RESOLUTION # 2 11-24

A RESOLUTION APPROVING THE PAYMENT OF MONTHLY EXPENSES
Energy Efficiency Community Block Grant (EECBG)- Pattie A. Clay Medical Center Window Replacement

WHEREAS, the Madison County Fiscal Court has received State Energy Efficiency Community Block Grant funds in the amount of $125,000 and,

WHEREAS, during the period beginning July 15, 2011 to November 30, 2011 the attached expenses have been incurred, and,

WHEREAS, the expenditure of all State Energy Efficiency Community Block Grant funds is in compliance with the established Financial Management Policies, and applicable OMB Circulars.

NOW, THEREFORE, BE IT RESOLVED that the following debts are paid in full upon receipt of these funds as drawn down from these sources:

PROGRAM EXPENSES

Invoice	
Richmond Glass & Door (Invoice #3)	$46,527.80
TOTAL	**$46,527.80**

BE IT FURTHER RESOLVED that all expenditures have been documented and recorded, and are authorized for Drawdown from the Commonwealth of Kentucky in compliance with all State and Federal and local regulations.

BE IT SO RESOLVED on this 12th day of December, 2011.

ATTEST

COUNTY JUDGE EXECUTIVE

NOV 04 11 10:30a Richmond Glass Door, Inc.

Use with 772 DU-O-VUE Envelope - saves addressing time

WORK ORDER

PRODUCT 255

NEBS To Reorder: 1-800-225-8300 or www.nebs.com

Attn: Carlene

9672

Richmond Glass & Door, Inc.
Residential & Commercial
#1 Dixie Plaza
RICHMOND, KY 40475

(859) 625-5800
Fax (859) 626-9847

JOB PHONE	DATE OF ORDER
JOB NAME/LOCATION: Redway	

TO Pattie A. Clay Hospital FAX: 625-3105
P.O. Box 1600 PHONE 625-3150
Richmond, Ky. 40476 ORDER TAKEN BY JB

TERMS: A service charge of 1½% on the highest amount allowed by Kentucky law will be added on all accounts past 30 days, plus a reasonable attorney fee.

DESCRIPTION	AMOUNT
> Estimate # 196513	
(10) 84" X 72" - Redways - Divided into (2) Equal Pcs.	
Installed + Completed	

NOV pd

LABOR	HOURS	RATE	AMOUNT	TOTAL MATERIAL
				TOTAL LABOR
Caleb Beech 11-4-11		TOTAL LABOR		TAX

PAY THIS AMOUNT → $15,200.00

Thank You

SIGNATURE (I hereby acknowledge the satisfactory completion of the above described work.)

15200
31387 50
46587 50

Use with 772 DU-O-VUE® Envelope - saves addressing time

WORK ORDER

PRODUCT 258

NCR To Reorder: 1-800-225-6360 or www.rsbs.com

9639

Richmond Glass & Door, Inc.
Residential & Commercial
#1 Dixie Plaza
RICHMOND, KY 40475

(859) 625-5800
Fax (859) 626-9847

JOB PHONE	DATE OF ORDER
JOB NAME/LOCATION: 1st + 2nd Floor Windows	

TO Pattie A. Clay Hospital FAX: 625-3105
P.O. Box 1600 PHONE 625-3150
Richmond, Ky. 40476 ORDER TAKEN BY JB

TERMS: **A service charge of 1½% of the highest amount allowed by Kentucky law will be added on all accounts past 30 days, plus a reasonable attorney fee.**

DESCRIPTION	AMOUNT
(21) 98" x 63" - rooms + offices - $1,491.80	
YKK - 2" x 4½" System w/ 1" Br. Ins Glazing (45TH Thermal Broke Glazing System)	
Installed + Completed	

not pd

LABOR	HOURS	RATE	AMOUNT	TOTAL MATERIAL	
				TOTAL LABOR	
WORK ORDER TAKEN BY: Eddie Beech	DATE: 10/12/11	TOTAL LABOR		TAX	

PAY THIS AMOUNT $1,327.80

Thank You

SIGNATURE (I hereby acknowledge the satisfactory completion of the above described work.)

Kentucky

Request for Disbursement Form
EECBG
Department for Local Government

Project Information

Project Name: Madison County Fiscal Court- EECBG Energy Retrofit Project- Pattie A. Clay Medical Center Windows

DLG ID# _____ E_MARS # _____

Grantee DUNS # 00-7453590

Grantee Information

Legal Applicant: Madison County Fiscal Court

Mailing Address: 101 West Main Street

City, State, Zip Code: Richmond, KY 40475 Office Phone: 859/624-4700

Office Fax: 859/624-9140 E-mail Address: fdurbin1@hotmail.com

Official's Name/Title: Kent Clark, Judge Executive County Madison

Request Information

Date of Request: 12/2/11 Request Number: 3 Amount Requested: $46,527.80

A. Status:

1.	Original/Total Award Amount:	$ 125,000.00
2.	Funding Disbursements to Date:	$ 63,314.50
3.	Amount Being Requested:	$ 46,527.80
4.	New Account Balance:	$ 15,157.70
5.	Obligated Funds (not reflected above):	$ 0.00
6.	Actual Balance:	$ 61,685.50

Kentucky

B. Summary of Payees of Amount Requested

	Payee	Amount	Category Subtotals
Contractual	Richmond Glass & Door	$46,527.80	
			$46,527.80
Construction			
			$0
Other			
			$0
Administration			$0

Total Amount of Funding Request: $ 46,527.80

C. Certification: _____ "Recipient" hereby makes this request to DLG ("DLG") for a disbursement of funding made by DLG to the Recipient. The Recipient hereby represents, warrants and certifies to DLG that (i) this request is made in accordance with the terms and conditions of that certain grant agreement as represented in the executed memorandum of agreement and any subsequent amendments thereto (the "Memorandum of Agreement"), (ii) the Person executing this instrument on behalf of Recipient is duly authorized to execute and deliver this request, (iii) Recipient requires the amount requested to meet its current payment obligations in connection with the Project as described in the Memorandum of Agreement, (iv) each of the representations, warranties and covenants of Recipient in the Memorandum of Agreement is true and correct on the date hereof, including but not limited to compliance with KRS 154.50-336, (v) no Event of Default under the Memorandum of Agreement has occurred and is continuing, (vi) all work performed by any contractors and subcontractors has been completed in a good and workmanlike manner and in accordance with all applicable contracts, (vii) all work performed by any contractors and subcontractors has been inspected and approved by Recipient prior to the date hereof, and (viii) no contractors or subcontractors have filed liens or have threatened to file liens of any type with respect to the Project. Please note that item (viii) is applicable to grants only. Unless otherwise defined herein, all capitalized terms shall have the meanings ascribed thereto in the Memorandum of Agreement. Recipient has attached to this request all supporting documentation (cost estimates, invoices and/or receipts, etc.) deemed necessary by DLG, in its sole discretion, for the amount of the disbursement requested.

IN WITNESS WHEREOF, Recipient, by its duly authorized representative, has executed this Request for Disbursement as of the date written above.

By: _____
Authorized Recipient Signature

FOR DLG USE ONLY

Project Reporting Status: Compliant _____ Non-compliant _____

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

Comments: _____