



HEALTH FIRST
KOSCIUSKO

Memorandum of Understanding

THIS AGREEMENT made between the **KOSCIUSKO COUNTY COMMISSIONERS ON BEHALF OF THE KOSCIUSKO COUNTY HEALTH DEPARTMENT**, Kosciusko County, Indiana, ("County") and The Magical Meadows, ("Recipient").

SECTION 1.

RECITALS

1.1 County desires to provide the Recipient with the goods outlined in Exhibit "A" attached hereto and the Memorandum of Understanding.

1.2 The Recipient desires to request from the County a reimbursement for the purchase of goods, described in Exhibit "A" and the Memorandum of Understanding, in the sum of two thousand four hundred and seventy four dollars and ninety-nine cents (\$2,474.99) which shall be provided through the Health First Kosciusko fund.

SECTION 2.

CONSIDERATION

2.1 The consideration for this Agreement is the purchasing of goods by the County described in Exhibit "A" and the Memorandum of Understanding, in the sum of two thousand four hundred and seventy four dollars and ninety-nine cents (\$2,474.99).

SECTION 3.**TERMS**

3.1 The County shall reimburse the purchase of the goods for the Recipient after the execution of this agreement and after the completion of the 30 day public notice period, if applicable.

3.2 As a condition of the partnership with Health First Kosciusko, the Grantee shall incorporate either the Health First Kosciusko logo or name in all correspondence, advertisements, or communications regarding Health First Indiana money or Health First Kosciusko support. All correspondence, advertisements, or communications regarding Health First Indiana money or Health First Kosciusko support must be approved by the Health First Kosciusko Coordinator before publication. Statement to include in all correspondence: "Funding provided by the Kosciusko County Health Department via Health First Indiana, learn more at <https://www.in.gov/healthfirstindiana/>".

3.3 If Health First Indiana funding should stop being provided to Kosciusko County during the term of this Memorandum of Understanding, the Memorandum of Understanding shall be terminated without cause.

3.4 To the fullest extent permitted by law, the Recipient agrees to indemnify, defend, and hold the Kosciusko County Commissioners and Kosciusko County Council, harmless from and against any and all claims, damages, losses and expenses. This clause shall survive the expiration or earlier termination of this agreement.

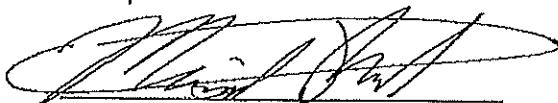
3.5 This agreement may be changed or modified only in writing signed by both the Kosciusko County Health Department Administrator and the Recipient.

3.6 By providing a signature below, the Recipient agrees to abide by the conditions set forth in this agreement until the date the agreement is no longer in effect.

3.7 This Agreement shall be in effect through December 31, 2025 (month/day/year).

The Magical Meadows

"Recipient"



Authorized Representative Signature

Michael Kuhn, Executive Director

Printed Name & Title

11/18/25

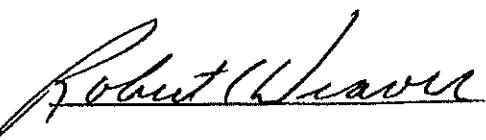
Date

Kosciusko County Commissioner

Cary Groninger

Commissioner Printed Name

Kosciusko County Health Department



Authorized Representative Signature

Robert Weaver, Administrator

Printed Name & Title

11-18-25

Date

Kosciusko County Commissioner

Cary Groninger

11-18-2025

Commissioner Signature and Date

The Parties have executed this agreement this 18th day of November, 2025 (Date provided by the County Commissioner or Health Department Administrator)

EXHIBIT "A"

The following goods are provided by the KOSCIUSKO COUNTY HEALTH DEPARTMENT to the
RECIPIENT: See Memorandum of Understanding and the attached proposal.



MAGICAL MEADOWS

Therapeutic Horseback Riding

3386 E. 525 N., Warsaw, IN 46582

Dear Liz and Health First Kosciusko Team,

On behalf of The Magical Meadows, I am writing to request reimbursement funding for the purchase of an Automated External Defibrillator (AED) and a comprehensive First Aid kit. As you know, The Magical Meadows is committed to providing a safe, welcoming environment where individuals of all ages and abilities—especially those with disabilities, veterans, and first responders—can experience the healing power of therapeutic horseback riding.

