

**Faulkner County
American Rescue Plan / Coronavirus State and Local
Fiscal Recovery Funds Application**

Organizational information:

Name or organization: Faulkner County Coroner's Office
Physical address: 3150 Cimarron Drive, Conway, AR 72032
Mailing address: _____
Email: Faulknercountycoroner@yahoo.com
Phone: 501-450-9200

CEO or Executive Director information:

Name: _____
Email: _____
Phone: _____
Brief qualifications statement: _____

Financial Officer or Director information:

Name: _____
Email: _____
Phone: _____
Brief qualifications statement: _____

Who is the contact person for this application?

Name: Jessica Freeman
Email: faulknercountycoroner@yahoo.com
Phone: 501-581-7691

Entity type or IRS registration: (501(c)3, LLC, sole proprietorship, etc.)

Brief history of the organization:

The Faulkner County Coroner's Office is in charge of investigating unattended deaths within the county as well as deaths that maybe a result of an accident, homicide, suicide, or sudden unexplained infant deaths. Two things must be determined by these investigations the cause and manner of death.

About your request:

5. Please indicate under which category of eligibility under ARPA your organization is applying:

- **Public Health and Economic Impacts – Responding to COVID-19**
- Public Health and Economic Impacts – Responding to Negative Economic Impacts
- Investments in Infrastructure – Water and Sewer
- Investments in Infrastructure – Broadband

6. Briefly and clearly state how your project responds to the COVID-19 crisis:

Our office is responsible for responding to all Covid-19 deaths in the county.

7. Does your project have a county-wide impact? If so, please describe.

Yes, we respond to all reported deaths in the county, and have to have communications with the dispatch center and law enforcement agencies.

8. Please describe your project including the following information (in any order): What will this project accomplish? How will those goals be measured? How do these goals relate to the goals of the American Rescue Plan Act (ARPA)?

It will allow interoperability with all agencies in the county. It will also allow us to replace old outdated radios that we are currently trying to rely on for communications.

9. Please attach a project budget. If the project includes construction or third-party services, please provide their estimates. See attached.

10. Are other funds part of the budget besides ARPA funds? If so, please list other sources of funding and a copy of their funding commitment, if available.

N/A

11. Please describe the organization's financial management practices that will ensure audit compliance.

The Faulkner County Coroner's Office will take part in making sure that all radios are maintained and inventoried by these funds. The Coroner's office will provide documentation of how the money was spent.

12. What is the total dollar amount that is being requested from Faulkner County?

54,640.96

13. Have you received other ARPA or CARES Act funds? If so, how much have you received?

No

Financial information:

1. Have you received other state or federal grant funds in the past three years? If so, list the grant name, the organization from whom it was received, the amount of funding received, and the status of the grant expenditure. **NO**

2. Please Attach your organization's audits from 2019, 2020, and 2021 if available. **N/A**

3. What is your organization's annual budget? Please attach a copy of your 2020, 2021, and 2022 budgets.

4. The applicant certifies that any funds received through this Faulkner County granting program are fully subject to federal regulations and affirms that the funds will be properly spent in compliance with the American Rescue Plan Act of 2021. The applicant further affirms that financial controls are in place such that each expenditure under the grant will be fully documented and that such documentation will be open to the public and submitted to the County for audit. The applicant understands that all aspects of their use of the grant are open to the public and subject to the Freedom of Information Act. **Yes**

Authorized Representative: The signature indicates that I have been authorized to submit an application requesting funding for the proposed project and to the best of my knowledge and belief, all data contained in this application is true and correct. If the application is approved for funding, I am authorized to sign any applicable documents on behalf of the applicant.

Jessica C. Freeman

Type Name

Jessica C. Freeman

Signature

Coroner

Title

09/28/2022

Date

of Date amended

When completed return by mail or drop-off
to: Faulkner County Judge's Office
801 Locust Street
Conway, AR 72034



FAULKNER COUNTY OFFICE OF THE CORONER

APX 1500 | APX 6000 Quote

09/26/2022

09/26/2022

FAULKNER COUNTY OFFICE OF THE CORONER
3150 CIMARRON DR
CONWAY, AR 72032

RE: Motorola Quote for APX 1500 | APX 6000 Quote
Dear Jessica Freeman,

Motorola Solutions is pleased to present FAULKNER COUNTY OFFICE OF THE CORONER with this quote for quality communications equipment and services. The development of this quote provided us the opportunity to evaluate your requirements and propose a solution to best fulfill your communications needs.

This information is provided to assist you in your evaluation process. Our goal is to provide FAULKNER COUNTY OFFICE OF THE CORONER with the best products and services available in the communications industry. Please direct any questions to Kimberly Hillestad at khillestad@motorolaapss.com.

We thank you for the opportunity to provide you with premier communications and look forward to your review and feedback regarding this quote.

Sincerely,

Kimberly Hillestad
Senior Account Executive | Grant Coordinator

Motorola Solutions Manufacturer's Representative

Billing Address:
 FAULKNER COUNTY OFFICE
 OF THE CORONER
 3150 CIMARRON DR
 CONWAY, AR 72032
 US

Quote Date:09/26/2022
 Expiration Date:12/25/2022
 Quote Created By:
 Kimberly Hillestad
 Senior Account Executive | Grant
 Coordinator
 khillestad@motorolaapss.com
 5016175902

End Customer:
 FAULKNER COUNTY OFFICE OF THE
 CORONER
 Jessica Freeman
 faulknercountycoroner@yahoo.com
 (501) 450-9200

