NOTICE
GLENPOOL AREA EMERGENCY MEDICAL SERVICE DISTRICT
REGULAR MEETING

A Regular Session of the Glenpool Area Emergency Medical Service District will be held at 6:00 p.m. immediately following the Glenpool Industrial Authority meeting on June 1, 2020, at Glenpool City Hall, City Council Chambers, 12205 S. Yukon Ave., 3rd Floor, Glenpool, Oklahoma.

AGENDA

Page

A) **Call to Order - Timothy Lee Fox, Chairman**

B) **Roll Call, Declaration of Quorum – Wendy Knight, Clerk; Timothy Lee Fox, Chairman**

C) **EMS Report - Brian Cook, Director of Operations, Mercy Regional EMS**

1) GEMS EMS REPORT 04292020-05262020 — 3 - 5

D) **District Administrator Report - Susan White, Administrator**

1) GEMS APRIL REPORT -AGENDA_Redacted — 6 - 7

E) **Scheduled Business**

1) Discussion and possible action to approve minutes from May 4, 2020, and May 18, 2020 meetings. — 8 - 11
(Wendy Knight, Clerk)
GEMS - 04 May 2020 - Minutes - Html
GEMS - 18 May 2020 - Minutes - Html

2) Public Hearing for the purpose of receiving public comments, if any, on the proposed FY 2020-2021 Annual Budget. — 12 - 19

a. Open Public Hearing - Timothy Fox, Chairman

b. Presentation of Proposed Budget - John Gonsalves, Treasurer

c. Facilitate Public Comments - Timothy Fox, Chairman

d. Close Public Hearing - Timothy Fox, Chairman

FY 20-2021 BUDGET PUBLIC HEARING 2

3) Discussion and possible action to adopt the 2020-2021 Annual Budget for the Glenpool Area Emergency Medical Service District (GEMS). — 20 - 21
(John Gonsalves, District Treasurer)
GEMS 20-21 Budget Adoption

4) Discussion and possible action to review findings and direct Chairman to sign Management Representation letter confirming Board's receipt and review of findings. — 22 - 30
(John Gonsalves, District Treasurer)
Glenpool EMS Draft Report.FY19

Glenpool EMS mangagment rep letter and acknowledgment of findings. FY 19

5) Discussion and possible action to approve the quote from Stryker ProCare Services in an amount not to exceed $3,600.00, for maintenance on LifePak 15 cardiac monitor equipment. 31 - 38
(Paul Newton, Fire Chief)
GEMS LifePak15 Service Agreement Staff Report 2020
Glenpool FD - LP15 Prevent Onsite - 1 - - 200327135637

6) Discussion and possible action to approve purchase order(s) and receipts register totaling $22,246.32. 39 - 55
(John Gonsalves, District Treasurer)
GEMS Invoices 5-26-20

F) **Adjournment**

This notice and agenda was posted at Glenpool City Hall, 12205 S. Yukon Ave., Glenpool, Oklahoma, on May 29, 2020, by 4:00 pm.
Signed: Wendy Knight
Clerk

Mercy Regional EMS

Brian Cook
Chief of Operations
PO Box 2398
Owasso, OK 74055
Office: 918.609.5827
Email: bcook@mercy-regional.com

To: Honorable Chair and GEMS Board Members

From: Brian Cook, Chief of Operations

Date: May 27, 2020

Ref: EMS Report April 29, 2020 – May 26, 2020

We logged 89 calls for service during this period while maintaining a 98% response time compliance.

54 patients treated and transported
20 patients refused transport
4 calls cancelled
3 mutual aid received
3 No patient found
3 DOA
2 Mutual aid given

Last week was National EMS Week and we honored our medics by providing daily meals, gift bags, Prizes, T-shirts and had a scavenger hunt.

We provided lunch to the Glenpool Police and Fire Department to thank them for their support and help on incidents.

Brian Cook,
Chief of Operations

CRun	Call Date	Pick Up Location	Destination	Dispacthed	En Route	On Scene	Transport	Arrived	Clear	Response Time	Unit
20-5388	4/29/2020 07:31	EMERGENCY SCENE	HILLCREST SOUTH	4/29/2020 07:32	4/29/2020 07:33	4/29/2020 07:38	4/29/2020 07:59	4/29/2020 08:13	4/29/2020 08:33	00:07:42	MEDIC 401
20-5394	4/29/2020 09:33	EMERGENCY SCENE	ST. JOHN TULSA	4/29/2020 09:34	4/29/2020 09:36	4/29/2020 09:41	4/29/2020 10:06	4/29/2020 10:29	4/29/2020 10:58	00:07:16	MEDIC 401
20-5416	4/29/2020 14:58	EMERGENCY SCENE	ST. JOHN TULSA	4/29/2020 14:59	4/29/2020 15:02	4/29/2020 15:05	4/29/2020 15:17	4/29/2020 15:39	4/29/2020 16:01	00:07:13	MEDIC 401
20-5441	4/30/2020 09:07	EMERGENCY SCENE	ST. JOHN TULSA	4/30/2020 09:08	4/30/2020 09:09	4/30/2020 09:12	4/30/2020 09:26	4/30/2020 09:48	4/30/2020 10:11	00:05:16	MEDIC 401
20-5444	4/30/2020 09:43	EMERGENCY SCENE	ST. FRANCIS TULSA	4/30/2020 09:43	4/30/2020 09:44	4/30/2020 09:51	4/30/2020 10:16	4/30/2020 10:36	4/30/2020 11:00	00:08:30	MEDIC 402
20-5472	4/30/2020 19:28	EMERGENCY SCENE	HILLCREST SOUTH	4/30/2020 19:28	4/30/2020 19:30	4/30/2020 19:36	4/30/2020 19:55	4/30/2020 20:14	4/30/2020 20:44	00:07:59	MEDIC 401
20-5474	4/30/2020 21:26	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/30/2020 21:27	4/30/2020 21:29	4/30/2020 21:35	4/30/2020 21:56	4/30/2020 21:56	4/30/2020 21:56	00:08:24	MEDIC 401
20-5488	5/1/2020 10:17	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	5/1/2020 10:17	5/1/2020 10:17	5/1/2020 10:18	5/1/2020 10:43	5/1/2020 10:50	5/1/2020 11:01	00:01:43	MEDIC 401
20-5495	5/1/2020 12:20	EMERGENCY SCENE	HILLCREST SOUTH	5/1/2020 12:22	5/1/2020 12:22	5/1/2020 12:26	5/1/2020 12:40	5/1/2020 13:01	5/1/2020 13:17	00:05:26	MEDIC 401
20-5501	5/1/2020 14:19	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	5/1/2020 14:20	5/1/2020 14:20	5/1/2020 14:23	5/1/2020 14:24	5/1/2020 14:24	5/1/2020 14:24	00:03:53	MEDIC 401
20-5545	5/2/2020 22:16	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	5/2/2020 22:17	5/2/2020 22:18	5/2/2020 22:19	5/2/2020 22:45	5/2/2020 23:01	5/3/2020 00:04	00:03:27	MEDIC 401
20-5546	5/2/2020 22:44	EMERGENCY SCENE	UNK	5/2/2020 22:51	5/2/2020 22:51	5/2/2020 22:51	5/2/2020 22:51	5/2/2020 22:51	5/2/2020 22:51	00:07:10	MUTUAL AID RECIEVED
20-5572	5/3/2020 16:05	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/3/2020 16:09	5/3/2020 16:09	5/3/2020 16:13	5/3/2020 16:34	5/3/2020 16:34	5/3/2020 16:34	00:08:24	MEDIC 401
20-5594	5/4/2020 09:42	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/4/2020 09:44	5/4/2020 09:45	5/4/2020 09:51	5/4/2020 09:53	5/4/2020 09:53	5/4/2020 09:53	00:08:50	MEDIC 401
20-5597	5/4/2020 10:16	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	5/4/2020 10:16	5/4/2020 10:18	5/4/2020 10:19	5/4/2020 10:33	5/4/2020 10:54	5/4/2020 11:36	00:03:20	MEDIC 401
20-5615	5/4/2020 15:30	EMERGENCY SCENE	DOA - DEAD ON ARRIVAL	5/4/2020 15:30	5/4/2020 15:32	5/4/2020 15:38	5/4/2020 16:53	5/4/2020 16:53	5/4/2020 16:53	00:07:52	MEDIC 401
20-5622	5/4/2020 17:29	EMERGENCY SCENE	ST. JOHN SAPULPA	5/4/2020 17:31	5/4/2020 17:31	5/4/2020 17:48	5/4/2020 18:09	5/4/2020 18:23	5/4/2020 18:56	00:18:35	MUTUAL AID GIVEN
20-5630	5/4/2020 15:30	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/4/2020 15:30	5/4/2020 15:32	5/4/2020 15:38	5/4/2020 16:53	5/4/2020 16:53	5/4/2020 16:53	00:07:52	MEDIC 401
20-5644	5/5/2020 09:47	EMERGENCY SCENE	NO PATIENT CONTACT	5/5/2020 09:48	5/5/2020 09:50	5/5/2020 09:51	5/5/2020 09:55	5/5/2020 09:55	5/5/2020 09:55	00:03:20	MEDIC 401
20-5665	5/5/2020 18:17	EMERGENCY SCENE	HILLCREST SOUTH	5/5/2020 18:18	5/5/2020 18:19	5/5/2020 18:22	5/5/2020 18:49	5/5/2020 19:06	5/5/2020 19:20	00:04:45	MEDIC 401
20-5701	5/6/2020 11:12	EMERGENCY SCENE	ST. FRANCIS TULSA	5/6/2020 11:12	5/6/2020 11:13	5/6/2020 11:19	5/6/2020 11:40	5/6/2020 12:00	5/6/2020 12:36	00:07:09	MEDIC 401
20-5719	5/6/2020 20:55	EMERGENCY SCENE	ST. FRANCIS TULSA	5/6/2020 20:55	5/6/2020 20:56	5/6/2020 21:00	5/6/2020 21:32	5/6/2020 21:55	5/6/2020 22:10	00:05:06	MEDIC 401
20-5720	5/6/2020 22:13	EMERGENCY SCENE	ST. FRANCIS TULSA	5/6/2020 22:14	5/6/2020 22:16	5/6/2020 22:20	5/6/2020 22:38	5/6/2020 22:58	5/6/2020 23:39	00:07:05	MEDIC 402
20-5726	5/7/2020 05:57	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/7/2020 05:57	5/7/2020 05:58	5/7/2020 06:04	5/7/2020 06:26	5/7/2020 06:26	5/7/2020 06:26	00:07:31	MEDIC 401
20-5760	5/7/2020 22:35	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/7/2020 22:37	5/7/2020 22:37	5/7/2020 22:46	5/7/2020 22:57	5/7/2020 22:57	5/7/2020 22:57	00:10:22	MUTUAL AID GIVEN
20-5767	5/8/2020 08:02	EMERGENCY SCENE	DOA - DEAD ON ARRIVAL	5/8/2020 08:05	5/8/2020 08:05	5/8/2020 08:09	5/8/2020 08:20	5/8/2020 08:20	5/8/2020 08:20	00:06:42	MEDIC 401
20-5793	5/8/2020 17:29	EMERGENCY SCENE	ST. JOHN TULSA	5/8/2020 17:30	5/8/2020 17:30	5/8/2020 17:35	5/8/2020 17:55	5/8/2020 18:13	5/8/2020 18:31	00:06:00	MEDIC 401
20-5809	5/9/2020 08:33	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/9/2020 08:35	5/9/2020 08:35	5/9/2020 08:41	5/9/2020 08:59	5/9/2020 08:59	5/9/2020 08:59	00:07:15	MEDIC 401
20-5824	5/9/2020 19:01	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/9/2020 19:02	5/9/2020 19:02	5/9/2020 19:03	5/9/2020 19:25	5/9/2020 19:25	5/9/2020 19:25	00:02:24	MEDIC 401
20-5836	5/10/2020 00:24	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/10/2020 00:24	5/10/2020 00:26	5/10/2020 00:32	5/10/2020 01:10	5/10/2020 01:10	5/10/2020 01:10	00:08:34	MEDIC 401
20-5845	5/10/2020 07:30	EMERGENCY SCENE	ST. FRANCIS TULSA	5/10/2020 07:32	5/10/2020 07:36	5/10/2020 07:37	5/10/2020 07:57	5/10/2020 08:28	5/10/2020 08:37	00:07:02	MEDIC 401
20-5852	5/10/2020 12:26	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/10/2020 12:28	5/10/2020 12:29	5/10/2020 12:31	5/10/2020 12:38	5/10/2020 12:38	5/10/2020 12:38	00:05:22	MEDIC 401
20-5868	5/11/2020 05:41	EMERGENCY SCENE	ST. FRANCIS TULSA	5/11/2020 05:41	5/11/2020 05:43	5/11/2020 05:46	5/11/2020 06:14	5/11/2020 06:37	5/11/2020 06:58	00:05:29	MEDIC 401
20-5870	5/11/2020 06:38	EMERGENCY SCENE	ST. FRANCIS TULSA	5/11/2020 06:38	5/11/2020 06:41	5/11/2020 06:46	5/11/2020 07:13	5/11/2020 07:32	5/11/2020 07:50	00:08:31	MEDIC 402
20-5905	5/11/2020 20:53	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	5/11/2020 20:53	5/11/2020 20:55	5/11/2020 20:58	5/11/2020 21:14	5/11/2020 21:14	5/11/2020 21:14	00:04:46	MEDIC 401
20-5906	5/11/2020 21:03	EMERGENCY SCENE	UNK	5/11/2020 21:04	5/11/2020 21:04	5/11/2020 21:07	5/11/2020 21:07	5/11/2020 21:07		00:04:51	MUTUAL AID RECIEVED
20-5910	5/11/2020 22:32	EMERGENCY SCENE	ST. FRANCIS TULSA	5/11/2020 22:32	5/11/2020 22:34	5/11/2020 22:35	5/11/2020 22:53	5/11/2020 23:11	5/11/2020 23:29	00:03:21	MEDIC 401
20-5911	5/11/2020 22:57	EMERGENCY SCENE	UNK	5/11/2020 22:58	5/11/2020 22:58	5/11/2020 22:58	5/11/2020 22:58	5/11/2020 22:58	5/11/2020 22:58	00:01:05	MUTUAL AID RECIEVED
20-5936	5/12/2020 15:20	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/12/2020 15:22	5/12/2020 15:22	5/12/2020 15:25	5/12/2020 15:44	5/12/2020 15:44	5/12/2020 15:44	00:05:36	MEDIC 401
20-5938	5/12/2020 17:27	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/12/2020 17:28	5/12/2020 17:28	5/12/2020 17:32	5/12/2020 17:51	5/12/2020 17:51	5/12/2020 17:51	00:05:37	MEDIC 401
20-5940	5/12/2020 17:27	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/12/2020 17:28	5/12/2020 17:28	5/12/2020 17:32	5/12/2020 17:51	5/12/2020 17:51	5/12/2020 17:51	00:05:37	MEDIC 401
20-5941	5/12/2020 17:27	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/12/2020 17:28	5/12/2020 17:28	5/12/2020 17:32	5/12/2020 17:52	5/12/2020 17:52	5/12/2020 17:52	00:05:37	MEDIC 401
20-5966	5/13/2020 10:53	EMERGENCY SCENE	ST. FRANCIS TULSA	5/13/2020 10:54	5/13/2020 10:55	5/13/2020 10:58	5/13/2020 11:32	5/13/2020 11:50	5/13/2020 12:13	00:04:35	MEDIC 401
20-5980	5/13/2020 10:53	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/13/2020 10:54	5/13/2020 10:55	5/13/2020 10:58	5/13/2020 11:32	5/13/2020 11:50	5/13/2020 12:13	00:04:35	MEDIC 401
20-5985	5/13/2020 20:50	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/13/2020 20:53	5/13/2020 20:54	5/13/2020 20:56	5/13/2020 21:11	5/13/2020 21:11	5/13/2020 21:11	00:05:26	MEDIC 401
20-6019	5/14/2020 15:39	EMERGENCY SCENE	HILLCREST SOUTH	5/14/2020 15:39	5/14/2020 15:40	5/14/2020 15:48	5/14/2020 16:00	5/14/2020 16:20	5/14/2020 16:39	00:08:52	MEDIC 401
20-6037	5/14/2020 20:26	EMERGENCY SCENE	ST. FRANCIS TULSA	5/14/2020 20:28	5/14/2020 20:30	5/14/2020 20:31	5/14/2020 20:46	5/14/2020 21:06	5/14/2020 21:30	00:04:31	MEDIC 401
20-6047	5/15/2020 07:10	EMERGENCY SCENE	ST. FRANCIS TULSA	5/15/2020 07:12	5/15/2020 07:12	5/15/2020 07:16	5/15/2020 07:35	5/15/2020 08:01	5/15/2020 08:16	00:05:45	MEDIC 401
20-6089	5/16/2020 00:47	EMERGENCY SCENE	ST. FRANCIS TULSA	5/16/2020 00:48	5/16/2020 00:50	5/16/2020 00:53	5/16/2020 01:07	5/16/2020 01:23	5/16/2020 01:49	00:06:01	MEDIC 401
20-6104	5/16/2020 15:26	EMERGENCY SCENE	ST. FRANCIS SOUTH	5/16/2020 15:26	5/16/2020 15:32	5/16/2020 15:32	5/16/2020 15:51	5/16/2020 16:11	5/16/2020 16:32	00:06:22	MEDIC 401
20-6113	5/16/2020 21:07	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	5/16/2020 21:07	5/16/2020 21:10	5/16/2020 21:14	5/16/2020 21:31	5/16/2020 21:49	5/16/2020 22:06	00:07:37	MEDIC 401
20-6118	5/16/2020 23:59	EMERGENCY SCENE	ST. FRANCIS TULSA	5/17/2020 00:00	5/17/2020 00:00	5/17/2020 00:05	5/17/2020 00:22	5/17/2020 00:44	5/17/2020 01:12	00:06:13	MEDIC 401
20-6123	5/17/2020 03:31	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/17/2020 03:32	5/17/2020 03:35	5/17/2020 03:38	5/17/2020 04:13	5/17/2020 04:13	5/17/2020 04:13	00:06:33	MEDIC 401
20-6126	5/17/2020 05:05	EMERGENCY SCENE	ST. FRANCIS TULSA	5/17/2020 05:07	5/17/2020 05:07	5/17/2020 05:10	5/17/2020 05:27	5/17/2020 05:43	5/17/2020 06:01	00:05:50	MEDIC 401
20-6129	5/17/2020 08:26	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/17/2020 08:26	5/17/2020 08:27	5/17/2020 08:33	5/17/2020 08:43	5/17/2020 08:43	5/17/2020 08:43	00:07:05	MEDIC 401
20-6144	5/17/2020 17:21	EMERGENCY SCENE	NO PT. FOUND	5/17/2020 17:22	5/17/2020 17:22	5/17/2020 17:32	5/17/2020 17:43	5/17/2020 17:43	5/17/2020 17:43	00:10:35	MEDIC 401
20-6148	5/17/2020 19:23	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/17/2020 19:23	5/17/2020 19:24	5/17/2020 19:31	5/17/2020 20:12	5/17/2020 20:12	5/17/2020 20:12	00:08:00	MEDIC 401
20-6149	5/17/2020 19:31	EMERGENCY SCENE	ST. FRANCIS TULSA	5/17/2020 19:33	5/17/2020 19:34	5/17/2020 19:40	5/17/2020 19:50	5/17/2020 20:22	5/17/2020 20:36	00:08:43	MEDIC 402
20-6160	5/18/2020 07:45	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	5/18/2020 07:46	5/18/2020 07:49	5/18/2020 07:52	5/18/2020 07:57	5/18/2020 08:09	5/18/2020 08:11	00:06:57	MEDIC 401
20-6167	5/18/2020 10:38	EMERGENCY SCENE	DOA - DEAD ON ARRIVAL	5/18/2020 10:40	5/18/2020 10:41	5/18/2020 10:43	5/18/2020 11:30	5/18/2020 11:30	5/18/2020 11:30	00:04:39	MEDIC 401

