CITY OF BILOXI
AGENDA ITEM
FACT SHEET

Item No.: 5B

Council Meeting Date: November 24, 2026

ITEM TITLE: RESOLUTION

INTRODUCED BY: Mayor Andrew "FoFo" Gilich

CONTACT PERSON: Richard Weaver, Chief Administrative Officer

Nicholaus Geiser, Director of the Fire Department NG

SUMMARY EXPLANATION:
Resolution authorizing payment to Pafford Emergency Medical Services, Inc. and submission of an FY 2027 Emergency Medical Services Operating Fund Grant Application to the Mississippi State Department of Health

Resolution ✓ **Ordinance** _____ **Public Hearing** _____ **Routine Agenda** _____

Exhibits for Review

Contract ✓ **Minutes** _____ **Plans/Maps** _____ **Deed** _____ **Lease** _____

Other (Specify): Exhibit A: Application

Submittal Authorization: **Council President** _____ **Mayor** ✓

STAFF RECOMMENDATION: Staff recommends approval

COUNCIL ACTION: **Motion By:** _____ **Second By:** _____

Vote: Councilmember	Yes	No	AFR	ABST	Councilmember	Yes	No	AFR	ABST
Gray	___	___	___	___	Tisdale	___	___	___	___
Marshall	___	___	___	___	Glavan	___	___	___	___
Nail	___	___	___	___	Shoemaker	___	___	___	___
Creel	___	___	___	___					

ACTION TAKEN:

112426afd

Resolution No.

RESOLUTION AUTHORIZING PAYMENT TO PAFFORD EMERGENCY MEDICAL SERVICES, INC. AND SUBMISSION OF AN FY 2027 EMERGENCY MEDICAL SERVICES OPERATING FUND GRANT APPLICATION TO THE MISSISSIPPI STATE DEPARTMENT OF HEALTH

WHEREAS, by Resolution No. 407-23, the City of Biloxi (the "City") established and Emergency Medical Services District ("EMS District") within its corporate limits;

WHEREAS, as the Administrator of its EMS District, the City may participate in the Emergency Medical Services Operating Fund ("EMSOF"), established by §41-59-61 of the Mississippi Code of 1972, as amended, and administered by the Mississippi State Department of Health, Emergency Medical Services Program("MSDH");

WHEREAS, in order to participate in EMSOF, the City must expend funds directly to its emergency medical services provider, currently Pafford Emergency Medical Services, Inc., in an amount equal to or greater than Fifteen Cents ($0.15) per capita, as computed by the most current census, or Seven Thousand Four Hundred Seventeen and 35/100 Dollars ($7,417.35);

WHEREAS, all funds paid to the City's emergency medical services provider are utilized to improve emergency medical services within the City's EMS District;

WHEREAS, funding is available in the municipal budget for fiscal year ending September 30, 2027, line item 01551-6432, to make payment to City's emergency medical services provider in the amount of Seven Thousand Four Hundred Seventeen and 35/100 Dollars ($7,417.35);

WHEREAS, provided that the City has made the necessary payments to its emergency services provider, it may apply for funds from the MSDH in November of each year, the award of which will be based on a percentage of the City's payments to its emergency services provider;

WHEREAS, MSDH has notified the City that Twenty-Nine Thousand Two Hundred Fifty-Three and 53/100 Dollars ($29,250.53) is available to the City under EMSOF to be utilized for the

provision of emergency medical services;

WHEREAS, in order to receive such funding, it is necessary that the City make payment to Pafford, as described above, submit the FY2027 Emergency Medical Services Operating Fund Grant Application (the "Application"), attached hereto as Exhibit "A," to MSDH; and

WHEREAS, it is the recommendation of Nicholaus Geiser, Director of the Fire Department, that the City make payment to Pafford, and submit the Application to MSDH, in order to receive funding under EMSOF.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF BILOXI, MISSISSIPPI, THAT:

SECTION ONE: The findings, conclusions, and statements of fact contained in the foregoing preamble are hereby adopted, ratified, and incorporated herein.

SECTION TWO: Payment to Pafford Emergency Medical Services, Inc., in the amount of Seven Thousand Four Hundred Seventeen and 35/100 Dollars ($7,417.35), is hereby authorized and approved.

SECTION THREE: Submission of the FY2027 Emergency Medical Services Operating Fund Grant Application, in substantially the form attached hereto as Exhibit "A," to the Mississippi State Department of Health, Emergency Medical Services Program, is hereby approved and authorized.

SECTION FOUR: The Mayor, on behalf of the City of Biloxi, is hereby authorized to do all things necessary to effectuate the intent of this Resolution, including, but not limited to, the execution of all necessary documents.

SECTION FIVE: This resolution shall take effect and be in force from and after adoption.

EXHIBIT A

MISSISSIPPI STATE DEPARTMENT OF HEALTH

FY 2027

Emergency Medical Services Operating Fund (EMSOF)

Grant Application

Application for Financial Assistance

Applicant (governmental unit):	City of Biloxi
County / EMS District:	City of Biloxi EMS District
Date submitted:	
Total grant amount requested:	$ 29,250.53

Return the completed application by 5:00 p.m. November 13, 2026.