Line #	Item Number	Description	Qty	List Price	Sale Price	Ext. Sale Price
APX™ 1500 Enhanced						
1	M36URS9PW1BN	APX1500 ENHANCED 7/800 MHZ MOBILE	4	\$1,858.00	\$1,356.34	\$5,425.36
1a	G24AX	ENH: 3 YEAR ESSENTIAL SVC	4	\$145.00	\$145.00	\$580.00
1b	QA01648AA	ADD: HW KEY SUPPLEMENTAL DATA	4	\$6.00	\$4.38	\$17.52
1c	GA00235AA	ADD: NO GPS ANTENNA NEEDED APX	4	\$0.00	\$0.00	\$0.00
1d	G66BF	ADD: DASH MOUNT O2 APXM	4	\$138.00	\$100.74	\$402.96
1e	GA00580AA	ADD: TDMA OPERATION	4	\$495.00	\$361.35	\$1,445.40
1f	B18CR	ADD: AUXILIARY SPKR 7.5 WATT APX	4	\$66.00	\$48.18	\$192.72
1g	GA00804AA	ADD: APX O2 CH (GREY)	4	\$541.00	\$394.93	\$1,579.72
1h	GA01339AA	ENH: SW P25 TRUNKING	4	\$1,177.00	\$859.21	\$3,436.84
1i	G444AH	ADD: APX CONTROL HEAD SOFTWARE	4	\$0.00	\$0.00	\$0.00



Any sales transaction following Motorola's quote is based on and subject to the terms and conditions of the valid and executed written contract between Customer and Motorola (the "Underlying Agreement") that authorizes Customer to purchase equipment and/or services or license software (collectively "Products"). If no Underlying Agreement exists between Motorola and Customer, the Motorola's Standard Terms of Use and Motorola's Standard Terms and Conditions of Sales and Supply shall govern the purchase of the Products.

Motorola Solutions, Inc.: 500 West Monroe, United States - 60661 ~ #: 36-1115800

Line #	Item Number	Description	Qty	List Price	Sale Price	Ext. Sale Price
1j	W22BA	ADD: STD PALM MICROPHONE APX	4	\$79.00	\$57.67	\$230.68
1k	G193AK	ADD: ADP ONLY (NON-P25 CAP COMPLIANT) (US ONLY)	4	\$0.00	\$0.00	\$0.00
1l	G174AD	ADD: ANT 3DB LOW-PROFILE 762-870	4	\$47.00	\$34.31	\$137.24
2	LSV00Q00202A	DEVICE PROGRAMMING	4	\$75.00	\$75.00	\$300.00
3	LSV00Q00203A	DEVICE INSTALLATION	4	\$400.00	\$400.00	\$1,600.00
	APX™ 6000 Series	APX6000 XE				
4	H98UCF9PW6BN	APX6000 700/800 MODEL 2.5 PORTABLE	6	\$3,595.00	\$2,624.35	\$15,746.10
4a	QA01648AA	ADD: HW KEY SUPPLEMENTAL DATA	6	\$6.00	\$4.38	\$26.28
4b	Q667BB	ADD: ADP ONLY (NON-P25 CAP COMPLIANT) (US ONLY)	6	\$0.00	\$0.00	\$0.00
4c	Q361AR	ADD: P25 9600 BAUD TRUNKING	6	\$330.00	\$240.90	\$1,445.40
4d	QA02006AA	ENH: APX6000XE RUGGED RADIO	6	\$880.00	\$642.40	\$3,854.40
4e	Q58AL	ADD: 3Y ESSENTIAL SERVICE	6	\$121.00	\$121.00	\$726.00
4f	QA00580AC	ADD: TDMA OPERATION	6	\$495.00	\$361.35	\$2,168.10
4g	H38BT	ADD: SMARTZONE OPERATION	6	\$1,320.00	\$963.60	\$5,781.60
4h	QA01427AB	ALT: IMPACT GREEN HOUSING	6	\$28.00	\$20.44	\$122.64
4i	Q806BM	ADD: ASTRO DIGITAL CAI OPERATION	6	\$567.00	\$413.91	\$2,483.46
5	LSV00Q00202A	DEVICE PROGRAMMING	6	\$75.00	\$75.00	\$450.00
6	PMMN4106D	AUDIO ACCESSORY- REMOTE SPEAKER MICROPHONE, XE500 REMOTE SPKR MIC WITH CHANNEL KNOB, HIGH IMPACT GREEN	6	\$665.28	\$485.65	\$2,913.90



Any sales transaction following Motorola's quote is based on and subject to the terms and conditions of the valid and executed written contract between Customer and Motorola (the "Underlying Agreement") that authorizes Customer to purchase equipment and/or services or license software (collectively "Products"). If no Underlying Agreement exists between Motorola and Customer, the Motorola's Standard Terms of Use and Motorola's Standard Terms and Conditions of Sales and Supply shall govern the purchase of the Products.

Motorola Solutions, Inc.: 500 West Monroe, United States - 60661 ~ #: 36-1115800

Subtotal	\$51,066.32
Estimated Tax	\$3,574.64
Grand Total	\$54,640.96(USD)

Notes:



Purchase Order Checklist

Marked as PO/ Contract/ Notice to Proceed on Company Letterhead
(PO will not be processed without this)

PO Number/ Contract Number

PO Date

Vendor = Motorola Solutions, Inc.

Payment (Billing) Terms/ State Contract Number

Bill-To Name on PO must be equal to the *Legal* Bill-To Name

Bill-To Address

Ship-To Address (If we are shipping to a MR location, it must be documented on PO)

Ultimate Address (If the Ship-To address is the MR location then the Ultimate Destination address must be documented on PO)

PO Amount must be equal to or greater than Order Total

Non-Editable Format (Word/ Excel templates cannot be accepted)

Bill To Contact Name & Phone # and EMAIL for customer accounts payable dept

Ship To Contact Name & Phone #

Tax Exemption Status

Signatures (As required)