20-6169	5/18/2020 10:55	EMERGENCY SCENE	ST. FRANCIS TULSA	5/18/2020 10:56	5/18/2020 10:58	5/18/2020 11:00	5/18/2020 11:24	5/18/2020 11:44	5/18/2020 11:59	00:05:30	MEDIC 402
20-6196	5/18/2020 20:14	EMERGENCY SCENE	OSU MEDICAL CENTER	5/18/2020 20:16	5/18/2020 20:19	5/18/2020 20:19	5/18/2020 20:37	5/18/2020 20:56	5/18/2020 21:06	00:04:59	MEDIC 401
20-6221	5/19/2020 10:53	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	5/19/2020 10:54	5/19/2020 10:57	5/19/2020 11:00	5/19/2020 11:17	5/19/2020 11:40	5/19/2020 12:00	00:06:25	MEDIC 401
20-6224	5/19/2020 11:56	EMERGENCY SCENE	ST. FRANCIS TULSA	5/19/2020 11:56	5/19/2020 12:00	5/19/2020 12:00	5/19/2020 12:19	5/19/2020 12:58	5/19/2020 12:58	00:04:10	MEDIC 402
20-6236	5/19/2020 13:52	EMERGENCY SCENE	NO PATIENT FOUND	5/19/2020 13:54	5/19/2020 13:54	5/19/2020 13:58	5/19/2020 14:00	5/19/2020 14:00	5/19/2020 14:00	00:05:58	MEDIC 401
20-6242	5/19/2020 16:59	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/19/2020 17:01	5/19/2020 17:02	5/19/2020 17:07	5/19/2020 17:25	5/19/2020 17:25	5/19/2020 17:25	00:07:10	MEDIC 401
20-6244	5/19/2020 17:29	EMERGENCY SCENE	ST. FRANCIS SOUTH	5/19/2020 17:31	5/19/2020 17:34	5/19/2020 17:34	5/19/2020 17:54	5/19/2020 18:13	5/19/2020 18:40	00:04:52	MEDIC 401
20-6269	5/20/2020 11:11	EMERGENCY SCENE	ST. FRANCIS SOUTH	5/20/2020 11:14	5/20/2020 11:14	5/20/2020 11:14	5/20/2020 11:33	5/20/2020 11:49	5/20/2020 12:09	00:03:19	MEDIC 401
20-6280	5/20/2020 12:19	EMERGENCY SCENE	ST. JOHN TULSA	5/20/2020 12:25	5/20/2020 12:25	5/20/2020 12:25	5/20/2020 12:44	5/20/2020 13:08	5/20/2020 13:29	00:05:45	MEDIC 401
20-6292	5/20/2020 16:12	EMERGENCY SCENE	ST. FRANCIS TULSA	5/20/2020 16:15	5/20/2020 16:15	5/20/2020 16:20	5/20/2020 16:35	5/20/2020 16:53	5/20/2020 17:42	00:07:33	MEDIC 401
20-6296	5/20/2020 19:24	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	5/20/2020 19:25	5/20/2020 19:26	5/20/2020 19:28	5/20/2020 19:41	5/20/2020 19:47	5/20/2020 20:04	00:03:46	MEDIC 401
20-6369	5/22/2020 15:32	EMERGENCY SCENE	ST. FRANCIS TULSA	5/22/2020 15:32	5/22/2020 15:33	5/22/2020 15:40	5/22/2020 15:59	5/22/2020 16:17	5/22/2020 16:34	00:07:22	MEDIC 401
20-6373	5/22/2020 17:34	EMERGENCY SCENE	ST. JOHN TULSA	5/22/2020 17:34	5/22/2020 17:35	5/22/2020 17:39	5/22/2020 17:58	5/22/2020 18:31	5/22/2020 18:31	00:04:18	MEDIC 401
20-6390	5/23/2020 06:58	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	5/23/2020 07:00	5/23/2020 07:00	5/23/2020 07:06	5/23/2020 07:19	5/23/2020 07:26	5/23/2020 07:38	00:07:37	MEDIC 401
20-6394	5/23/2020 11:14	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	5/23/2020 11:15	5/23/2020 11:16	5/23/2020 11:20	5/23/2020 11:24	5/23/2020 11:24	5/23/2020 11:24	00:05:38	MEDIC 401
20-6422	5/24/2020 12:23	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	5/24/2020 12:25	5/24/2020 12:26	5/24/2020 12:30	5/24/2020 12:49	5/24/2020 12:54	5/24/2020 13:12	00:06:55	MEDIC 401
20-6442	5/24/2020 22:05	EMERGENCY SCENE	ST. FRANCIS TULSA	5/24/2020 22:06	5/24/2020 22:08	5/24/2020 22:11	5/24/2020 22:31	5/24/2020 22:52	5/24/2020 23:12	00:05:53	MEDIC 401
20-6450	5/25/2020 02:59	EMERGENCY SCENE	ST. JOHN TULSA	5/25/2020 02:59	5/25/2020 03:02	5/25/2020 03:07	5/25/2020 03:33	5/25/2020 03:58	5/25/2020 04:20	00:08:11	MEDIC 401
20-6454	5/25/2020 07:49	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/25/2020 07:50	5/25/2020 07:52	5/25/2020 07:57	5/25/2020 08:14	5/25/2020 08:14	5/25/2020 08:14	00:08:14	MEDIC 401
20-6455	5/25/2020 08:52	EMERGENCY SCENE	ST. FRANCIS TULSA	5/25/2020 08:52	5/25/2020 08:53	5/25/2020 08:56	5/25/2020 09:15	5/25/2020 09:32	5/25/2020 09:51	00:03:59	MEDIC 401
20-6468	5/25/2020 19:09	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	5/25/2020 19:10	5/25/2020 19:11	5/25/2020 19:13	5/25/2020 19:26	5/25/2020 19:33	5/25/2020 19:43	00:04:16	MEDIC 401
20-6475	5/25/2020 23:34	EMERGENCY SCENE	ST. FRANCIS TULSA	5/25/2020 23:35	5/25/2020 23:36	5/25/2020 23:46	5/26/2020 00:04	5/26/2020 00:26	5/26/2020 00:46	00:12:06	MEDIC 401
20-6489	5/26/2020 11:47	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	5/26/2020 11:47	5/26/2020 11:49	5/26/2020 11:52	5/26/2020 12:01	5/26/2020 12:01	5/26/2020 12:01	00:05:29	MEDIC 401
20-6492	5/26/2020 12:05	EMERGENCY SCENE	ST. FRANCIS SOUTH	5/26/2020 12:06	5/26/2020 12:06	5/26/2020 12:09	5/26/2020 12:28	5/26/2020 12:47	5/26/2020 13:13	00:03:49	MEDIC 401
20-6493	5/26/2020 12:39	EMERGENCY SCENE	ST. JOHN TULSA	5/26/2020 12:39	5/26/2020 12:40	5/26/2020 12:44	5/26/2020 12:58	5/26/2020 13:19	5/26/2020 15:25	00:04:50	MEDIC 402
20-6500	5/26/2020 15:16	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	5/26/2020 15:16	5/26/2020 15:18	5/26/2020 15:23	5/26/2020 15:30	5/26/2020 15:41	5/26/2020 15:55	00:06:46	MEDIC 401
20-6503	5/26/2020 16:30	EMERGENCY SCENE	ST. FRANCIS TULSA	5/26/2020 16:31	5/26/2020 16:32	5/26/2020 16:34	5/26/2020 16:45	5/26/2020 17:03	5/26/2020 17:33	00:04:02	MEDIC 401
20-6514	5/26/2020 20:43	EMERGENCY SCENE	ST. FRANCIS TULSA	5/26/2020 20:45	5/26/2020 20:48	5/26/2020 20:48	5/26/2020 21:03	5/26/2020 21:26	5/26/2020 21:59	00:05:05	MEDIC 401