Mississippi State Department of Health | Bureau of Emergency Medical Services
ATTN: EMSOF Grant Administrator | P. O. Box 1700 | Jackson, Mississippi 39215-1700

Questions: Elaine Coleman, 601-933-7658, Elaine.Coleman@msdh.ms.gov | Billie Collier, 601-933-7648, Billie.Collier@msdh.ms.gov

This form is fillable. Type directly into the shaded boxes, check the boxes for each required attachment, and save the completed file before printing or emailing it. Fields shaded in blue accept typed entries; totals shaded darker calculate automatically in Adobe Acrobat and Adobe Reader.

Step 1: Applicant Information

List any changes or additional information in the right-hand column. Attach documentation behind this page.

Applicant

Current information on file	Changes / additional information
Name: City of Biloxi	Name:
Address: 140 Lameuse Street	Address:
City: Biloxi State: MS Zip: 39530	City: State: Zip:
Phone: 228-435-6254	Phone:

Authorized Agent

(Must be County Chancery Clerk, County President Board of Supervisors, County Administrator, City Mayor, or Executive Director EMS District)

Current information on file	Changes / additional information
Name: Mayor Andrew "FoFo" Gilich	Name:
Title: Mayor of City of Biloxi	Title:
Address: 140 Lameuse Street	Address:
City: Biloxi State: MS Zip: 39530	City: State: Zip:
Phone: 228-435-6254	Phone:
Email: agilich@biloxi.ms.us	Email:

Current EMS Provider(s)

Current information on file	Changes / additional information
Primary EMS Agency: Pafford EMS	Primary EMS Agency:
EMS Agency Contact: Freddie Parker	EMS Agency Contact:
EMS Agency Email: fparker@paffordems.com	EMS Agency Email:
Phone: 601-750-5221	Phone:

Attach necessary documentation behind this page.

- ☐ Proof for changes made, Letter of Collaboration, and EMS contract attached behind this page
- ☐ Current W-9 attached

Step 2: Local Budgetary Accounting for 2026

Describe what was spent in local dollars (not grant dollars) on local EMS last fiscal year.

Attach a copy of the governmental unit printout for actual expenses paid for subsidizing/operating emergency medical services during fiscal year 2026. Example: AAAA County pays BBB Ambulance Service $100,000.00 per year in subsidy to operate the ambulance service in AAAA County. You would send the printout of the account that shows the $100,000.00 subsidy was paid.

There may be more than one account for subsidizing/operating emergency medical services. Attach copies of all funds expended on emergency medical services by this governmental unit. This is not your budget or grant-fund purchase items, but instead local governmental unit dollars.

Amount spent in local dollars in FY 2026: $ 7,417.35

NOTE: If less than proposed, provide an explanation below and attach supporting documentation.

☐ **FY 2026 local dollars spent documentation attached; actual amount spent highlighted on the general ledger**

Step 3: Local Proposed Budget for 2027

Describe what is projected to be spent in local dollars (not grant dollars) on local EMS this fiscal year.

Attach a copy of your 2027 budget printout for projected expenses for subsidizing/operating emergency medical services in fiscal year 2027.

There may be more than one account for subsidizing/operating emergency medical services. Attach copies of all funds projected to be expended on emergency medical services by this governmental unit. This is not your proposed budget for grant-fund purchase items, but instead local governmental dollars.

Amount projected to be spent in local dollars in FY 2027: $ 7,417.35

NOTE: If less than last grant year, provide an explanation below and attach supporting documentation.

☐ **Current budget attached with local dollars budgeted highlighted**

Step 4: Grant Budget Narrative

On the following pages, describe what is planned to be spent in grant dollars on local EMS this fiscal year.

This is not a narrative of your total budget, just how you intend to spend the grant money. Only the items to be paid for by this grant should be listed. Each item to be purchased or paid for must be listed with an estimated cost. Indicate how each purchase will be an improvement/enhancement to the government EMS units.

Budget categories

1. Personnel Expenses complete on Page 6
EMSOF may only be used to pay payroll and benefit differential pay for governmental units for the first year that a governmental unit improves its' level of ambulance service licensure (i.e., BLS to ALS), staff travel to BEMS approved training opportunities, and tuition for BEMS approved training opportunities.

2. Contractual Services complete on Page 7
Itemize all individual contracts and justify the services provided. (This is where payments to EMS Districts would be justified and listed.)

3. Commodities complete on Page 8
Categorize and give cost of all supplies. You may not purchase supplies for which you bill patients with grant funds.

4. Equipment complete on Page 9
List each non-expendable item to be purchased. Justify how each item of equipment relates to EMS activities. Explain what steps you have taken or will take to insure that you receive the best value for least cost, consistent with state and federal purchasing regulations.

5. Capital Outlay other than Equipment complete on Page 10
EMSOF may be used to purchase capital outlay items that improve local Emergency Medical Services. Explain and justify all cost to be incurred and the relationship to EMS activities. (Example: Building a new station to offer better coverage of the county.)

6. Escrow complete on Page 11
Funds may only be escrowed for up to three (3) years. After the three (3) years, the funds must be expended before escrow of funds can occur again. Please provide a brief explanation of how these funds will be used at the end of the three (3) years and/or justification for escrowing these funds.

