

Resolution # 9-1

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 reimburse the Coroner's Office for approximately \$13,075 for the purchase of the Stryker equipment; and

WHEREAS, the State of Illinois has issued \$4,600 grant towards the stretcher purchase; and



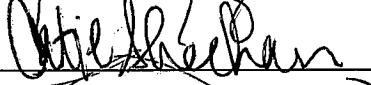


WHEREAS, advertisements were posted in the State Journal Register soliciting bids for the purchase of this equipment 6 months ago; and

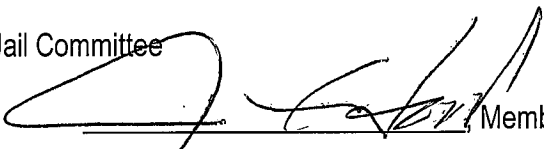
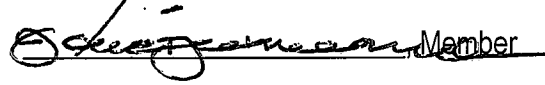
WHEREAS, the firm of Stryker submitted the lowest-priced bid in the amount of \$36,799.50 for both the Stryker Power Load system and the Power Pro XT Ambulance Cot; and

WHEREAS, the Coroner's Office has sufficient funds in its 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 June, 2013, 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 \$36,799.50.

 Chairman
 Member
 Member
 Member


Jail Committee
 Member
 Member
_____, Member
_____, Member

FILED

MAY 21 2013


Sangamon County Clerk

RECEIVED

MAY 17 2013

Paul Palazzolo
SANGAMON COUNTY AUDITOR



Comprehensive Quotation

9-2

Sales Account Manager

MARC OBERKIRSCH
Marc.Oberkirsch@Stryker.com
1-800-327-0770
Fax: 314-667-3757

Remit to:

Stryker Sales Corporation
P.O. Box 93308
Chicago, IL 60673-3308
MedicalCustomerService@Stryker.com
1-800-327-0770

Shipping Address

1254079
SANGAMON COUNTY CORONERS OFFICE
200 SOUTH 9TH STREET RM 203
SPRINGFIELD, IL 62701

End User Shipping Address

1254079
SANGAMON COUNTY CORONERS OFFICE
200 SOUTH 9TH STREET RM 203
SPRINGFIELD, IL 62701

Billing Address

1254079
SANGAMON COUNTY CORONERS OFFICE
200 SOUTH 9TH STREET RM 203
SPRINGFIELD, IL 62701

Table with 6 columns: Customer Contact, Ref Number, Date, PO Number, Reference Field, Quote Type. Row 1: cinda edwards, 2978392, 05/16/2013, QUOTE, ,

Main item table with 7 columns: Line #, Quantity, Item Description, Part #, Unit Price, Extended Price, Item Comments. Includes items like POWER PRO, PowerLOAD, Power Cot Complete.

Note: [Signature]

Summary table with 2 columns: Category, Amount. Rows: Product Total (\$36,799.50), Freight (\$0.00), Tax (\$0.00), Total Incl Tax & Freight (\$36,799.50)

Signature: [Signature] Title/Position: coroner Date: 5/17/13

Deal Consummation: This is a quote and not a commitment. Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote... Terms: Net 30 Days. Cancellation and Return Policy: In the event of damaged or defective shipments...



Comprehensive Quotation

9-3

Sales Account Manager

MARC OBERKIRSCH
Marc.Oberkirsch@Stryker.com
1-800-327-0770
Fax: 314-667-3757

Remit to:

Stryker Sales Corporation
P.O. Box 93308
Chicago, IL 60673-3308
MedicalCustomerService@Stryker.com
1-800-327-0770

Shipping Address

1254079
SANGAMON COUNTY CORONERS OFFICE
200 SOUTH 9TH STREET RM 203
SPRINGFIELD, IL 62701

End User Shipping Address

1254079
SANGAMON COUNTY CORONERS OFFICE
200 SOUTH 9TH STREET RM 203
SPRINGFIELD, IL 62701

Billing Address

1254079
SANGAMON COUNTY CORONERS OFFICE
200 SOUTH 9TH STREET RM 203
SPRINGFIELD, IL 62701

Customer Contact	Ref Number	Date	PO Number	Reference Field	Quote Type
cinda edwards	2978392	05/16/2013	QUOTE		

Line #	Quantity	Item Description	Part #	Unit Price	Extended Price	Item Comments
1.00	1	POWER PRO	6506000000	\$13,081.60	\$13,081.60	
2.00	1	PowerLOAD	6390000000	\$17,962.50	\$17,962.50	
3.00	1	Power Cot Complete - 5 Year	77105001	\$1,933.40	\$1,933.40	
4.00	1	Power Load Complete - 6 Year	77506001	\$3,822.00	\$3,822.00	

Note:

Product Total	\$36,799.50
Freight	\$0.00
Tax	\$0.00
Total Incl Tax & Freight	\$36,799.50

Signature:

Title/Position:

Coroner

Date:

5/17/13

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule.

Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency.

Terms: Net 30 Days. FOB origin. A copy of Stryker Medical's standard terms and conditions can be obtained by calling Stryker Medical's Customer Service at 1-800-STRYKER.

Cancellation and Return Policy: In the event of damaged or defective shipments, please notify Stryker within 30 days and we will remedy the situation. Cancellation of orders must be received 30 days prior to the agreed upon delivery date. If the order is cancelled within the 30 day window, a fee of 25% of the total purchase order price and return shipping charges will apply.