The safety and well-being of our riders, volunteers, and visitors is our highest priority. Given the physical nature of horseback riding and the diverse needs of our participants, it is critical that we are prepared to respond quickly and effectively to any medical emergency. An AED on-site ensures that we have the ability to provide life-saving intervention in the event of sudden cardiac arrest, when every second counts. A fully stocked First Aid kit allows our staff and volunteers to immediately treat injuries ranging from minor scrapes and bruises to more urgent situations until professional medical help arrives.

While we take every precaution to maintain a safe environment, we recognize that accidents and health emergencies can happen. Having these resources readily available not only provides peace of mind to the families who entrust their loved ones to our care, but it also demonstrates our continued commitment to the highest standards of safety.

On August 18, 2025, The Magical Meadows purchased and had installed the AED and First Aid kit from Wildman. The total cost of this equipment and installation was \$2,475. We respectfully request reimbursement of this expense so that we may continue to allocate our program funds directly to serving our riders and expanding the reach of our therapeutic services.

We are deeply grateful for the support of Health First Kosciusko in helping organizations like ours protect the health of our community. Your reimbursement of these essential safety tools will directly enhance our ability to serve hundreds of riders each year in a secure, prepared, and caring environment.

Thank you for your consideration of this request, and for your ongoing investment in the health and safety of Kosciusko County.

Sincerely,

Michael Kuhn | Executive Director

August 19, 2025

Magical Meadows, Inc.
2025 Board of Directors

Carl Adams
New Paris, Indiana
Chairman of the board
574-265-3085
Adams.soff@yahoo.com

Brent Bockelman
Columbia City, Indiana
Vice Chairman
260-740-2578
Brentabockelman@yahoo.com

Amy Seewald
Bourbon, Indiana
Secretary/Treasurer
574-551-1681
Aseewald1@gmail.com

Carissa Reed
Warsaw, Indiana
Member
317-294-1415
Carissa.reed@yahoo.com

Claudia Keirn
Warsaw, Indiana
Member
574-551-0317
[Claudia.keirn5@gmail.com](mailto: Claudia.keirn5@gmail.com)

Kyle DaWalt
Ft. Wayne, Indiana
Member
574-551-6673
Kyledawalt@gmail.com

J.T. Jacobson
Winona Lake, Indiana
Member
317-544-9524
Jtjacobs2@gmail.com

Barry Byls

Warsaw, Indiana
Member
574-268-8494
Countrycanvas@centurylink.net

Keith Reinholt
Leesburg, Indiana
Member
574-551-4586
Keith.reinholt44@gmail.com

2025 Staff

Michael Kuhn
Executive Director

Tammy Stackhouse
Founder/Program Coordinator

Addisyn Daley
Lead Riding Instructor

Tricia Madinger
Program Assistant

Hanna Cripe
Program Assistant

Ashley Silveus
Part-time Riding Instructor

Bethany Crumley
Part-time Riding Instructor

Railly Miller
Part-time Riding Instructor

Jalyn Rucker
Part-time Riding Instructor

Kiera Daley
Part-time Barn Assistant



MAGICAL MEADOWS

THERAPEUTIC HORSEBACK RIDING

Our Mission:

To provide a natural space for those with physical, mental or emotional challenges, along with their families, to experience the healing power of horses.

Our Vision:

We envision a culture in which the definition of healing is not limited to traditional medicine – a culture in which “healing” is understood to encompass immersion in the natural world as a way to experience physical, mental, and spiritual peace.



Invoice

Wildman Facility Services
 800 S. Buffalo St.
 Warsaw, IN 46580
 574-269-1552
 Toll Free: 866-369-1552

Bill To

MAGICAL MEADOWS
 3386 E 525 N

WARSAW, IN 46582

574-377-1946

Ship To

MAGICAL MEADOWS
 3386 E 525 N

WARSAW, IN 46582

574-377-1946

Invoice Number: 3011010463
 Invoice Date: 08/15/2025

Order Number:
 Order Date:

