ Manual

Speed

Condition: ☐ Operable ☐ Needs repair ☐ Is Unknown Condition

Repairs Needed:

Drivetrain: ☒ 2 Wheel Drive

☐ 4 Wheel Drive

Condition:

Exterior: Color: **WHITE**

Windows: ☒ No Cracked Glass ☐ Cracked

Minor: ☒ Dents

☒ Scratches

☒ Dings

Tire Condition: **AVERAGE**

Tread:

#Flat

Hubcaps #

Major Damage to:

Additional Damage:

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 **GREY**

☒ Cloth ☐ Vinyl ☐ Leather

Damage to Seats:

Damage to Dash/Floor:

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: **322 PUBLIC SAFETY LN 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.

4338

- Title? No

Sheriff's Department
(Department)

10-31-22 Date

DRUG FUND

Property Disposition Method (check applicable box)

Property D
RCVD OCT 31 1972 PH2:06
A.C. 224, FURNISHING

Approved by Commission

Date

Vehicle Inspection Form

No Title - only Bill of

Inventory ID: ACSO-4338	Asset Number:	Fair Market Value: <u>Sale</u>																	
Short Description: Year <u>2016</u> Make <u>DODGE</u> Model <u>CHARGER</u>																			
VIN: <table border="1" style="display: inline-table; text-align: center; font-family: monospace;"> <tr><td>2</td><td>C</td><td>3</td><td>C</td><td>D</td><td>X</td><td>K</td><td>T</td><td>0</td><td>G</td><td>H</td><td>1</td><td>6</td><td>5</td><td>6</td><td>0</td><td>7</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N			2	C	3	C	D	X	K	T	0	G	H	1	6	5	6	0	7
2	C	3	C	D	X	K	T	0	G	H	1	6	5	6	0	7			
Odometer: <table border="1" style="display: inline-table; text-align: center; font-family: monospace;"> <tr><td>1</td><td>0</td><td>4</td><td>9</td><td>5</td><td>7</td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			1	0	4	9	5	7											
1	0	4	9	5	7														
Long Description: This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input checked="" type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>5.7 L, v8</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> is in unknown condition Repairs needed: <u>INVOLVED IN ACCIDENT</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 Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> Is Unknown Condition Repairs Needed: <u>INVOLVED IN ACCIDENT</u> Drivetrain: <input type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: <u>ALL WHEEL DRIVE</u>																			
Exterior: Color: <u>WHITE</u> Windows: <input type="checkbox"/> No Cracked Glass <input checked="" type="checkbox"/> Cracked <u>WINDSHIELD</u> Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>AVERAGE</u> Tread: _____ #Flat _____ Hubcaps # _____ Major Damage to: <u>ALL OVER WAS INVOLVED IINI AN ACCIDENT</u> Additional Damage: _____ Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed & <input checked="" type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes																			
Interior: Color <u>GREY</u> <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>AIRBAGS DEPLOYED SEE PICTURES</u> Damage to Dash/Floor: <u>AIRBAGS DEPLOYED</u> Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input 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"/> Driver's Side <input type="checkbox"/> Dual <input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input type="checkbox"/> Seats																			
Additional Equipment: _____ Manufacturer _____ Model _____ Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____																			
Location of Asset: <u>322 PUBLIC SAFETY LN CLINTON TN 37716</u> 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.																			

1109

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

Sheriff's Department _____ requests to surplus property as detailed below.
(Department) *[Signature]*
X _____ *10-31-22*
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)
	2007 2006 CHEVY IMPALA	2G1WB58K679213468	NOT WORKING
	2005 2005 CHEVY IMPALA	2G1WB58K679213468	NOT WORKING
	2016 DODGE CHARGER	2FAHPT1W05X113813	INOPERABLE

DRUG
FUND

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)	

RCVD OCT31 12:22PM 2022
A.C. GOV. PURCHASING

Received by Purchasing Office: _____
(Date)

Deputy Purchasing Agent Signature: _____
Approved by Commission

Property Disposition & Surplus Record

Date _____

122
104- 54150

Drug
Enforcement
Rev. 1/29/2018

Vehicle Inspection Form

Inventory ID: <u>ACSO-1109</u>	Asset Number: _____	Fair Market Value: _____																	
Short Description: Year <u>2006-2007</u> Make <u>CHEVROLET</u> Model <u>IMPALA</u>																			
VIN: <table border="1" style="display: inline-table; text-align: center; width: 300px;"> <tr> <td>2</td><td>G</td><td>1</td><td>W</td><td>B</td><td>5</td><td>8</td><td>K</td><td>6</td><td>7</td><td>9</td><td>2</td><td>1</td><td>3</td><td>4</td><td>6</td><td>8</td> </tr> </table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N			2	G	1	W	B	5	8	K	6	7	9	2	1	3	4	6	8
2	G	1	W	B	5	8	K	6	7	9	2	1	3	4	6	8			
Odometer: <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>1</td><td>6</td><td>1</td><td>1</td><td>5</td><td>4</td> </tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			1	6	1	1	5	4											
1	6	1	1	5	4														
Long Description: This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input checked="" type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>L, V6</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input type="checkbox"/> Runs <input checked="" type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>STARTER HAS BEEN REMOVED</u> This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles Date Removed From Service: <u>10/2022</u> Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual <u>Speed</u> Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input checked="" 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>GREY</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: <u>AVERAGE</u> Tread: _____ #Flat _____ Hubcaps # _____ Major Damage to: _____ Additional Damage: _____ Decals: <input checked="" 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 type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes																			
Interior: Color <u>GREY</u> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: _____ Damage to Dash/Floor: _____ Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input checked="" type="checkbox"/> AM/FM CD <input type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input checked="" type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual <input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input type="checkbox"/> Seats																			
Additional Equipment: _____ Manufacturer _____ Model _____ Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____																			
Location of Asset: <u>322 PUBLIC SAFETY LN CLINTON TN 37716</u> 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.																			

