

**OKEC, LLC**

13725 Metcalf Ave, #298  
 Overland Park, KS 66209  
 (913) 226-6628

**INVOICE**

04092002  
 DATE: 4/9/2020

**TO:**

State of Kansas  
 Adjutant General's Dept  
 2800 SW Topeka BLVD  
 Topeka, KS 66611

**SHIP TO:**

190<sup>th</sup> ANG  
 Forbes Field  
 5920 SE Coyote Dr Bldg 666  
 Topeka, KS 66619

CONTACT	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS
Michael Neth	OKEC-COVID-1	Michael Neth	Scarborough Air Freight	Jiangyan City, CN	Prepay

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
500,000	Viral Swab Collection Kits	\$7.50	\$3,750,000
	\$700,000 Received on Account 4/8/2020 Swift wire out 4-10-2020. Shipping dates confirmed.		
	1 <sup>st</sup> shipment 5,000 units week of 4-13-2020.		
	2 <sup>nd</sup> shipment of 5,000 units week of 4-20-2020		
	3 <sup>rd</sup> shipment of 5,000 units week of 4-27-2020.		
	4 <sup>th</sup> shipment of 100,000-200,000 units week of 5-11- 2020		
	Weekly shipments after 5-11 of 100,000 – 200,000 units until order of 500,000 is complete.		
	Customs broker (KC Office) and logistics shipper (China) have been retained and delivery estimated three days after receipt from manufacturer. Air Freight to Chicago as KC has no international flights from Asia. Trucking same day to Topeka.		

SUBTOTAL	\$3,750,000
SHIPPING	Unknown
TOTAL	Unknown

**Epps, David A NFG NG KSARNG (USA)**

---

**Subject:** FW: [Non-DoD Source] Re: FW: Swab Collection Kit Proposal  
**Attachments:** Commerce Bank Wire Instructions.pdf; OKEC, LLC W-9 (2).pdf

**From:** Ashley D Goss [KDHE] <  
**Sent:** Wednesday, April 1, 2020 3:25 PM  
**To:** [osborn.jim@gmail.com](mailto:osborn.jim@gmail.com) <  
**Cc:** Neth, Michael E NFG (USA) <  
**Subject:** [Non-DoD Source] RE: Swab Collection Kit Proposal

**\$700,000.00**  
**prepayment**

See below.

Ashley Goss

Kansas Department of Health and Environment

Deputy Secretary for Public Health

Office of the Secretary

1000 S.W. Jackson St., Ste 540

Topeka, KS. 66612

785-296-2094

---

**From:** Jim Osborn  
**Sent:** Wednesday, April 1, 2020 3:23 PM  
**To:** Ashley D Goss [KDHE] <  
**Subject:** Swab Collection Kit Proposal

Hi Ashley, I do not have Michael's e-mail address, so I have taken the liberty of sending this to you for forwarding. I can also send it along

to him if you will forward me his contact information. Thanks! Could you confirm receipt? I am trying to get as much done before they open in China.

The manufacturer has agreed to the following.

1) They will supply 500,000 Viral Collection Kits at the rate of 10,000 per day, beginning within two weeks after receipt of order. I will forward them a copy of your purchase order as soon as I have it.

2) They want a 50% up-front payment, made prior to the initial 100,000 to be placed in the queue. As soon as the 1<sup>st</sup> 100,000 is shipped, I will wire another 50% payment for the 2<sup>nd</sup>, and continue this protocol for each tranche of 100,000 until the order is

**AGO Form 503: Request for Purchase**  
revised 7/2019

**Purchase Order ID:** \_\_\_\_\_

STATE OF KANSAS  
ADJUTANT GENERAL'S DEPT  
2800 SW TOPEKA BLVD  
TOPEKA, KS 66611

Regular Purchase   
Contract/Bid Purchase   
PAR/Sole Source Purchase   
Emergency Purchase   
P-Card Purchase  Last 4 of Card: \_\_\_\_\_

*accounting use only*  
Requisition ID: \_\_\_\_\_  
 Asset Entered  Contract Entered  
 Copy to Property Officer

Unit: KDEM - Admin  
Ship To: 2800 SW Topeka Blvd  
Topeka, KS 66611

Contract ID: 0 for contract vendors and purchases over \$5,000

Purchases > \$2,000 and < \$5,000 need 3 bids unless from State contract

**Request Authority to Purchase from Vendor #:** \_\_\_\_\_

Vendor #1	
OKEC, LLC	
13725 Metcalf Ave #298	
Overland Park, KS 66223	
0	
SMART ID or Tax ID: _____	0