Customer No.: 601946000

Delivery Date	Terms
08/15/2025	NET 30

Internal Routing
 1009 - FRI - E4W3 - 0

Line	Item	Wearer #	Wearer Name	Description	Size	OrdQty	Unit	InvQty	DelQty	B/O	Unit Price	Sub-Total	Total
1	SUR			SERVICE CHARGE	EAC	1	EAC		1		10.0000	10.00	\$ 10.00
2	FA100150			ELASTIC STRIP 7/8 X 3, 50/BOX	BOX	1	BOX		1		0.0000	0.00	\$ 0.00
3	FA100378			ELASTIC FINGER TIP 40/BOX 36/CA	BOX	1	BOX		1		0.0000	0.00	\$ 0.00
4	FA100473			X-LARGE ELASTIC FINGER TIP 25/B	BOX	1	BOX		1		0.0000	0.00	\$ 0.00
5	FA100578			ELASTIC KNUCKLE 40/BOX 32/CA	BOX	1	BOX		1		0.0000	0.00	\$ 0.00
6	FA100673			ELASTIC LARGE PATCH 2X3 25/BOX	BOX	1	BOX		1		0.0000	0.00	\$ 0.00
7	FA103071			ANTISEPTIC WIPES 25 CT 20/CS	BOX	1	BOX		1		0.0000	0.00	\$ 0.00
8	FA103150			ALCOHOL WIPES 50 COUNT 20/CA	BOX	1	BOX		1		0.0000	0.00	\$ 0.00
9	FA103512			GAUZE PAD 2X2 10 COUNT 48/CA	BOX	1	BOX		1		0.0000	0.00	\$ 0.00
10	FA103612			GAUZE PAD 3X3 10 COUNT 48/CA	BOX	1	BOX		1		0.0000	0.00	\$ 0.00
11	FA103773			TRAUMA2 WINDLASS Tourniquet	EAC	1	EAC		1		0.0000	0.00	\$ 0.00
12	FA193833			LUBRICANT EYE DROPS, PRESERVA	PKG	1	PAC		1		0.0000	0.00	\$ 0.00
13	FA19868			1/2 OZ EYEWASH BREAK-AWAY	12	EAC	4	EAC		4	0.0000	0.00	\$ 0.00
14	FA20050			ANTI-DIARRHEAL TABLETS, 10 CT	BOX	1	BOX		1		0.0000	0.00	\$ 0.00
15	FA20312			LORATADINE ALLERGY RELIEF 10C	BOX	1	BOX		1		0.0000	0.00	\$ 0.00
16	FA22517			BURN SPRAY 2oz PUMP	12/CASE	EAC	1	EAC		1	0.0000	0.00	\$ 0.00
17	FA22617			BLOOD CLOUTER 3oz AEROSOL	12	EAC	1	EAC		1	0.0000	0.00	\$ 0.00
18	FA23017			COLD SPRAY AEROSOL 4oz 12/CAS	EAC	1	EAC		1		0.0000	0.00	\$ 0.00
19	FA2332			QR WOUND SEAL POUR PACKS FOR	EAC	1	EAC		1		0.0000	0.00	\$ 0.00
20	FA24417			ANTISEPTIC SPRAY 2oz. PUMP 12/	EAC	1	EAC		1		0.0000	0.00	\$ 0.00
21	FA24506			WOUND WASH, 12 UNITS / CASE	EAC	1	EAC		1		0.0000	0.00	\$ 0.00
22	FA25706			HYDROGEN PEROXIDE SPRAY PUMP	EAC	1	EAC		1		0.0000	0.00	\$ 0.00
23	FA26671			LIP-GUARD MEDICATED LIP OINTME	BOX	1	BOX		1		0.0000	0.00	\$ 0.00



Invoice

Wildman Facility Services
800 S. Buffalo St.
Warsaw, IN 46580
574-269-1552
Toll Free: 866-369-1552

Bill To

MAGICAL MEADOWS
3386 E 525 N
WARSAW, IN 46582
574-377-1946

Ship To

MAGICAL MEADOWS
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Invoice Number: 3011010463
Invoice Date: 08/15/2025

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Customer No.: 601946000

Delivery Date		Terms		Internal Routing								
08/15/2025		NET 30		1009 - FRI - E4W3 - 0								