7. Other complete on Page 12
Any purchase listed under this caption must be approved by the Emergency Medical Services Advisory Council.

Budget Category 1: Personnel Expenses

Training

Must be a BEMS approved course or CEUs.

Name of Training	CEU Hrs.	# Students	Tuition Amount	Total
			$	$
			$	$
			$	$
			$	$
			$	$
Total training				$

Travel

Name of Training	Location	Lodging/Meals	Mileage	Total
		$	$	$
		$	$	$
		$	$	$
Total travel				$

Personnel

Payroll and benefit differential pay is allowable only for the first year that the governmental unit improves its level of ambulance service licensure (for example, BLS to ALS).

EMS agency license #: _____ **Cost:** $ _____

Payroll & Benefits narrative

Category 1 total (training + travel + personnel): $ _____

Budget Category 2: Contractual Services

Itemize all individual contracts and justify the services provided. Payments to EMS Districts are justified and listed here.

☐ **EMS District Dues** (To be paid for with FY 2027 grant funds.)

Name of EMS District: _____

Attach documentation showing approval in accordance with Miss. Code § 41-59-53 or the FY 2027 agreement.

Cost: $ _____

☐ **Other:** _____

Cost: $ _____

Category 2 total: $ _____

Justification Narrative

☐ **Documentation, including contracts, attached behind this page**

Budget Category 3: Commodities

Non-disposable supplies only. You may not purchase supplies for which you bill patients with grant funds.

Item Description	Quantity	Amt Each	Total
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
Category 3 total			$

Below, provide a description of how the above listed purchases will improve the local EMS agency. All commodities must be utilized for direct patient care.

Budget Category 4: Equipment

List each non-expendable item to be purchased.

Item Description	Quantity	Amt Each	Total
		$	$
		$	$
		$	$
		$	$
Category 4 total			$

Describe how the above listed purchases relate to and benefit EMS activities and will improve the local EMS agency. All equipment must be utilized for direct patient care.

If this equipment is a response truck, ATV, or similar vehicle, provide the Mississippi licensed EMS agency name and contact information that will permit and house this vehicle.

Provide a detailed training plan for this equipment.

How did you ensure you received the best value for least cost, while following state and federal purchasing regulations?

☐ **Quotes attached behind this page**

Budget Category 5: Capital Outlay other than Equipment

EMSOF may be used to purchase capital outlay items that improve local Emergency Medical Services. Explain and justify all cost to be incurred and the relationship to EMS activities. Example: building a new station to offer better coverage of the county.

Item: _____ **Cost: $** _____

Justification

☐ **Quotes attached behind this page**

Budget Category 6: Escrow

Amount to be escrowed from the FY 2027 grant only: $ 29,250.53

Please provide a brief explanation of how FY 2027 funds will be used and/or justification for escrowing these funds.

All funds received are to be escrowed to purchase a new Lifepak monitor.

Escrow funds are to be escrowed for three years. On the fourth year's grant application, all escrowed funds and the current year's funds must be expended no later than September 30 of that grant year.

Example

Purchasing a new ambulance or radio system that costs more than your grant amount.
Radio = $10,000.00
Grant Year 1 - 2021 = $3,000.00 Grant Year 2 - 2022 = $3,000.00 Grant Year 3 - 2023 = $3,000.00
Total Escrow = $9,000.00
Current Grant Year - 2024 = $3,000.00

Budget Category 7: Other

Any purchase requested under this option must be approved by the Emergency Medical Services Advisory Council.

Item / purpose: _____ **Cost: $** _____

Provide detailed justification for how this item will be used to enhance EMS direct patient care.

FY 2027 Grant Request Recap

Category 1 - Personnel Expenses	$
Category 2 - Contractual Services	$
Category 3 - Commodities	$
Category 4 - Equipment	$
Category 5 - Capital Outlay other than Equipment	$
Category 6 - Escrow	$ 29,250.53
Category 7 - Other	$
TOTAL FY 2027 GRANT REQUEST	**$ 29,250.53**

Step 5: Annual Expenditure Report for EMSOF Previous Years

The annual expenditure report is a financial summary of the previous year's EMSOF award and/or previous funds escrowed. This report must be completed and returned with all other sections of this new application. No new awards can be granted until this report is completed and signed.

Attach copies of receipts for all expenditures made during FY 2026.

Example 1: You were awarded $5,000.00 last year to purchase an external defibrillator; attach receipt(s) for at least $5,000.00 of the external defibrillator.

- If you spent more, no additional documentation is needed.
- If you spent less, a letter of modification is required.
- Attach training documentation (roster, sign in sheet, agenda, objectives, etc.).

Example 2: You are purchasing a new ambulance that costs more than your grant amount. Ambulance = $80,000.00

- If you spent more, no additional documentation is needed.
- If you spent less, a letter of modification is required.
- All purchases of EMS vehicles of any type must include a copy of the title with receipts.

Receipts for escrow funds must be indicated on the payment documentation.
All grant funds must be placed in an interest-bearing account. Prior grant awards not expended by September 30 of the award year must be returned to the State unless a copy of an approved modification letter is attached.

