



Capital Project Request Form

City of Manitowoc

Unbudgeted Requests

Department or Activity: Date of Submission:

Contact Person: Phone#:

Project Title: Estimated Useful Life:

Department Priority (select one) Purpose of Project Request (check one)

Will Request be part of another departments project?
No
Yes Department/Project

New Item
 Replace Existing Item: List Age
 Modify Existing Item

Purpose of Expenditure (select one)

Description:

Cost & Recommended Sources of Funding: (Sources can be from sales of existing assets to offset cost of replacement)

Basis of Cost: Quote <input checked="" type="radio"/> Other Project <input type="radio"/> Bid <input type="radio"/> Estimate <input type="radio"/>	Total Cost	\$ <input type="text" value="2435.6"/>	
	Total Revenue	\$ <input type="text"/>	input negative number
	Net Cost	\$ <input type="text" value="2435.6"/>	This is only the additional cost above the \$24,000 in the budget

Will there be additional costs in future years to complete this project? No Yes Amount \$

Net Effect on Operating Costs (+/-) of 'New' Asset for the first year after purchase.

Direct Costs

Personnel	\$	<input type="text"/>
Purchase of Service	\$	<input type="text"/>
Material/Supplies/Equip	\$	<input type="text"/>
Utilities	\$	<input type="text"/>
Other	\$	<input type="text"/>

Indirect Costs

Other	\$	<input type="text"/>
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Total \$

Net Effect on Operating Costs (+/-) of 'Retaining' Existing Asset for another year.

Direct Costs

Personnel	\$	<input type="text"/>
Purchase of Service	\$	<input type="text"/>
Material/Supplies/Equip	\$	<input type="text"/>
Utilities	\$	<input type="text"/>
Other	\$	<input type="text"/>

Indirect Costs

Other	\$	<input type="text"/>
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Total \$

Finance Department Use:
Account Assigned to Project:
Approval sent to Contact Person: initials Date



Capital Project Request Form

City of Manitowoc

Select Request Type: Annual Capital Request

Department or Activity: <u>Fire</u>	Date of Submission: <u>6/13/13</u>
Contact Person: <u>Manis</u>	Phone#: <u>686-6544</u>

Project Title: <u>Fire-Lifepak 15 defibrillator</u>	Estimated Useful Life: <u>10.0</u>
Department Priority (select one) <u>Upgrade</u>	Purpose of Project Request (check one) <input type="checkbox"/> New Item <input checked="" type="checkbox"/> Replace Existing Item: List Age <u>20.0</u> <input type="checkbox"/> Modify Existing Item
Will Request be part of another departments project? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Department/Project	

Purpose of Expenditure (select one) Scheduled Replacement

Description: This unit is actually over due and should have been replaced 5 years ago. (over the last 5 years we have not replaced any of the 5 requested. Parts are still available but hard to get and we still have 8 of these units pending replacement over the next 8 years. 400 runs at \$15.00= \$6,000.00

Cost & Recommended Sources of Funding: (Sources can be from sales of existing assets to offset cost of replacement)

<u>Basis of Cost:</u> Quote <input checked="" type="radio"/> Other Project <input type="radio"/> Bid <input type="radio"/> Estimate <input type="radio"/>	Total Cost \$ <u>30,000.00</u> <u>4700</u> Total Revenue \$ <u>(6,000.00)</u> enter as - (neg) Net Cost \$ <u>24,000.00</u> <u>4700</u>	<u>581900</u> <u>484100</u> <u>491200</u>
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Will there be additional costs in future years to complete this project? No Yes Amount \$

Net Effect on Operating Costs (+/-) of 'New' Asset for the first year after purchase.

<u>Direct Costs</u>	
Personnel	\$
Purchase of Service	\$
Material/Supplies/Equip	\$
Utilities	\$
Other	\$
<u>Indirect Costs</u>	
Other	\$
Total	\$ 0.00

Net Effect on Operating Costs (+/-) of 'Retaining' Existing Asset for another year.

