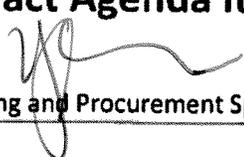




# City Council Contract Agenda Items Review Checklist

Reviewer:  (Contracting and Procurement Specialist signs here)

Date Received: 9/8/15 00/00/2015

Date: September 4, 2015

Department Fire

Division: EMS

Dept Head/Contact Person: Edsel Jenkins Telephone No: 313-596-2901

Description: EMS cots for ambulances

Brief explanation-function of or need for the goods/services

\_\_\_\_ Six power cots needed for new ambulances being ordered to add to EMS fleet to aid in response time and care delivered to citizens of Detroit.

Contract No.: \_\_\_\_\_ PO Type: BPO Est. Value: \$ 274,407.24

Contract Term (if applicable): November 1, 2015 to October 31, 2016

Funding Source: City: 100% State: \_\_\_\_\_%

Federal: \_\_\_\_\_% Other: \_\_\_\_\_%

(Documentation must be furnished by the Dept. if anything other than City funding)

Recommended Supplier: Stryker \_\_\_\_\_ Required Date: December 15, 2015

3100-350071-000000-628500-13824-000000-00000

1. The business being awarded is New If a renewal, provide justification for renewal: \_\_\_\_\_

2. Was the product or service competitively bid? X Yes No  
Attach Copy of Bid Tabulation/Evaluation score sheets as needed  
If the answer to #2 is "NO" explain why there was no competition: \_\_\_\_\_

3. Was a Co-Operative Agreement Considered? Yes X No Co-Operative Name: \_\_\_\_\_  
If answer to #3 is "No" explain why a Co-Op was not considered: Other departments do not use this equipment.

4. Were savings achieved?  
 Yes Amount \$ \_\_\_\_\_ X No

5. Does this agreement represent an increase?  No  
 Variance in unit price only (Current unit price \$0.00 Proposed Unit Price \$0.00)  
 Change in amount/volume of the good or service to be used. \_\_\_\_\_
6. Does the supplier currently provide other goods and services to the City?  Yes X No  
 If yes please list: \_\_\_\_\_
7. Is this good/service used by other departments?  Yes X No  
 If "yes" can this REQ/PAR be combined other department requirements?  Yes  No
8. Is this a service that can be performed by City employees?  Yes X No  
 Is this a service that City employees can be trained to do?  Yes X No

NOTES: Buyer: 

a. Excluded Parties List / Supplier Award Management Website Reviewed? Yes  No

PLACE ON FINANCIAL REVIEW COMMISSION AGENDA

PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED:  DATE: September 4, 2015  
 (Department)