Vendor #2	
SMART ID or Tax ID: _____	

Vendor #3	
SMART ID or Tax ID: _____	

Items requested to be purchased:

QTY	UNIT	ITEM DESCRIPTION
1. 500,000	ea	Testing Kits - COVID-19
2.		
3.		
4.		Ship to: 190th ANG
5.		Forbes Field
6.		5920 SE Coyote Dr Bldg 666
7.		Topeka KS 66619

Bid price of each requested item by vendor:

Vendor #1		
QTY	UNIT COST	TOTAL COST
1. 500,000	\$7.50	\$3,750,000.00
2.		
3.		
4.		
5.		
6.		
7.		
<b>Grand Total</b>		<b>\$3,750,000.00</b>

Vendor #2		
QTY	UNIT COST	TOTAL COST
1. 500,000		
2.		
3.		
4.		
5.		
6.		
7.		
<b>Grand Total</b>		

Vendor #3		
QTY	UNIT COST	TOTAL COST
1. 500,000		
2.		
3.		
4.		
5.		
6.		
7.		
<b>Grand Total</b>		

<b>Justification for Purchase:</b>		<b>FUNDING</b>	
<p><b>Requestor:</b> I certify that these costs were quoted by the vendors listed above.</p> <p>Signature and Date: <u>MEDENGR</u> Digitally signed by NETH.MICHAEL.EDWARD.1457057128 Date: 2020.04.07 15:35:17 -05'00'</p>		<p>FFY: <u>20</u> Agreement / Grant: <u>DR-4504</u></p> <p>Project Title / Number: _____</p>	
<p><b>CFMO / Controlling Supervisor:</b> I have reviewed and concur with Requestor.</p> <p>Signature and Date: _____</p>		<p><input type="checkbox"/> 100F <input checked="" type="checkbox"/> 75F / 25S ESTIMATED COST</p> <p><input type="checkbox"/> 100FF <input type="checkbox"/> 50F / 50S Federal: _____</p> <p><input type="checkbox"/> 100S <input type="checkbox"/> Counter Drug State: _____</p> <p><input type="checkbox"/> other: _____ Counter Drug: _____</p>	
<p><b>Resource Officer / Financial Manager:</b> I certify Federal funds are available and the expenditure is authorized by and through the related Federal/State Agreement or Grant.</p> <p>Signature and Date: _____</p>		<p>Other Remarks: _____</p>	
<p><b>State Comptroller:</b> Authority granted to contract for items above. Federal funds are available and authorized as certified by Resource Officer / Financial Manager. Amount to be certified for payment on AGO Form 504.</p> <p>Signature and Date: <u>MEDENGR</u> Digitally signed by NETH.MICHAEL.EDWARD.1457057128 Date: 2020.04.07 15:35:48 -05'00'</p>		<b>FISP DATA (CFMO / Federal use only)</b>	
		<p>AMSCO / EEIC: _____ SPT. Code: _____</p> <p>EOR: _____ CAT. Code: _____</p> <p>Fac. Number: _____ Installation: _____</p>	

completed. This assures us of no price increase nor delays during the 500,000 order. They had asked for 50% up-front for the entire order to protect the price, as that is apparently the current protocol, but went along with my modification.

3) A caveat here is while they are able to produce, the shipping must be carefully monitored because of the combination of the crush of products coming from Shanghai and reduced flights. I will employ a Shipping Logistics Company to obtain best pricing and delivery from the three international carriers and monitor, expedite and assure that the proper shipping authorizations are included on all boxes and shipping documents to prevent delays at US Customs. As you apparently do not currently have a customs broker, I will also retain a US-domiciled firm.

4) The price is \$7.50/Unit, FOB Shanghai, CN.

Purchase Order to: OKEC, LLC (a Delaware LLC)

PO Box 26262, Overland Park, KS 66213

Best regards,

Jim Osborn

(913) 226-6628

# PRIOR AUTHORIZATION REQUEST FORM

**INSTRUCTIONS: Prepare this form and related documents, scan and attach to a SMART Purchase Requisition as a LINE ITEM comment.**

**Prior Authorization is requested in the Amount of: \$3,750,000**

*If this is the first PA Request for a project, enter the TOTAL amount of the proposed project above.*

*If you are renewing or amending a previously approved PA-based transaction, please use the originally approved PA Form and complete the Revised PA information on Page 2.*

Will Multiple Payments Be Made? Yes  No

Will the total exceed \$25,000? Yes  No

(If the answer to BOTH of the above questions is "Yes", a SMART Contract will be required.)

