

## **TOWN OF DAVIE TOWN COUNCIL AGENDA REPORT**

**TO:** Mayor and Councilmembers

**FROM/PHONE:** Donald DiPetrillo, Fire Chief, 954-797-1213

**PREPARED BY:** Julie Downey, Assistant Chief, 954-797-1189

**SUBJECT:** Resolution

**AFFECTED DISTRICT:** All Districts

**TITLE OF AGENDA ITEM:** A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE PURCHASE OF SIX (6) AUTOPULSE, AUTOMATIC CHEST COMPRESSION DEVICES (ACCD) AND RELATED ACCESSORIES FROM ZOLL MEDICAL CORPORATION UNDER A STATE OF FLORIDA EMS MATCHING GRANT (\$98,835.00).

**REPORT IN BRIEF:** On April 5, 2006 the Town Council approved R-2006-104 which authorized the Fire Rescue Department to apply for a matching grant from the Florida Department of Health (FDOH/EMS) Emergency Medical Service Bureau, EMS Matching Grant Program. The Town of Davie Fire Rescue applied for and was awarded a \$98,835.00 grant to purchase six (6) Automatic Chest Compression Devices (ACCD's), Autopulse and associated equipment. The grant program required a 75%-25% share of the total costs. The State delivered their share of \$74,126.25, and the Fire Rescue Department has the \$24,708.75 match budgeted in the Capital Projects/Fire Rescue Bond. The ACCD's will be placed in the Fire Rescue units to assist personnel in delivering the optimal care in the event of a cardiac arrest. Staff requests authorization to purchase the Autopulse ACCDs from Zoll Medical Corporation, a sole source provider, as approved within the grant.

**PREVIOUS ACTIONS:** R-2006-104

**CONCURRENCES:**

**FISCAL IMPACT:** Yes

Has request been budgeted? Yes

If yes, expected cost: \$98,835.00

Account Name: Cardiac Equipment Fire Bond Account 030-3004-522-6802 in the amount of \$24,708.75 and Cardiac Equipment Grant Account, 030-3303-522-6802 in the amount of \$74,126.25.

**RECOMMENDATION(S):** Motion to approve this resolution

**Attachment(s):** Resolution, Sole-source Letter, Quote

RESOLUTION \_\_\_\_\_

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE PURCHASE OF SIX (6) AUTOPULSE, AUTOMATIC CHEST COMPRESSION DEVICES (ACCD) AND RELATED ACCESSORIES FROM ZOLL MEDICAL CORPORATION UNDER A STATE OF FLORIDA EMS MATCHING GRANT (\$98,835.00).

WHEREAS, the Town of Davie Fire Rescue has identified a need to assist Paramedics in the care of a cardiac arrest; and

WHEREAS, this equipment will serve to reduce morbidity and mortality of cardiac arrest patients assisted by the Town of Davie Fire Rescue Department; and

WHEREAS, Town Council authorized application and acceptance of the EMS Automatic Chest Compression Device (ACCD) Autopulse grant from the State of Florida on April 5, 2006; Resolution R2006-104. On May 30, 2006 the Town was awarded the grant; and

WHEREAS, The State of Florida Matching grant program required a 75%-25% share of the total costs. The State delivered their share of \$74,126.25, and the Fire Rescue Department has the \$24,708.75 match; and

WHEREAS, Zoll Medical Corporation is the sole source provider of the equipment as authorized under the grant.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA.

SECTION 1. The Town Council authorizes the Town Administrator or designee to purchase six (6) Autopulse, Automatic Chest Compression Devices and related accessories from Zoll Medical Corporation, a sole source provider.

SECTION 2. The Town Council authorizes the expenditure from the Fire Rescue Departments – Cardiac Equipment Fire Bond account 030-3004-522-6802 in the amount of \$24,708.75 and Cardiac Equipment Grant Account, 030-3303-522-6802 in the amount of \$74,126.25.

SECTION 3. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2007.