INFORMATION PROVIDED BY: Debra Brawley

TITLE: General Manager

PHONE: 313-596-2904

FIRE DEPT.  
POWERCOTS FOR AMBULANCES

**BID TABULATION**

ASSUMPTIONS				Supplier 1				ASSUMPTIONS				Supplier 2				ASSUMPTIONS				Supplier 3			
	UNITS	UNIT PRICE	TOTAL PRICE		UNITS	UNIT PRICE	TOTAL PRICE		UNITS	UNIT PRICE	TOTAL PRICE		UNITS	UNIT PRICE	TOTAL PRICE		UNITS	UNIT PRICE	TOTAL PRICE				
D-BB's				D-BB's				D-BB's				D-BB's				D-BB's							
D-RB's				D-RB's				D-RB's				D-RB's				D-RB's							
D-BB's w/HQ in Detroit				D-BB's w/HQ in Detroit				D-BB's w/HQ in Detroit				D-BB's w/HQ in Detroit				D-BB's w/HQ in Detroit							
D-BB's				D-BB's				D-BB's				D-BB's				D-BB's							
D-BMBC				D-BMBC				D-BMBC				D-BMBC				D-BMBC							
Joint Venture				Joint Venture				Joint Venture				Joint Venture				Joint Venture							
Mentor Venture				Mentor Venture				Mentor Venture				Mentor Venture				Mentor Venture							
<b>BID TABULATION GRAND TOTAL:</b>			<b>\$274,407.24</b>	<b>BID TABULATION GRAND TOTAL:</b>			<b>\$0.00</b>	<b>BID TABULATION GRAND TOTAL:</b>			<b>\$0.00</b>	<b>BID TABULATION GRAND TOTAL:</b>			<b>\$0.00</b>	<b>BID TABULATION GRAND TOTAL:</b>			<b>\$0.00</b>				
Power Pro XT	6	\$16,423.72	\$98,542.32				\$0.00				\$0.00				\$0.00				\$0.00				
Prevent Power Cot 6506-7	6	\$3,017.25	\$18,103.50				\$0.00				\$0.00				\$0.00				\$0.00				
PowerLoad	6	\$18,630.96	\$111,785.76				\$0.00				\$0.00				\$0.00				\$0.00				
Protect Powerload 7 year	6	\$4,218.00	\$25,308.00				\$0.00				\$0.00				\$0.00				\$0.00				
Stair Pro Model 6252	6	\$2,792.02	\$16,752.12				\$0.00				\$0.00				\$0.00				\$0.00				
Mass Casually Fasher	6	\$364.17	\$2,185.02				\$0.00				\$0.00				\$0.00				\$0.00				
Bariatric Transfer Flat	6	\$288.42	\$1,730.52				\$0.00				\$0.00				\$0.00				\$0.00				
<b>Purchase order TOTAL</b>			<b>\$274,407.24</b>	<b>Purchase order TOTAL</b>			<b>\$0.00</b>																
UP TO \$10,000.00	0.05		\$0.00	UP TO \$10,000.00	0.05		\$0.00	UP TO \$10,000.00	0.05		\$0.00	UP TO \$10,000.00	0.05		\$0.00	UP TO \$10,000.00	0.05		\$0.00				
\$10,000.01-\$100,000.00	0.04		\$0.00	\$10,000.01-\$100,000.00	0.04		\$0.00	\$10,000.01-\$100,000.00	0.04		\$0.00	\$10,000.01-\$100,000.00	0.04		\$0.00	\$10,000.01-\$100,000.00	0.04		\$0.00				
\$100,000.01-\$500,000.00	0.03		\$0.00	\$100,000.01-\$500,000.00	0.03		\$0.00	\$100,000.01-\$500,000.00	0.03		\$0.00	\$100,000.01-\$500,000.00	0.03		\$0.00	\$100,000.01-\$500,000.00	0.03		\$0.00				
\$500,000.01 AND OVER	0.02		\$0.00	\$500,000.01 AND OVER	0.02		\$0.00	\$500,000.01 AND OVER	0.02		\$0.00	\$500,000.01 AND OVER	0.02		\$0.00	\$500,000.01 AND OVER	0.02		\$0.00				
D-RB's	0.03		\$0.00	D-RB's	0.03		\$0.00	D-RB's	0.03		\$0.00	D-RB's	0.03		\$0.00	D-RB's	0.03		\$0.00				
D-BB's w/HQ in Detroit	0.01		\$0.00	D-BB's w/HQ in Detroit	0.01		\$0.00	D-BB's w/HQ in Detroit	0.01		\$0.00	D-BB's w/HQ in Detroit	0.01		\$0.00	D-BB's w/HQ in Detroit	0.01		\$0.00				
D-BB's	0.02		\$0.00	D-BB's	0.02		\$0.00	D-BB's	0.02		\$0.00	D-BB's	0.02		\$0.00	D-BB's	0.02		\$0.00				
D-BMBC	0.02		\$0.00	D-BMBC	0.02		\$0.00	D-BMBC	0.02		\$0.00	D-BMBC	0.02		\$0.00	D-BMBC	0.02		\$0.00				
Joint Venture	0.02		\$0.00	Joint Venture	0.02		\$0.00	Joint Venture	0.02		\$0.00	Joint Venture	0.02		\$0.00	Joint Venture	0.02		\$0.00				
Mentor Venture	0.01		\$0.00	Mentor Venture	0.01		\$0.00	Mentor Venture	0.01		\$0.00	Mentor Venture	0.01		\$0.00	Mentor Venture	0.01		\$0.00				

Stryker is the manufacturer of these products.

AUG 07 2015



### REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: Contracting & Procurement

E-MAIL ADDRESS: gainesy@detroitmi.gov

CONTACT NAME: Yolanda Gaines PHONE: 224-4612 FAX: 628-1160

Type of Clearance:  New  Renewal (Please submit 30 days prior to submitting bid or expiration date)

To: A. City of Detroit Income Tax Division Coleman A. Young Municipal Center 2 Woodward Avenue, Ste. 1220 Detroit, MI 48226  Phone: (313) 224-3328 or 224-3329 Fax: (313) 224-4588	For: Individual or Company Name <u>STRYKER SALES CORP.</u> Address <u>3800 E. Centre</u>  City <u>Portage</u> State <u>MI</u> Telephone <u>513-760-2045</u> Zip Code <u>49002</u> Fax # <u>616-262-8449</u> Fax # <u>616-825-6446</u> E-mail Address <u>rebecca.mckim@stryker.com</u>
--	--

B. Name of Chief Financial Officer/Authorized Contact Person (include address if different from above) <u>Joe Krill V.P. Finance &amp; IT</u> Employer Identification or Social Security Number <u>38-2902424</u>	Telephone # _____ Fax # _____ Spouse Social Security Number _____ Nature of Contract <u>EMS EQUIPMENT</u> BID CONTRACT AMOUNT (if known): Labor: \$ _____ Material: \$ <u>274,000</u> Contract # (if known) _____
---	---

C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCE.

Check One:  Individual  Corporation  Partnership  Estate & Trust

**INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.**

1. Have you filed joint returns with spouse during the last seven (7) years? (If yes, include spouse SSN above)  Yes  No

2. Are you a student, and/or claimed as a dependent on someone else's tax return?  Yes  No

3. Were you employed in the City of Detroit during the last seven (7) years?  Yes  No

4. Were you a resident of Detroit during the last seven (7) years?  Yes  No

**CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.**

5. Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4)  Yes  No

6. Will the company have employees working in Detroit?  Yes  No

7. Will the company use sub-contractors or independent contractors in Detroit?  Yes  No

D. **FOR INCOME TAX USE ONLY**

Has the contractor complied with the provisions of the City Income Tax Ordinance?  
 Yes  No  
 Signature LOUIE TAYLOR Date AUG 08 2015 Expires AUG 08 2016  
 Yes  No  
 Yes  No

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT: [www.detroitmi.gov](http://www.detroitmi.gov)

NOTE: An approved Income Tax Certificate may be used in multiple city wide departments that require a bid. Please e-mail your completed request form (preferably in pdf format) to: [IncomeTaxClearance@detroitmi.gov](mailto:IncomeTaxClearance@detroitmi.gov).