R E C O

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GLENPOOL, OK 74033-1089
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24-Hour Automated Account Information
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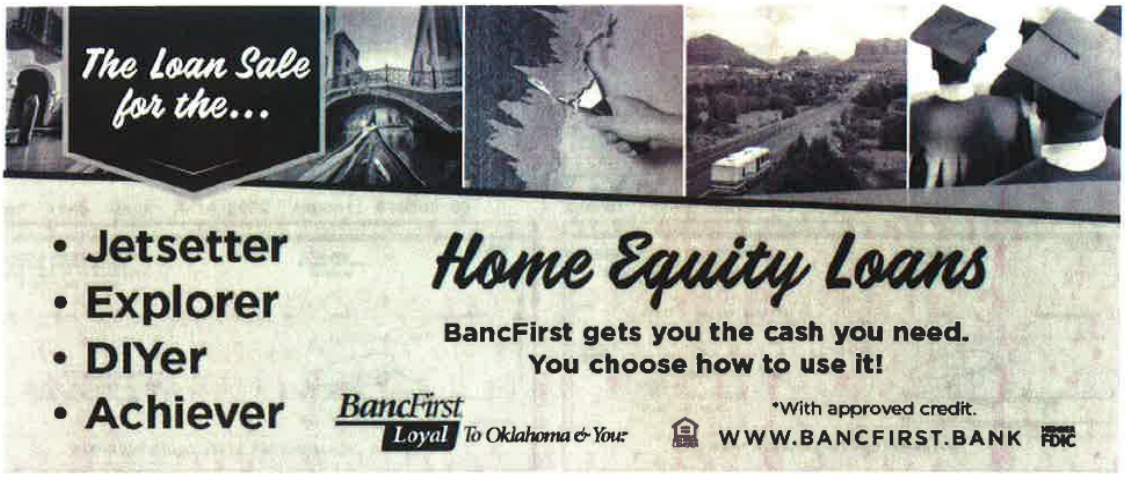
2 *0008155
GLENPOOL AREA EMERGENCY MEDICAL
SERVICE DISTRICT
12205 S YUKON AVE
GLENPOOL OK 74033-6635

PAGE 1

ACCOUNT NUMBER [redacted]

STATEMENT DATE
4/30/20



ACCOUNT ANALYSIS

Beginning Balance	4/01/20	386,043.76	
Deposits / Misc Credits	2	17,573.86	
Withdrawals / Misc Debits	7	35,136.32	
** Ending Balance	4/30/20	368,481.30	**

****

Service Charge	.00
Enclosures	8

8001-00000

DEPOSITS

Date	Deposits	Withdrawals	Activity Description
4/14	17,410.29		TULSA COUNTY/TAXDIST 16 JOHN GONSALVES
4/28	163.57		DEPOSIT

CHECKS

* indicates skip in check numbers

Date	Check No.	Amount	Date	Check No.	Amount	Date	Check No.	Amount
4/16	1847	15,000.00	4/10	1850	208.33	4/08	1852	208.33
4/14	1848	19,243.00	4/10	1851	60.00	4/09	1853	208.33
4/10	1849	208.33						

DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
4/08	385,835.43	4/10	385,150.44	4/16	368,317.73
4/09	385,627.10	4/14	383,317.73	4/28	368,481.30

5/6/2020

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CITY OF GLENPOOL
REVENUE & EXPENSE REPORT (UNAUDITED)
AS OF: APRIL 30TH, 2020

31 -GEMS
FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	YEAR TO DATE ACTUAL	TOTAL ENCUMBERED	BUDGET BALANCE	% YTD BUDGET
REVENUE SUMMARY						
NON-DEPARTMENTAL	311,335	17,573.86	284,730.66	0.00	26,604.34	91.45
TOTAL REVENUES	311,335	17,573.86	284,730.66	0.00	26,604.34	91.45
EXPENDITURE SUMMARY						
GEMS						
PERSONAL SERVICES	10,000	833.32	8,333.20	1,666.64	0.16	100.00
SUPPLIES	16,069	329.42	3,529.35	1,338.12	11,201.53	30.29
OTHER CHARGES & SERVICES	281,266	24,482.00	246,990.00	23,030.00	11,246.00	96.00
TRAVEL & TRAINING	4,000	0.00	0.00	0.00	4,000.00	0.00
TOTAL GEMS	311,335	25,644.74	258,852.55	26,034.76	26,447.69	91.51
TOTAL EXPENDITURES	311,335	25,644.74	258,852.55	26,034.76	26,447.69	91.51
REVENUE OVER/(UNDER) EXPENDITURES	0	(8,070.88)	25,878.11	(26,034.76)	156.65	0.00

MINUTES
GEMS Meeting
Monday, May 4, 2020 Zoom Video Conference 6:00 PM

TRUSTEES PRESENT: Tim Fox
Momodou Ceesay
Joyce Calvert
Jacqueline Triplett-Lund

TRUSTEES ABSENT: Brandon Kearns

STAFF PRESENT: Susan White
Lowell Peterson
Wendy Knight
John Gonsalves

A) Call to Order - Timothy Lee Fox, Chairman
Chairman Fox called the meeting to order at 8:26 p.m.

B) Roll Call, Declaration of Quorum – Wendy Knight, Clerk; Timothy Lee Fox, Chairman
Clerk Knight called the roll, Chairman Fox declared a quorum present. David Tillotson, City Manager, was also in attendance.

C) EMS Report - Brian Cook, Director of Operations, Mercy Regional EMS

GEMS EMS REPORT 04012020-04282020

D) District Administrator Report - Susan White, Administrator

Dist. Adm Report
GEMS REPORT 5-4-2020_Redacted

E) Scheduled Business

1) Discussion and possible action to approve minutes from March 17, 2020, and April 6, 2020 meetings.
(Wendy Knight, Clerk)

Moved by Momodou Ceesay, seconded by Jacqueline Triplett-Lund

To approve the minutes as presented.

	For	Against	Abstained	Absent
Tim Fox	x			
Momodou Ceesay	x			
Joyce Calvert	x			
Jacqueline Triplett-Lund	x			
Brandon Kearns				x
	4	0	0	1

CARRIED.

GEMS - 17 Mar 2020 - Minutes - Html
GEMS - 06 Apr 2020 - Minutes - Html

2) Discussion and possible action to accept the FY 2020-2021 Estimate of Needs engagement letter from Crawford & Associates, and direct the Chairman to sign the letter on behalf of the Board and the District Treasurer to sign on behalf of Management.
(John Gonsalves, Treasurer)

Mr. Gonsalves presented and recommended Board acceptance of the FY 2020-2021 Estimate of Needs engagement letter from Crawford & Associates, and direct the Chairman to sign the letter on behalf of the Board and the District Treasurer to sign on behalf of Management. The Glenpool Area Emergency Medical Service District (GEMS) is required to prepare an annual Estimate of Needs and submit it to the Tulsa County Excise Board. This Estimate of Needs is intended to advise the Excise Board of the amount of cash on hand from the fiscal year just ended, and the estimated expenditures and revenues for the fiscal year in progress.

Moved by Momodou Ceesay, seconded by Joyce Calvert

To accept the FY 2020-2021 Estimate of Needs engagement letter from Crawford & Associates, and direct the Chairman to sign the letter on behalf of the Board and the District Treasurer to sign on behalf of Management.

	For	Against	Abstained	Absent
Tim Fox	x			
Momodou Ceesay	x			
Joyce Calvert	x			
Jacqueline Triplett-Lund	x			
Brandon Kearns				x

	4	0	0	1

CARRIED.

2020-2021 Gems Estimate of Needs Engagement Letter

3) Discussion and possible action to approve purchase order(s) and receipts register totaling $25,764.74.
(John Gonsalves, Treasurer)

Mr. Gonsalves presented and recommended Board approval of purchase order(s) and receipts register totaling $25,764.74.

Moved by Jacqueline Triplett-Lund, seconded by Joyce Calvert

To approve purchase order(s) and receipts register totaling $25,764.74.

	For	**Against**	**Abstained**	**Absent**
Tim Fox	x			
Momodou Ceesay	x			
Joyce Calvert	x			
Jacqueline Triplett-Lund	x			
Brandon Kearns				x
	4	0	0	1

CARRIED.

5-04-2020 GEMS Payment of Claims

F) Adjournment

Chairman Fox declared the meeting adjourned at 8:44 p.m.

MINUTES
GEMS Special Meeting
May 18, 2020 Council Chambers 6:00 PM

TRUSTEES PRESENT: Tim Fox
Jacqueline Triplett-Lund
Brandon Kearns

TRUSTEES ABSENT: Momodou Ceesay
Joyce Calvert

STAFF PRESENT: Susan White
Lowell Peterson
Wendy Knight

STAFF ABSENT: John Gonsalves

A) Call to Order - Timothy Lee Fox, Chairman
Chairman Fox called the meeting to order at 8:38 p.m.

B) Roll Call, Declaration of Quorum – Wendy Knight, Clerk; Timothy Lee Fox, Chairman
Clerk Knight called the roll, Chairman Fox declared a quorum present. David Tillotson, City Manager, was also in attendance.

C) Scheduled Business

1) Presentation of FY20/21 proposed budget. No action will be taken. (Susan White, District Administrator)

Administrator White presented a draft of the FY20/21 proposed budget, and it was noted that there is a shortfall in projected expenses for the First Responders. The Board recommended that the shortfall amount be taken from the GEMS Reserve Account. No action was taken.

D) Adjournment
Chairman Fox declared the meeting adjourned at 8:53 p.m.

GEMS
Glenpool Area Medical Service District
Glenpool, Oklahoma

Glenpool Area Emergency Medical Services District
12205 South Yukon Avenue
Glenpool, Oklahoma 74033

To: HONORABLE CHAIRMAN AND GEMS DISTRICT BOARD MEMBERS
From: John Gonsalves, District Treasurer
Date: June 1, 2020
Subject: FY20-21 Budget Public Hearing

Background:

According to the Emergency Medical Service District Budget Act (19.O.S. §§ 35-1701 through 35-1801), at least one public hearing must be held no later than 15 days prior to the beginning of the budget year (July 1).

Staff Recommendation:

Staff recommends that the Chairman declare a public hearing for the purpose of receiving citizen input concerning the Fiscal Year 2020-2021 Proposed Budget for the Glenpool Area Emergency Medical Services District.

Attachments:

FY20-21 Proposed Budget
Exibit A: Emergency Medical Response Service Rate Summary

GEMS

Glenpool Area Medical Service District
Glenpool, Oklahoma

FY20-21 Proposed Budget

RESOLUTION 2020005GEMS

A RESOLUTION OF THE GOVERNING BODY OF THE GLENPOOL AREA EMERGENCY MEDICAL SERVICE DISTRICT (GEMS) TO COMPLY WITH AND OPERATE IN ACCORDANCE WITH THE DISTRICT BUDGET ACT AND APPROVE THE 2020-2021 ANNUAL BUDGET.