FY 2026 Expenditure Summary

Item / purpose funded	Amount awarded	Amount expended	Balance
Letter of Modification to use ESCROW to purchase equipment	$ 30,155.00	$ 27,595.00	$ 2,560.00
	$	$	$
	$	$	$
	$	$	$
	$	$	$
Totals			**$ 2,560.00**

I, the undersigned, attest to the fact that I have expended funds as per the previous grants or I have submitted in writing prior approval to amend the previous grant(s), and that the figures found in the above Annual Expenditure Report for EMSOF Previous Years are correct.

Signature: _____ **Date:** _____

Authorized Agent must sign.

☐ **Proof of payments for prior year purchases attached behind this page**

Escrow Report

If you currently have grant funds in escrow, you must complete this section.

Use this form to indicate monies previously awarded that have been escrowed for an identified large purchase. Example: purchasing a new ambulance or radio system that costs more than your grant amount.

Escrow funds are meant to be escrowed for three years. On the fourth year's grant application, all escrowed funds and the current year's funds must be expended no later than September 30 of that grant year.

Current Escrow Balance, including interest

Fiscal Year	Escrow Amount	Interest Earned	Total with Interest
FY 2023	$	$	$
FY 2024	$	$	$
FY 2025	$ 11,870.00	$ 361.69	$ 12,231.69
FY 2026	$ 30,155.00	$ 687.49	$ 30,842.49
Total for FY '23, FY '24, FY '25, and FY '26			$ 43,074.18

If funds received prior to FY 2023 are still in escrow, these funds must be expended immediately (within 30 days) or returned to the State Department of Health. This grant application will be placed on hold until proof of compliance is submitted and approved.

Identified purchase the escrowed funds are held for: $35,374.95 was used for purchases (See attached)

Financial institution / account holder:

☐ **Bank statements and proof of interest attached**

Contract for Supplemental Emergency Medical Services

For the purposes of providing expanded emergency medical services, and in consideration for the mutual covenants contained herein, it is hereby agreed by and between

Recipient: _____ (hereinafter referred to as the grantee)

and the Emergency Medical Services Program of the Mississippi State Department of Health (hereinafter referred to as the Department) as follows:

The Grantee agrees that:

1. Funds received from the Department will be used for the provision of emergency medical services within the Grantee's district in accordance with the specifications set forth in the application and hereby incorporated into and made a part of the contract.
2. Funds received from the Department pursuant to this contract shall be used solely in addition to existing annual emergency medical budgets of the Grantee.
3. The Grantee will maintain its present level of funding for existing emergency medical services throughout the contract. If you are a continuing recipient of grant funds, you must spend an amount greater than or equal to the previous year reported amount.
4. No funds received from the Department shall be used for the payment of any attorney's fees.
5. Financial and progress reports will be submitted by the Grantee to the Department on an annual basis or as requested by the Department. The annual reports for the previous year's funds must be submitted to the Department as part of this application.
6. Emergency medical services will be delivered in compliance with the licensing requirements and regulations of the Department.
7. The Grantee agrees to permit reasonable program review and evaluation by the Department, to provide access to its records, and to cooperate in any other reasonable request for program information.

The Department agrees that:

1. Funds appropriated to the Department for the Emergency Medical Services Operating Fund shall be distributed to Grantee for the support of emergency medical services.
2. The Grantee shall receive funds equal to Grantee's proportionate share of the Emergency Medical Services Operating Fund based on its general population in relation to the total population of the state.

It is mutually agreed by both parties:

1. This contract shall commence on October 1, 2026 and remain in effect until September 30, 2027.
2. Funds shall be disbursed to the Grantee in a single payment before June 1, 2027.
3. The distribution of funds is subject to the receipt of same from the Emergency Medical Services Operating Fund.

Signed

Applicant / Grantee (Authorized Agent): _____ **Date:** _____

Applicant / Grantee (Primary EMS Contact): _____ **Date:** _____

For State Department of Health Use Only

Director, Emergency Medical Services: _____ **Date:** _____

Grant Recap Sheet

Checklist

☐	Authorized Agent and EMS Operations Manager attended the Grantee Meeting.
☐	All contact information in Step 1 has been verified or any changes noted.
☐	Official budget has been attached to Step 2.
☐	Official proposed budget has been attached to Step 3.
☐	Grant Narrative (budget categories 1 through 7) has been completed as needed to avoid any processing delay of your application.
☐	Escrow amount listed is for use of proposed grant funds only. No local dollars.
☐	Annual Expenditure Report has all receipts, vehicle titles, and letters of modification attached.
☐	Annual Expenditure Report has been signed by the comptroller or authorized agent.
☐	Escrow Report page is completed and all funds are reported appropriately. Interest is included as a separate entry.
☐	All grant funds are being deposited in an interest-bearing account with the authorized agent.
☐	Contract page is signed by the Authorized Agent (County Administrator, President of the Board of Supervisors, Chancery Clerk, Mayor, or President EMS District).
☐	Contract page is signed by the primary 911 EMS agency or agencies authorized contact (Operations Manager).
☐	Do Not Expend any grant funds until they are received by the authorized governmental agency.