CITY OF DETROIT

ACCOUNTS RECEIVABLE CLEARANCE APPLICATION
2 WOODWARD AVENUE, SUITE 105, COLEMAN A YOUNG MUNICIPAL CENTER
REVENUE COLLECTIONS UNIT (313) 224-4087 / FAX: 224-4238 / RevenueCollections@DetroitMi.gov

SECTION A: BUSINESS LICENSE BUDGET CITY COUNCIL DDOT DPW FINANCE FIRE HEALTH
HUMAN RIGHTS LAW MAYOR OMBUDSMAN PLANNING & DEVELOPMENT POLICE PURCHASING
RECREATION WATER & SEWAGE OTHER
ADDRESS OF DEPARTMENT 1008 CAYMC
DATE SENT 8/7/15 CONTACT PERSON V. Guines
PHONE NUMBER 224-4610 FAX NUMBER 628-1160 EMAIL guinesy@detroitmi.gov
CONTRACT AMOUNT \$ 274,000

SECTION B: CORPORATION Sales LICENSE TYPE
CORPORATION NAME STRYER CORP
ADDRESS 3800 E. CENTRE Ave CITY/STATE/ZIP Portage, MI OWN LEASE
CITY PERSONAL PROPERTY NUMBER FID/EIN NUMBER 38-1239739
OTHER CITY-OWNED PROPERTY PARCELS
CONTACT PERSON Rebecca Kim PHONE NUMBER 614-202-8449 EMAIL ADDRESS rebecca.kim@stryer.com

SECTION C: PARTNERSHIP LICENSE TYPE
BUSINESS NAME
BUSINESS ADDRESS CITY/STATE/ZIP OWN LEASE
CITY PERSONAL PROPERTY NUMBER FID/EIN NUMBER
A: PARTNER'S NAME PHONE NUMBER
HOME ADDRESS CITY/STATE/ZIP OWN LEASE
DRIVER'S LICENSE # OTHER CITY-OWNED PROPERTY PARCELS
B. PARTNER'S NAME PHONE NUMBER
HOME ADDRESS CITY/STATE/ZIP OWN LEASE
DRIVER'S LICENSE # OTHER CITY-OWNED PROPERTY PARCELS
CONTACT PERSON PHONE NUMBER EMAIL ADDRESS

SECTION D: SOLE PROPRIETORSHIP LICENSE TYPE
BUSINESS NAME
BUSINESS ADDRESS CITY/STATE/ZIP OWN LEASE
CITY PERSONAL PROPERTY NUMBER FID/EIN NUMBER
OWNER'S NAME DRIVER'S LICENSE # PHONE NUMBER
HOME ADDRESS CITY/STATE/ZIP OWN LEASE
OTHER CITY-OWNED PROPERTY PARCELS
EMAIL ADDRESS

SECTION E: PERSONAL SERVICES
NAME ADDRESS
CITY/STATE/ZIP
PHONE NUMBER DRIVER LICENSE #
OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT
SOCIAL SECURITY NUMBER EMAIL ADDRESS

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

FOR TREASURY COLLECTION USE ONLY:

APPROVED DENIED
Signature: Annette Smith DATE: AUG 28 2015 DENIED WITH ATTACHMENTS JAN 15 2016
SIGNATURE DATE CLEARANCE VALID UNTIL





# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
01/29/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services Central, Inc. Grand Rapids MI Office 50 Louis Street NW Suite 200 Grand Rapids MI 49503 USA	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> (616) 456-5366 <b>FAX (A/C. No.):</b> (616) 456-7451		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> Stryker Corporation & Subsidiaries 2825 Airview Boulevard Kalamazoo MI 49002 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Old Republic Insurance Company		24147
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

Holder Identifier :

**COVERAGES**      **CERTIFICATE NUMBER: 570056722293**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		MWZY 304211	02/01/2015	02/01/2016	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	Excluded
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Phys Dmge-Self Insc			MWTB 303030	02/01/2015	02/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY ( Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE	
							AGGREGATE	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MWC 304208 00 AOS MWXS 304209 Excess WC - MI	02/01/2015	02/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
A					02/01/2015	02/01/2016	E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000

Certificate No : 570056722293

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
Certificate holder is included as Additional Insured, where required by written contract, in accordance with the policy provisions of the general liability policy.

**CERTIFICATE HOLDER**      **CANCELLATION**

City of Detroit Finance / Purchasing Coleman A Young Municipal Center 2 Woodward Avenue, Room 1008 Detroit MI 48226 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  
---	--



## Hiring Policy Compliance Affidavit

I, Elizabeth Ross, being duly sworn, state that I am the Human Resources  
Representative of Stryker Sales Corporation, through its Medical Division  
Title Name of Bidder Corporation or Other Business Entity

and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18-5-81 through 18-5-86 thereof I further affirm that this employer will not inquire or consider the criminal convictions of applicants for employment needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted, until such times as the employer interviews the applicant or determines that the applicant is qualified.

In support of this affidavit, I attach a copy of the application form that will be used to hire employees needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted.

