Resolution # 12-1

WHEREAS, the Sangamon County Coroner's Office wishes to purchase a Stryker Power Load System and Power Pro XT Ambulance Cot for the Office's transport vehicle to reduce the risk of workplace injuries; and

WHEREAS, the Illinois Public Risk Fund, the provider of the County's Workmen's Compensation insurance policy, will the reimburse the Coroner's Office for approximately \$12,700 for the purchase of this Stryker equipment; and

WHEREAS, advertisements were posted in the State Journal Register soliciting bids for the purchase of this equipment; and

WHEREAS, the firm of Stryker submitted the lowest-priced bid in the amount of \$28,061.20 for both the Stryker Power Load System and the Power Pro XT Ambulance Cot; and

WHEREAS, the Coroner's Office has sufficient funds in its FY 2013 budget to make this purchase: and

WHEREAS, purchase contracts exceeding \$20,000 require County Board approval.

NOW, THEREFORE, BE IT RESOLVED that the Sangamon County Board, in session this 11th day of December, 2012, hereby approves the Coroner's Office request to purchase a Stryker Power Load System and Power Pro XT Ambulance Cot from Stryker at a price of \$28,061.20.

Jail Committee

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	DEC 0 4 2012

Paul Palazzolo SANGAMON COUNTY AUDITOR

DEC **0 4** 2012

STRYKER MEDICAL 3800 East Centre Avenue Portage, MI 49002 T: 800-669-4968

PLEASE REMIT PAYMENT TO: Stryker Sales Corporation PO Box 93308 Chicago, IL 60673

AREA MANAGER: Marc Oberkirsch P: 314-324-0608 F: 314-667-3757 EM: marc.oberkirsch@stryker.com

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Date: 12/4/2012 Customer Number: Spec Number: D-12 End User Address (If Different) Billing Address: Shipping Address: Name: Sangamon County Coroners Off Name: Sangamon County Coroners Off Name: 200 S. 9th St, STE 203 Address: Address: 200 S. 9th St, STE 203 Address: Springfield, IL 62701 Springfield, IL 62701 DEC 0 4 2012 Contact: Jim Allmon Contact: Jim Allmon Contact: Phone #: Phone #: Phone #: Email: SANGAMON COUNTY Email: Email: Fax: Fax: Fax: CORONER

	OTV	Itom #	News a	l Duis -	F.4
Training DVD Cot Lifting Ams Head-End Look LED Indicators Integrated Control Panel Manual Back Up Foot-End Look LED Indicator Wireless Inductive Charging Operation Gibbs Options AND ACCESSORIES Wheel Guide S347.00 External Power Cord for Training S718.00 S391-002-000 S391-002-000 Mass Casuality Wall Mount Assembly S541.00 Mass Casuality Floor Mount Assembly Mass Casuality F	QTY	Item #	Name	Price	Extended Price
Sayo-027-000 Sayo-030-000 Sayo	1 1 1 1 1	6390-000	Training DVD Cot Lifting Arms Head-End Lock LED Indicators Integrated Control Panel Manual Back Up Foot-End Lock LED Indicator Wireless Inductive Charging	\$23,950.00	\$16,950.00
Content Cont		6390-030-000 6391-001-000 6391-002-000	Wheel Guide External Power Cord for Training Mass Casualty Wall Mount Assembly Mass Casualty Floor Mount Assembly	\$718.00 \$541.00	
1 Year: Includes Parts, Labor and Travel (PLT) 1	*******	6506-027-000 7777-100-003 6500-002-150	To upgrade current PowerPRO for use with Power-LOAD Power-LOAD Cot Compatibility Installation by Service Technician G Rated Mattress	\$300.00 \$315.00	·
**************************************		7777-506-001	1 Year: Includes Parts, Labor and Travel (PLT) 7 Years COMPLETE Includes PLT and 1 PM visit each year for 7 years 7 Years PREMIUM	\$5,460.00	
All applicable Sales Tax will be calculated at time of invoicing All applicable Sales Tax will be calculated at time of invoicing Total \$9,950.00 Comments: Special Shipping Instructions: Credit Card Type: CC Number: Expiration: Security Code: Name on Card: CC Name: Requested Delivery Date: P.O. Number:			PM - Preventative Maintenance		
Comments: Special Shipping Instructions: Credit Card Type: CC Number: Expiration: Security Code: Name on Card: CC Name: Requested Delivery Date: P.O. Number:	*****	COT COMPATABILITY KIT IS OF	N THE COT QUOTE************************************	STATE TO SERVICE AND	
Special Shipping Instructions: Credit Card Type: CC Number: Expiration: Security Code: Name on Card: CC Name: Requested Delivery Date: P.O. Number:		All applicable Sales Tax will b	e calculated at time of invoicing	Total	\$9,950.00
Credit Card Type: CC Number: Expiration: Security Code: Name on Card: CC Name: Requested Delivery Date: P.O. Number:	Comments:				788.
Name on Card: Requested Delivery Date: P.O. Number:	Special Shipping In	structions:			
Requested Delivery Date: P.O. Number:	Credit Card Type: Name on Card:	CC Number:		Security Code:	
P.O. Number:					
			· •		
	Signature:		Title/Position:		

Terms: Net 30 Days

Terms & Conditions: Cot, all accessories on original order and aftermarket accessories FOB origin. Order subject to Stryker Corporation's approval. Credit cannot be allowed on returns of special or modified items. All approved returns will be accepted only in Kalamazoo, Michigan. Proposals valid for 30 days from submittal.