\_\_\_\_\_  
MAYOR/COUNCIL MEMBER

ATTEST:

\_\_\_\_\_  
TOWN CLERK

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2007



**ZOLL Medical Corporation**

Worldwide Headquarters  
 269 Mill Road  
 Chelmsford, Massachusetts 01824-4105  
 (978) 421-9655 Main  
 (800) 348-9011  
 (978) 421-0015 Telefax

TO: Davie Fire-Rescue  
 6901 Orange Drive  
 Davie, FL 33314

Attn: Julie Downey  
 Assistant Chief

**QUOTATION**

DATE: October 20, 2006  
 Revised 11/13/06; 020507

TERMS: Net 30 Days

email: [julie\\_downey@davie-fl.gov](mailto:julie_downey@davie-fl.gov)

FOB: Shipping Point

1	8700-0700-01	AutoPulse® System Generates consistent and uninterrupted chest compressions, offering improved blood flow during cardiac arrest. Includes Backboard, User Guide, Quick Reference Guide, Shoulder Restraints, Backboard Cable Ties, Head Immobilizer, Grip Strips, In-Service Training DVD and one year warranty.	6	\$10,995.00	\$10,995.00	\$65,970.00
2	8700-0702-01	AutoPulse® Battery Original equipment Nickel-metal Hydride (NiMH) battery for use with the AutoPulse Platform.	18	\$575.00	\$575.00	\$10,350.00
3	8700-0703-01	AutoPulse® Battery Charger, U.S. Charges and conditions up to two batteries and automatically assesses battery charge level. Includes User Guide, U.S. power cord.	6	\$1,795.00	\$1,795.00	\$10,770.00
4	8700-0706-01	LifeBand® 3 Pack Single-use chest compression band. (3 per package)	25	\$375.00	\$375.00	\$9,375.00
5	8700-0705-01	AutoPulse® Soft Carry Case Soft-sided carrying case holds AutoPulse Platform, spare battery, spare LifeBand and Shoulder Restraints.	6	\$395.00	\$395.00	\$2,370.00
						<b>TOTAL</b>
						<b>\$98,835.00</b>

This quote is made subject to ZOLL's standard commercial terms and conditions(ZOLL T's+C's) which accompany this quote. Any purchase order (P.O.) issued in response to this quotation will be deemed to incorporate ZOLL T's+C's. Any modification of the ZOLL T's+C's must be set forth or referenced in the customer's P.O. No commercial terms or conditions shall apply to the sale of goods or services governed by this quote and the customer's P.O. unless set forth or referenced by either document.

1. DELIVERY WILL BE MADE 60-90 DAYS AFTER RECEIPT OF ACCEPTED PURCHASE ORDER.
2. PRICES WILL BE F.O.B. SHIPPING POINT.
3. WARRANTY PERIOD (See above and reverse side).
4. PRICES QUOTED ARE FIRM FOR 60 DAYS.
5. APPLICABLE TAX & FREIGHT CHARGES ADDITIONAL.
6. ALL PURCHASE ORDERS ARE SUBJECT TO CREDIT APPROVAL BEFORE ACCEPTANCE BY ZOLL.
7. PURCHASE ORDERS TO BE FAXED TO ZOLL CUSTOMER SERVICE AT 978-421-0015.

Kurt Sterzelbach/eag  
 Territory Manager  
 800-242-9150, x9576



National City Healthcare Finance is pleased to present the following proposal for lease financing on your ZOLL Medical Equipment and/or Accessories. Rates and terms are based on our understanding of your financial considerations. We offer a variety of financing alternatives and would be pleased to structure this transaction to meet your budget and accounting needs.

Should you have an interest in pursuing financing options, simply complete the attached application and fax it to the attention of Mike Kaplan at (866) 830-8923 or call with any questions at (513) 455-9844. For municipal or operating leases over \$250,000 contact Gary Sanders (630) 232-4710.

Rates are valid for 60 days to allow for installation and then of course are fixed for the term.

Cost

Equipment: See attached ZOLL Medical Quotation for Equipment Description		
Lease Term Options	<u>36 Months</u>	<u>60 Months</u>
Purchase Total	\$98,835.00	\$98,835.00
Monthly Payment	\$3,212.14	\$2,123.96
Documentation	1st and Last Lease Payment due with signed documents	1st and Last Lease Payment due with signed documents
Option at lease end	\$1.00 Buyout	\$1.00 Buyout
Taxes/Freight	Additional if applicable	Additional if applicable

Rates and terms are subject to final review and approval. We look forward to working with you to provide the best financing available on your new ZOLL Medical Corporation Equipment.