Line	Item	Wearer #	Wearer Name	Description	Size	OrdQty	Unit	InvQty	DelQty	B/O	Unit Price	Sub-Total	Total
24	FA26806			ALCOHOL SPRAY 2oz PUMP	EAC	1	EAC		1		0.0000	0.00	\$ 0.00
25	FA3060			4 X 4 BURN DRESSING	EAC	2	EAC		2		0.0000	0.00	\$ 0.00
26	FA41114			5-PACK MUSCLE GEL	PAC	1	PAC		1		0.0000	0.00	\$ 0.00
27	FA44669			BURN RELIEF GEL 6/PACK	PAC	1	PAC		1		0.0000	0.00	\$ 0.00
28	FA46925			HAND/SKIN LOTION, 25CT BOX	BOX	1	BOX		1		0.0000	0.00	\$ 0.00
29	FA47367			PEPTO-BISMOL 30/BOX	BOX	1	BOX		1		0.0000	0.00	\$ 0.00
30	FA49566			OPTI-CLEAR EYEDROPS 0.5 OZ BOT	EAC	1	EAC		1		0.0000	0.00	\$ 0.00
31	FA4PRM0			PROMOTIONAL 4 SHELF, FULL	EAC	1	BOX		1		199.9900	199.99	\$ 199.99
32	FA60275			BUTTERFLY CLOSURES 16 BAG 12/c	BAG	1	BAG		1		0.0000	0.00	\$ 0.00
33	FA60433			3 COTTON TIP APPLICATORS 10	VIA	1	VIA		1		0.0000	0.00	\$ 0.00
34	FA60501			NON-ST GAUZE ROLL 2 X 5 YD	EAC	1	EAC		1		0.0000	0.00	\$ 0.00
35	FA60901			RIP FLEX 2 X 5 YD	EAC	1	EAC		1		0.0000	0.00	\$ 0.00
36	FA61101			ADHESIVE TAPE 3-ROLLS-IN-ONE	EAC	1	EAC		1		0.0000	0.00	\$ 0.00
37	FA61301			NON-ST GAUZE ROLL 3 X 5 YD	EAC	1	EAC		1		0.0000	0.00	\$ 0.00
38	FA62178			EXTRA-LONG FLEXIBLE FABRIC STR	BOX	1	BOX		1		0.0000	0.00	\$ 0.00
39	FA62201			NON-ST GAUZE ROLL 4 X 5 YD	EAC	1	EAC		1		0.0000	0.00	\$ 0.00
40	FA62301			ELASTIC WOVEN TAPE 1 X 5 YD	ROL	1	ROL		1		0.0000	0.00	\$ 0.00
41	FA63101			RIP FLEX 3 X 5 YD	EAC	1	EAC		1		0.0000	0.00	\$ 0.00
42	FA64212			TELEA PAD 2X3 10/BOX 54/case	BOX	1	BOX		1		0.0000	0.00	\$ 0.00
43	FA64470			OVAL EYE PADS 4/BOX	BOX	1	BOX		1		0.0000	0.00	\$ 0.00
44	FA65010B			TRIANGULAR BANDAGE NON-STERI	EAC	2	EAC		2		0.0000	0.00	\$ 0.00
45	FA66501			1" RIP FLEX	EAC	1	EAC		1		0.0000	0.00	\$ 0.00
46	FA6926			INSTA-GLUCOSE 24GRM TUBE	EAC	1	EAC		1		0.0000	0.00	\$ 0.00



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Internal Routing	
1009 - FRI - E4W3 - 0	

