

IN THE MATTER OF TRANSFERRING OF BUDGET SURPLUS OF FORT BEND COUNTY

FOR THE YEAR 2022

Grady P Andy M Kenneth	Morales - Commissioner Precin restage - Commissioner Precin eyers - Commissioner Precin R. DeMerchant - Commissioner Precin	act #1 act #2 act #3	g members being present:
The following proceedings were had, to-w	rit,		
THAT WHEREAS, theretofore, on Septe	mber 14, 2021, the Court heard and approved the	budget for the year 202	2 for Fort Bend County; and
WHEREAS, on proper application, the C transfer does not increase the total of the b	ommissioners' Court has transferred an existing boudget.	udget surplus to a budge	t of a similar kind and fund. The
The following transfers to said budget are	hereby authorized:		
Department Name:	EMS	Accounting Unit:	100540100
TRANSFER TO:			
ACCOUNT NAME FBCIT - Fees FBCIT - Fees FBCIT - Fees FBCIT - Fees TRANSFER FROM:	ACCOUNT NUMBER 100503100-63000 100503100-63000 100503100-63000 100503100-63000 TOTAL TRANSFERRED TO	\$ \$ \$ \$ \$	25,272 2,150 3,443 1,299 32,164
ACCOUNT NAME FBCEMS FBCEMS FBCEMS FBCEMS	ACCOUNT NUMBER 100540100-63000 100540100-63000 100540100-63000 100540100-63000	\$ \$ \$ \$	AMOUNT 25,272 2,150 3,443 1,299
	TOTAL TRANSFERRED FROM y with FBCIT Software Purchase Process. dbox, Pediatric Emergency Standards, Ariculate	1: <u>\$</u>	32,164
Department Head:		Date: 7 - 4	26-22
THE COUNTY OF FORT BEND OF BY: KP George, County Judge	Lece cers	G	L Transfer C Transfer

KP George, County Judge



Ninth Brain Suite LLC

PO Box 21

Frankenmuth, MI 48734-0021 US

(888) 364-9995

billing@ninthbrain.com

BILL TO

Fort Bend County EMS

301 Jackson St

Richmond, TX 77469

INVOICE 7408

DATE 04/01/2022

DUE DATE 05/01/2022

ACCOUNT #

111032

PO#

210584

ACTIVITY	AMOUNT
Annual Service Ninth Brain Suite software usage fee	28,080.00
Discount 10% Discount for annual upfront payment	-2,808.00

TOTAL DUE \$25,272.00

Please send payment to: Ninth Brain Suite, LLC PO Box 21 Frankenmuth, MI 48734-0021

Invoices not paid within terms are subject to a 1.5% monthly past due finance charge.

NOTE: A 3% Credit Card Processing Convenience Fee will be added to invoices paid via credit/debit card.

Please contact billing@ninthbrain.com for ACH payment information.

EMS Technology Solutions LLC 3781 TRAMORE POINTE PKWY AUSTELL, GA 30106 877-217-3707





Invoice #:

44920

Invoice Date:

05/18/22

Amount Due:

\$2,150.00

FORT BEND COUNTY EMS FORT BEND COUNTY AUDITOR ATTN: ACCOUNTS PAYABLE 301 JACKSON, SUITE 701 RICHMOND, TX 77469 HEALTH AND HUMAN SERVICES 4520 READING ROAD, SUITE A A-

ROSENBERG, TX 77471

Due Date	Terms	P.O. Number	Sales Rep	
07/02/22	NET 45	212706	STEVN	

Item	Description	Quantity	Price	Amount
IQ10183	ANNUAL SANDBOX MAINTENANCE SERVICE PERIOD MAY 18, 2022 - MAY 17, 2023	1	\$1,800.00	\$1,800.00
IQ10182	IQ SANDBOX ENVIRONMENT SETUP PO# 212706	1 .	\$350.00	\$350.00
			Subtotal: Sales Tax:	\$2,150.00 \$0.00
			Total: Payments:	\$2,150.00 \$0.00
		A	mount Due:	\$2,150.00

Please note our address has changed to 3781 Tramore Pointe Pkwy, Austell GA 30106.

Updated Purchase Orders can be sent to accounting@operativeiq.com.

Call us at 877-217-3707 ext 111 for questions regarding this invoice.

Automatically pay invoices by ACH or Credit Card by setting up a Bill.com account.

To pay online, go to https://app01.us.bill.com/p/operativeiq



Invoice

Invoice No:

Date: Due Date:

Terms:

Pediatric Emergency Standards, Inc. 11870 W State Rd 84 Suite C5 Davie, FL 33325

Account Name: Fort Bend County EMS Account #: 100708

Customer PO: Annual Subscription Account Rep: Michael Gener

Bill To:

Fort Bend County EMS 4332 Highway 36 Houston, Texas 77471

Ship To:

4332 Highway 36

South Rosenburg, Texas 77471

ANNUAL RENEWAL TERMS

Renewal Fees-for-Services are invoiced, annually, 30 days in advance of term expiration. PES may suspend Customer's access to, and use of, the Handtevy MMS and Handtevy Mobile if Customer fails to remit timely payment or is otherwise in material default hereunder.

Subscription Start Date:

August 12, 2022

Subscription End Date:

August 11, 2023

Product Code	Product	Description	Qty	List Price	Sales Price	Total Price
Annual Renewal Pre-Hospital	Pre-Hospital Annual Renewal Subscription	Handtevy Mobile (iOS, Android, Windows) Medication Management Software Access Clinical Team Support	1.000	\$3,442.09	\$3,442.09	\$3,442.09

Subtotal: \$3,442.09

Tax: \$0.00

Processing Fee: \$0.00

Total: \$3,442.09

To expedite payment and ensure receipt, our preferred payment method:

BANK NAME: PNC Bank

ADDRESS: 500 First Avenue Mailston P7-PFSC-03-W Pittsburgh, PA 15219

FOR CREDIT OF: Pediatric Emergency Standards, Inc.

ADDRESS: 11870 W State Road 84, Suite C5 Davie, Florida 33325, USA

*** Payment by wire transfer from outside the United States requires an additional \$20.00 fee to be included in the remittance.

For questions regarding this invoice please email Info@Handtevy.com or call (954) 944-1114



244 5th Avenue, Suite 2960 New York, NY 10001 800-861-4880 Tax ID#: 01- 0742391

success@articulate.com

Quote - Renewal Details

Feb 24, 2022

THIS IS NOT AN INVOICE

Bill To:

Fort Bend County EMS Michael Nixon 4332 SH 36 Rosenberg, TX 77471 USA

USA

281-633-7081

michael.nixon@fortbendcountytx.gov

Payment Method:

Purchase Order

Invoicing email: michael.nixon@fortbendcountytx.gov

Download W9

Subscription details:

Subscription:

SUB-673387

Term:

Feb 20, 2022-Feb 19, 2023

Code	Product	Qty	Price	Cost
360-TEAM	Articulate 360 Teams	1	\$ 1,299.00	\$ 1,299.00
			Total (excl. tax):	\$ 1,299.00

All prices are in US Dollars.

Billing information

Prices shown above do not include any state and local taxes that may apply. Any such taxes are the responsibility of the customer and will appear on the final Invoice. If the contracting entity is exempt from sales tax, please send the applicable tax exemption certificate to success@articulate.com. Invoices for this order will be emailed automatically from ar@articulate.com. Please make sure this email is on an approved setting for safe senders list or notifications do not go to a junk folder or are caught in a spam filter.

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