Return the application by 5:00 p.m. November 13, 2026

Mississippi State Department of Health
Bureau of Emergency Medical Services, ATTN: EMSOF Grant Administrator
P. O. Box 1700, Jackson, Mississippi 39215-1700

Questions: Elaine Coleman, 601-933-7658, Elaine.Coleman@msdh.ms.gov | Billie Collier, 601-933-7648, Billie.Collier@msdh.ms.gov

For Department Use Only

Do not write on this page.

County:	**BEMS review comments:**
Amount: $	
M# (MAGIC):	**OEMSACS comments:**
Date returned:	

Grant Administrator Recommendations (please initial)

Initials: Full approval

Initials: Approval with budget modifications

Initials: Conditional approval

Initials: Non-approval

Initials: Referral to EMS Advisory Council

Comments:

Date and subject of any additional communications with applicant

Date: **Subject:**

Date: **Subject:**

Date: **Subject:**

Proposed use of funds

$	Personnel/Training	$	Ambulance
$	Regionalization (District)	$	ALS Expenditures
$	Commodities	$	Communications
$	BLS Equipment	$	First Response
$	Escrow	$	Other

EMS District name: **Total:** $

Notes	Notes	Recipient	Escrow Notes

PAFFORD
EMERGENCY MEDICAL SERVICES

October 19th, 2026

Mississippi State Department of Health
Bureau of EMS
570 E Woodrow Wilson
Jackson, MS 39216

To whom it may concern:

This is to serve as an official letter of collaboration between Pafford EMS and the City of Biloxi, MS. Pafford EMS and The City of Biloxi have worked together for quite some time to provide high quality EMS service to the citizens and visitors of Biloxi.

Pafford and The City of Biloxi share the same vision for EMS, therefore we are in full collaboration for EMSOF grant use.

Please let me know if I can answer any questions or be of any assistance.

Sincerely,

Freddie Parker
Chief Operating Officer
Pafford EMS of Mississppi

Fire Chief
Nick Geiser

170 Porter Avenue
Biloxi, Mississippi 39530
Office: 228.435.6200
Fax: 228.435.6183
www.biloxi.ms.us

Biloxi
established 1699

City of Biloxi
June 06, 2026

Mississippi State Department of Health
Bureau of Emergency Medical Services
Emergency Medical Services Operating Fund (EMSOF)

RE: Letter of Modification – EMSOF Escrowed Funds
On behalf of the City of Biloxi, we respectfully request a modification to our previously approved use of Emergency Medical Services Operating Fund (EMSOF) escrowed funds.
The City of Biloxi originally intended to utilize these escrowed funds to purchase one (1) LIFEPAK 15 cardiac monitor/defibrillator. After further evaluating the operational needs of our Emergency Medical Services program, we have determined that our current priority is to acquire other essential EMS equipment that will have a more immediate impact on patient care, provider safety, and operational readiness.

Therefore, we respectfully request approval to modify our EMSOF expenditure and utilize the escrowed funds to purchase the following equipment:

- 1 Refurbished V4 Lifepak 15 ($15,500)
- 2 Battery Charging Banks for LifePak 15 ($1,600)
- 4 Batteries for Lifepak 15 ($380)
- 1 Pulse Oximetry Patient Cable for Lifepak 15 ($75.00)
- 2 Adult Pulse Oximeter Reusable ($150.00)
- 3 McGrath Mac handle Video Laryngoscope ($4,950)
- 4 S-SCORT III Portable Suction Units ($3,180)
- 3 Mass Casualty Manikin 17Lb ($1,760)

With a total of $27,595, these purchases will directly support the City of Biloxi's ability to provide high-quality emergency medical care while ensuring our personnel are equipped with the tools necessary to effectively respond to emergencies.
This request represents only a change in the intended use of the approved escrowed funds. The funds will continue to be used exclusively for eligible EMS equipment in accordance with EMSOF guidelines.
We appreciate your consideration of this request and respectfully ask for approval of this modification. Should you require any additional information or documentation, please do not hesitate to contact us.

Thank you for your continued support of emergency medical services throughout Mississippi.
Respectfully submitted,

Chief Nick Geiser
Fire Chief
City of Biloxi Fire Department

Mayor Andrew "FoFo" Gilich
Mayor
City of Biloxi

Res. No. 461-26

CITY OF BILOXI

BALANCE SHEET FOR 2026 12

FUND: 0006 EMS OPERATIONS FUND				NET CHANGE FOR PERIOD	ACCOUNT BALANCE
ASSETS					
	06000	1000	Pooled Cash	-27,529.95	7,699.23
		TOTAL ASSETS		-27,529.95	7,699.23
FUND BALANCE					
	06000	3010	Fund Balance	.00	-12,231.69
	06000	3020	Revenue Control	-95.00	-30,842.49
	06000	3022	Expenditure Control	27,624.95	35,374.95
	06000	3032	Appropriations Control	.00	-42,025.00
	06000	3034	Budgeted Revenue Control	.00	30,155.00
	06000	3036	Budgeted (Surplus) / Deficit	.00	11,870.00
	06000	3040	Encumbrance Control	-27,624.95	.00
	06000	3042	Reserve for Encumbrance	27,624.95	.00
		TOTAL FUND BALANCE		27,529.95	-7,699.23
		TOTAL LIABILITIES + FUND BALANCE		27,529.95	-7,699.23

