

BID
RESPONSE

Per Attached Specifications Total price \$ 36,120.00

Total price in words THIRTY SIX THOUSAND ONE HUNDRED TWENTY DOLLARS
AND 0/100 CENTS

PRICE FOB KEY WEST, FL

PAYMENT TERMS: 45 days after delivery

DELIVERY/BEGIN DATE 40 DAYS ARO

BIDDER REPRESENTATION

I represent that this bid is submitted in compliance with all terms, conditions and specifications of the Call for Bid and that I am authorized by the owners/principals to execute and submit this proposal on behalf of the business identified below:

BUSINESS NAME: STRYKER MEDICAL

STREET ADDRESS: 3800 E. CENTRE AVE

CITY/STATE/ZIP: PORTAGE, MI 49002

PRINT NAME OF AUTHORIZED REPRESENTATIVE: STEVE WINSOR

TITLE/POSITION OF AUTHORIZED REPRESENTATIVE: ACCOUNT MANAGER

DATE SUBMITTED: 10/24/14 TELEPHONE: 361-714-9578

PRICING ABOVE PER ATTACHED QUOTATION
DATED 10/23/14

(SW)

Sales Proposal

Quotation Date: 10/23/2014

Proposal valid for purchases thru 12/15/14

City Clerk/City of Key West
3126 Flagler
Key West, FL 33040

Att: Sue Snider



stryker®

EMS Equipment

Steve Winsor
Account Manager
Stryker EMS
3800 E Centre Ave
Portage, MI 49002
Cell 561-714-9578
Fax 561-354-6403
steve.winsor@stryker.com

<u>Performance Pro Ambulance Cots and #6252 Stair Pro Stair Chairs</u>		<u>List Price</u>	<u>Unit Price</u>	<u>Ext Sell</u>
4	Model 6086 Performance Pro XT Ambulance Cot	7,207.00	5,550.00	22,200.00
4	Patient Right Cot Retaining Post 6085-033-000	INCL	INCL	INCL
4	#6252 Stair Pro Stair Chair with all standard accessories	3,384.00	2,606.00	10,424.00

Standard Features Include:

700-lb weight capacity
36 inch load height
Dual Wheel Lock
Seven height positions
Positive action height adjustment
Settable load height
Power washable
Easy to use, one-hand operation of Backrest, fold-down Siderail, Telescoping Head Section
Lift Capable Safety Bar
Short Style Floor Safety Hook
G-Rated Bolster Mattress and Restraints
1-year parts/labor/travel warranty (INCLUDING MATTRESS AND RESTRAINTS!)
LIFETIME WARRANTY ON ALL WELDS!

Selected Options and Accessories:

4	6085-046-000	Retractable Head End O2 Holder	189.00	146.00	584.00
4	6500-210-000	2-Stage IV Pole (patient right)	271.00	209.00	836.00
4	6500-147-000	Equipment Hook	52.00	40.00	160.00
4	6500-128-000	Flat Head End Storage Pouch	138.00	107.00	428.00
1	6086-032-000	XPS (expandable patient surface)	1,932.00	1,488.00	1,488.00

Proposal Total (Including Shipping): **\$36,120.00**

Please scan and email your Purchase order to: steve.winsor@stryker.com

Include your billing/shipping addresses, desired delivery dates, signature and terms (Net 30)

THANK YOU!

Order subject to approval by Stryker Corporation. Taxes will be invoiced as a separate item when applicable.
Credit cannot be allowed on returns of special or modified items. All approved returns will be accepted ONLY in Portage, Michigan.

BID SPECIFICATIONS

Specifications

As requested by the Key West Fire Dept. (hereinafter, the "KWFD"), the City of Key West (hereinafter, "CITY") has issued this Request for Bid with the intent of obtaining pricing from interested and qualified firms in accordance specifications attached.

The Vendor, at a minimum, must deliver the following items according to the Specifications of Work stated herein, delivered to Key West Fire Department, 1600 N. Roosevelt Blvd, Key West FL. 33040.

Four (4) EMS Stretchers (Ambulance Cot) Standard Features Include:

- 700-lb weight capacity
- 36 inch load height
- Dual Wheel Lock
- Seven height positions
- Positive action height adjustment
- Settable load height
- Power washable
- Easy to use, one-hand operation of Backrest, fold-down Side-rail, Telescoping Head Section
- Lift Capable Safety Bar
- Short Style Floor Safety Hook
- G-Rated Bolster Mattress and Restraints
- 1-year parts/labor/travel warranty (INCLUDING MATTRESS AND RESTRAINTS)
- LIFETIME WARRANTY ON ALL WELDS

Selected Options and Accessories:

- Four (4) Patient Right Cot Retaining Post
- Four (4) Retractable Head End O2 Holder
- Four (4) 2-Stage IV Pole (patient right)
- Four (4) Equipment Hook FOR Life Pak 15
- Four (4) Flat Head End Storage Pouch
- One (1) XPS (expandable patient surface with wider mattress that reduces transfer gap)

Four (4) EMS Stair Chairs Standard Features Include:

- Innovative Stair-TREAD system (auto speed regulation)
- 500 pound capacity
- Ergonomically designed for proper weight distribution
- Extended head and foot end lift handles
- Easy-rolling rear wheels with sealed bearings
- 4" (10 cm) front caster wheels
- Dual wheel locks
- Compact storage size
- 31.5 lbs. total weight or lower
- Grease-free maintenance
- 1-year warranty (parts, labor, travel)
- Lifetime warranty on all welds
- Operations/Maintenance Manual with In-service training video

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Stryker Sales Corp

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) >
☐ Other (see instructions) >

Address (number, street, and apt. or suite no.)
1901 Romance Rd Pkwy
City, state, and ZIP code
Portage, MI 49002

Requester's name and address (optional)

List account number(s) here (optional)

☐ Exempt payee

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

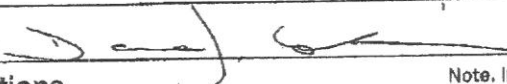
Employer identification number								
3	8	-	2	9	0	2	4	2

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person >  Date > **1-21-2014**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

ANTI-KICKBACK AFFIDAVIT

STATE OF FLORIDA

SS:

COUNTY OF MONROE

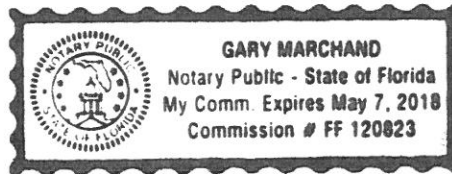
I the undersigned hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employee of the City of Key West as a commission, kickback, reward or gift, directly or indirectly by me or any member of my firm or by an officer of the corporation.

BY: 
PAUL ROVINISKY

sworn and prescribed before me this 23rd day of October, 2014


NOTARY PUBLIC, State of Florida

My commission expires: May 7, 2018



SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(A)
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS,

1. This sworn statement is submitted to City of Key West
by PAUL ROVINSKY, RM
(print individual's name and title)
for STRYKER Sales Corp. through its medical division
(print name of entity submitting sworn statement)
whose business address is 3800 East Centre Ave Portage, MI 49002
and (if applicable) its Federal Employer Identification Number (FEIN)
is 38-2902424

(if the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement): _____

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "conviction" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 01, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of a public entity crime: or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity

crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members and agent who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment of income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statute means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement (indicate which statement applies).


☒ Neither the entity submitting this sworn statement, or any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July, 1989.

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 01, 1989.

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 01, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the final order)

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH ONE (1) ABOVE IS


FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR THE CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.


(SIGNATURE)
PAUL ROVINSKY
10/23/14
(DATE)

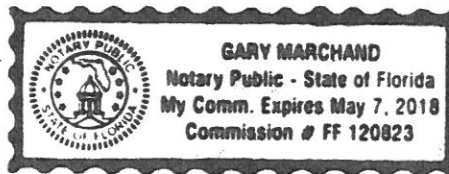
STATE OF Florida

COUNTY OF Orange

PERSONALLY APPEARED BEFORE ME, the undersigned authority
Paul Rovinsky who, after first being sworn by me,
(name of individual)
affixed his/her signature in the space provided above on this
23rd day of October, 20 14


NOTARY PUBLIC

My commission expires: May 7, 2018



DOMESTIC PARTNER BENEFITS

Except where otherwise exempt or prohibited by law, a contractor awarded a contract pursuant to a bid process shall provide benefits to domestic partners of its employees on the same basis as it provides benefits to employees spouses.

Such certification shall be in writing and shall be signed by an authorized officer of the contractor and delivered, along with a description of the contractor's employee benefits plan, to the City's procurement director prior to entering a contract.

If the contractor fails to comply with this section, the City may terminate the contract and all monies due or to become due under the contract may be retained by the City

CONE OF SILENCE

STATE OF FLORIDA

SS

COUNTY OF MONROE

I the undersigned hereby duly sworn, depose and say that all owner(s) partners, officers, directors, employees and agents representing the firm of Stryker Medical, A Division of Stryker Sales Corp have read and understand the limitations and procedures regarding communications concerning City of Key West issued competitive solicitations pursuant to City of Key West Ordinance Section 2-773 Cone of Silence.

BY: _____

PAUL ROVINISKY

Sworn and prescribed before me this 23rd day of October 2014

NOTARY PUBLIC, State of Florida

My commission expires:

May 7, 2018

