

TOWN OF DAVIE

TOWN COUNCIL AGENDA REPORT

TO: Mayor and Councilmembers

FROM/PHONE: Donald DiPetrillo, Fire Chief (954) 797-1213
Document Prepared by: Raquel B. Gray, Administrative Aide

SUBJECT: Resolution

AFFECTED DISTRICT: All Districts

TITLE OF AGENDA ITEM:

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, ACCEPTING THE BID TO PURCHASE TWO "M" SERIES ZOLL CARDIAC MONITOR/DEFIBRILLATOR/PACERS/NIBP, PULSE OX FROM ZOLL MEDICAL CORPORATION AS A PREFERRED PROVIDER.

REPORT IN BRIEF:

The purchase of two Zoll cardiac monitors with M-Series 12 Lead technology is part of the department's five year plan to upgrade existing medical equipment. Purchasing of these items will provide Davie residents with the newest defibrillation's technology available (biphasic defibrillation). This cardiac equipment is schedule for use at the Eastside Fire Station.

While Zoll Medical Corporation is not the sole manufacturer of this equipment, the department's EMS system has developed utilizing Zoll components, and selections of another manufacturer would necessitate changing the entire system for uniformity (i.e. service contract, batteries, cables, paper etc.)

PREVIOUS ACTIONS: Town Council previously approved resolution R-2001-032 to purchase the M Series Cardiac Monitor/Defibrillator from Zoll Medical Corporation.

CONCURRENCES: N/A

FISCAL IMPACT:

Has request been budgeted? Yes

If yes, expected cost: \$42,055.00

Account Name: Fire Impact Fees

Additional Comments:

RECOMMENDATION(S): Motion to approve resolution

Attachment(s):

Resolution

Procurement Authorization

Zoll Quote

RESOLUTION NO _____

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, ACCEPTING THE BID TO PURCHASE TWO "M" SERIES ZOLL CARDIAC MONITOR/DEFIBRILLATOR/PACERS/NIBP, PULSE OX FROM ZOLL MEDICAL CORPORATION AS A PREFERRED PROVIDER.

WHEREAS, the Town is in need of two additional "M" Series Zoll Cardiac Monitor/Defibrillator/Pacers/NIBP, Pulse Ox; and

WHEREAS, the Town previously approved R-2001-032 to purchase said equipment from Zoll Medical Corporation; and

WHEREAS, the department is striving to standardized equipment; and

WHEREAS, Zoll Medical Corporation is the preferred provider; and

WHEREAS, after review, the Town Council wishes to accept the bid from Zoll Medical Corporation.

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

SECTION 1. The Town Council hereby accepts the bid from Zoll Medical Corporation as a preferred provider, to purchase two Cardiac Monitor/Defibrillator/Pacers/NIBP, Pulse Ox in the amount of \$42,055.

SECTION 2. The Town Council hereby authorizes the expenditure from the Capital Projects Cardiac Equipment Account.

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

PASSED AND ADOPTED _____ DAY OF _____, 2004.

MAYOR/COUNCILMEMBER

Attest:

TOWN CLERK

APPROVED THIS ____ DAY OF _____, 2004

**TOWN OF DAVIE
PROCUREMENT AUTHORIZATION**

<u>Account Number</u>	<u>Budget & Description</u>	<u>Approximate Cost</u>
030-3504-522-6430 IMCARD	Capital Project	\$42,055.00

Method of Procurement (check the one that applies)

Open Competitive Bidding
 Piggyback on Contract Number _____
 Sole Source
 Other Preferred Provider

Checklist Specification & List Of Vendors Must Be Attached

Signed _____
Department Head

Have Funds Been Reserved _____

Date _____ Signed _____

Signed _____
Town Administrator

Bids Submitted

<u>Vendor</u>	<u>Cost</u>
Zoll Corporation	\$42,055
_____	_____
_____	_____
_____	_____

Signed _____
Purchasing Specialist

Town Administrator's Recommendation

<u>Vendor</u>	<u>Cost</u>
_____	_____

Signed _____
Town Administrator

**ZOLL Medical Corporation**

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

TO: TOWN OF DAVIE FIRE RESCUE DEPARTMENT
 6901 Orange Drive
 Davie, FL 33314

QUOTATION

Attn: **JOSE RIVERO**
 Title: EMS Chief

DATE: March 22, 2004

TERMS: Net 30 Days

Option 2

FOB: Shipping Point

ITEM	MODEL NUMBER	DESCRIPTION	QTY.	UNIT PRICE	DISC PRICE	TOTAL PRICE
1	41621711100123010 M SERIES MED-PRO PLUS BIPHASIC	Manual/Advisory Defibrillator with Rectilinear Biphasic Waveform, AC Power, Multiple Application Printer with Summary Report, Code Markers, SPO2 with reusable sensor and 8' cable, Noninvasive Pacing, 12-Lead with 1-step cable, NIBP with Adult-Plus cuff and hose, and EtCO2 with mainstream capnostat sensor Includes: High contrast display, 3-lead patient cable with integral lead wires, universal cable, 2 rechargeable lead acid batteries, carry case, ac mains power cord, 1 package of recorder paper, integral diagnostic frequency response, 2 PCMCIA card slots, RS232 data transfer capabilities and 1 Operator's manual. Standard One Year EMS Warranty	2	\$27,590.00	\$20,692.50	\$41,385.00 *
2	8000-0741	Xtreme Pack II Carry Case, molded rubber case with rear pouch and side pockets for use with hands-free defibrillation with modem extension cable for 12 Lead and NIBP (Price at time of initial purchase)	2	\$595.00	\$250.00	\$500.00 *
3	8204-0103-01	Smart Battery Replacement for Standard Battery (at time of initial purchase when ordering new equipment)	4	\$50.00	\$42.50	\$170.00 *
*Reflects Discount Pricing			Total List Price		\$55,880.00	
All discounts off List Price are contingent upon payment within agreed upon terms.						

WE PROPOSE TO FURNISH THE ITEMS LISTED ABOVE, SUBJECT TO CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF, AND THE WRITTEN ACCEPTANCE OF THIS QUOTATION.

TOTAL**\$42,055.00**

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 THROUGH MARCH 31, 2004.
5. APPLICABLE TAX & FREIGHT CHARGES ADDITIONAL.
6. PURCHASE ORDERS TO BE FAXED TO ZOLL CUSTOMER SERVICE AT 978-421-0015.

Kevin Jung/gd
 Territory Manager
 800/242-9150, x9576