** END OF REPORT - Generated by diana thornton **

ORG	OBJECT	ACCOUNT	DESCRIPTION	YEAR	PER	JOURNAL	EFF DATE	POST DATE	SRC	T	REF1	REFERENCE	AMOUNT	TYPE	COMMENTS
06000	1000	0006-1000 -	Pooled Cash	2026	12	1512	09/30/2026	10/04/2026	GEN	1	INTRST	INTEREST	95.00	Interest	MONTHLY DISTRIBUTED INTEREST
06000	1000	0006-1000 -	Pooled Cash	2026	12	1094	09/23/2026	09/23/2026	APP	1	APCKS	2026L-02	(27,624.95)	Payment	
06000	1000	0006-1000 -	Pooled Cash	2026	11	1482	08/31/2026	09/03/2026	GEN	1	INTRST	INTEREST	91.22	Interest	MONTHLY DISTRIBUTED INTEREST
06000	1000	0006-1000 -	Pooled Cash	2026	10	1373	07/31/2026	08/05/2026	GEN	1	INTRST	INTEREST	90.07	Interest	MONTHLY DISTRIBUTED INTEREST
06000	1000	0006-1000 -	Pooled Cash	2026	9	1491	06/30/2026	07/13/2026	GEN	1	INTRST	INTEREST	80.60	Interest	MONTHLY DISTRIBUTED INTEREST
06000	1000	0006-1000 -	Pooled Cash	2026	8	1566	05/31/2026	06/03/2026	GEN	1	INTRST	INTEREST	88.86	Interest	MONTHLY DISTRIBUTED INTEREST
06000	1000	0006-1000 -	Pooled Cash	2026	7	1483	04/30/2026	05/05/2026	GEN	1	INTRST	INTEREST	12.71	Interest	MONTHLY DISTRIBUTED INTEREST
06000	1000	0006-1000 -	Pooled Cash	2026	7	273	04/07/2026	04/08/2026	CRP	1			30,155.00	Receipt	
06000	1000	0006-1000 -	Pooled Cash	2026	6	1529	03/31/2026	04/13/2026	GEN	1	INTRST	INTEREST	16.28	Interest	MONTHLY DISTRIBUTED INTEREST
06000	1000	0006-1000 -	Pooled Cash	2026	5	1279	02/28/2026	03/03/2026	GEN	1	INTRST	INTEREST	44.91	Interest	MONTHLY DISTRIBUTED INTEREST
06000	1000	0006-1000 -	Pooled Cash	2026	5	1112	02/25/2026	02/25/2026	APP	1	APCKS	2026E-02	(7,750.00)	Payment	
06000	1000	0006-1000 -	Pooled Cash	2026	4	1276	01/31/2026	02/04/2026	GEN	1	INTRST	INTEREST	45.11	Interest	MONTHLY DISTRIBUTED INTEREST
06000	1000	0006-1000 -	Pooled Cash	2026	3	1341	12/31/2025	01/08/2026	GEN	1	INTRST	INTEREST	38.22	Interest	MONTHLY DISTRIBUTED INTEREST
06000	1000	0006-1000 -	Pooled Cash	2026	2	1048	11/30/2025	12/08/2025	GEN	1	INTRST	INTEREST	41.12	Interest	MONTHLY DISTRIBUTED INTEREST
06000	1000	0006-1000 -	Pooled Cash	2026	1	1295	10/31/2025	11/06/2025	GEN	1	INTRST	INTEREST	43.39	Interest	MONTHLY DISTRIBUTED INTEREST
06000	1000	0006-1000 -	Pooled Cash	2026	0	3	10/01/2025	02/07/2026	SOY	1		SOY BAL	12,231.69	SOY	OPENING BALANCE

Transaction Type	Amount
Beginning Balance	12,231.69
Interest	687.49
Payment	(35,374.95)
Receipt	30,155.00
Ending Balance	**7,699.23**

INVOICE

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Invoice Date	Page
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ORDER NUMBER	
1115509	

Master Medical Equipment
PO Box 11476
Jackson, TN 38308
866-468-9558

Bill To:
City of Biloxi Fire
PO Box 429
Biloxi, MS 39533-0429
US

Ship To:
City of Biloxi Fire
170 Porter Ave
Biloxi, MS 39530-3753
US

Customer ID: 42341 Ordered By: Nick Dubuisson

PO Number	*Term Description*	*Net Due Date*	*Disc Due Date*	*Discount Amount*
20265457-00	Net 30	09/19/2026	09/19/2026	0.00

Order Date	*Pick Ticket No*	*Primary Salesrep Name*	*Taker*
08/05/2026 11:53:53	2104238	Jon Abernathy	ARIEL.DUNAVAN