WHEREAS, The Emergency AREA Medical Service District Budget Act (19.O.S. §§ 35-1701 through 35-1801) authorizes a district to prepare and approve an annual budget, and

WHEREAS, the (GEMS) has met all requirements for publications and public input on the 2020-2021 budget, and

WHEREAS, the Chairman and GEMS District Board Members have reviewed the proposed budget and are aware of the operations and projects planned for 2020-2021;

NOW THERFORE BE IT RESOLVED by the Chairman and GEMS District Board Members:

A. That the budget for fiscal year 2020-2021 be approved for the funds and amounts in the Attached Proposed Budget

B. That the Treasurer, with the approval of the District Administrator, may make transfers between departments and accounts within a fund. Additional appropriations must be approved by the Board Members prior to implementation;

C. That the Treasurer shall be given blanket authority and directed to invest and reinvest available funds on a continuing basis during the fiscal year ending June 30, 2021.

PASSED AND APPROVED this 1st day of June, 2020.

_____

Name: Timothy Lee Fox
Title: Chairman

Attest:

_____

Name: Wendy Knight
Title: District Clerk

GLENPOOL AREA EMERGENCY MEDICAL SERVICE DISTRICT
FY 2020-2021 ADOPTED BUDGET
GENERAL FUND

	FY2019 ACTUAL 6/30/2019	FY2020 BUDGET (as amended)	FY2020 PROJECTED 06/30/2020	FY2021 BUDGET ESTIMATE	CHANGE OVER FY20 BUDGET AS AMENDED $	%
Revenues:						
Ad Valorem Tax	$ 294,421	$ 305,000	$ 308,567	$ 300,000	$ (5,000)	-1.6%
Miscellaneous	$ -	$ -	$ 164			
Interest Earned	-	-	-	-	-	NA
Total Revenues	**$ 294,421**	**$ 305,000**	**$ 308,731**	**$ 300,000**	**$ (5,000)**	**-1.6%**
Expenditures:						
Personal Services	$ 10,628	$ 10,000	$ 10,000	$ -	$ (10,000)	-100.0%
Materials & Supplies	7,103	16,069	6,000	8,300	(7,769)	-48.3%
Other Charges & Services	269,073	281,266	285,388	342,355	61,089	21.7%
Travel & Training	894	4,000	-	2,000	(2,000)	-50.0%
Capital Outlay	-	-	-	-	-	NA
Total Expenditures	**$ 287,698**	**$ 311,335**	**$ 301,388**	**$ 352,655**	**$ 41,320**	**13.3%**
Excess (deficiency) of revenues over expenditures	**$ 6,723**	**$ (6,335)**	**$ 7,343**	**$ (52,655)**	**$ (46,320)**	**731.2%**
Other Financing Sources (Uses):						
Transfers In	$ -	$ -	$ -	$ -	$ -	NA
Transfers Out	-	-	-	-	-	NA
Transfer to Fund Balance	-	-	-	-	-	NA
Total Other Fin Sources (Uses)	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	NA
Net Change in Fund Balance	**$ 6,723**	**$ (6,335)**	**$ 7,343**	**$ (52,655)**	**$ (46,320)**	**731.2%**
Beginning Fund Balance	**$ 310,115**	**$ 316,838**	**$ 316,838**	**$ 324,181**	**$ 7,343**	**2.3%**
Ending Fund Balance	**$ 316,838**	**$ 310,503**	**$ 324,181**	**$ 271,526**	**$ (38,977)**	**-12.6%**

APPROVED BUDGET
AS OF: JUNE 30TH, 2020

31 -GEMS
REVENUES

	2017-2018 ACTUAL	2018-2019 ACTUAL	2019-2020 CURRENT BUDGET	2019-2020 YEAR-TO-DATE ACTUAL	2019-2020 PROJECTED YEAR END	2020-2021 PROPOSED BUDGET	2020-2021 APPROVED BUDGET
NON-DEPARTMENTAL							
TAXES							
31-5-00-5006 TAXES	275,414	294,421	305,000	298,596	308,567	300,000	300,000
TOTAL TAXES	275,414	294,421	305,000	298,596	308,567	300,000	300,000
INVESTMENT INCOME							
31-5-00-5306 MISCELLANEOUS	0	0	0	164	164	0	0
TOTAL INVESTMENT INCOME	0	0	0	164	164	0	0
OTHER FINANCING SOURCES							
31-5-00-5409 USE OF FUND BALANCE	0	0	6,335	0	0	50,600	52,655
TOTAL OTHER FINANCING SOURCES	0	0	6,335	0	0	50,600	52,655
TOTAL NON-DEPARTMENTAL	275,414	294,421	311,335	298,759	308,731	350,600	352,655
TOTAL REVENUES	275,414	294,421	311,335	298,759	308,731	350,600	352,655

APPROVED BUDGET
AS OF: JUNE 30TH, 2020

31 -GEMS
GEMS
DEPARTMENTAL EXPENDITURES

	2017-2018 ACTUAL	2018-2019 ACTUAL	2019-2020 CURRENT BUDGET	2019-2020 YEAR-TO-DATE ACTUAL	2019-2020 PROJECTED YEAR END	2020-2021 PROPOSED BUDGET	2020-2021 APPROVED BUDGET
PERSONAL SERVICES							
31-6-01-6101 SALARIES & WAGES	10,000	10,000	10,000	9,167	10,000	0	0
31-6-01-6111 FICA	765	553	0	0	0	0	0
31-6-01-6114 UNEMPLOYMENT	75	75	0	0	0	0	0
TOTAL PERSONAL SERVICES	10,840	10,628	10,000	9,167	10,000	0	0
SUPPLIES							
31-6-01-6202 OPERATING SUPPLIES	7,029	3,575	16,069	3,529	6,000	6,300	6,300
31-6-01-6206 MINOR EQUIPMENT	790	3,528	0	0	0	2,000	2,000
TOTAL SUPPLIES	7,819	7,103	16,069	3,529	6,000	8,300	8,300
6-01-6206 MINOR EQUIPMENT	CURRENT YEAR NOTES: JUMP BAGS						
OTHER CHARGES & SERVICES							
31-6-01-6210 AMBULANCE CONTRACT	144,000	156,000	180,000	180,000	180,000	180,000	180,000
31-6-01-6225 FIRST RESPONDER/ADMIN FEES	89,988	106,755	90,566	88,403	98,388	130,000	132,055
31-6-01-6235 CONTRACT SERVICES	0	0	0	0	0	10,000	10,000
31-6-01-6236 AUDIT FEES	7,670	6,318	10,600	0	7,000	20,300	20,300
31-6-01-6254 MISC SERVICES & CHARGES	0	0	100	0	0	0	0
TOTAL OTHER CHARGES & SERVICES	241,658	269,073	281,266	268,403	285,388	340,300	342,355
6-01-6210 AMBULANCE CONTRACT	CURRENT YEAR NOTES: AMBULANCE CONTRACT						
6-01-6225 FIRST RESPONDER/ADMIN FEES	CURRENT YEAR NOTES: FIRST RESPONDERS REIMBURSEMENT						
6-01-6236 AUDIT FEES	CURRENT YEAR NOTES: $9700 FOR FY 21 AND $10,600 BALANCE FROM PREVIOUS YEAR						
TRAVEL & TRAINING							
31-6-01-6262 TRAVEL AND TRAINING	1,243	894	4,000	0	0	2,000	2,000
TOTAL TRAVEL & TRAINING	1,243	894	4,000	0	0	2,000	2,000
MISCELLANEOUS							
CAPITAL EXPENDITURES							
OTHER FINANCING USES							
TOTAL GEMS	261,559	287,698	311,335	281,099	301,388	350,600	352,655
TOTAL EXPENDITURES	261,559	287,698	311,335	281,099	301,388	350,600	352,655
REVENUE OVER/(UNDER) EXPENDITURES	13,855	6,724	0	17,661	7,343	0	0

EXIBIT A

EMERGENCY MEDICAL RESPONSE SERVICE RATE SUMMARY

	Run YTD as of 3/31/2020	Ratio
EMR	855	76%
FIRE	273	24%
Total	**1128**	

Based on FY2020-2021 Proposed Budget:		**EMR Calls vs Fire Total**		**76% EMR**
Total Compensation/Benefits for EMR personnel:	$	2,206,884	$	1,677,231.84
Average per person (total /21)	$	105,089.71	$	79,868
Annual hours per person		2,912		
Avg hourly personnel costs	$	36.09	$	27.43
Three person crew ($36.09 x 3)	$	108.27	$	82.29

Fire Truck Expenses		**FY20-21**
Maintenance	$	35,000
Fuel		15,000
Total Truck Expenses	$	50,000

		EMR Calls vs Fire		**76%**
Estimated number runs FY2020-2021		1504		1143
Average cost per run for truck (constant)	$	33.24	$	33.24

		Total		**EMR**
Total rate per run ($82.29 crew, $33.24 truck)	**$**	**141.51**	**$**	**115.53**

Total Estimated EMR Reimbursement FY20-21	**$**	**132,055**

TULSA WORLD

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Account Number
1007193

CITY OF GLENPOOL
Attn LYNN BURROW
12205 S. YUKON AVE
GLENPOOL, OK 74033

Date
May 24, 2020

Date	Category	Description	Ad Size	Total Cost
05/24/2020	Legal Notices	FY20-21 BUDGET/GEMS	2 x 31.00 CL	76.26

644427
Published in the Tulsa World, Tulsa County, Oklahoma, May 23 & 24, 2020

NOTICE OF PUBLIC HEARING
JUNE 1, 2020 - 6:00 P.M.
12205 S YUKON AVE, 3RD FLOOR
PROPOSED FY2020-2021 BUDGET

The Glenpool Area Emergency Medical Service District (GEMS) will hold a public hearing on June 1, 2020 at 6:00 P.M. on the 3rd Floor at 12205 S. Yukon Ave, Glenpool, OK for the purpose of advising to the public of the proposed budget for the fiscal year beginning July 1, 2020.

The following is a preliminary summary of the proposed budget for Fiscal Year 2020-2021. The proposed budget is available for public inspection at the office of the District Administrator, 2nd Floor, 12205 S. Yukon Avenue, during normal business hours.

OPERATING BUDGET

	Revenues	Expenditures
Ad Valorem Tax	300,000	
Transfer from reserves	50,600	
Supplies		8,300
Other Services & Charges		340,300
Travel & Training		2,000
Total Operating Budget	$ 350,600	$ 350,600

Affidavit of Publication

I, Melissa Marshall, of lawful age, am a legal representative of the Tulsa World of Tulsa, Oklahoma, a daily newspaper of general circulation in Tulsa County, Oklahoma, a legal newspaper qualified to publish legal notices, as defined in 25 O.S. § 106 as amended, and thereafter, and complies with all other requirements of the laws of Oklahoma with reference to legal publication. That said notice, a true copy of which is attached hereto, was published in the regular edition of said newspaper during the period and time of publication and not in a supplement, on the DATE(S) LISTED BELOW

05/23, 05/24/2020

Newspaper reference: 0000644627

M. Marshall
Legal Representative

Sworn to and subscribed before me this date: MAY 26 2020

Valerie L Praytor
Notary Public

My Commission expires 4-7-24

NOTARY SEAL PUBLIC
VALERIE L. PRAYTOR
Notary Public
State of Oklahoma
Commission #20003824 Exp: 04/07/24

GEMS
Glenpool Area Medical Service District
Glenpool, Oklahoma

To: HONORABLE CHAIRMAN AND GEMS DISTRICT BOARD MEMBERS

From: John Gonsalves, District Treasurer

Date: June 1, 2020

Subject: FY20-21 Budget Adoption

Background:

According to the Emergency Medical Service District Budget Act (19.O.S. §§ 35-1701 through 35-1801), at least one public hearing must be held no later than 15 days prior to the beginning of the budget year (July 1). Following the public hearing, the district board members may adopt the budget by approving the attached resolution, adopting the appropriations contained in the proposed budget.

Staff Recommendation:

Staff recommends approval of Resolution No. 2020005GEMS, a resolution of the GEMS District Board Members adopting the budget for Fiscal Year 2020-2021.

Attachments:

Resolution 2020005GEMS

12205 S. Yukon, Glenpool, OK 74033 • OFFICE: 918-209-4630 FAX: 918-209-4626

RESOLUTION 2020005GEMS

A RESOLUTION OF THE GOVERNING BODY OF THE GLENPOOL AREA EMERGENCY MEDICAL SERVICE DISTRICT (GEMS) TO COMPLY WITH AND OPERATE IN ACCORDANCE WITH THE DISTRICT BUDGET ACT AND APPROVE THE 2020-2021 ANNUAL BUDGET.