SIGNED,

Elizabeth Ross  
Elizabeth Ross  
Title: HR Representative Date: July 18, 2014

STATE OF MICHIGAN )  
COUNTY OF Kalamazoo ) SS

The foregoing Affidavit was acknowledged before me the 18th day of July, 2014,  
by Elizabeth Ross, HR Representative

DEBRA SILL HOLMGREN  
NOTARY PUBLIC - STATE OF MICHIGAN  
COUNTY OF KALAMAZOO  
My Commission Expires May 23, 2017  
Acting in the County of Kalamazoo

Debra Sill Holmgren  
Notary Public, County of Kalamazoo

State of Michigan  
Acting in Kalamazoo County, MI  
My commission expires: 050-23-2017



## EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. All persons shall have the opportunity to be considered for employment without regard to their race, color, religion, creed, national origin, ancestry, alienage or citizenship status, age, disability, gender (including pregnancy, childbirth and related medical conditions), sexual orientation, genetic information/characteristics, veteran or military status, marital status, or any other characteristic protected by applicable federal, state or local laws.

We will endeavor to make a reasonable accommodation/modification to the known physical or mental limitations of a qualified applicant with a disability to assist in the hiring process, unless the accommodation would impose an undue hardship on the operation of our business, in accordance with applicable federal, state and local law. If you believe you require such assistance to complete this form or to participate in the interview process, please contact Human Resources.

*Stryker Corporation is subject to Chapters 29-38 of Title 28 of the General Laws of the State of Rhode Island, and is therefore covered by the state's workers' compensation law.*

**THIS EMPLOYMENT APPLICATION IS NOT AN EMPLOYMENT CONTRACT.**

### GENERAL INFORMATION

LAST NAME	FIRST NAME	M.I.	DATE
STREET ADDRESS			HOME PHONE
CITY AND STATE		ZIP CODE	OTHER PHONE (if applicable)
EMAIL ADDRESS			MINIMUM SALARY EXPECTED:
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Pursuant to the Immigration Reform and Control Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after employment commences. In addition, all new hires will be required to verify their employment authorization under oath by signing INS Form I-9.			WHEN WILL YOU BE ABLE TO BEGIN WORK?
WILL YOU NOW, OR IN THE FUTURE, REQUIRE SPONSORSHIP FROM STRYKER TO CONTINUE TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No			Can you, within 72 hours of employment, provide verification of your eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR WITH OR WITHOUT REASONABLE ACCOMMODATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No			ARE YOU WILLING TO TRAVEL? <input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
GEOGRAPHICAL PREFERENCES:		GEOGRAPHICAL EXCLUSIONS:	
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are under 18, hire is subject to verification that you are of minimum and legal age.			

### EMPLOYMENT INFORMATION

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY JOB? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify position(s) and dates of employment:
HAVE YOU EVER BEEN EMPLOYED BY US? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date, location, title, name of supervisor and reason for leaving.
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date.
HAVE YOU EVER BEEN OR ARE YOU CURRENTLY DEBARRED BY THE U.S. FDA OR EXCLUDED BY THE OIG? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>U.S. fraud and abuse regulations and industry ethics codes that govern interactions with healthcare professionals require Stryker to inquire about familial relationships between applicants and healthcare professionals ("HCP's"). Presence of a familial relationship between an applicant and an HCP does not necessarily preclude the applicant from consideration for employment.          [For purposes of this question, an HCP is an individual who purchases, leases, recommends, uses, arranges for the purchase or lease of, or prescribes products of Stryker in the U.S.]          [For purposes of this question, an "immediate family member" is defined as birth or adoptive parent/step-parent; child/step-child; sibling/step-sibling; grandparent, grandchild; spouse or declared same sex domestic partner; father-in-law/mother-in-law; son-in-law/daughter-in-law; brother-in-law/sister-in-law; spouse or declared same sex domestic partner of grandparent or grandchild.]</p>
Are any of your immediate family members HCP's? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please identify them _____



**PERSONAL REFERENCES**

PLEASE LIST THE NAMES AND TELEPHONE NUMBERS OF THREE (3) PROFESSIONAL REFERENCES WHO HAVE KNOWLEDGE OF YOUR CAPABILITY TO PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING. PLEASE EXCLUDE RELATIVES AND FORMER EMPLOYERS.

NAME OF PERSON TO CONTACT	PHONE NUMBER

**EDUCATIONAL HISTORY**

NAME AND LOCATION (CITY/STATE)	COURSE OF STUDY	DEGREE/DIPLOMA/ GED (Yes or No)
HIGH SCHOOL		
COLLEGE		
GRADUATE SCHOOL		
OTHER SCHOOLING (VOCATIONAL, POST-GRADUATE)		

**EMPLOYMENT HISTORY**

**Instructions for completing this section:** Please print and list all prior employers, beginning with your PRESENT or MOST RECENT employer. Please attach additional sheets to this application if necessary. Complete all requested information in full. DO NOT include overtime, bonus, commissions, etc. in the base salary information. Please include as part of your employment history any verified work performed on a volunteer basis and/or work performed while in the military that is job-related to the position for which you are applying.