**Prior Auth. Code: EMR**

**SMART Vendor ID:**

**Vendor:**

**OKEC LLC  
13725 Metcalf Ave #298  
Overland Park, KS 66223**

Has the vendor ever been an employee of the State of Kansas? Yes  No

If yes, please explain the nature of the employment and e of service.

Type info here; please be complete but concise; attach additional information as needed

**Kansas Procurement statutes establish the competitive bid process; therefore, Central Procurement expects that an agency requesting approval of a non-competitive transaction will conduct and document its research to ensure that no competition exists. Failure to include specific and current research information with this form will result in rejection of the Request.**

1. Is there a proposed contract agreement? Yes  No

If so, please submit a copy with this PA Request for review of terms and conditions.

Was the proposed contract prepared by the: Agency  Vendor  Other

2. Detailed Description of Material or Service

**500,000 Covid-19 Test Kits for use by Medical Personnel in trying to identify patients who have contacted the Corona Virus.**

3. Proposed Term of Contract (if applicable):

4. Describe the research completed to ensure that no competition exists, including a list of vendors who are unable to provide the goods or services, and representative names and contact information to allow for independent verification.

**On March 12, 2020, Governor Laura Kelly issued a State of Disaster Emergency Proclamation to all counties in Kansas in response to the COVID-19 Virus outbreak. The SEOC was activated and began operating on a 24/7 basis.**

**KDEM has been identified by FEMA with the responsibility of stockpiling supplies for first responders and medical personnel in the state of Kansas. As a result, this order is being submitted for approval to order 500,000 Covid-19 Test Kits that will be distributed to medical facilities as needed.**

**OKEC LLC in Overland Park, KS currently has them in stock and can provide them in a timely basis.**

5. Has the agency contracted with the vendor at any time during the past twelve months?

Yes  No

If yes, please explain the nature of the service and the amount of the purchase / contract, and the period of time covered by any contract, including original start date for the agreement. **Failure to include specific information will result in rejection of the Request.**

Copy of the Declaration of Emergency is also included

-----  
**Please attach any supporting documentation (sales quotation, sales proposal, draft contract) as Line Item Comments to the SMART Purchase Requisition.**  
-----

**AGENCY USE ONLY**

Agency Name: Adjutant General's Dept. Agency Number: 034  
Contact Person: Kyle Green Telephone: 785-556-0099  
Email Address: richard.k.green6.nfg@mail.mil Date: 04/08/2020

## REVISED PRIOR AUTHORIZATION

IF YOU NEED TO REVISE A PREVIOUSLY SUBMITTED PRIOR AUTHORIZATION, PLEASE INCLUDE THE ORIGINAL AMOUNT, THE AMOUNT OF ANY AND ALL SUBSEQUENT REVISIONS, AND THE NEW REVISED TOTAL. THIS FORM SHOULD COMPLETELY SUMMARIZE THE ORIGINS AND CHANGES ASSOCIATED WITH THE CONTRACT AND/OR PROJECT **YOU WILL ALSO NEED TO PROVIDE AN EXPLANATION FOR THE NEED TO REVISE THE PRIOR AUTHORIZATION.**

**Revised PA Requests must be submitted to Procurement & Contracts outside of SMART.**

**Other details for this specific revision:**

**No Increase in Cost, Change in Term of Contract:**

**SMART Purchase Requisition Number(s):** \_\_\_\_\_

**SMART Purchase Order Number(s):** \_\_\_\_\_

**SMART Contract Number(s):** \_\_\_\_\_

**Historical Summary of Contract**

**Original PA Amount:** \$ \_\_\_\_\_

**Revision #1:** \$ \_\_\_\_\_

**Revision #2:** \$ \_\_\_\_\_

**Revised Total** \$ \_\_\_\_\_

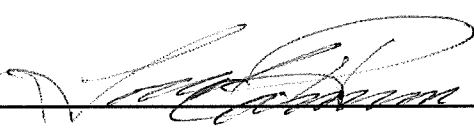
**Description of Action (Examples shown below)**

**(i.e.: Original Contract)**

**(i.e.: Amendment #1 - Description of Scope of Work Change)**

**(i.e.: Renewal for xx/xx/xx to xx/xx/xx)**

**Procurement and Contracts Approval:**



**Date:** 4-8-2020