WHEREAS, The Emergency AREA Medical Service District Budget Act (19.O.S. §§ 35-1701 through 35-1801) authorizes a district to prepare and approve an annual budget, and

WHEREAS, the (GEMS) has met all requirements for publications and public input on the 2020-2021 budget, and

WHEREAS, the Chairman and GEMS District Board Members have reviewed the proposed budget and are aware of the operations and projects planned for 2020-2021;

NOW THERFORE BE IT RESOLVED by the Chairman and GEMS District Board Members:

A. That the budget for fiscal year 2020-2021 be approved for the funds and amounts in the Attached Proposed Budget

B. That the Treasurer, with the approval of the District Administrator, may make transfers between departments and accounts within a fund. Additional appropriations must be approved by the Board Members prior to implementation;

C. That the Treasurer shall be given blanket authority and directed to invest and reinvest available funds on a continuing basis during the fiscal year ending June 30, 2021.

PASSED AND APPROVED this 1st day of June, 2020.

_____

Name: Timothy Lee Fox
Title: Chairman

Attest:

_____

Name: Wendy Knight
Title: District Clerk

GLENPOOL EMERGENCY MEDICAL SERVICE DISTRICT
STATUTORY REPORT
FOR THE FISCAL YEAR ENDED JUNE 30, 2019

This publication, issued by the Oklahoma State Auditor and Inspector's Office as authorized by 19 O.S. § 1706.1, has not been printed, but is available on the agency's website (www.sai.ok.gov) and in the Oklahoma Department of Libraries Publications Clearinghouse Digital Prairie Collection (http://digitalprairie.ok.gov/cdm/search/collection/audits/) pursuant to 65 O.S. § 3-114.

Current date

TO THE BOARD OF DIRECTORS OF THE
GLENPOOL EMERGENCY MEDICAL SERVICE DISTRICT

Transmitted herewith is the audit report of Glenpool Emergency Medical Service District for the fiscal year ended June 30, 2019.

The goal of the State Auditor and Inspector is to promote accountability and fiscal integrity in state and local government. Maintaining our independence as we provide this service to the taxpayers of Oklahoma is of utmost importance.

We wish to take this opportunity to express our appreciation for the assistance and cooperation extended to our office during our engagement.

Sincerely,

Cindy Byrd, CPA
Oklahoma State Auditor & Inspector

Presentation of Collections, Disbursements, and Cash Balances of District Funds for FY 2019

	FY 2019
Beginning Cash Balance, July 1	$ 310,115
Collections	
Ad Valorem Tax	293,987
Miscellaneous	434
Total Collections	294,421
Disbursements	
Personal Services	10,628
Travel	894
Contract For Services	156,000
Maintenance and Operations	114,858
Audit Expense	5,318
Total Disbursements	287,698
Ending Cash Balance, June 30	$ 316,838

Source: District Estimate of Needs (presented for informational purposes)

Glenpool Emergency Medical Service District
12205 S. Yukon Ave.
Glenpool, Oklahoma 74033

TO THE BOARD OF DIRECTORS OF THE
GLENPOOL EMERGENCY MEDICAL SERVICE DISTRICT

For the purpose of complying with 19 O.S. § 1706.1, we have performed the following procedures:

- Determined charges for services were billed and collected in accordance with District Policies.
- Determined that receipts were properly deposited and accurately reported in the accounting records.
- Determined cash balances were accurately reported in the accounting records.
- Determined whether deposits and invested funds for the fiscal year(s) ended June 30, 2019 were secured by pledged collateral.
- Determined that disbursements were properly supported, were made for purposes outlined in 19 O.S. § 1710.1 and were accurately reported in the accounting records.
- Determined that all purchases requiring bids complied with 19 O.S. § 1723 and 61 O.S. §101-139.
- Determined that payroll expenditures were accurately reported in the accounting records and supporting documentation of leave records was maintained.
- Determined that fixed assets records were properly maintained.
- Determined compliance with contract service providers.
- Determined whether the District's collections, disbursements, and cash balances for the fiscal year(s) ended June 30, 2019 were accurately presented on the estimate of needs.

All information included in the records of the District is the representation of the Glenpool Emergency Medical Service District.

Our emergency medical service district statutory engagement was limited to the procedures performed above and was less in scope than an audit performed in accordance with generally accepted auditing standards. Accordingly, we do not express an opinion on any basic financial statement of the Glenpool Emergency Medical Service District.

Based on our procedures performed, we have presented our findings in the accompanying schedule.

This report is intended for the information and use of the management of the Glenpool Emergency Medical Service District. This restriction is not intended to limit the distribution of this report, which is a matter of public record.

Cindy Byrd, CPA
Oklahoma State Auditor & Inspector

March 26, 2020 updated 5.26.20

SCHEDULE OF FINDINGS AND RESPONSES

Finding 2019-001 –Internal Controls Over the Collection Process (Repeat Finding)

Condition: While gaining an understanding of the collection process of the Glenpool Emergency Medical Service District (the District), it was noted the District Treasurer performs the following duties:

- Verifies the receipt of collections at the bank,
- Records the journal entries into the computer system, and
- Prepares the bank statement reconciliation.

Cause of Condition: Policies and procedures have not been designed and implemented to sufficiently segregate the collection process from the recording and reconciling processes to ensure the accurate accounting of all funds. Additionally, policies and procedures have not been designed and implemented to ensure the accuracy of the District's bank statement reconciliations as evidenced by someone performing a secondary review of the bank reconciliation and approving the review with evidence of initials and date of review.

Effect of Condition: A single employee having responsibility for more than one area of recording, authorization, custody of assets, and reconcilement could result in unrecorded transactions, misstated financial reports, clerical errors, or misappropriation of funds not being detected in a timely manner.

Recommendation: The Oklahoma State Auditor and Inspector's office **(**OSAI) recommends the Board be aware of these conditions and realize that concentration of duties and responsibilities in a limited number of individuals is not desired from a control point of view. The most effective controls lie in management's oversight of office operations and a periodic review of operations. OSAI recommends management provide segregation of duties so that no one employee can perform all accounting functions.

If segregation of duties is not possible due to limited personnel, OSAI recommends implementing compensating controls to mitigate the risks involved with a concentration of duties. Compensating controls would include separating key processes and/or critical functions of the office and having evidence of management review and approval of accounting functions including bank statement reconciliations.

Management Response:

- The District will adopt a process to include a review by Treasurer and at least one other person of the bank statement verifying deposits agree with emailed notice from Tulsa County Each person will initial and date the bank statement at the time of review.
- The District acknowledges that the Treasurer is the only person that records journal entries; however, the District believes upon application of the described procedures, the effect of condition will be eliminated.
- The District will add this task to the administrative duties performed by City of Glenpool staff. Once the statement is reconciled, it will be reviewed and signed by the Treasurer and one other District employee, usually the Clerk.

Criteria: The United States Government Accountability Office's Standards for Internal Control in the Federal Government (2014 version) aided in guiding our assessments and conclusion. Although this publication (GAO Standards) addresses controls in the federal government, this criterion can be treated as best practices and may be applied as a framework for an internal control system for state, local, and quasigovernmental entities.

The GAO Standards – Principle 10 – Design Control Activities – 10.03 states in part:

> *Segregation of Duties*
> Management divides or segregates key duties and responsibilities among different people to reduce the risk of error, misuse, or fraud. This includes separating the responsibilities for authorizing transactions, processing and recording them, reviewing the transactions, and handling any related assets so that no one individual controls all key aspects of a transaction or event.
>
> *Appropriate Documentation of Transactions and Internal Control*
> Management clearly documents internal control and all transactions and other significant events in a manner that allows the documentation to be readily available for examination. The documentation may appear in management directives, administrative policies, or operating manuals, in either paper or electronic form. Documentation and records are properly managed and maintained.

Glenpool Emergency Medical Service District
12205 S. Yukon Ave.
Glenpool, OK 74033

Cindy Byrd, CPA
State Auditor and Inspector
1401 Lera Drive, Suite 9
Weatherford, OK 73096

Attention: Sherri Wooldridge

Re: Management Representation Letter

In connection with the engagement regarding the records of the Glenpool Emergency Medical Service District (the "District") for the fiscal year June 30, 2019, we confirm, to the best of our knowledge and belief, the following representations made to you during your engagement are true and complete:

- The accounting records cash balance is substantiated by cash in banks.
- The accounting records reflect properly all receipts and disbursements incurred.
- Any concerns we might have regarding the risks of fraud or the financial well-being of the District have been expressed to the auditor.

Further, we confirm the receipt and review of any District findings. We understand that management responses to those findings must be received by the Oklahoma State Auditor & Inspector's Office within thirty (30) days of the receipt of this letter in order to be included as part of the published report.

Signature _____
Tim Fox, Chairman
Glenpool Emergency Medical Service District

Date_____

OKLAHOMA STATE AUDITOR AND INSPECTOR
Management's Acknowledgement of Findings

For the FYE 2019

Please sign below to indicate that the findings relating to the Glenpool Emergency Medical Service District were discussed at the Exit Conference and that you understand these findings will be included in the audit report.

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Thank you
Sherri Wooldridge
Audit Manager, SAI EMS Districts

Glenpool Fire Department

Memo

To: Honorable Chairman and Trustees

From: Paul Newton, Fire Chief

CC: File

Date: 05/26/2020

Re: Cardiac Monitor Maintenance Agreement

Background:

Four years ago, the Fire Department replaced our AEDs with true cardiac monitor/defibrillators at a cost of $72,000.00. To keep these units in the best shape possible, Stryker Pro Care Services has offered to provide an onsite maintenance and service agreement that provides several benefits to our GEMS customers.

This agreement includes annual inspection, software updates as needed and repairs to keep the equipment within manufacturers specifications. It does not cover damage from misuse or abuse.

Staff Recommendation:

Accept Stryker ProCare Services Proposal

Attachments:

Stryker ProCare Services Quote 200327135637

ProCare Services

stryker

Sales Rep Name:
ProCare Service Rep: Tim King

3800 E. Centre Ave
Portage, MI 49009

Date: 3/27/2020
ID #: 200327135637

PROCARE PROPOSAL SUBMITTED TO:

Billing Acc Num:
Shipping Acct Num: 1338223
Account Name Glenpool FD
Account Address 14536 S Elwood Ave
City, State Zip Glenpool, OK 74033

Name: Paul Newton
Title: EMS Chief
Phone: (918) 322-2172
Email: pnewton@cityofglenpool.com

PROCARE COVERAGE

Item No.	Model Number	Model Description	ProCare Program	Qty	Yrs		Total
1	LP15	LifePak 15	LP15 Prevent Onsite	2	1		$3,600.00

PROGRAM INCLUDES:

LP15 Prevent Onsite:

- Update software to the most current version
- Check all batteries and battery pins
- Inspect the integrity of accessories and recommend replacement as needed
- Test the integrity of all cables and recommend replacement as needed
- Electrical safety check in accordance with NFPA guidelines
- Computer-aided diagnostics to test 30 device dimensions and verify the unit functions accurately, from waveform shape and defibrillation energy to pacing current and capnography readings (if present)
- Check electrode expiration dates and recommend replacement as needed
- Check printer operation and trace quality
- Repairs (parts and labor) to restore equipment to manufacturer specifications
- LIFEPAK battery-charger repair or replacement as deemed necessary by Stryker*
- Power-adapter repair or replacement
- Replace up to 3 lithium-ion batteries in accordance with the device operating instructions or upon failure*
- Replace up to 1 coin cell memory battery in accordance with the device operating instructions or upon failure*
- Replacement of protective display shield, corner bumper guards, CO2 connector cover, shoulder strap, handle, device labels, and battery pins as deemed necessary by Stryker at time of annual inspection.

**(Onsite Repairs or Depot Depending on Agreement) **

Unless otherwise stated on contract, payment is expected upfront.

ProCare Total	$3,600.00
FINAL TOTAL	**$3,600.00**

Start Date: 4/1/2020
End Date: 3/31/2021

Stryker Signature Date

Customer Signature Date

Purchase Order Number

If contract is over $5,000 please send hard copy PO

COMMENTS:

Please email signed Proposal and Purchase Order to procarecoordinators@stryker.com.
All information contained within this quotation is considered confidential and proprietary and is not subject to public disclosure.
**Quote pricing valid for 30 days.

SERIAL NUMBER SHEET			
Item No.	Model	Serial Number	Program
1	LP15	45886339	LP15 Prevent Onsite
2	LP15	45886287	LP15 Prevent Onsite

SERVICE AGREEMENT

This document sets forth the entire Product Service Plan Agreement ("Agreement") between Stryker Medical, (a division of Stryker Corporation), herein and after referred to as "Stryker", and Glenpool FD, herein and after, referred to as the "Customer". This is the entire Agreement and no other oral modifications are valid. This Agreement shall remain in effect unless canceled or modified by either party according to the following terms and conditions.