Line	Item	Wearer #	Wearer Name	Description	Size	OrdQty	Unit	InvQty	DelQty	B/O	Unit Price	Sub-Total	Total
47	FA69550			QUICK HEAL HYDROCOLLOID WATE BOX	1	BOX		1	0.0000	0.00	\$ 0.00	\$ 0.00	
48	FA69601			BANDAGE COMPRESS 3" 10 BX/C	EAC	1	EAC		1	0.0000	0.00	\$ 0.00	\$ 0.00
49	FA7021M			ICE PACK LARGE	EAC	1	EAC		1	0.0000	0.00	\$ 0.00	\$ 0.00
50	FA71069			EYE CUPS 6/VIAL	EAC	1	EAC		1	0.0000	0.00	\$ 0.00	\$ 0.00
51	FA71101			5 1/2 LISTER BANDAGE SCISSORS	EAC	1	EAC		1	0.0000	0.00	\$ 0.00	\$ 0.00
52	FA71401			FIRST AID INSTRUCTION GUIDE	EAC	1	EAC		1	0.0000	0.00	\$ 0.00	\$ 0.00
53	FA7241M			ICE PACK SMALL, KIT SIZE	EAC	1	EAC		1	0.0000	0.00	\$ 0.00	\$ 0.00
54	FA76512			SPLINTER-OUT 10/BOX 50 BX/CS	BOX	1	BOX		1	0.0000	0.00	\$ 0.00	\$ 0.00
55	FA77233			DISPOSABLE TWEEZERS	EAC	1	EAC		1	0.0000	0.00	\$ 0.00	\$ 0.00
56	FA8021B			CPR MASK, GLOVES, WIPES UNIT/Z	EAC	1	EAC		1	0.0000	0.00	\$ 0.00	\$ 0.00
57	FA80933			SINU-PHEN PLUS 100CT	BOX	1	BOX		1	0.0000	0.00	\$ 0.00	\$ 0.00
58	FA82233			COLD TERMINATOR MAX 50 COUNT	BOX	1	BOX		1	0.0000	0.00	\$ 0.00	\$ 0.00
59	FA89701			HEP-AID/BODILY FLUID KIT PLAST	EAC	1	EAC		1	0.0000	0.00	\$ 0.00	\$ 0.00
60	FA89801			ABD TRAUMA PAD, 5 X 9 1/EACH	EAC	4	EAC		4	0.0000	0.00	\$ 0.00	\$ 0.00
61	FA90233			ANTACID, 100 COUNT PER BOX	BOX	1	BOX		1	0.0000	0.00	\$ 0.00	\$ 0.00
62	FA90433			EXTRA STRENGTH NON-ASPIRIN 100	BOX	1	BOX		1	0.0000	0.00	\$ 0.00	\$ 0.00
63	FA90633			ASPIRIN 100 COUNT 24/CASE	BOX	1	BOX		1	0.0000	0.00	\$ 0.00	\$ 0.00
64	FA90833			IBUPROFEN 100 COUNT 24/CASE	BOX	1	BOX		1	0.0000	0.00	\$ 0.00	\$ 0.00
65	FA91550			CHERRY COUGH DROPS 50 COUNT	BOX	1	BOX		1	0.0000	0.00	\$ 0.00	\$ 0.00
66	FA92817			LIQUID SKIN, 100% WATERPROOF B	EAC	5	EAC		5	0.0000	0.00	\$ 0.00	\$ 0.00
67	FA93373			HYDROCORTISONE CREAM 1% 25/BO	BOX	1	BOX		1	0.0000	0.00	\$ 0.00	\$ 0.00
68	FA93473			TRIPLE ANTIBIOTIC OINTMENT 25/	BOX	1	BOX		1	0.0000	0.00	\$ 0.00	\$ 0.00
69	FA93618			4 OZ. EYEWASH	EAC	1	EAC		1	0.0000	0.00	\$ 0.00	\$ 0.00



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Toll Free: 866-369-1552

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Delivery Date		Terms		Internal Routing						
08/15/2025		NET 30		1009 - FRI - E4W3 - 0						

Line	Item	Wearer #	Wearer Name	Description	Size	OrdQty	Unit	InvQty	DelQty	B/O	Unit Price	Sub-Total	Total
70	FA93973			WOUND/BURN OINTMENT 25 COUNT	BOX	1	BOX		1		0.0000	0.00	\$ 0.00
71	FA9635			GLOVE PUCK, SPR NITRILE	EAC	1	EAC		1		0.0000	0.00	\$ 0.00
72	FA9707			HAND SANITIZER 20/BX	PAC	1	PAC		1		0.0000	0.00	\$ 0.00
73	FAUN436			24 X 4.25 UNIVERSAL SPLINT,	EAC	1	EAC		1		0.0000	0.00	\$ 0.00
74	LCT			LENS CLEANING TOWELETTES 100	BOX	1	BOX		1		0.0000	0.00	\$ 0.00
75	FA81001			SILVER RESCUE BLANKET 52 X 84	EAC	1	EAC		1		0.0000	0.00	\$ 0.00
76	FA702MTM-RED			RED 4-SHELF EXTRA WIDE CABINET	EAC	1	EAC		1		0.0000	0.00	\$ 0.00
77	80000-0855			ZOLL (ALARMED) WALL CABINETS	EAC	1	EAC		1		265.0000	265.00	\$ 265.00
78	80000400701			ZOLL FULLY AUTOMATIC AED PLUS	EAC	1	EAC		1		2,000.0000	2,000.00	\$ 2,000.00



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Line

Item

Wearer

Wearer Name

Description

Size

OrdQty

Unit

InvQty

DelQty

B/O

Unit Price

Sub-Total

Total

Subtotal \$2,474.99

Total Adj. \$ 0.00

Sales Tax \$ 0.00

Tax Adj. \$ 0.00

Net Charge: \$ 2,474.99

Comments:

Receive FREE restroom dispensers and a CleanTeam demo when you switch to Wildman's restroom program! Take the guesswork out of keeping your restrooms clean, fresh, and stocked with our Vendor Managed Inventory Program. Ask your ASR for details!

Received By

Past Due			
Total	Current	30 days	60 days
2,474.99	2,474.99	0.00	0.00