EMPLOYER (first most recent)	EMPLOYER (second most recent)
Address	Address
City <span style="float:right">State</span>	City <span style="float:right">State</span>
Dates Employed:	Dates Employed:
From <span style="float:right">To</span>	From <span style="float:right">To</span>
Supervisor <span style="float:right">Phone</span>	Supervisor <span style="float:right">Phone</span>
Positions Held <span style="float:right">Base Rate of Pay</span>	Positions Held <span style="float:right">Base Rate of Pay</span>
Summary of job responsibilities/duties:	Summary of job responsibilities/duties:
Reason For Leaving	Reason For Leaving
EMPLOYER (third most recent)	EMPLOYER (fourth most recent)
Address	Address
City <span style="float:right">State</span>	City <span style="float:right">State</span>
Dates Employed:	Dates Employed:
From <span style="float:right">To</span>	From <span style="float:right">To</span>
Supervisor <span style="float:right">Phone</span>	Supervisor <span style="float:right">Phone</span>
Positions Held <span style="float:right">Base Rate of Pay</span>	Positions Held <span style="float:right">Base Rate of Pay</span>
Summary of job responsibilities/duties:	Summary of job responsibilities/duties:
Reason For Leaving	Reason For Leaving

IS THERE ANY REASON WHY WE SHOULD NOT CONTACT ANY CURRENT OR FORMER EMPLOYER FOR A REFERENCE? YES \_\_\_\_\_ NO \_\_\_\_\_  
 IF YES, PLEASE IDENTIFY THE EMPLOYER AND EXPLAIN WHY NOT.



**ADDITIONAL INFORMATION**

**Prior Agreements**

I understand that it is the Company's policy to have its employees honor the confidentiality obligations that they may have entered into with current or prior employees.

Are you bound by any confidentiality, non-disclosure, non-compete or patent agreements or any other employment agreements or obligations limiting your work or requiring you to obtain approvals from or assign intellectual property to a current or former employer?

Yes  No If yes, please explain and provide a copy of any relevant agreement signed.

Please provide any additional information you wish us to consider in reviewing your application for employment that you feel is relevant to the position you are seeking.

How did you learn about the job for which you are applying?

Newspaper (name) \_\_\_\_\_ Internet (website) \_\_\_\_\_  
Job Bulletin (where posted) \_\_\_\_\_ Job Fair/Conference (where) \_\_\_\_\_  
State Employment Service (name) \_\_\_\_\_ College/University (name) \_\_\_\_\_  
Community Action Agency (name) \_\_\_\_\_ Referral (friend/relative-name) \_\_\_\_\_  
Magazine Journal (name) \_\_\_\_\_ Other (specify) \_\_\_\_\_

To the extent required by applicable law, the Company maintains a smoke-free workplace.

**Massachusetts Applicants:**

Note that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

**Maryland Applicants:**

Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

**APPLICANT'S STATEMENT**

I understand that Stryker is an at-will employer. This means that if I am employed, it is not for any specific time period or duration. I may leave the company at any time and Stryker may terminate my employment at any time, for any reason, with or without notice. I understand that this employment application and any other Company documents are not contracts of employment. I further understand that any oral or written statements to the contrary may be expressly disavowed and should not be relied upon by me.

I understand that, as part of its standard hiring practices and following a conditional offer of employment, Stryker conducts background checks and drug screens for all applicants, as permitted by law. I verify that the information I have supplied as part of this application is true and correct to the best of my knowledge. I understand that any misrepresentations made within will end any further consideration with the Company and if hired will be cause for dismissal.

Stryker has been and will continue to be an equal opportunity employer. To assure full implementation of this equal employment policy, we will take steps to assure that: a. Persons are recruited, hired, assigned and promoted without regard to race, color, creed, religion, sex, age, disability, national origin, ancestry, citizenship, armed forces service, marital or veteran status, sexual orientation, or any other impermissible factor. b. All other personnel actions, such as compensation, benefits, transfers, layoffs and recall from lay offs, access to training, education, tuition assistance and social recreation programs are administered without regard to race, color, creed, religion, sex, age, disability, national origin, ancestry, citizenship, armed forces service, marital or veteran status, sexual orientation, or any other impermissible factor. c. Employees and applicants shall not be subjected to harassment, intimidation, threats, coercion or discrimination because they have: (1) filed a complaint; (2) assisted or participated in an investigation, compliance review, hearing or any other activity related to the administration of any federal, state or local law requiring equal employment opportunity; (3) opposed any act or practice made unlawful by any federal, state or local law requiring equal opportunity or (4) exercised any other right protected by federal, state or local law requiring equal opportunity.

I verify that all information I have provided, and will provide, in the hiring process to be true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature





**Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (not Hispanic or Latino)** - A person who identifies with more than one of the above five races.

### VETERAN STATUS

Stryker takes affirmative action to employ and advance protected veterans. As a federal contractor, we submit a report to the U.S. Department of Labor each year identifying the number of our employees belonging to "protected veteran" categories. This information is being requested on a voluntary basis and will be kept confidential as required by law. Refusal to provide the requested information will not subject you to adverse treatment. If provided, this information will not be used in a manner inconsistent with VEVRAA.

Please check the appropriate box below.

**I am a Protected Veteran**

**I am NOT a Protected Veteran**

**I Choose Not to Disclose Veteran Status**

For your reference, the following are categories of "protected veterans."

**Disabled Veteran** - (a) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (b) a person who is discharged or released from active duty because of a service-connected disability.

**Recently Separated Veteran** - discharged or released from active duty in the U.S. military, ground, naval, or air service within the last three years.

