



City of Grand Island

Tuesday, June 28, 2022

Council Session

Item G-7

#2022-167 - Approving Maintenance Agreement with Stryker Corporation for Power Cots and Power Lifts

Staff Contact: Cory Schmidt, Fire Chief

Council Agenda Memo

From: Fire Chief Cory Schmidt
Meeting: June 28, 2022
Subject: Stryker Cot Maintenance Agreement
Presenter(s): Fire Division Chief Russ Blackburn

Background

The Grand Island Fire Department uses nine Stryker Power cots and three Stryker Power Lifts on its ambulances. The cots and lifts help with lifting and moving patients and reduce injuries. State regulations of Licensure of Emergency Medical Services, 17 NAC 12 004.04 (C) mandates that equipment be maintained according to manufacturer's recommendations. As the manufacturer, Stryker's recommendation is their yearly inspection and maintenance program. Stryker is the sole provider of their service.

Discussion

The City Council has approved many of these maintenance agreements in the past. The terms of the agreement are three years of annual inspections and maintenance for the twelve pieces of medical equipment for \$50,690.00 paid as yearly installments of \$16,896.67.

Alternatives

It appears that the Council has the following alternatives concerning the issue at hand. The Council may:

1. Move to approve
2. Refer the issue to a Committee
3. Postpone the issue to future date
4. Take no action on the issue

Recommendation

City Administration recommends that the Council approve the four year maintenance agreement with Stryker Corporation for the maintenance of the Power Cots and Power Lifts at a total cost of \$50,690.00 for three years.

Sample Motion

Move to approve the three year maintenance contract with Stryker Corporation for the maintenance of the Power Cots and Power Lifts at a total cost of \$50,690 for three years.

Sales Rep Name: Scott Pufahl
 ProCare Service Rep: Steve Lutjemeier

3800 E. Centre Ave
 Portage, MI 49009

Date: 5/2/2022
 ID #: 220502110601

PROCARE PROPOSAL SUBMITTED TO:

Billing Acc Num:	1095237	Name:	Russ Blackburn
Shipping Acct Num:	1095237	Title:	
Account Name:	City of Grand Island	Phone:	
Account Address:	409 E Fonner Park Rd	Email:	
City, State Zip:	Grand Island, NE 68801		

PROCARE COVERAGE

Item No.	Model Number	Model Description	Serial Number	ProCare Program	Qty	Yrs				Total
1	6506	Power Cots	120739980	EMS Prevent	1	3				\$4,230.00
2	6506	Power Cots	110640775	EMS Prevent	1	3				\$4,230.00
3	6390	Power-LOAD	1908012400383	EMS Prevent	1	3				\$5,556.00
4	6390	Power-LOAD	1907012400018	EMS Prevent	1	3				\$5,556.00
5	6390	Power-LOAD	1907012400017	EMS Prevent	1	3				\$5,556.00
6	6506	Power Cots	1906003500014	EMS Prevent	1	3				\$4,230.00
7	6506	Power Cots	19060035000871	EMS Prevent	1	3				\$4,230.00
8	6506	Power Cots	19060035000872	EMS Prevent	1	3				\$4,230.00
9	6390	Power-LOAD	2106012400165	EMS Prevent	1	3				\$5,556.00
10	6506	Power Cots	090839601	EMS Prevent	1	3				\$4,230.00
11	6506	Power Cots	2106020700038	EMS Prevent	1	2	7/15/23-7/14/25			\$2,820.00
12	6506	Power Cots	2106020700038	EMS PM Only	1	1	7/15/22-7/14/23			\$266.00

PROGRAM INCLUDES:

EMS Prevent:
 *Includes parts, labor, travel
 *Includes 1 annual PM inspection
 *Includes unscheduled service
 *Includes battery replacement
 *Includes product equipment checklists.
 *Replacement parts do not include mattresses, and other Disposable or expendable parts.

EMS PM Only:
 *Includes 1 annual PM only.

