

Sam Bossley
Associate Marketing Manager – EMS

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Portage, MI 49002
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stryker®

Medical

Date: January 1, 2017

Re: Power-PRO XT Ambulance Cot Sole Source Information

To Whom It May Concern,

Stryker Medical certifies that we are the sole manufacturer of the Stryker EMS Power-PRO XT (Model 6506). This correspondence is to inform you of the unique characteristics of the Power-PRO XT Ambulance Cot. These characteristics can be broken down into two primary categories: Independent Qualification, and Ease of Use and Maintenance.

Independent Qualification

- IPX6: The system is rated to withstand powerful water jets.
- IEC 60601-1 and IEC 60601-1-2: This certification indicates that Power-PRO conforms to industry standards for mechanical and electrical safety for medical electrical devices, as well as electromagnetic compatibility and immunity.
- BS EN-1789 clause 4.5.9: This is a European dynamic crash test which subjects a 50th percentile dummy to a nominal 10g deceleration for a minimum of 50ms. Following the test there shall be no sharp edges or danger to the safety of persons in the road ambulance. ¹

Ease of Use and Maintenance

- The cot has a weight capacity of 700lbs.
- When unloading with the manual release handle, the cot utilizes hydraulic dampening. Thus, the cot will not abruptly jar the operator or the patient.
- The battery is placed at the foot-end of the stretcher.
- The cot legs power-retract in 2.4 seconds which speeds load times.
- The cot provides the highest possible load height of any cot on the market at 36” and is operator adjustable to match the deck height of individual ambulances.
- The foot-end of the cot provides lifting bars and operator controls at two different heights, thus providing optimum ergonomics to most operator heights.
- The foot-end of the cot contains a large battery indicator light which displays amber or green which indicates battery level. A warning is given by a flashing amber light, providing the operator the time to change the battery before full depletion of power.
- The Model 6506 has 6” x 2” sealed bearing casters – the largest in the industry.
- The cot features a foot-end-mounted hourly usage meter. This is an easy tool to determine the timing of preventative maintenance checks.

¹ Only conforms when used with Power-LOAD (model 6390).

- The cot features powder-coating of the entire aluminum frame (including the patient handling surfaces), thus eliminating aluminum oxidation throughout the cot.
- All caster bearings are sealed, eliminating timely and costly lubrication.
- The cot is power-washable.

Please forward any further questions to your Stryker sales representative.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sam Bossley', with a stylized flourish at the end.

Sam Bossley



Sales Account Manager

Lauren Kuhner
 Lauren.Kuhner@stryker.com
 Cell: 281-217-9301

Remit to:

P.O. Box 93308
 Chicago, IL 60673-3308

End User Shipping Address

1273335
 FORT BEND COUNTY EMS
 4332 HIGHWAY 36 S
 ROSENBERG, TX 77471

Shipping Address

1273335
 FORT BEND COUNTY EMS
 4332 HIGHWAY 36 S
 ROSENBERG, TX 77471

Billing Address

1077940
 FORT BEND COUNTY EMS
 4520 READING RD
 ROSENBERG, TX 77471

Customer Contact	Ref Number	Date	PO Number	Reference Field	Quote Type
	6159504	12/07/2017	QUOTE		

Line #	Quantity	Item Description	Part #	Unit Price	Extended Price	Item Comments
1.00	6	SMRT Pak	6500033000	\$386.23	\$2,317.38	
2.00	5	Head End Storage Flat	6500128000	\$125.94	\$629.70	
3.00	2	Base Storage Net	6500160000	\$177.62	\$355.24	
4.00	5	Power-PRO XT	6506000000	\$15,742.35	\$78,711.75	
		Options				
	5	Power-PRO XT	6506000000	\$15,742.35	\$78,711.75	
	5	Dual Wheel Lock	6086602010			
	5	PR Cot Retaining Post	6085033000			
	5	Power Pro Standard Components	6506026000			
	5	Siderail Option	6506031000			
	5	No Runner/HE O2	0054200994			
	5	Equipment Hook	6500147000			
	5	6506 PERFORMANCE-LOAD OPTION	6506034001			
	5	Trendelenburg	6085031000			
	5	No HE Section O2 Bottle	6506036000			
	5	Base Storage Net	6500160000			
	5	Head End Storage Flat	6500128000			
	5	O2 Bottle Holder F/E Option	6500240000			
	5	English Manual	6506600000			
	5	120V AC SMRT Charging Kit	6500028000			
	5	J Hook	6092036018			
	5	G-Rated Mattress	6506034000			
	5	Steer Lock Option	6506038000			
	5	3 YR X-Frame Powertrain Wrnty	7777881669			
	5	2 Yr Bumper to Bumper Warranty	7777881670			
	5	DOM SHIP (NOT HI, AK, PR, GM)	0054030000			
	5	2 Stage IV Pole PR Option	6500310000			
	5	X-RESTRAINT PACKAGE	6500001430			
	5	STANDARD FOWLER	6506012003			
5.00	9	Stair-PRO Model 6252	6252000000	\$3,228.12	\$29,053.08	
		Options				
	9	Stair-PRO Model 6252	6252000000	\$3,228.12	\$29,053.08	
	9	Common Components	6252026000			
	9	Stair-Pro Operations Manual	6252009001			
	9	2 Piece ABS Panel Seat	6250021000			
	9	Polypropelene Restraint Set (Plastic Buckles)	6250160000			
	9	1 year parts, labor & travel	7777881660			
	9	Main Frame Assy Option	6252022000			
	9	Standard Length Lower Lift Handles	6250024000			



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P.O. Box 93308
Chicago, IL 60673-3308

Line #	Quantity	Item Description	Part #	Unit Price	Extended Price	Item Comments
	9	In-Service Video (DVD)	6250001162			
	9	No Foot Rest Option	6252028000			
	9	No IV Clip Option	6252024000			
6.00	5	PERFORMANCELOAD W/CHARGE,PLATE	6392000001	\$5,714.70	\$28,573.50	
		Options				
	5	PERFORMANCELOAD W/CHARGE,PLATE	6392000001	\$5,714.70	\$28,573.50	
	5	STANDARD COMPONENTS	6392026000			
	5	LABEL, 6392-000-001 SPEC	6392001901			
	5	INDUCTIVE CHARGING OPTION	6392001015			
	5	FLOOR PLATE ASSY KIT	6390700001			
	5	PERFORMANCE LOAD OPS MANUAL	6392009001			
	5	1 year parts, labor & travel	7777881660			

Note:

Product Total	\$139,640.65
Freight	\$0.00
Tax	\$0.00
Total Incl Tax & Freight	\$139,640.65

Signature: _____ Title/Position: _____ Date: _____

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.

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Stryker Medical
Kalamazoo , MI United States

Certificate Number:
2017-286213

Date Filed:
11/21/2017

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Fort Bend County

Date Acknowledged:
12/12/2017

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
18690
Power Pro, Stair Pro, Power Load, Performance Load sole source service.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath