



DEPARTMENT INFORMATION

Department/Agency Requesting Stipend: Pinal County Sheriff's Office **Tax ID:** 86-6000556

Date of Request: September 2, 2020 **Funds Requested:** \$246,750.00 **Date When Needed:** When Available

Specific Need You Are Requesting Stipend For: 150 AED's for First Responders

Number of sworn/certified personnel in your agency: 220 **Number of volunteer personnel in your agency:** 120

Number of residents in your service area: 470,000 residents in county with approximately 270,000 serviced by PCSO

Estimated number of annual incidents: 85290

In relation to the estimation of incidents above, please estimate how many of those incidents fall into the category of:
Structural Fire Calls: 802 **Wildland Fire Calls:** 5 **EMS Calls:** 2354

EQUIPMENT INFORMATION

Are the items requested replacing existing equipment? No

Are the items requested new equipment for the department/agency? Yes

Reason such item(s) cannot be provided for in your normal operating budget:

** Please continue on a separate page if necessary.*

The Fiscal Budget year has been submitted and is currently in use. The budget capacity did not include additional AED's due to priorities and needs outside of this particular safety equipment.

Are there any other sources of funding that were considered and why could they not be used?

** Please continue on a separate page if necessary.*

We did not have any other grant funded sources available for this particular item.

Studies undertaken by your department or others that would indicate that such item(s) would enhance the personal safety of officers/firefighters:

According to the Operational Safety and Health Administration (OSHA), workers involved in shift work, holding high-stress jobs, or exposed to certain chemicals or electrical hazards face a higher risk of heart disease and cardiac arrest. An aging or out-of-shape work force also should be considered significant indicators of high sudden cardiac arrest risk.

While physical fitness is emphasized in this profession to deal with the high and lows related to calls or service, Police officers have a higher potential of suffering a cardiac related event. The presence of this safety equipment will add an additional layer of safety for our officers.

This instrument will be assigned primarily to allow our police officers to utilize AED's to save the life of a fellow police officer; *between the high risk of the job and the levels of stress, police officers are among the highest-risk groups for SCA.*

The AHA recommends an AED Program be considered if a location cannot expect a consistent five-minute response time from local EMS response. This five-minute response time is measured from the time the SCA victim collapses to the time the shock is delivered to the victim. An analysis of a location's response time will, more often than not, show that this five-minute window will not be met by most EMS agencies. The simple fact is that if deputy sheriff collapses from SCA, they will die. This is proven again and again, as the national SCA survival rate for the United States is a dismal 5 percent.

According to OSHA, workers involved in shift work, holding high-stress jobs, or exposed to certain chemicals or electrical hazards face a higher risk of heart disease and cardiac arrest. An aging or out-of-shape work force also should be considered significant indicators of high sudden cardiac arrest risk.

Our current patrol division deploys six AED's within our supervisor vehicles meaning only two devices are likely available for any given shift in a city covering 71 square miles. This stipend will be used to provide greater coverage by deploying one to each patrol deputy ft and each station. All previous mobile police AED's were provided by grant and thus the need for this stipend.

The December 2014 American Heart Association statistics reported over 326,000 people died of sudden cardiac arrest (SCA) in 2013 in the U.S., more than Alzheimers, assault by firearms, breast cancer, prostate cancer, cervical cancer, colorectal cancer, diabetes, HIV, house fires, motor vehicle accidents, and suicides combined. SCA does not give warning symptoms like a traditional heart attack. The heart goes into an unstable rhythm called ventricular fibrillation and the heart stops beating effectively and the person becomes unconscious. Less than 30% of the time someone will do CPR on a victim, which does help buy time. However, CPR alone cannot put the heart back in normal rhythm, only a defibrillator can. Since you lose 7-10% chance of surviving each minute you are in SCA, less than 10% survive. Only 8.3% survive neurologically intact because EMS simply cannot get to the victim and shock them in the four to six minutes before brain damage occurs.

Additional information may be requested by the committee in support of the stipend. Submissions and attachments become the property of the 100 Club and cannot be returned.

