

**FAIRFIELD TOWNSHIP
RESOLUTION NO. 20-113**

**RESOLUTION APPROVING ANNUAL MAINTENANCE CONTRACT FOR THE FIRE
DEPARTMENT FROM STRYKER IN THE AMOUNT OF \$7,843.20.**

WHEREAS: The Fire Dept has Power Cots, Power Load Systems and a Bariatric Cot that require annual service; and

WHEREAS: Stryker is the manufacture of these devices and is a qualified provider of these services; and

WHEREAS: The contract will be paid from the EMS Fund No. 2281;

NOW, THEREFORE, BE IT RESOLVED, by the Board of Trustees of Fairfield Township, Butler County, Ohio, as follows;

SECTION 1: The Board hereby approves the maintenance contract with Stryker in the amount of \$7,843.20, to provide annual maintenance on the Power Cots, Power Load Systems and the Bariatric Cot, as set forth on the attached Exhibit "A".

SECTION 2: The Board hereby dispenses with the requirement that this resolution be read on two separate days, pursuant to RC 504.10, and authorizes the adoption of this resolution upon its first reading.

SECTION 3 This resolution is the subject of the general authority granted to the Board of Trustees through the Ohio Revised Code and not the specific authority granted to the Board of Trustees through the status as a Limited Home Rule Township.

SECTION 4: That it is hereby found and determined that all formal actions of this Board concerning and relating to the passage of this Resolution were taken in meetings open to the public, in compliance with all legal requirements including §121.22 of the Ohio Revised Code.

SECTION 5: This resolution shall take effect at the earliest period allowed by law.

Adopted: July 8, 2020

Board of Trustees

Vote of Trustees

Shannon Hartkemeyer: <u>Shannon Hartkemeyer</u>	<u>yes</u>
Joe McAbee: _____	<u>absent</u>
Susan Berding <u>Susan Berding</u>	<u>yes</u>

AUTHENTICATION

This is to certify that this is a resolution which was duly passed, and filed with the Fairfield Township Fiscal Officer this 8th day of July, 2020.

ATTEST:

Shelly Schultz
Shelly Schultz, Fairfield Township Fiscal Officer

APPROVED AS TO FORM:

L. E. Barbieri
Lawrence E. Barbieri, Township Law Director

Sales Rep Name: Ross Finan
 ProCare Service Rep: Ryan Young

3800 E. Centre Ave
 Portage, MI 49009

Date: 6/30/2020
 ID #: 200630101157

PROCARE PROPOSAL SUBMITTED TO:

Billing Acc Num:	Name: Timothy Thomas
Shipping Acct Num: 1266521	Title:
Account Name: Fairfield Township Fire	Phone:
Account Address:	Email:
City, State Zip: 6048 Morris Rd,	

PROCARE COVERAGE

Item No.	Model Number	Model Description	ProCare Program	Qty	Yrs	Total
1	6506	Power Cots	EMS Prevent	3	1	\$3,954.00
2	6390	Power-LOAD	EMS Prevent	3	1	\$5,193.00
3	6082	Manual Cots	EMS Prevent NB	1	1	\$657.00

PROGRAM INCLUDES:

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

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.

Unless otherwise stated on contract, payment is expected upfront.	ProCare Total	\$9,804.00
	Discount	20%
	FINAL TOTAL	\$7,843.20

Start Date: 7/6/2020
 End Date: 7/5/2021

 Stryker Signature Date

 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.

 Purchase Order Number

If contract is over \$5,000 please send hard copy PO

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.

SERIAL NUMBER SHEET

Item No.	Model	Serial Number	Program
1	6506	140839236	EMS Prevent
2	6506	140839237	EMS Prevent
3	6506	140839238	EMS Prevent
4	6390	140839160	EMS Prevent
5	6390	140839161	EMS Prevent
6	6390	140839162	EMS Prevent
7	6082	140939449	EMS Prevent NB

Purchase Order Form



Account Manager _____

Purchase Order Date _____

Cell Phone _____

Expected Delivery Date _____

Stryker Quote Number 200630101157

Check box if Billing same as Shipping

BILL TO		CUSTOMER #
Billing Account Num	0	
Company Name		
Contact or Department		
Street Address		
Add'l Address Line		
City, ST ZIP		
Phone		

SHIP TO		CUSTOMER #
Shipping Account Num	1266521	
Company Name	Fairfield Township Fire	
Contact or Department	Timothy Thomas	
Street Address		0
Add'l Address Line		
City, ST ZIP	6048 Morris Rd,	
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 200630101157

*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.