



Public Safety
Fire Rescue

Address:
2519 State Road 16 West
PO Box 1366
Green Cove Springs, FL
32043

Phone: (904) 284-7703
Fax: (904) 284-7144

County Manager
Howard Wanamaker

Commissioners:

Mike Cella
District 1

Wayne Bolla
District 2

Diane Hutchings
District 3

Gavin Rollins
District 4

Gayward F. Hendry
District 5

www.claycountygov.com



MEMORANDUM

TO: Finance and Audit Committee
FROM: Charles LeRoy, Battalion Chief Logistics
DATE: September 7, 2021
SUBJECT: 2021-2022 Stryker Service Agreement Contract

Requested Action:

Consideration and approval of an agreement with Stryker Sales Corporation for FY 2021-2022, a 1-year maintenance agreement, in the amount of: \$ 164,325.00. This agreement does and has required advanced payment.

Background:

Clay County Fire Rescue (CCFR) currently utilizes Stryker electrocardiogram devices, Power Pro and Power Load stretcher and Stryker Lucas CPR devices on its EMS units. This equipment has proven to be reliable while being properly maintained. Public Safety is requesting continuance of the preventive maintenance program to maintain the readiness of the equipment. This agreement provides for coverage for both the cardiac related devices and Stretchers. The agreements were separate last year and the increased cost is due to more devices reaching the end of their warranty.

These goods and services are essential to the operation of Fire Rescue and are only available if advance payment is made.

Stryker is the original equipment manufacturer and the sole provider for replacement parts.

Agreement Term:

October 1, 2021 through September 30, 2022

Funding Source:

001-2101-546100: General Fund Rescue-Repair and Maintenance
142-1703-546100: Fire MSTU-Fire Control- Repair and Maintenance

OK J.D. Math

CLAY COUNTY, FLORIDA

Single/Sole Source Request

Vendor: Stryker _____

Goods/Services: Pro Services Contract _____

Estimated annual expenditure for the above goods or service: \$164,325.00 _____

Initial all entries below that apply to the proposed purchase. Attach a memorandum containing complete justification and support documentation as directed in initialed entry. (more than one entry may apply).

1. CSB SINGLE/SOLE SOURCE REQUEST IS FOR THE ORIGINAL MANUFACTURER OR PROVIDER. (Attach the manufacturer's written certification as to single/sole source.)
2. _____ SINGLE/SOLE SOURCE REQUEST IS FOR THE ONLY REGIONAL DISTRIBUTOR OF THE ORIGINAL MANUFACTURER OR PROVIDER. (Attach the manufacturer's — not the distributor's — written certification that identifies all regional distributors.)
3. CSB THE PARTS/EQUIPMENT ARE NOT INTERCHANGEABLE WITH SIMILAR PARTS OF ANOTHER MANUFACTURER. (Attach memorandum describing basis for this request.)
4. _____ THIS IS THE ONLY KNOWN ITEM OR SERVICE THAT WILL MEET THE SPECIALIZED NEEDS OF THIS DEPARTMENT OR PERFORM THE INTENDED FUNCTION. (Attach memorandum describing basis for this request.)
5. CSB THE PARTS/EQUIPMENT ARE REQUIRED FROM THIS SOURCE TO PERMIT STANDARDIZATION. (Attach memorandum describing basis for this request.)
6. _____ NONE OF THE ABOVE APPLY. A DETAILED EXPLANATION AND JUSTIFICATION FOR THIS SINGLE/SOLE SOURCE REQUEST IS CONTAINED IN ATTACHED MEMORANDUM.

The undersigned requests that the vendor identified as the supplier of the goods or services described herein be authorized and approved as a single/sole source provider.

D. E. Moten
DEPARTMENT/DIVISION SIGNATURE

Public Safety _____
DEPT./DIV.

COUNTY MANAGER SIGNATURE

DATE

For any anticipated Single Source or Sole Source purchases in an amount equal to or greater than \$50,000, a Notice of Intent to Single/Sole Source shall be posted on the County's website for at least seven (7) Business Days. If it is determined after reviewing information received from prospective Vendors that the Goods or Services are available only from a Single/Sole Source, a Notice of Intended Decision to Enter a Single/Sole Source Purchase shall be posted and brought before the Finance and Audit Committee for a recommendation to the Board.

(PURCHASING USE ONLY)	<u>SINGLE/SOLE SOURCE AUTHORIZATION</u>
NOTICE OF INTENT DATE: _____	
BCC APPROVAL DATE: _____	



ProCare® Services

3800 E. Centre Ave.
Portage MI 49002 USA
1-800-STRYKER
stryker.com

To:	Whom it may concern
Subject:	Emergency Care Parts and Service
Date:	June 3, 2021

Stryker's Medical division certifies that it is the original equipment manufacturer (OEM) or sole source distributor of parts for Stryker's Emergency Care products. All parts are manufactured at Stryker or by an outside supplier specifically for Stryker.

Stryker employs its own field service team (known as ProCare Services) to service its products. Stryker only uses OEM parts for repairs and has exclusive use of certain proprietary tools for diagnostics and repairs. Stryker Emergency Care products that require the use of such proprietary tools include, but are not limited to:

- Power-LOAD fastener
- Power-PRO cot
- Stair-PRO
- LUCAS 3 chest compression system
- LIFEPAK 15 monitor/defibrillator
- LIFEPAK 20e monitor/defibrillator
- LIFEPAK 1000 defibrillator
- LIFEPAK CR Plus / LIFEPAK CR2 defibrillator

Tooling is calibrated, documented and controlled by Stryker's home offices in Portage, MI, USA and Redmond, WA, USA. Calibration records and training records are available upon request.

Service repairs are documented and reviewed by Stryker's quality team. To help ensure Stryker's commitment to quality, Stryker tracks and trends its service to help ensure the highest level of product performance for its customers. Preventive maintenance (PM) and service history documentation is available upon request.

Please contact your local Stryker representative with questions.