1. SERVICE COVERAGE AND TERM

Stryker shall provide to Customer the services (the "Services") as defined on Page 1 of the Stryker Quote as the equipment ProCare Program (hereinafter each, a "Service Plan"). The equipment covered under said Service Plan is set forth on Exhibit A to the Quote (the "Equipment"). The Services and Service Plan are ancillary to and not a complete substitute for the requirements of Customer to adhere to the routine maintenance instructions provided by Stryker, its equipment and operations manuals, and accompanying labels and/or inserts for the Equipment. Customer covenants and agrees that its personnel will follow the instructions and contents of those manuals, labels and inserts. When Equipment or a component is replaced, the item provided in replacement will be the Customer's property (if Customer owns the Equipment) and the replaced item will be Stryker's property. The Service Plan coverage, term, start date, and price of the Services appear on the Service Plan.

2. EQUIPMENT SCHEDULE CHANGES

During the term of the Agreement and upon each party's written consent, additional Equipment may be included in the Exhibit A. All additions are subject to the terms and conditions contained herein. Stryker shall adjust the charges and modify Exhibit A to reflect the additions.

3. INSPECTION SCHEDULING

Service inspections will be scheduled in advance at a mutually agreed upon time for such period of time as is reasonably necessary to complete the Services. Equipment not made available at the specified time will be serviced at the next scheduled service inspection unless specific arrangements are made with Stryker. Such arrangements will include travel and other special charges at Stryker's then current rates.

4. INSPECTION ACTIVITY

On each scheduled service inspection, Stryker's Service Representative will inspect each available item of Equipment as required in accordance with Stryker's then current Maintenance procedures for said Equipment. If there is any discrepancy or questions on the number of inspections, price, or Equipment, Stryker may amend this Agreement.

5. CUSTOMER OBLIGATIONS

Customer shall use commercially reasonable efforts to cooperate with Stryker in connection with Stryker's performance of the Services. Customer understands and acknowledges that Stryker employees will not provide surgical or medical advice, will not practice surgery or medicine, will not come in physical contact with the patient, will not enter the "sterile field" at any time, and will not direct equipment or instruments that come in contact with the patient during surgery. Customer's personnel will refrain from requesting Stryker employees to take any actions in violation of these requirements or in violation of applicable laws, rules or regulations, Customer policies, or the patient's informed consent. A refusal by Stryker employees to engage in such activities shall not be a breach of this Agreement. Customer consents to the presence of Stryker employees in its operating rooms, where applicable, in order for Stryker to provide Services under this Agreement and represents that it will obtain all necessary consents from patients.

6. SERVICE INVOICING

Invoices will be sent on the agreed payment method. All prices are exclusive of state and local use, sales or similar taxes. In states assessing upfront sales and use tax, Customer's payments will be adjusted to include all applicable sales and use tax amortized over the Service Plan term using a rate that preserves for Stryker, its affiliates and /or assigns, the intended economic yield for the transaction described in this Agreement. All invoices issued under this Agreement are to be paid within thirty (30) days of the date of the invoice. Failure to comply with Net 30 Day terms will constitute breach of contract and future Service will only be made on a prepaid or COD basis, or until the previous obligation is satisfied, or both. Stryker reserves the right, with no liability to Stryker, to cancel any contract on the basis of payment default for any previous equipment or service provided by Stryker or any of its affiliates.

7. PRICE CHANGES

The Service prices specified herein are those in effect as of the date of acceptance of this Agreement and will continue in effect throughout the term of the Service Plan.

8. INITIAL INSPECTION

This Agreement shall be applicable only to such Equipment as listed in Exhibit A, which has been determined by a Stryker's Representative to be in good operating condition upon his/her initial inspection thereof.

9. OPERATION MAINTENANCE

Stryker's Services are ancillary to and not a complete substitute for the requirements of Customer to adhere to the routine maintenance instructions provided by Stryker, it's Equipment and operations manuals, and accompanying labels and/or inserts for each item of Equipment. Customer's appropriate user personnel should be entirely familiar with the instructions and contents of those manuals, labels and inserts and implement them accordingly.

10. SERVICE PLAN WARRANTY AND LIMITATIONS

Stryker represents and warrants that the Services shall be performed in a workmanlike manner and with professional diligence and skill. Services will comply with all applicable laws and regulations. During the term of the Service Plan, Stryker will maintain the Equipment in good working condition. Notwithstanding any other provision of this Agreement, the Service Plan does not include repairs or other services made necessary by or related to, the following: (1) abnormal wear or damage caused by misuse or by failure to perform normal and routine maintenance as set out in the Stryker maintenance manual or operating instructions. (2) accidents (3) catastrophe (4) acts of god (5) any malfunction resulting from faulty maintenance, improper repair, damage and/or alteration by non-Stryker authorized personnel (6) Equipment on which any original serial numbers or other identification marks have been removed or destroyed; or (7) Equipment that has been repaired with any unauthorized or non-Stryker components. In addition, in order to ensure safe operation of the Equipment, only Stryker accessories should be used. Stryker reserves the right to invalidate the Service Plan if Equipment is used with accessories not manufactured by Stryker.

TO THE FULLEST EXTENT PERMITTED BY LAW, THE EXPRESS WARRANTIES SET FORTH IN THIS SECTION ARE THE ONLY WARRANTIES APPLICABLE TO THE SERVICES AND ARE EXPRESSLY IN LIEU OF ANY OTHER WARRANTY BY STRYKER, EXPRESSED OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTY OF MERCHANTABILITY, NONINFRINGEMENT OR FITNESS FOR A PARTICULAR PURPOSE.

11. WAIVER EXCLUSIONS

No failure to exercise and no delay by Stryker in exercising any right, power or privilege hereunder shall operate as a waiver thereof. No waiver of any breach of any provision by Stryker shall be deemed to be a waiver by Stryker of any preceding or succeeding breach of the same or any other provision. No extension of time by Stryker for performance of any obligations or other acts hereunder or under any other Agreement shall be deemed to be an extension of time for performances of any other obligations or any other acts by Stryker.

12. LIMITATION OF LIABILITY

EXCEPT FOR THIRD PARTY DAMAGES RELATED TO STRYKER'S INDEMNITY OBLIGATIONS UNDER SECTION 13, STRYKER'S LIABILITY ARISING UNDER THIS AGREEMENT WILL NOT EXCEED THE AMOUNT OF SERVICE FEES PAID DURING THE TWELVE (12) MONTH PERIOD IMMEDIATELY PRECEDING THE DATE THE CLAIM AROSE. IN NO INSTANCE WILL STRYKER BE LIABLE TO CUSTOMER FOR INCIDENTAL, PUNITIVE, SPECIAL, COVER, EXEMPLARY, MULTIPLIED OR CONSEQUENTIAL DAMAGES OR ATTORNEYS' FEES OR COSTS FOR ANY ACTIONS UNDER OR RELATED TO THIS AGREEMENT.

13. INDEMNIFICATION

Stryker shall indemnify and hold harmless Customer from any loss or damage brought by a third party which Customer may suffer directly as a result of the gross negligence or willful misconduct of Stryker or its employees or agents in the course of providing Services. The foregoing indemnification will not apply to any liability arising from: (i) an injury or damage due to the negligence of any person other than Stryker's employee or agent; (ii) the failure of any person other than Stryker's employee or agent to follow any instructions outlined in the labeling, manual, and/or instructions for use of the Equipment; (iii) the use of any equipment or part not purchased from Stryker or any equipment or any part thereof that has been modified, altered or repaired by any person other than Stryker's employee or agent; or (iv) any actions taken or omissions made by any Stryker employee while under the direction or control of Customer's staff. Customer agrees to hold Stryker harmless from and indemnify Stryker for any claims or losses or injuries arising from (i)-(iv) above resulting from Customer's or its employees' or agents' actions.

14. TERM AND TERMINATION

The Agreement shall commence on the date indicated on the first Service Plan entered into between the parties and shall continue until Stryker ceases to provide Services or the Agreement is canceled by either party by giving a ninety (90) days prior written notice of any such cancellation to the other party. If this Agreement is canceled during or before the expiration date of the Agreement, Customer will owe for the months covered up to the cancellation date of the Agreement and for any parts, labor, and travel charges, required to maintain Equipment, exceeding that already paid during the Agreement. In the event Customer has pre-paid for the services hereunder, any unused amount as of the date of cancellation shall be returned to the Customer on a pro-rata basis.

15. FORCE MAJEURE

Except for Customer's payment obligations, which may only be delayed and not excused entirely, neither party to this Agreement will be liable for any delay or failure of performance that is the result of any happening or event that could not reasonably have been avoided or that is otherwise beyond its control, provided that the party hindered or delayed immediately notifies the other party describing the circumstances causing delay. Such happenings or events will include, but not be limited to, terrorism, acts of war, riots, civil disorder, rebellions, fire, flood, earthquake, explosion, action of the elements, acts of God, inability to obtain or shortage of material, equipment or transportation, governmental orders, restrictions, priorities or rationing, accidents and strikes, lockouts or other labor trouble or shortage.

16. INSURANCE REQUIREMENTS

Stryker shall maintain the following insurance coverage during the term of the Agreement: (i) commercial general liability coverage, including coverage for products and completed operations liability, with minimum limits of $1,000,000.00 per occurrence and $2,000,000.00 annual aggregate applying to bodily injury, personal injury, and property damage; (ii) automobile liability insurance with combined single limits of $1,000,000.00 for owned, hired, and non-owned vehicles; and (iii) worker's compensation insurance as required by applicable law. At Customer's written request, certificates of insurance shall be provided by Stryker prior to commencement of the Services at any premises owned or operated by Customer. To the extent permitted by applicable laws and regulations, Stryker shall be permitted to meet the above requirements through a program of self-insurance.

17. WARRANTY OF NON-EXCLUSION

Each party represents and warrants that as of the Effective Date, neither it nor any of its employees, are or have been excluded terminated, suspended, or debarred from a federal or state health care program or from participation in any federal or state procurement or non- procurement programs. Each party further represents that no final adverse action by the federal or state government has occurred or is pending or threatened against the party, its affiliates, or, to its knowledge, against any employee, Stryker, or agent engaged to provide Services under this Agreement. Each party also represents that if during the term of this Agreement it, or any of its employees becomes so excluded, terminated, suspended, or debarred from a federal or state health care program or from participation in any federal or state procurement or non-procurement programs, such will promptly notify the other party. Each party retains the right to terminate or modify this Agreement in the event of the other party's exclusion from a federal or state health care program.

18. COMPLIANCE

Stryker, as supplier, hereby informs Customer, as buyer, of Customer's obligation to make all reports and disclosures required by law or contract, including without limitation properly reporting and appropriately reflecting actual prices paid for each item supplied hereunder net of any discount (including rebates and credits, if any) applicable to such item on Customer's Medicare cost reports, and as otherwise required under the Federal Medicare and Medicaid Anti-Kickback Statute and the regulations thereunder (42 CFR Part 1001.952(h)). Pricing under this Agreement (and each Service Plan) may constitute discounts on the purchase of Services. Customer represents that (i) it shall make all required cost reports, and (ii) it has the corporate power and authority to make or cause such cost reports to be made. To the extent required by law, Customer and Stryker agree to comply with the Omnibus Reconciliation Act of 1980 (P.L. 96Z499) and it's implementing regulations (42 CFR, Part 420). To the extent applicable to the activities of Stryker hereunder, Stryker further specifically agrees that until the expiration of four (4) years after furnishing Services pursuant to this Agreement, Stryker shall make available, upon written request of the Secretary of the Department of Health and Human Services, or upon request of the Comptroller General, or any of their duly authorized representatives, this Agreement and the books, documents and records of Stryker that are necessary to verify the nature and extent of the costs charged to Customer hereunder. Stryker further agrees that if Stryker carries out any of the duties of this Agreement through a subcontract with a value or cost of ten thousand dollars ($10,000) or more over a twelve (12) month period, with a related organization, such subcontract shall contain a clause to the effect that until the expiration of four (4) years after the furnishing of such services pursuant to such subcontract, the related organization shall make available, upon written request to the Secretary, or upon request to the Comptroller General, or any of their duly authorized representatives the subcontract, and books and documents and records of such organization that are necessary to verify the nature and extent of such costs.

19. CONFIDENTIALITY

The parties hereto shall hold in confidence this Agreement and the terms and conditions contained herein (including Services Plan pricing) and any information and materials which are related to the business of the other or are designated as proprietary or confidential, herein or otherwise, or which a reasonable person would consider to be proprietary or confidential information; and (b) hereby covenant that they shall not disclose such information to any third party without prior written authorization of the one to whom such information relates. The rights and remedies available to a party hereunder shall not limit or preclude any other available equitable or legal remedies.

