



CAE Healthcare Inc.
6300 Edgelake Drive
Sarasota, FL 34240
United States
Fax (941) 377-5590
Tax ID # 22-3437089

Created Date 3/29/2018
Expiration Date 9/28/2018
Quote Number 00033519

TXMAS-17-6501

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Bill To Name Fort Bend County EMS
Bill To 4332 Highway 36 South
Rosenberg, Texas 77471
United States

Ship To Name Fort Bend County EMS
Ship To 4332 Highway 36 South
Rosenberg, Texas 77471
United States

Shipping Terms FOB Shipping Point

Product	Item Description	Sales Price	Quantity	Discount	Total Price
LSP-002	LearningSpace One Box (q: 1-10) (LearningSpace Software, Server Appliance, and Microphone)	USD 15,995.00	1.00	10.00%	USD 14,395.50
LSP-001	LearningSpace Connect Server	USD 19,995.00	1.00	10.00%	USD 17,995.50
ACC-AVS01	Digital PTZ HD Camera	USD 934.96	4.00	10.00%	USD 3,365.86
ACC-AVS02	Optical PTZ HD Camera	USD 1,662.96	1.00	10.00%	USD 1,496.66
ACC-AVS14	UPS 120V	USD 1,341.60	1.00	10.00%	USD 1,207.44
CRE-AVS02	Simulator Bundle Credit / Simulator / Room	USD -2,000.00	2.00		USD -4,000.00
ISO-AVS	On-Site Installation (per day)	USD 3,120.00	1.00		USD 3,120.00
SHIP-AVS03D	LS/RP ONE+Connect - US Shipping	USD 514.80	1.00		USD 514.80
TRN-LSP125	LearningSpace Intuity Fundamentals (First two day): The Fundamentals training covers everything you need to start using your new LearningSpace system. At the end of the two-day training, you will be able to record and annotate your simulation-based educational experiences; use recorded videos for debriefing and review; create integrated assessment tools to assess skills, tasks, and performance; and analyze performance data.	USD 6,234.80	1.00		USD 6,234.80
BUN-APP05	DOMESTIC - Apollo Pre-Hospital Simulation Package (Limited Time Offer) - Apollo Pre-Hospital (Medium Skin Tone) Includes: Mannequin, Muse and Vivo Operating Software, Lenovo PC, Simulated Clinical Experiences, 4 Muse SCE Development Licenses, Touch-Pro Wireless Patient Monitor, First Year Full System Premier Service Agreement Including One Year of Training for Life, CAE Healthcare Learning Module of your choice (Excludes PNCI), Free Shipping and Installation & System Orientation by a CAE Healthcare Technician.	USD 45,995.00	1.00		USD 45,995.00
TRN-APP03	On-site Two Day Education Course for Apollo Pre-Hospital (Up to 10 Attendees)	USD 6,234.80	1.00		USD 6,234.80



EDU-316	The Advanced Cardiac Life Support (ACLS) Learning Module for Apollo Prehospital includes 11 Simulated Clinical Experiences (SCEs) based on the 2015 AHA Guidelines. PDF files of the SCEs and LearningSpace Case Evaluation files accompanies this Learning module.	USD 3,374.80	1.00	100.00%	USD 0.00
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Subtotal	USD 104,208.60
Total Price	USD 96,560.36
Grand Total	USD 96,560.36

Terms and Conditions

The sale of the Products and Services identified in this quotation is subject to CAE Healthcare's Healthcare Education Products General Terms and Conditions and its related End-User License; if an option for Maintenance Services is offered and accepted, it is subject to CAE Healthcare's Support and Maintenance Terms and Conditions; if an option for Training is offered and accepted, it is subject to CAE Healthcare's Training Policy, all of the above being and available on the CAE Healthcare website at www.caehealthcare.com

In the event of the sale of a LearningSpace System, Customer will be required to sign CAE Healthcare's LearningSpace Agreement before any order is accepted by CAE Healthcare. The LearningSpace Agreement will be provided to Customer directly.

All sales are final. Any Training must be scheduled and completed within nine (9) months of the date in which any associated simulator is received by the customer or purchased installation is completed.

Accounts Payable Remit to Address:

CAE Healthcare Inc.
32955 Collection Center Drive
Chicago IL 60693-0329

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.**

CAE Healthcare, Inc.
Sarasota, FL United States

Certificate Number:
2018-340655

Date Filed:
04/17/2018

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:
04/24/2018

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.

TXMAS 17-6501
Medical Simulation equipment

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 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)