**Active Duty Wartime or Campaign Badge Veteran** - served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

**Armed Forces Service Medal Veteran** - participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 while serving on active duty in the U.S. military, ground, naval or air service.

INFORMATION ON THIS FORM WILL BE USED SOLELY FOR GOVERNMENT REPORTING PURPOSES. THIS FORM WILL BE DETACHED AND STORED IN A CONFIDENTIAL FOLDER SEPARATE FROM YOUR APPLICATION.

## Hiring Policy Compliance

### Summary

City of Detroit Ordinance No. 29-11 approved by the City Council on November 22, 2011 amends, the City's Purchasing Ordinance, Chapter 18 of the 1984 Detroit City Code, *Finance and Taxation*, Article V, *Purchases and Supplies*, by adding Division 6, *Criminal Conviction Questions for City Contractors*, which consists of Sections 18-5-81, 18-5-82, 18-5-83, 18-5-84, 18-5-85 and 18-5-86. This added language provides for prohibiting City contractors from inquiring regarding criminal conviction questions for applicants to fulfill City contracts until the contractor interviews the applicant or determines the applicant is qualified. It further provides for certain exceptions to the prohibition and requires City contractors to submit an affidavit with a copy of their application to make bids or proposals. Bids which do not comply with this division are deemed non-responsive and the City is permitted to deem contractor(s) in breach.

**CITY OF DETROIT**  
**SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT**

1. Name of Contractor: Stryker Sales Corporation, through its Medical Division
2. Address of Contractor: 3800 E. Centre Avenue, Portage, MI 49002
- \_\_\_\_\_
- \_\_\_\_\_
3. Name of Predecessor Entities (if any): None
- \_\_\_\_\_
4. Prior Affidavit submission?  No  Yes, on: \_\_\_\_\_  
(Date of prior submission)
- If "No", complete Items 5 and 6.
- If "Yes", list date of prior submission above, go to Item 6 and execute this Affidavit.
5.  Contractor was established in 1946 (year) and did not exist during the slavery era in the United States, is not a successor in interest to any entity that existed during such time, and therefore has no relevant records to search, or any pertinent information to disclose.
- N/A Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.
- N/A Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in the attached document(s).
6. I declare that the representations made in this Affidavit are accurate to the best of my knowledge and are based upon a diligent search of records in the Contractor's possession or knowledge. All documentation attached to this Affidavit reflects full disclosure of all records that are required to be disclosed to the City of Detroit. I also acknowledge that any failure to conduct a diligent search, or to make a full and complete disclosure, shall render this contract voidable by the City of Detroit.

Don Payerle (Printed Name)

Vice-President/Gen. Mgr, PH & EMS (Title)

Don Payerle

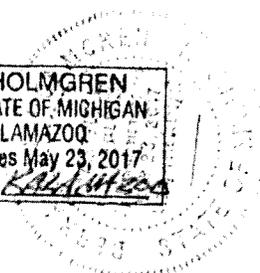
(Signature) July 17, 2014 (Date)

Subscribed and sworn to before me  
this 17<sup>th</sup> day of July, 2014

Debra Sill Holmgren

Notary Public, Kalamazoo County, Michigan  
Acting in Kalamazoo County, Michigan  
My Commission expires: May 23, 2017

DEBRA SILL HOLMGREN  
NOTARY PUBLIC - STATE OF MICHIGAN  
COUNTY OF KALAMAZOO  
My Commission Expires May 23, 2017  
Acting in the County of Kalamazoo



USER N

For

# Entity Dashboard

[Entity Overview](#)

[Entity Record](#)

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**Stryker Corporation**

**DUNS: 078470558 CAGE Code: 75AF1**

**Status: Active**

**Expiration Date: 05/17/201**

**Purpose of Registration: All Av**

## Entity Overview

### Entity Information

**Name:** Stryker Corporation

**Doing Business As:** Stryker Medical, A Division of Stryker Corporation

**Business Type:** Business or Organization

**POC Name:** Jill Fogg

**Registration Status:** Active

**Activation Date:** 05/18/2015

**Expiration Date:** 05/17/2016

### Exclusions

**Active Exclusion Records?** No



CITY OF DETROIT  
 FINANCE DEPARTMENT  
 PURCHASING DIVISION  
 1008 COLEMAN A. YOUNG  
 MUNICIPAL CENTER  
 DETROIT, MICHIGAN 48226  
 PHONE 313-224-4600  
 FAX 313-224-4374

IF THIS PURCHASE ORDER  
 DOES NOT AGREE WITH THE  
 BID YOU SUBMITTED.  
 PLEASE CONTACT THE  
 PURCHASING DIVISION

**Purchase Order**

PURCHASE ORDER NO. 2913765 REVISION 1 PAGE 1

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS

SHIP TO  
 1301 Third Street, 6th floor  
 Detroit, MI 48202  
 United States

BILL TO  
 Coleman A Young Municipal Ce  
 2 Woodward Avenue  
 Ste 642  
 Detroit, MI 48226  
 United States

**SUPPLIER**

STRYKER MEDICAL  
 3800 E CENTRE AVE  
 PORTAGE, MI 49002

SUPPLIER NO. 1114557	DATE OF ORDER/BUYER 08-SEP-15 Y Gaines	REVISED DATE/BUYER 06-OCT-15 Y Gaines
PAYMENT TERMS Net 30	SHIP VIA Lowest Cost Carrier	F.O.B. Delivered
FREIGHT TERMS Account of seller	REQUESTOR/DELIVER TO Dougherty, Craig C	CONFIRM TO / TELEPHONE (800) 878-9537