20. HIPAA

Stryker is not a "business associate" of Customer, as the term "business associate" is defined by HIPAA (the Health Insurance Portability and Accountability Act of 1996 and 45 C.F.R. parts 142 and 160-164, as amended). To the extent the parties mutually agree that Stryker becomes a business associate of Customer, the parties agree to negotiate to amend the Service Plan or this Agreement as necessary to comply with HIPAA, and if an agreement cannot be reached the applicable Service Plan will immediately terminate. All medical information and/or data concerning specific patients (including, but not limited to, the identity of the patients), derived incidentally during the course of this Agreement, shall be treated by both parties as confidential, and shall not be released, disclosed, or published to any party other than as required or permitted under applicable laws. Notwithstanding the foregoing, Stryker may be considered a "business associate" of Customers related to any Service Plan for wireless products and/or other designated business associate services. If Stryker is considered a "business associate" of Customer, Stryker will agree to enter into a business associate agreement with Customer as required by HIPAA.

21. MISCELLANEOUS

Neither party may assign or transfer their rights and/or benefits under this Agreement without the prior written consent of the other party, except that Stryker shall have the right to assign this Agreement or any rights under or interests in this Agreement to any parent, subsidiary or affiliate of Stryker. All of the terms and provisions of this Agreement shall be binding upon, shall inure to the benefit of, and be enforceable by permitted successors and assigns of the parties to this Agreement. This Agreement shall be construed and interpreted in accordance with the laws of the State of Michigan. The invalidity, in whole or in part, of any of the foregoing paragraphs, where determined to be illegal, invalid, or unenforceable by a court or authority of competent jurisdiction, will not affect or impair the enforceability of the remainder of the Agreement. This Agreement constitutes the entire agreement between the parties concerning the subject matter of this Agreement and supersedes all prior negotiations and agreements between the parties concerning the subject matter of this Agreement. In the event of an inconsistency or conflict between this Agreement and any purchase order, invoice, or similar document, this Agreement will control. Any inconsistency or conflict between the terms of this Agreement and a Service Plan shall be resolved in factor of the Service Plan. The sections entitled Limitation of Liability, Indemnification, Compliance, Confidentiality and Miscellaneous of this Agreement shall survive its termination or expiration.

22. MAINTENANCE INSPECTION

This service contract may include products which are beyond their warranty period and tested expected service life. Any such product will be inspected to determine if the product meets the operations and maintenance manual guidelines for that particular product as of the date of inspection. Despite any such inspection, Stryker makes no claims or assurances as to future performance, including no express or implied warranty, for any product which was inspected outside of its warranty period or beyond its tested expected service life.

Purchase Order Form

Account Manager _____

Cell Phone _____

Purchase Order Date _____

Expected Delivery Date _____

Stryker Quote Number 200327135637

Check box if Billing same as Shipping ☐

BILL TO	CUSTOMER #
Billing Account Num	0
Company Name	
Contact or Department	
Street Address	
Addt'l Address Line	
City, ST ZIP	
Phone	

SHIP TO	CUSTOMER #
Shipping Account Num	1338223
Company Name	Glenpool FD
Contact or Department	Paul Newton
Street Address	14536 S Elwood Ave
Addt'l Address Line	
City, ST ZIP	Glenpool, OK 74033
Phone	(918) 322-2172

Authorized Customer Initials _____

Authorized Customer Initials _____

DESCRIPTION	QTY	TOTAL
REFERENCE QUOTE		

Accounts Payable Contact Information

Name _____

Email _____

Phone _____

Stryker Terms and Conditions
www.strykeremergencycare.com/terms

Authorized Customer Signature

Printed Name _____

Title _____

Signature _____

Date _____

Attachment **Stryker Quote Number** 200327135637

*Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services on the Stryker Quote.

As of March 2020

LIFEPAK® 15 service

Stryker has been notified by our global parts providers that some components used on certain LIFEPAK 15 monitor/defibrillator models (Part Numbers beginning with V15-2) are no longer available in the market. Service on the LIFEPAK 15 with Part Number beginning with v15-5 or v15-7 is unaffected.

Stryker will continue to offer service support for this subset of the LIFEPAK 15 as follows:

- All service parts with available inventory can be purchased by our end users

- Transactional service (time and material) is available for non-contract customers
    - o If a component has failed on your device, your local Sales Representative should be contacted for support

- Contractual service
    - o Stryker will continue to offer contractual service on a yearly basis only

    - o Preventive maintenance will continue to be done on devices less than eight (8) years old. After this point, we will cease to conduct preventative maintenance and shift to device inspections

    - o If a component fails on your device, please contact your local Sales Representative for support. A pro-rated credit for any pre-paid service will be provided should a unit become non-serviceable due to part availability

It is important to note that the LIFEPAK 15 has an expected life of eight (8) years from the date of manufacture. If you are uncertain of the manufacture date of your products, please contact your local Sales Representative for a full fleet assessment.

We want to ensure the highest quality products and services for our customers. As such, it is important to know that Stryker is the only FDA-approved service provider for our products. We do not contract with third party service providers, nor will we be providing them with any additional parts for these repairs. As such, we cannot guarantee the safety and efficacy of any device that is repaired by a third-party service agency.

GEMS
Glenpool Area Medical Service District
Glenpool, Oklahoma

To: HONORABLE CHAIRMAN AND GEMS DISTRICT BOARD MEMBERS

From: JOHN GONSALVES, DISTRICT TREASURER

Date: June 01, 2020

Subject: Approval of Purchase Order Receiving Report and Payment Claims as of 5/26/2020 totaling $22,246.32

Background:
A purchase order receiving report and a list of claims to be paid is presented to the Board monthly for approval.

Staff Recommendation:
Staff recommends a motion to accept the PO Receipt Register report dated 5/26/2020 and approve the following payments:

P.O. #	ACCOUNT	VENDOR	DESCRIPTION	INV #	AMOUNT
20-10565	31-6-01-6210	Centurion Health System	June Ambulance Service	2319	$15,000.00
20-10561	31-6-01-6101	Susan White	District Administration	4063	208.33
20-10564	31-6-01-6101	Lowell Peterson	District Attorney	3013	208.33
20-10563	31-6-01-6101	Wendy Knight	District Clerk	5093	208.33
20-10562	31-6-01-6101	John Gonsalves	District Treasurer	2013	208.33
20-10566	31-6-01-6225	City of Glenpool	1ST RESPONDER March	202005266517	6,413.00
				Total	$22,246.32

Attachments:
1. Purchase Order Claims Register dated 5/26/2020 totaling $22,246.32
2. PO Receipt Register dated 5/26/2020 totaling $22,246.32
3. Purchase Orders and Invoices totaling $22,246.32

12205 S. Yukon, Glenpool, OK 74033 • OFFICE: 918-209-4630 FAX: 918-209-4626

5/26/2020 12:13 PM P O R E C E I P T R E G I S T E R PAGE: 1
SEQUENCE: VENDOR NUMBER AUDIT REPORT DETAIL LEVEL: INVOICE

VENDOR NAME / INVOICE	POST DATE	BANK	INVOICE AMOUNT	VENDOR TOTAL
31-000000 SUSAN WHITE				208.33
5093	5/26/2020	31	208.33	
31-000001 JOHN GONSALVES				208.33
2013	5/26/2020	31	208.33	
31-000002 WENDY KNIGHT				208.33
5093	5/26/2020	31	208.33	
31-000003 LOWELL PETERSON				208.33
3013	5/26/2020	31	208.33	
31-000004 CENTURION HEALTH SYSTEMS,DBA M				15,000.00
2319	5/10/2020	31	15,000.00	
31-000005 CITY OF GLENPOOL - GEMS				6,413.00
202005266517	5/26/2020	31	6,413.00	
		TOTALS	22,246.32	22,246.32

APPROVED

By

_____

Tim Fox, Chairman

May 26, 2020

PO TOTALS BY G/L ACCOUNT

YEAR	ACCOUNT	NAME	ITEMS	AMOUNT	LINE ITEM ANNUAL BUDGET	LINE ITEM BUDGET AVAILABLE	LINE ITEM OVER BUDG	GROUP BUDGET ANNUAL BUDGET	GROUP BUDGET AVAILABLE	GROUP BUDGET OVER BUDG
2019-2020	31-6-01-6101	SALARIES & WAGES	4	833.32	10,000	0.16				
	31-6-01-6210	AMBULANCE CONTRACT	1	15,000.00	180,000	0.00				
	31-6-01-6225	FIRST RESPONDER/ADMIN F	1	6,413.00	90,566	566.00				
	** 19-20 YEAR TOTALS **			22,246.32						

NO ERRORS

NO WARNINGS

P U R C H A S E O R D E R
CITY OF GLENPOOL,OK
Email invoices: AP@cityofglenpool.com
Subject line must include PO and Vendor name or emails will be rejected

PURCHASE ORDER # 20-10565 02/27/2020

ISSUED TO: VEND #: 31-000004
CENTURION HEALTH SYSTEMS,D
MERCY REGIONAL OKLAHOMA
9106 N GARNET RD
OWASSO, OK 74055

SHIP TO:
GEMS
14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

02/27/2020

PURCHASING OFFICER DATE

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION.

02/27/2020

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	AMBULANCE SVC 2/1/20-6/30/20 AMBULANCE SVC 2/1/20-6/30/20		00024120	31 -6-01-6210		0.00	60,000.00 *

2319 = 15,000. cc

June 2020

Partial Payment 15,000. cc

** TOTAL ** 60,000.00

*** APPROVAL FOR PURCHASE ***

I HEREBY CERTIFY THAT THE MERCHANDISE AND/OR SERVICES DESCRIBED ABOVE HAVE BEEN SATISFACTORILY RECEIVED AND THAT THIS PURCHASE ORDER IS NOW A TRUE AND JUST DEBT OF THIS CITY. THIS PURCHASE ORDER IS APPROVED FOR PAYMENT IN THE AMOUNT INDICATED ABOVE.

OFFICER OR DEPARTMENT HEAD IN CHARGE 5/26/20 DATE

62 O.S. SECTION 310.9 AND 74 O.S. SECTION 3109, PROVIDES THAT THE VEDOR'S SUBMISSION OF AN INVOICE OR ACCEPTANCE OF PAYMENT PURSUANT TO THIS PURCHASE CONSTITUTES A STATEMENT BY THE VENDOR THAT THE INVOICE OR CLAIM IS TRUE AND CORRECT. THE WORK, SERVICES OR MATERIALS AS SHOWN BY THE INVOICE OR CLAIM HAVE BEEN COMPLETED OR SUPPLIED IN ACCORDANCE WITH THE PLANS, SPECIFICATIONS, ORDERS OR REQUESTS FURNISHED THE VENDOR, AND THE VENDOR HAS MADE NO PAYMENT, DIRECTLY OR INDIRECTLY, TO ANY ELECTED OFFICIAL, OFFICER OR EMPLOYEE OF THIS STATE OR ANY COUNTY OR POLITICAL SUBDIVISION OF THE STATE OF MONEY OR ANY OTHER THING OF VALUE TO OBTAIN PAYMENT. ANY VENDOR WHO SUBMITS AND INVOICE OR ACCEPTS PAYMENT PURSUANT TO THIS PURCHASE ORDER SHALL BE DEEMED TO ADOPT AND AFFIRM THE STATEMENT CONTAINED IN THIS PURCHASE ORDER UNLESS THE VENDOR STATES ON THE INVOICE THAT THE STATEMENT IS INCORRECT IN WHOLE OR IN PART; AND THE CITY OF GLENPOOL OR ITS RELATED ENTITIES AS THEIR INTEREST MAY APPEAR, MAY RECOVER FROM THE VENDOR THE FULL AMOUNT PAID PURSUANT TO THE PURCHASE ORDER IF THE STATEMENT ADOPTED AND AFFIRMED BY THE VENDOR IS FALSE.

THE VENDOR SHALL FURNISH ITEMIZED INVOICE WHICH STATES THE VENDOR'S NAME AND ADDRESS. A CLEAR DESCRIPTION OF EACH ITEM PURCHASED IT'S PRICE, THE NUMBER OR VOLUME OF EACH ITEM, ITS TOTAL PRICE, THE TOTAL OF THE PURCHASE, AND DATE OF THE PURCHASE.

Mercy Regional Oklahoma

P.O. Box 2398
Owasso, OK 74055

Invoice

Date	Invoice #
5/10/2020	2319

Bill To
Glenpool City Accounts Payable 12205 S Yukon Ave Glenpool, Ok 74033

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	ALS Ambulance Subsidy for June 2020	15,000.00	15,000.00

Total $15,000.00

Phone #	Fax #
9186095800	918-609-5799

P U R C H A S E O R D E R

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected

PURCHASE ORDER # 20-10561 02/27/2020

ISSUED TO:
SUSAN WHITE
210 SOUTH OAK GROVE ROAD
CUSHING, OK 74023

VEND #: 31-000000

SHIP TO:
GEMS
14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

02/27/2020

PURCHASING OFFICER DATE

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION.