Unless otherwise stated on contract, payment is expected upfront.		ProCare Total	\$50,690.00
Annual Payments \$16,896.67			
See below for complete payment schedule		FINAL TOTAL	\$50,690.00

Start Date: 7/15/2022
 End Date: 7/14/2025

Scott Pufahl
 Stryker Signature Date: 6-16-22

Customer Signature Date

The Terms and Conditions of this quote and any subsequent purchase order of the Customer are governed by the Terms and Conditions located at <https://techweb.stryker.com>

The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are parties to a Master Service Agreement.

This is not an invoice. A physical invoice will be mailed.
 Remit payment to: P.O. Box 93308 Chicago, IL 60673-3308

Purchase Order Number

COMMENTS:

Please email signed Proposal and Purchase Order to procarecoordinators@stryker.com.
 All information contained within this quotation is considered confidential and proprietary and is not subject to public disclosure.
 **Quote pricing valid for 30 days.

PAYMENT SCHEDULE

<u>Date</u>	<u>Payment</u>	<u>Int Paid</u>	<u>Prin. Remaining</u>	<u>Balance</u>
Starting Balance				\$ 50,690.00
7/1/2022	\$ 16,896.67	\$ -	\$ 33,793.33	\$ 33,793.33
7/1/2023	\$ 16,896.67	\$ -	16,896.67	\$ 16,896.67
7/1/2024	\$ 16,896.67	\$ -	-	\$ -

SERIAL NUMBER SHEET			
Item No.	Model	Serial Number	Program
1	6506	120739980	EMS Prevent
2	6506	110640775	EMS Prevent
3	6390	1908012400383	EMS Prevent
4	6390	1907012400018	EMS Prevent
5	6390	1907012400017	EMS Prevent
6	6506	1906003500014	EMS Prevent
7	6506	1906003500871	EMS Prevent
8	6506	1906003500872	EMS Prevent
9	6390	2106012400165	EMS Prevent
10	6506	090839601	EMS Prevent
11	6506	2106020700038	EMS Prevent
12	6506	2106020700038	EMS PM Only

Purchase Order Form



Account Manager _____

Purchase Order Date _____

Cell Phone _____

Expected Delivery Date _____

Stryker Quote Number 220502110557

Check box if Billing same as Shipping

BILL TO		CUSTOMER #
Billing Account Num	1095237	
Company Name		
Contact or Department		
Street Address		
Addt'l Address Line		
City, ST ZIP		
Phone		

SHIP TO		CUSTOMER #
Shipping Account Num	1095237	
Company Name	City of Grand Island	
Contact or Department	Russ Blackburn	
Street Address	409 E Fonner Park Rd	
Addt'l Address Line		
City, ST ZIP	Grand Island, NE 68801	
Phone	-	

Authorized Customer Initials _____

Authorized Customer Initials _____

DESCRIPTION	QTY	TOTAL
REFERENCE QUOTE <input type="text"/>	<input type="text"/>	<input type="text"/>

Accounts Payable Contact Information

Name _____

Email _____

Phone _____

Stryker Terms and Conditions
www.strykeremergencycare.com/terms

Authorized Customer Signature

Printed Name _____

Title _____

Signature _____

Date _____

Attachment Stryker Quote Number 220502110557

*Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services on the Stryker Quote.

RESOLUTION 2022-167

WHEREAS, the Grand Island Fire Department uses nine Power Cots and three Power Load systems to assist with lifting and moving patients; and

WHEREAS, state regulations of Emergency Medical Services mandate that equipment on be maintained according to manufacturer's recommendations; and

WHEREAS, Stryker Corporation of Portage, Michigan is the sole recommended maintenance provider, and

WHEREAS, the proposed three year maintenance agreement between Stryker Corporation and the City of Grand Island Fire Department has a total cost of \$50,690, with annual payments of \$16,896.67 per year.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND COUNCIL OF THE CITY OF GRAND ISLAND, NEBRASKA, that the service agreement between the City of Grand Island Fire Department and Stryker Corporation be approved.

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Adopted by the City Council of the City of Grand Island, Nebraska, June 28, 2022.

Roger G. Steele, Mayor

Attest:

RaNae Edwards, City Clerk

Approved as to Form	☒ _____
June 24, 2022	☒ City Attorney