Contact person making request:

Name* Matthew Thomas

Title : Chief Deputy

Complete mailing address: 971 North Jason Lopez Circle, Building C, PO Box 867, Florence, Az 85132

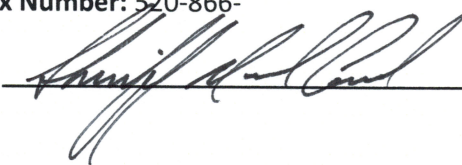
City: Florence **Zip code:** 85132

Phone Number: 520-866-5133

Email Address: matthew.thomas@pinal.gov

Fax Number: 520-866-

Signature of Agency Head approving this Request



Title: Sheriff

Two recent quotes are attached? Yes

If no, please explain: N/A

Please attach current department W9 to SES request submission.

Please complete and return to 333 North 44th Street, Suite 100, Phoenix, AZ 85008. Requests must be received (not postmarked) by 5pm on the application deadline date to be considered. Office hours are 8:30 am. to 5:00 p.m. Monday through Friday. Direct questions to the 100 Club of Arizona Operations Manager: 602-485-0100.



Redi-Relief

First Aid & Safety, Inc.

AED Quote for Pinal County Sheriff's Office

August 25, 2020
Quote good for 90 days

Part #	Description	List	Quote Price	Quantity	Ext price
G5A-80C-P	Powerheart G5 Fully Auto Dual Language Quick Response Pkg: (1) G5 Fully Auto dual language English/LatAm Spanish AED, IntelliSense Battery; iCPR Feedback Pads, AED Manager; USB Cable, G5 User Guide, Steps To Rescue, Getting Started (ENG & ESP), and multi-lingual Electrode Instructions For Use	\$2,130.00	\$1,725.00	150	\$258,750.00
XELAED001A	Powerheart G5 Intellisense™ Adult Pads	\$69.00	\$0.00	150	\$0.00
XCAAED004A	Powerheart G5 Semi-Rigid Carry Case	\$112.00	\$0.00	150	\$0.00
UKIT001A	Powerheart AED Ready Kit . Kit includes Nitrile gloves (M/L), razor, scissors, paper towel (x 2), gauze and one-way filter CPR mask.	\$61.00	\$0.00	150	\$0.00
	Total				\$258,750.00

Applicable taxes and shipping will be added to invoice

For more information please contact Redi-Relief:

Phone: 303-343-1008 FAX: 303-343-1738

www.redi-relief.com

Email: cathy@redi-relief.com



QUOTE

3241 Nite Court
Fort Collins, CO 80525
www.aedeverywhere.com

Bill To:

Matthew Thomas
Pinal County Sheriff's
Office-Florence
971 N Jason Lopez Circle
Florence, Arizona 85132

Ship To:

Matthew Thomas
Pinal County Sheriff's
Office-Florence
971 N Jason Lopez Circle
Florence, Arizona 85132

Submitted By: Gloria Cornis

Phone: 480-390-6020

Date: 8/25/2020

Expiration: 10/30/2020

Quote #: Q00077

Customer ID	Payment Terms	Phone #	Invoice Email
	Net 30	520-866-5133	matthew.thomas@pinal.gov

Qty	Item #	Description	Unit Price	Total Price
150	G5A-80C-P	G5 Auto with iCPR Pack	\$1,645.00	\$246,750.00
150	XELAED001B	G5 Adult Pads	\$0.00	\$0.00
150	XCAAED007A	Powerheart G5 Semi-Rigid Carry Case	\$0.00	\$0.00
150	UKIT001A	Universal Ready Kit	\$0.00	\$0.00
1	INCLUDED	ONSITE IN-Service of AED's -Set Up of AED's with configure protocols to compression ONLY CPR, Demonstration Training for Officers and Staff, Registration with State SHARE for Free Medical Direction.(\$450.00 total value)	\$0.00	\$0.00
1		Tax not included in 100 Club Grant Quote	\$0.00	\$0.00

Subtotal \$246,750.00
Tax \$0.00
S&H \$0.00
Total \$246,750.00

To accept this quote please sign here and return: _____

State of Arizona AED Pricing Contract #CTR04345 / Vendor #1220

Applicable taxes and shipping will be added to invoice

Thank you for the opportunity to earn your business!

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Pinal County, a political subdivision of the State of Arizona

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☒ Other (see instructions) ► **a political subdivision of the State of Arizona**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

PO Box 1348

Requester's name and address (optional)

6 City, state, and ZIP code

Florence, AZ 85132

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - _____

or

Employer identification number

8 6 - 6 0 0 0 5 5 6

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Sen Pruitt

Date ►

5/12/2020

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.