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	THIS STANDARD PURCHASE ORDER ISSUED FOR DEPARTMENT OF FIRE/EMS IN ACCORDANCE WITH SPECIFICATIONS.						
	CC APPROVED: September 29, 2015						
	TO FURNISH: 6 STRYKER BRAND POWER-PRO XT STRETCHER/COTS, WITH LOAD OPTION ON 6 UNITS Model 6506 with 7 year preventive maintenance on all 6 units included parts, labor and travel. Additionally 6 Ambulance Units come with 3 yr Powertrain Warranty and 2 yr bumper to bumper warranty. 6 Power loads with Protection for 7 years and 1 year parts, labor and travel.						
	TO IEC 60601-1 and IEC 60601-1-2 Certification conforming to industry standards. Equipment must conform to all applicable safety standards for medical, ambulance and fire use within the United States and Michigan.						
	Warranty information, instructions should be included with the delivery of product.						
	THE INDIVIDUAL RESPONSIBLE FOR ACCEPTING PERFORMANCE UNDER THIS PURCHASE ORDER IS CRAIG DOUGHERTY 313-596-2906 AND THE CONTACT PERSON FROM WHOM PAYMENT SHOULD BE REQUESTED IS LaTonya Finley WHO MAY BE REACHED AT 313-596-2998 finleyl@detroitmi.gov						
	FOB: Delivery location: EMS Supply, 1400 Erskine, Detroit, MI 48226 - Power- PRO XT, Stair- PRO Model 6252.						
	FOB: Delivery location: American Emergency Vehicles, 165 American Way, Jefferson, NC 28640 - PowerLoad, Mass Casualty Eastern						

CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION. THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE. NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT. ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION. WHEN SHIPPED VIA COMMON CARRIER, MAIL, SHIPPING NOTICE DIRECTLY TO RECEIVING POINT. CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE. PATENTS-CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION. THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

**Total** Continued

*Bonnie Jackson*

PURCHASING DIRECTOR'S SIGNATURE  
 NOT VALID WITHOUT AUTHORIZED SIGNATURE



CITY OF DETROIT  
 FINANCE DEPARTMENT  
 PURCHASING DIVISION  
 1008 COLEMAN A. YOUNG  
 MUNICIPAL CENTER  
 DETROIT, MICHIGAN 48226  
 PHONE 313-224-4600  
 FAX 313-224-4374

IF THIS PURCHASE ORDER  
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**Purchase Order**

PURCHASE ORDER NO. 2913765 REVISION 1 PAGE 2

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SHIP TO  
 1301 Third Street, 6th floor  
 Detroit, MI 48202  
 United States

BILL TO  
 Coleman A Young Municipal Ce  
 2 Woodward Avenue  
 Ste 642  
 Detroit, MI 48226  
 United States

SUPPLIER

STRYKER MEDICAL  
 3800 E CENTRE AVE  
 PORTAGE, MI 49002

SUPPLIER NO. 1114557	DATE OF ORDER/BUYER 08-SEP-15 Y Gaines	REVISED DATE/BUYER 06-OCT-15 Y Gaines
PAYMENT TERMS Net 30	SHIP VIA Lowest Cost Carrier	F.O.B. Delivered
FREIGHT TERMS Account of seller	REQUESTOR/DELIVER TO Dougherty, Craig C	CONFIRM TO / TELEPHONE (800) 878-9537

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	<p>Delivery progress dates should be provided to Commissioner Dougherty and Purchasing Agent Yolanda Gaines (313-224-4612) gainesy@detroitmi.gov</p> <p>It is the vendor's responsibility to mail or cause to be delivered a valid original invoice to Finance, Accounts Payable Section with a photographic copy to the contracting officer designated within the contract or purchase order. It is the delivery of this document that initiates the start of the 45-day count under the prompt payment ordinance. The mailing of duplicate original invoices is strictly prohibited.</p> <p>A valid invoice meets the following requirements:</p> <p>Vendor Information: Full name of business, Federal Identification Number, unique invoice number, date of invoice, reference to City of Detroit purchase order number, part of item number (as referenced in the purchase order)</p> <p>Quantity and Pricing Information: Description of goods or services on the invoice must match from the information on this Purchase Order: part or item number (as referenced in the purchase order and/or quotation), quantity of goods or services provided, unit price of goods or services provided, part or item subtotal (quantity * unit cost), discount terms (if applicable).</p> <p>Delivery Information: Location and date of delivery of goods or services provided, delivery terms (as referenced in the purchase order agreement).</p> <p>TERMINATION OF CONTRACT:            The City reserves the absolute right to terminate term contracts, blanket orders, in whole or in part, for the convenience of the City, at its sole</p>						

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Total Continued

*Boysie Jackson*

PURCHASING DIRECTOR'S SIGNATURE  
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CITY OF DETROIT  
 FINANCE DEPARTMENT  
 PURCHASING DIVISION  
 1008 COLEMAN A. YOUNG  
 MUNICIPAL CENTER  
 DETROIT, MICHIGAN 48226  
 PHONE 313-224-4600  
 FAX 313-224-4374

IF THIS PURCHASE ORDER  
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### Purchase Order