Please note this quote is subject to final review and approval. Submitting this quote does not imply that credit is approved.

Vendor Name <b>ZOLL Medical Corporation</b>			COST Equipment \$ 0.00	
Vendor Address <b>269 Mill Road, Chelmsford, MA 01824</b>			Sales Tax (If applicable) \$ -	
Contact Person	Vendor Salesperson	Telephone No. ( )	Fax No. ( )	Total Cost \$ 0.00
TERM	MONTHLY LEASE PAYMENT	ADVANCE PAYMENT		FMV Cost Cutter 10% Buyout \$1 Buyout

**See Attached**

Company Name

Billing Address City, State, Zip County

Telephone No. ( ) Fax No. ( ) Contact Person Title

Nature of Business Type of Business Corporation No. of Years in Business

Landlord/Mortgag City/State Telephone No. ( ) Contact Person

Name Title Social Security No. Driver's License No.

Home Address City State Home Phone No. ( )

Name Title Social Security No. Driver's License No.

Home Address City State Home Phone No. ( )

Name of Bank/Branch How Long? Chkg. Acct. # Telephone No. Contact Officer  
Loan Acct. #

Name of Bank/Branch How Long? Chkg. Acct. # Telephone No. Contact Officer  
Loan Acct. #

Previous Bank (If current account is less than two years) How Long? Chkg. Acct. # Telephone No. Contact Officer  
Loan Acct. #

Name of Supplier City/State/Zip Telephone No. Contact Person

The applicant (Lessee) certifies to National City Healthcare that it is applying for credit for business purposes, and not for personal, family or home use.

I hereby authorize any bank, financial institution or trade reference listed above to release appropriate credit information on the above account(s) to National City Healthcare Finance.

Signature \_\_\_\_\_



**ZOLL Medical Corporation**

Worldwide Headquarters  
269 Mill Road  
Chelmsford, Massachusetts 01824-4105  
U.S.A.

978 421-9655  
978 421-0025 Main Fax

December 9, 2005

Town of Davie Fire-Rescue Department  
6901 Orange Drive  
Davie, FL 33314

Dear Chief Downey, :

Thank you for your interest in the AutoPulse<sup>®</sup> Non-invasive Cardiac Support Pump, a revolutionary new resuscitation system that offers the promise of normal blood flow during sudden cardiac arrest.

Please be aware that ZOLL Medical Corporation is the only company that manufactures (at our wholly-owned subsidiary, ZOLL Circulation) and markets the AutoPulse. No other organization is authorized to sell the product in the United States. Further, there are no other devices on the market today that can mimic the AutoPulse's unique mechanism of action and achieve its unprecedented clinical results.

Feel free to contact me directly by calling 978-421-9735 should you have any questions or need additional information.

Best regards,

A handwritten signature in blue ink, appearing to read "Blake A. Cerullo".

Blake A. Cerullo  
Director of Market Development



**TOWN OF DAVIE  
INTEROFFICE MEMORANDUM  
FIRE RESCUE DEPARTMENT**

<b>DATE:</b>	<b>1/10/2007</b>	<b>REF#:</b>	
<b>TO:</b>	<b>ELENA BLACKISTON, PURCHASING DEPARTMENT</b>		
<b>FROM:</b>	<b>J. DOWNEY, ASSISTANT CHIEF</b>		
<b>THROUGH:</b>	<b>S. EGGNATZ, DEPUTY CHIEF</b>		
<b>SUBJECT:</b>	<b>Autopulse, Automatic Chest Compression Device</b>		
<b>Attachment:</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

---

The Autopulse which is an automatic chest compression device manufactured by Zoll Medical Corporation is the only product on the market that offers circumferential chest compression and offers uninterrupted chest compressions. Furthermore this device has been found to be far superior in delivering chest compressions when compared to manual chest compressions. This product will enhance the level of care the paramedics are able to provide to the Town residents and visitors.

**THIS PAGE INTENTIONALLY LEFT BLANK**