6206

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

Sheriff's Department requests to surplus property as detailed below.
(Department)

X [Signature] 10-31-22
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)
	2006 CHEVY IMPALA	2G1WB38K07514700	NOT WORKING
	2004 FORD CROWN VICTORIA	2FAP71W05X113813	RUNNING
	2004 DODGE CHARGER	2C8CDX1T000165007	INOPERABLE

DRUG
FUND

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)	

RCVD OCT 31 22PM 2:06
A.C. GOV. PURCHASING

Received by Purchasing Office: _____ Approved by Commission
(Date)

Deputy Purchasing Agent Signature: _____ Date _____

Vehicle Inspection Form

Inventory ID: ACSO-6206	Asset Number:	Fair Market Value:																	
Short Description: Year 2006 2005 Make FORD Model CROWN VICTORIA																			
VIN: <table border="1" style="display: inline-table; text-align: center; font-family: monospace;"> <tr><td>2</td><td>F</td><td>A</td><td>H</td><td>P</td><td>7</td><td>1</td><td>W</td><td>0</td><td>5</td><td>X</td><td>1</td><td>1</td><td>3</td><td>8</td><td>1</td><td>3</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			2	F	A	H	P	7	1	W	0	5	X	1	1	3	8	1	3
2	F	A	H	P	7	1	W	0	5	X	1	1	3	8	1	3			
Odometer: <table border="1" style="display: inline-table; text-align: center; font-family: monospace;"> <tr><td>1</td><td>4</td><td>0</td><td>2</td><td>9</td><td>6</td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N:			1	4	0	2	9	6											
1	4	0	2	9	6														
Long Description: This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>4.8L, V8</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid 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 type="checkbox"/> Miles Date Removed From Service: <u>10/2022</u> Maintenance Records: <input checked="" type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: <u>PARK SAFETY SWITCH IS INOPERATIVE</u> Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____																			
Exterior: Color: <u>TAN</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: <u>AVERAGE</u> Tread: _____ #Flat _____ Hubcaps # _____ Major Damage to: <u>PIANT PEELING OR FADED ON HOOD, ROOF, AND TRUNK</u> Additional Damage: _____ Decals: <input checked="" 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 type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed & <input checked="" type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes																			
Interior: Color <u>GREY</u> <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: _____ Damage to Dash/Floor: <u>TRIM AROUND RADIO BROKEN</u> Radio: <input type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input checked="" type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual <input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input checked="" type="checkbox"/> Seats																			
Additional Equipment: _____ Manufacturer _____ Model _____ Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____																			
Location of Asset: <u>308 PUBLIC SAFETY LANE CLINTON TN 37716</u> 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.																			

Attachment 8
ANDERSON COUNTY GOVERNMENT
PROPERTY DISPOSITION AND SURPLUS RECORD

- Surplus property may be transferred to another Anderson County Department or be sold at internet auction after ensuring another Department does not want it.
- The IT Department will manage the disposition of hard drives.
- The Vehicle Inspection Form is required to sell vehicles. The Purchasing Office will obtain available service records from the Fleet Services Department.
- The transfer of property to an Entity outside of Anderson County requires County Commission approval. The surplus of capital assets requires County Commission approval.
- This form is to be emailed to Surplus@andersontn.org

Sheriff requests to surplus property as detailed below.
 (Department):

[Signature] Signature of Department Head/Elected Official 11/8/22 Date

Asset Tag # (N/A if no Tag).	Property Description & Condition, to include serial or VIN #
	Food trays - Used

Attach photographs – the more the better. Attach additional sheet(s) as necessary.

Property Disposition Method (check and fill out applicable box)

<input type="checkbox"/>	Auction on GovDeals Bid Starting Amount: _____
<input type="checkbox"/>	Transfer Property To: <u>Scott Co. Sheriff</u> (Department) Signature of Receiving Department Head/Elected Official _____ Date _____
<input type="checkbox"/>	Trade In Purchase Order Number of Trade in: _____
<input type="checkbox"/>	Stolen or Lost (Attach copy of Police Report)
<input type="checkbox"/>	Property Destroyed (Attach explanation)

Received by Purchasing Office (Date): <u>NOV 22 AM 11:10</u> A.C. GOV. PURCHASING Deputy Purchasing Agent Signature: _____	Purchasing Office Use Only Govdeals ID#: _____ Date: _____ Sale Amount: \$ _____ Date removed from Asset Listing: _____
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