Quantities					*Item ID* / *Item Description*	*Pricing UOM* / *Unit Size*	*Unit Price*	*Extended Price*
Ordered	*Shipped*	*Remaining*	*UOM* / *Unit Size*	*Disp.*				
					Carrier: UPS Ground ***Tracking #:*** 1ZE2W9370394962934			
					Carrier: UPS Ground ***Tracking #:*** 1ZE2W9370393827145			
					Carrier: UPS Ground ***Tracking #:*** 1ZE2W9370390301155			
					Carrier: UPS Ground ***Tracking #:*** 1ZE2W9370390908965			
					Carrier: UPS Ground ***Tracking #:*** 1ZE2W9370390294575			
					Carrier: UPS Ground ***Tracking #:*** 1ZE2W9370391821985			
					Carrier: UPS Ground ***Tracking #:*** 1ZE2W9370391175193			
1	1	0	EA 1.0		PHYLP1512BIPSOBCABT-V4 Physio-Control Lifepak 15 Defibrillator 12L, Biphasic, Pacing, SpO2, SpCO, NiBP, EtCO2, AED, Bluetooth, Version 4 ***Serial Number:*** 43907270	EA 1.0000	15,500.0000	15,500.00
1	1	0	EA 1.0		PHYLP1512BIPSBCA-R KIT Recertified Lifepak 15 Accessory Kit	EA 1.0000	0.0000	0.00
		1	EA		***Level:*** PHY11113-000004-R			
		1	1.0		***Qty Per Assembly:*** Quik-Combo Therapy Cable, LifePak 15 -R	EA		
		1			***Total Qty:***			
					PHY11113-000004-R- Multi Function Cable			
		2	EA		***Level:*** PHY11111-000018			
		1	1.0		***Qty Per Assembly:*** Trunk ECG Cable, LifePak 12/15, 5ft	EA		
		1			***Total Qty:***			

* * * *REPRINT* * * *

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Invoice Date	Page
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ORDER NUMBER	
1115509	

Master Medical Equipment
PO Box 11476
Jackson, TN 38308
866-468-9558

Quantities					Item ID / Item Description	Pricing UOM / Unit Size	Unit Price	Extended Price
Ordered	Shipped	Remaining	UOM / Unit Size	Disp.				
Level:		3	EA		PHY11111-000022			
Qty Per Assembly:		1		1.0	V-Lead ECG Set, LifePak 12/15	EA		
Total Qty:		1						
					PHY11111-000022 Lifepak 12 and 15 Precordial Vector Leads			
Level:		4	EA		PHY21330-001176-R			
Qty Per Assembly:		2		1.0	LifePak 15 Lithium-Ion Battery -R	EA		
Total Qty:		2						
					PHY21330-001176-R- Lifepak 15 LI-Ion battery 21330-001176			
Level:		5	EA		LL12394			
Qty Per Assembly:		1		1.0	Physio-Control LifePak Paper, 100mm	EA		
Total Qty:		1						
Level:		6	EA		VERT100LOAC-PHY			
Qty Per Assembly:		1		1.0	PhysioCompatibleDefibrillator Pads 10/bx	EA		
Total Qty:		1						
					Lead Out, Translucent			
Level:		7	EA		LLFS-TB			
Qty Per Assembly:		1		1.0	Skintact FS-TB Electrodes, 30/pch	EA		
Total Qty:		1						
					High Performance, Foam, Wet-Gel, Stress/Holter/Echo/Monitoring			
Level:		8	EA		EMBA-ST-CUFF-BP12			
Qty Per Assembly:		1		1.0	Embra Reusable NIBP Cuff, Adult, Single	EA		
Total Qty:		1						
					Reusable NIBP Cuff - Adult - Single - BP12 Compatible with: LP15, Philips, Embra F1880S0 PCB-A-ST-CUFF			
Level:		9	EA		PHY11577-000002			
Qty Per Assembly:		1		1.0	LifePak 15 Carry Case	EA		
Total Qty:		1						
					Right and Left Pouches Only			
Level:		10	EA		ZOL8300-000208			
Qty Per Assembly:		1		1.0	Filterline Set, Adult/Pediatric	EA		
Total Qty:		1						
					This Item Replaces P/N 8300-0520-01			

*** REPRINT ***

INVOICE

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ORDER NUMBER	
1115509	

Master Medical Equipment
PO Box 11476
Jackson, TN 38308
866-468-9558

Quantities					Item ID / Item Description	Pricing UOM / Unit Size	Unit Price	Extended Price
Ordered	Shipped	Remaining	UOM / Unit Size	Disp.				
Level:		11	EA		PHY21300-008148-R			
Qty Per Assembly:		1		1.0	NiBP Hose, Bayonet, Coiled, 9ft -R	EA		
Total Qty:		1						
Level:		12	EA		MAS2055-R			
Qty Per Assembly:		1		1.0	Red LNC-04 Patient Cable -R	EA		
Total Qty:		1						
Level:		13	EA		MAS1863-R			
Qty Per Assembly:		1		1.0	LNCS DC-I Adult Reusable Sensor, 3ft -R	EA		
Total Qty:		1						
4	4	0	EA		PHY21330-001176-R	EA	95.0000	380.00
				1.0	LifePak 15 Lithium-Ion Battery -R	1.0000		
					PHY21330-001176-R- Lifepak 15 LI-Ion battery 21330-001176			
2	2	0	EA		PHY11577-000004	EA	800.0000	1,600.00
				1.0	LifePak 15 Two-Bay Charging Station	1.0000		
1	1	0	EA		MAS2055-R	EA	75.0000	75.00
				1.0	Red LNC-04 Patient Cable -R	1.0000		
2	2	0	EA		MAS1863-R	EA	75.0000	150.00
				1.0	LNCS DC-I Adult Reusable Sensor, 3ft -R	1.0000		
4	4	0	EA		SSC74000	EA	795.0000	3,180.00
				1.0	S-SCORT III	1.0000		
		Serial Number:			S50599			
		Serial Number:			S50606			
		Serial Number:			S50607			
		Serial Number:			S50616			

