

FORM 213 - Resource Request

1. Incident Name	COVID-19				
2. To	Ricardo Saldana, Emergency Management				
3. From	Eduardo Olivarez, Health & Human Services				
4. Message:	Emergency Purchase Notification	5. Date	4/13/21	6. Time	3:30 PM

7. State the reason for your emergency request

LYSOL AEROSOL DISINFETANT, AND GLOVES NEEDED FOR VACCINE CLINICS AND COUNTY EMPLOYEES

8. List and describe the items and quantities (supplies/resources) being requested to procure

Requisition # 432293
 Amount - \$151,865
 Vendor: W.W. GRAINGER

QTY 250 LYSOL @ \$128.66 PER CASE TOTAL \$12,165
 QTY 5000 DISPOSABLE GLOVES X-LARGE @ \$13.30 PER BOX TOTAL \$66,500
 QTY 4000 DISPOSABLE GLOVES MEDIUM @\$13.30 PER BOX TOTAL \$52,200

Approved

9. Acknowledged by

Name	<i>Ricardo Saldana</i>
Signature	<i>[Signature]</i>
Position/Title	<i>EMC</i>
Date	<i>4/15/2021</i>