PURCHASE ORDER NO. 2913765 REVISION 1 PAGE 3

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS

SHIP TO

1301 Third Street, 6th floor  
 Detroit, MI 48202  
 United States

BILL TO

Coleman A Young Municipal Ce  
 2 Woodward Avenue  
 Ste 642  
 Detroit, MI 48226  
 United States

SUPPLIER

STRYKER MEDICAL  
 3800 E CENTRE AVE  
 PORTAGE, MI 49002

SUPPLIER NO. 1114557	DATE OF ORDER/BUYER 08-SEP-15 Y Gaines	REVISED DATE/BUYER 06-OCT-15 Y Gaines
PAYMENT TERMS Net 30	SHIP VIA Lowest Cost Carrier	F.O.B. Delivered
FREIGHT TERMS Account of seller	REQUESTOR/DELIVER TO Dougherty, Craig C	CONFIRM TO / TELEPHONE (800) 878-9537

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	discretion, upon a 30 day written notice to the vendor.						
	DEPARTMENT USING: FIRE/EMS						
1	Your #: 6005026000 BARIATRIC TRANSFER FLAT o SHIP TO: 1400 Erskine St Detroit, MI 48207 United States		6.00	Each	288.42	1,730.52	N
2	Your #: 6391000000 MASS CASUALTY FASTENER o SHIP TO: 1400 Erskine St Detroit, MI 48207 United States		6.00	Each	364.17	2,185.02	N
3	Your #: 6390000000 POWER LOAD o SHIP TO: 1400 Erskine St Detroit, MI 48207 United States		6.00	Each	18630.96	111,785.76	N

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**Total** Continued

*Bonnie Jackson*

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 FINANCE DEPARTMENT  
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 1008 COLEMAN A. YOUNG  
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 PHONE 313-224-4600  
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**Purchase Order**

PURCHASE ORDER NO. 2913765 REVISION 1 PAGE 4

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SHIP TO  
 1301 Third Street, 6th floor  
 Detroit, MI 48202  
 United States

BILL TO  
 Coleman A Young Municipal Ce  
 2 Woodward Avenue  
 Ste 642  
 Detroit, MI 48226  
 United States

**SUPPLIER**

STRYKER MEDICAL  
 3800 E CENTRE AVE  
 PORTAGE, MI 49002

SUPPLIER NO. <b>1114557</b>	DATE OF ORDER/BUYER <b>08-SEP-15 Y Gaines</b>	REVISED DATE/BUYER <b>06-OCT-15 Y Gaines</b>
PAYMENT TERMS <b>Net 30</b>	SHIP VIA <b>Lowest Cost Carrier</b>	F.O.B. <b>Delivered</b>
FREIGHT TERMS <b>Account of seller</b>	REQUESTOR/DELIVER TO <b>Dougherty, Craig C</b>	CONFIRM TO / TELEPHONE <b>(800) 878-9537</b>

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
4	Your #: 6506000000 POWER-PRO XT o SHIP TO: 1400 Erskine St Detroit, MI 48207 United States		6.00	Each	16423.72	98,542.32	N
5	Your #: 77115002 PREVENT POWER COT 6506 - 7 YEAR o SHIP TO: 1400 Erskine St Detroit, MI 48207 United States		6.00	Each	3017.25	18,103.50	N
6	Your #: 77506001 PROTECT POWER-LOAD-7 YEAR o SHIP TO: 1400 Erskine St Detroit, MI 48207 United States		6.00	Each	4218	25,308.00	N

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**Total**

**Continued**

*Bonnie Jackson*

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CITY OF DETROIT  
 FINANCE DEPARTMENT  
 PURCHASING DIVISION  
 1008 COLEMAN A. YOUNG  
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 DETROIT, MICHIGAN 48226  
 PHONE 313-224-4600  
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**Purchase Order**

PURCHASE ORDER NO. 2913765 REVISION 1 PAGE 5

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 Detroit, MI 48202  
 United States

BILL TO  
 Coleman A Young Municipal Ce  
 2 Woodward Avenue  
 Ste 642  
 Detroit, MI 48226  
 United States

SUPPLIER

STRYKER MEDICAL  
 3800 E CENTRE AVE  
 PORTAGE, MI 49002

SUPPLIER NO. 1114557	DATE OF ORDER/BUYER 08-SEP-15 Y Gaines	REVISED DATE/BUYER 06-OCT-15 Y Gaines
PAYMENT TERMS Net 30	SHIP VIA Lowest Cost Carrier	F.O.B. Delivered
FREIGHT TERMS Account of Seller	REQUESTOR/DELIVER TO Dougherty, Craig C	CONFIRM TO / TELEPHONE (800) 878-9537

L-NE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
7	Your #: 6252000000 STAIR-PRO MODEL 6252 o SHIP TO: 1400 Erskine St Detroit, MI 48207 United States		6.00	Each	2792.02	16,752.12	N

CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION •THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE• NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT• ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION •WHEN SHIPPED VIA COMMON CARRIER, MAIL SHIPPING NOTICE DIRECTLY TO RECEIVING POINT • CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE • PATENTS-CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION • THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

**Total** 274,407.24

*Boypie Jackson*  
 PURCHASING DIRECTOR'S SIGNATURE  
 NOT VALID WITHOUT AUTHORIZED SIGNATURE