

FORM 213 - Resource Request

1. Incident Name	COVID-19				
2. To	RICARDO SALDANA, EMERGENCY MANAGEMENT				
3. From	EDUARDO OLIVAREZ, HEALTH DEPARTMENT				
4. Message:	Emergency Purchase Notification	5. Date	4/16/21	6. Time	1:30 PM

7. State the reason for your emergency request

SHARPS CONTAINERS NEEDED FOR THE COVID-19 VACCINE CLINICS.

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

REQ 432558
 AMOUNT-\$59,670
 VENDOR- W.W. GRAINGER

QTY 600 SHARPS CONTAINERS @\$49.57 PACK
 QTY 600 SHARPS CONTAINERS @\$49.88 PACK

Approved

9. Acknowledged by

Name	Ricardo Saldana
Signature	<i>[Handwritten Signature]</i>
Position/Title	EMC
Date	4/16/2021