02/27/2020

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS CONTRACT SVC 19-20 GEMS CONTRACT SVC 19-20		00024116	31 -6-01-6101		0.00	1,041.65 *

May Invoice

Partial Payment $ 208.33

** TOTAL ** 1,041.65

*** APPROVAL FOR PURCHASE ***

I HEREBY CERTIFY THAT THE MERCHANDISE AND/OR SERVICES DESCRIBED ABOVE HAVE BEEN SATISFACTORILY RECEIVED AND THAT THIS PURCHASE ORDER IS NOW A TRUE AND JUST DEBT OF THIS CITY. THIS PURCHASE ORDER IS APPROVED FOR PAYMENT IN THE AMOUNT INDICATED ABOVE.

OFFICER OR DEPARTMENT HEAD IN CHARGE 5/26/20 DATE

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THE VENDOR SHALL FURNISH ITEMIZED INVOICE WHICH STATES THE VENDOR'S NAME AND ADDRESS. A CLEAR DESCRIPTION OF EACH ITEM PURCHASED IT'S PRICE, THE NUMBER OR VOLUME OF EACH ITEM, ITS TOTAL PRICE, THE TOTAL OF THE PURCHASE, AND DATE OF THE PURCHASE.

INVOICE

Susan White
12205 S Yukon Ave.
Glenpool, OK 74033
Phone: 918-322-3403
Email:

INVOICE #: 4063
DATE: 5/30/2020

TO:
Glenpool Emergency Medical Service
12205 S. Yukon Ave.
Glenpool, OK 74033
Phone:918-209-4633 | Email: AP@cityofglenpool.com

P.O. #: 20-10561

Description	Amount
Contract Fees & Services May 2020	$208.33

Total **$208.33**

If you have any questions concerning this invoice, Darrell Colbert / 918-209-4633 / Email: dcolbert@cityofglenpool.com

P U R C H A S E O R D E R

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected

PURCHASE ORDER # 20-10564 02/27/2020

ISSUED TO: VEND #: 31-000003

LOWELL PETERSON
19732 S. 145TH W. AVE.
SAPULPA, OK 74066

SHIP TO:

GEMS
14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

02/27/2020

PURCHASING OFFICER DATE

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION.

02/27/2020

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS CONTRACT SVC 19-20 GEMS CONTRACT SVC 19-20		00024119	31 -6-01-6101		0.00	1,041.65 *

May Invoice

Partial Payment $ 208.33

** TOTAL ** 1,041.65

*** APPROVAL FOR PURCHASE ***

I HEREBY CERTIFY THAT THE MERCHANDISE AND/OR SERVICES DESCRIBED ABOVE HAVE BEEN SATISFACTORILY RECEIVED AND THAT THIS PURCHASE ORDER IS NOW A TRUE AND JUST DEBT OF THIS CITY. THIS PURCHASE ORDER IS APPROVED FOR PAYMENT IN THE AMOUNT INDICATED ABOVE.

OFFICER OR DEPARTMENT HEAD IN CHARGE 5/26/20 DATE

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INVOICE

Lowell Peterson
12205 S Yukon Ave.
Glenpool, OK 74033
Phone: 918-322-3403
Email:

INVOICE #: 3013
DATE: 5/30/2020

4TO:
Glenpool Emergency Medical Service
12205 S. Yukon Ave.
Glenpool, OK 74033
Phone:918-209-4633 | Email: AP@cityofglenpool.com

P.O. #: 20-10564

Description	Amount
Contract Fees & Services May 2020	$208.33

Total **$208.33**

If you have any questions concerning this invoice, Darrell Colbert / 918-209-4633 / Email: dcolbert@cityofglenpool.com

P U R C H A S E O R D E R

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected

PURCHASE ORDER # 20-10563 02/27/2020

ISSUED TO:
WENDY KNIGHT
P.O. BOX 2434
CLAREMORE, OK 74018

VEND #: 31-000002

SHIP TO:
GEMS
14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

02/27/2020

PURCHASING OFFICER DATE

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION.

02/27/2020

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS CONTRACT SVC 19-20 GEMS CONTRACT SVC 19-20		00024118	31 -6-01-6101		0.00	1,041.65 *

May Invoice

Partial Payment $ 208.33

** TOTAL ** 1,041.65

*** APPROVAL FOR PURCHASE ***

I HEREBY CERTIFY THAT THE MERCHANDISE AND/OR SERVICES DESCRIBED ABOVE HAVE BEEN SATISFACTORILY RECEIVED AND THAT THIS PURCHASE ORDER IS NOW A TRUE AND JUST DEBT OF THIS CITY. THIS PURCHASE ORDER IS APPROVED FOR PAYMENT IN THE AMOUNT INDICATED ABOVE.

OFFICER OR DEPARTMENT HEAD IN CHARGE 5/26/20 DATE

62 O.S. SECTION 310.9 AND 74 O.S. SECTION 3109, PROVIDES THAT THE VEDOR'S SUBMISSION OF AN INVOICE OR ACCEPTANCE OF PAYMENT PURSUANT TO THIS PURCHASE CONSTITUTES A STATEMENT BY THE VENDOR THAT THE INVOICE OR CLAIM IS TRUE AND CORRECT. THE WORK, SERVICES OR MATERIALS AS SHOWN BY THE INVOICE OR CLAIM HAVE BEEN COMPLETED OR SUPPLIED IN ACCORDANCE WITH THE PLANS, SPECIFICATIONS, ORDERS OR REQUESTS FURNISHED THE VENDOR, AND THE VENDOR HAS MADE NO PAYMENT, DIRECTLY OR INDIRECTLY, TO ANY ELECTED OFFICIAL, OFFICER OR EMPLOYEE OF THIS STATE OR ANY COUNTY OR POLTICAL SUBDIVISION OF THE STATE OF MONEY OR ANY OTHER THING OF VALUE TO OBTAIN PAYMENT. ANY VENDOR WHO SUBMITS AND INVOICE OR ACCEPTS PAYMENT PURSUANT TO THIS PURCHASE ORDER SHALL BE DEEMED TO ADOPT AND AFFIRM THE STATEMENT CONTAINED IN THIS PURCHASE ORDER UNLESS THE VENDOR STATES ON THE INVOICE THAT THE STATEMENT IS INCORRECT IN WHOLE OR IN PART; AND THE CITY OF GLENPOOL OR ITS RELATED ENTITIES AS THEIR INTEREST MAY APPEAR, MAY RECOVER FROM THE VENDOR THE FULL AMOUNT PAID PURSUANT TO THE PURCHASE ORDER IF THE STATEMENT ADOPTED AND AFFIRMED BY THE VENDOR IS FALSE.

THE VENDOR SHALL FURNISH ITEMIZED INVOICE WHICH STATES THE VENDOR'S NAME AND ADDRESS. A CLEAR DESCRIPTION OF EACH ITEM PURCHASED IT'S PRICE, THE NUMBER OR VOLUME OF EACH ITEM, ITS TOTAL PRICE, THE TOTAL OF THE PURCHASE, AND DATE OF THE PURCHASE.

INVOICE

Wendy Knight
12205 S Yukon Ave.
Glenpool, OK 74033
Phone: 918-322-3403
Email:

INVOICE #: 5093
DATE: 5/30/2020

TO:
Glenpool Emergency Medical Service
12205 S. Yukon Ave.
Glenpool, OK 74033
Phone:918-209-4633 | Email: AP@cityofglenpool.com

P.O. #: 20-10563

Description	Amount
Contract Fees & Services May 2020	$208.33

Total **$208.33**

If you have any questions concerning this invoice, Darrell Colbert / 918-209-4633 / Email: dcolbert@cityofglenpool.com

P U R C H A S E O R D E R

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected

PURCHASE ORDER # 20-10562 02/27/2020

ISSUED TO:
JOHN GONSALVES
3034 W. 69TH PL
TULSA, OK 74132

VEND #: 31-000001

SHIP TO:
GEMS
14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

02/27/2020

PURCHASING OFFICER DATE

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION.

02/27/2020

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS CONTRACT SVC 19-20 GEMS CONTRACT SVC 19-20		00024117	31 -6-01-6101		0.00	1,041.65 *

May Invoice

Partial Payment # 208.33

** TOTAL ** 1,041.65

*** APPROVAL FOR PURCHASE ***

I HEREBY CERTIFY THAT THE MERCHANDISE AND/OR SERVICES DESCRIBED ABOVE HAVE BEEN SATISFACTORILY RECEIVED AND THAT THIS PURCHASE ORDER IS NOW A TRUE AND JUST DEBT OF THIS CITY. THIS PURCHASE ORDER IS APPROVED FOR PAYMENT IN THE AMOUNT INDICATED ABOVE.

OFFICER OR DEPARTMENT HEAD IN CHARGE 5/26/20 DATE

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THE VENDOR SHALL FURNISH ITEMIZED INVOICE WHICH STATES THE VENDOR'S NAME AND ADDRESS. A CLEAR DESCRIPTION OF EACH ITEM PURCHASED IT'S PRICE, THE NUMBER OR VOLUME OF EACH ITEM, ITS TOTAL PRICE, THE TOTAL OF THE PURCHASE, AND DATE OF THE PURCHASE.

INVOICE

John Gonsalves
12205 S Yukon Ave.
Glenpool, OK 74033
Phone: 918-322-3403
Email:

INVOICE #: 2013
DATE: 5/30/2020

531TO:
Glenpool Emergency Medical Service
12205 S. Yukon Ave.
Glenpool, OK 74033
Phone:918-209-4633 | Email: AP@cityofglenpool.com

P.O. #: 20-10562

Description	Amount
Contract Fees & Services May 2020	$208.33

Total **$208.33**

If you have any questions concerning this invoice, Darrell Colbert / 918-209-4633 / Email: dcolbert@cityofglenpool.com

P U R C H A S E O R D E R

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected

PURCHASE ORDER # 20-10566 02/27/2020

ISSUED TO:
CITY OF GLENPOOL - GEMS
12205 S YUKON AVE.
GLENPOOL, OK 74033

VEND #: 31-000005

SHIP TO:
GEMS
14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

02/27/2020

PURCHASING OFFICER DATE

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION.

02/27/2020

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	1ST RESPONDER/ADMIN FEES 19-20 1ST RESPONDER/ADMIN FEES 19-20		00024121	31 -6-01-6225		0.00	36,735.00 *

April Invoice

Partial Payment 6,413.00

** TOTAL ** 36,735.00

*** APPROVAL FOR PURCHASE ***

I HEREBY CERTIFY THAT THE MERCHANDISE AND/OR SERVICES DESCRIBED ABOVE HAVE BEEN SATISFACTORILY RECEIVED AND THAT THIS PURCHASE ORDER IS NOW A TRUE AND JUST DEBT OF THIS CITY. THIS PURCHASE ORDER IS APPROVED FOR PAYMENT IN THE AMOUNT INDICATED ABOVE.

OFFICER OR DEPARTMENT HEAD IN CHARGE 5/26/20 DATE

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City Of Glenpool
Creating Opportunity

INVOICE

CITY OF GLENPOOL
12205 S. YUKON AVE..
GLENPOOL, OK 74033
PHONE (918)322-5409

TREASURER
GEMS-
12205 S YUKON AVE
GLENPOOL OK 74033

Customer Number: 01-0172
Invoice Number: 202005266517
Invoice Date: 5/26/2020
Due Date: 6/25/2020
P.O. # : 20-10566

ITEM DESCRIPTION	UNITS	TYPE	PRICE	AMOUNT
GEMS REIMBURSEMENT	N/A	MONTH	N/A	6,413.00

APRIL INVOICE

********THANK YOU*********	**TOTAL DUE**	$6,413.00

FY19-20 GEMS Admin/First Responder Reimbursements
BLANKET PO 20-10566

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total Runs	@ $93/run
Total Runs	**120**	**113**	**130**	**111**	**144**	**115**	**142**	**119**	**134**	**92**	**0**	**0**	1220	
Fire runs	25	29	29	28	37	30	37	23	35	26			299	
EMR runs	95	84	101	83	107	85	105	96	99	66			921	$ 77,364
EMR Ratio	79%	74%	78%	75%	74%	74%	74%	81%	74%	72%	#DIV/0!	#DIV/0!	75%	
Run Rate	$ 93	$ 93	$ 93	$ 93	$ 93	$ 93	$ 93	$ 93	$ 93	$ 93	$ 93	$ 93		
Admin	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 3,300	$ 3,300
Overtime	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total	**$ 9,110**	**$ 8,087**	**$ 9,668**	**$ 7,994**	**$ 10,226**	**$ 8,180**	**$ 10,040**	**$ 9,203**	**$ 9,482**	**$ 6,413**	**$ 275**	**$ 275**	**$ 88,953**	**$ 80,664**

Glenpool Fire Department Operations April 2020

Run Type		# of Calls	Totals Calls
EMS Runs		66	92
Fire Runs		26	
Overlapping		10	
By District:	D1	29	
	D2	9	
	D3	35	
	D4	19	
	MA	0