Total Lines: 7

SUB-TOTAL:	20,885.00
TAX:	0.00
FREIGHT:	29.95
AMOUNT DUE:	**20,914.95**
U.S. Dollars	

* * * *REPRINT* * * *

INVOICE

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Invoice Date	Page
08/17/2026 15:50:10	1 of 1
ORDER NUMBER	
1115509	

Master Medical Equipment
PO Box 11476
Jackson, TN 38308
866-468-9558

Bill To:
City of Biloxi Fire
PO Box 429
Biloxi, MS 39533-0429
US

Ship To:
City of Biloxi Fire
170 Porter Ave
Biloxi, MS 39530-3753
US

Customer ID: 42341 Ordered By: Nick Dubuisson

PO Number	*Term Description*	*Net Due Date*	*Disc Due Date*	*Discount Amount*
20265457-00	Net 30	09/16/2026	09/16/2026	0.00

Order Date	*Pick Ticket No*	*Primary Salesrep Name*	*Taker*
08/05/2026 11:53:53	2104587	Jon Abernathy	ARIEL.DUNAVAN

Quantities					*Item ID* / *Item Description*	*Pricing UOM* / *Unit Size*	*Unit Price*	*Extended Price*
Ordered	*Shipped*	*Remaining*	*UOM* / *Unit Size*	*Disp.*				
Carrier: UPS Ground					*Tracking #:* 1ZE2W9370390417889			
3	3	0	EA / 1.0		BT2146-00000 McGRATH MAC handle 2.5 LCD Color Display	EA / 1.0000	1,650.0000	4,950.00
					Serial Number: 246644			
					Serial Number: 246645			
					Serial Number: 246649			

Total Lines: 1

SUB-TOTAL:	4,950.00
TAX:	0.00
AMOUNT DUE:	**4,950.00**
U.S. Dollars	

ORIGINAL

North America Fire Equip. Inc.
D.B.A - NAFECO
PO Box 2928
1515 Moulton Street West
Decatur, AL 35602
Phone: 800-628-6233 Fax: 256-355-0852

INVOICE

PAGE	1
INVOICE NO.	1436075
INVOICE DATE	7/30/26

SOLD TO
BIL060
BILOXI FIRE DEPARTMENT
P.O. BOX 429
BILOXI, MS 39533-0429
United States of America
228-435-6137

RECEIVED
AUG 04 2026
FD

SHIP TO
BILOXI FIRE DEPT.
ATTN: KEVIN NGUYEN
170 PORTER AVENUE
PH: 228-435-6200
BILOXI, MS 39530
United States of America

We accept all major credit cards. However, each transaction is subject to a 3% handling fee.

CUSTOMER PO #	SHIP VIA	TERMS	DATE SHIPPED	PICK TICKET NO.	SLMN 1	SLMN 2
20265261-00	Best Way	NET 30	7/30/26	1378002-000	4	

SPECIAL INSTRUCTIONS >
CH/KB

ORDERED	SHIPPED	BACK ORDERED	U/M	ITEM NO./ DESCRIPTION	PRICE	AMOUNT
				Note:Due to tariffs by our manufacturers there may be additional charges. The charges will be added to shipping and handling with no additional mark-up applied.		
3.00	3.00	.00	EA	2395014008_1378002 MASS CASUALTY MANIKIN (17 lbs)	540.0000	1620.00

DC Ref Order 3884

LINE ITEM TOTAL	SHIPPING & HANDLING	TAX	SUB-TOTAL	DEPOSIT	BALANCE DUE
1620.00	140.00	.00	1760.00	.00	1760.00

The EMS Training School, LLC DBA School of EMS
115 Jordan Plaza Blvd Ste 200
Tyler, TX 75704-2049
+19032842615
bacole@schoolofems.org

INVOICE

BILL TO
Biloxi Fire Department
170 Porter Ave.
Biloxi, MS 39530 US

INVOICE # 5186
DATE 09/19/2025
DUE DATE 10/19/2025
TERMS Net 30

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
09/15/2025	**Online Medic Class**	Paramedic Tuition for Austin Halat	1	8,250.00	8,250.00
09/15/2025	**Discount**	Discount for Employer Sponsored Students	1	-500.00	-500.00

Questions regarding this Invoice, contact Belinda Cole, bacole@schoolofems.org.

BALANCE DUE **$7,750.00**

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

BILOXI CITY OFFICE OF THE CONTROLLER

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

CITY OF BILOXI

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☑ Other (see Instructions) MISSISSIPPI MUNICIPAL GOVERNMENT

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

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

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

P. O. BOX 429

Requester's name and address (optional)

6 City, state, and ZIP code

BILOXI, MS 39533-0429

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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer Identification number

6	4	–	6	0	0	0	1	5	3

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 Regina Bossier Date 3/26/2024

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they