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PLEASE REMIT PAYMENT TO: Stryker Sales Corporation PO Box 93308 Chicago, IL 60673

AREA MANAGER: Marc Oberkirsch P: 314-324-0608 F: 314-667-3757 EM: marc.oberkirsch@stryker.com



Date: 12/4/20	012 Custor	ner Numbe	r: 1066028	Spec Numb	er:D_12,106,6028, % # #
Billing Address:		Shipping Ad	ddress:	End User Address:	(Indifferent)
Name:		Name:	Sangamon County Coroners Off	Name:	
Address:	200 S. 9th St, STE 203 Springfield, IL 62701	Address:	200 S. 9th St, STE 203 Springfield, IL 62701	Address:	DEC 0 4 2012
Contact:	Jim Allmon	Contact:	Jim Allmon	Contact:	
Phone #:		Phone #:		Phone #:	SANGAMON COUNTY
Email:		Email:		Email:	
Fax:		Fax:		Fax:	CORONER

QTY	ltem#	Name	Price	Extended Price
1	6506000000(M)	POWER PRO XT AMBULANCE COT	\$14,620.00	\$11,111.20
1	6082-501-010	Single Adjustable Wheel Lock		
1	6085-031-000	Trendelenburg		
1	6500-002-150	G Rated Bolster Mattress		ar a same a same
1	6060-936-018	Long Safety Hook		
1	6085-033-000	Patient Right Cot Retaining Posts	1	
1	6500-002-030	G Rated Restraint Package		
1	6500-028-000	SMRT Power System - 120V		
		OPTIONS AND ACCESSORIES		
1	6082-502-010	Dual Adjustable Wheel Lock	\$106.00	- \$82.68
0	6500-082-000	Knee-Gatch/Trendelenburg	\$755.00	402.00
	6500-210-000	2 Stage IV Pole (patient right)	\$255.00	-
0	6500-215-000	3 Stage IV Pole (patient right)	\$325.00	
-	6500-217-000	Dual 3 Stage IV Poles	\$651.00	
0	6500-147-000	Equipment Hook	\$49.00	
0	6500-700-011	Fowler Oxygen Bottle Holder	\$246.00	-
ŭ	6085-046-000	Head End Oxygen Bottle Holder	\$174.00	
	6500-140-000	Foot End Oxygen Bottle Holder	\$174.00	
	6080-140-000	Removable O2 Bottle Holder	\$174.00	
0	6500-130-000	Pocketed Back Rest Pouch	\$244.00	_
1 1	6500-128-000	Head End Storage Flat	\$130.00	\$101.40
· ·	6500-160-000	Base Storage Net	\$183.00	Ψ101.40
0	6500-035-000	SMRT 12V DC Cable	\$32.00	-
<u>_</u>	6500-034-000	SMRT Charger Mounting Bracket	\$32.00	
	6100-044-000	Head Extension w/Pillow	\$547.00	-
	6091-300-010	Pedi-Mate™ Restraint Package	\$41.00	
	6500-170-000	Defibrillator Platform	\$425.00	
	0300-170-000	Delibrillator Flation	\$425.00	-
1	6506-027-000	POWER-LOAD COMPATIBILITY this is IPRF pricing	\$1,602.00	\$1,108.00
		uns is if he pilang		
		SERVICE PROGRAMS		
0	7777-103-001	3 Year Complete: Includes PLT & 1 PM per Year	\$2,320.00	
1	7777-606-001	7 Years COMPLETE including COT & LOAD SVC	\$4,656.52	\$3,356.52
		Includes PLT and 1 PM visit each year for 7 years		
	7777-105-002	7 Year Premium: Includes PLT & 2 PM's per Year	\$3,906.00	
		PLT: Parts, Labor and Travel PM: Preventative Maintenance		
			Subtotal	\$15,759.80 \$5,704.00
******	POWERLOAD COMPATA	BILITY KIT IS ON THIS QUOTE ******	IPRF 50% Discount	-\$5,794.00
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	All applicable Sales Tax	will be calculated at time of invoicing	Total	\$9,965.80
	All applicable dates 18)	will be calculated at time of involcing	TOTAL	99,505,8U

Comments:				
Special Shipping Instructions:				
Credit Card Type:	CC Number:		Expiration:	Security Code:
Name on Card:		CC Name:	Service	
			Requested Delivery Date:	May-13
Name Printed:			P.O. Number:	
Signature:			Title/Position:	
Terms: Net 30 Days	פאסטוופס טוו טווטווומו טועפו מווע מווטו	IIIdikat arrasanias i On r	rigin. Order sauject to onlyker Corporations (audi Oval.

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