<u>Direct Costs</u>	
Personnel	\$
Purchase of Service	\$
Material/Supplies/Equip	\$
Utilities	\$
Other	\$
<u>Indirect Costs</u>	
Other	\$
Total	\$ 0.00

Finance Department Use:
 Account Assigned to Project: 4700-22100-581900 \$ 24000
 Approval sent to Contact Person: initials RL Date 6/13/13



Physio-Control, Inc.
 11811 Willows Road NE
 P.O. Box 97023
 Redmond, WA 98073-9723 U.S.A
 www.physio-control.com
 tel 800.442.1142
 fax 800.732.0956

To: Chief Todd Blaser
 Manitowoc Fire Dept
 911 Franklin Street
 MANITOWOC, WI 54220
 Phone: (920) 686-6540
 tblaser@manitowoc.org

Quote#: 1-270329241
Rev#: 1
Quote Date: 05/14/2014
Sales Consultant: Jeff Preston
 800-442-1142 x 72730
FOB: Destination

Terms: All quotes subject to credit approval and the following terms & conditions

Contract: NASPO #SW300

Exp Date: 08/12/2014

Line	Catalog # / Description	Qty	Price	Unit Disc	Trade-In	Unit Price	Ext Total
1	99577-001255 - LP15 MONITOR/DEFIB, CPR, Pace, to 360J, SPO2, 12L GL, NIBP, CO2, Trend, BT THE LIFEPAK 15 IS AN ADAPTIV BIPHASIC FULLY ESCALATING (TO 360 JOULES) MULTI-PARAMETER MONITOR/DEFIBRILLATOR . INCLUDED AT NO CHARGE: 2 PAIR QUIK-COMBO ELECTRODES PER UNIT - 11996-000091, TEST LOAD - 21330-001365, IN-SERVICE DVD - 21330-001486, SERVICE MANUAL CD- 21300-008084 (one per order) and ShipKit- 41577-000138. HARD PADDLES, BATTERIES AND CARRYING CASE NOT INCLUDED.	1	\$29,995.00	\$5,999.00	\$5,000.00	\$18,996.00	\$18,996.00
2	11577-000004 - STATION BATTERY CHARGER AC OPERATION FOR STATIONARY APPLICATIONS, FOR USE WITH THE LI-ION 5.7 AMP BATTERY. INCLUDES AC POWER CORD, MOUNTING BRACKET AND OPERATING INSTRUCTIONS	1	\$1,682.00	\$336.40	\$0.00	\$1,345.60	\$1,345.60
3	21330-001176 - LI-ION BATTERY 5.7 AMP HOUR CAPACITY RECHARGEABLE LITHIUM-ION, WITH FUEL GAUGE	2	\$424.00	\$84.80	\$0.00	\$339.20	\$678.40
4	11171-000037 - RC-4, PATIENT CABLE, 4FT, REF 2406 RC-4, PATIENT CABLE, 4FT, REF 2406	1	\$249.00	\$49.80	\$0.00	\$199.20	\$199.20
5	11171-000046 - M-LNCS DCI, ADULT REUSABLE SENSOR, REF 2501 M-LNCS DCI, ADULT REUSABLE SENSOR, REF 2501	1	\$295.00	\$59.00	\$0.00	\$236.00	\$236.00
6	11577-000002 - LIFEPAK 15 Basic Carry Case w/ right & left pouches Includes shoulder strap 11577-000001	1	\$284.00	\$56.80	\$0.00	\$227.20	\$227.20
7	11220-000028 - Top Pouch Storage for sensors and electrodes. Insert in place of standard paddles.	1	\$50.00	\$10.00	\$0.00	\$40.00	\$40.00
8	11260-000039 - LP15 Rear Pouch for carrying case	1	\$73.00	\$14.60	\$0.00	\$58.40	\$58.40

Quote#: 1-270329241
 Rev#: 1
 Quote Date: 05/14/2014

Quote Products (continued)

Line	Catalog # / Description	Qty	Price	Unit Disc	Trade-In	Unit Price	Ext Total
9	LP15-OSPMSIRP-3 - LIFEPAK 15 POS Service Contract - 3 YEAR. On-site Preventative Maintenance; Shlp In Repair Plus. Price per unit.	1	\$4,440.00	\$355.20	\$0.00	\$4,084.80	\$4,084.80
10	50999-000119 - ZONE TRAVEL CHARGE: ZONE 3	3	\$190.00	\$0.00	\$0.00	\$190.00	\$570.00

SUB TOTAL \$26,435.60
 ESTIMATED TAX \$0.00
 ESTIMATED SHIPPING & HANDLING \$0.00
GRAND TOTAL \$26,435.60

Trade-In Detail			
Product	Qty	Unit Value	Total Value
Pricing Summary Totals			
List Price:			\$38,486.00
NASPO #SW300 Contract Discount:			-\$4,318.53
Trade-ins:			-\$5,000.00
Cash Discounts:			-\$2,731.87

GRAND TOTAL FOR THIS QUOTE \$26,435.60

**TO PLACE AN ORDER, PLEASE FAX A COPY OF THE QUOTE AND PURCHASE ORDER TO:
800-732-0956, ATTN: REP SUPPORT**

PHYSIO-CONTROL, INC. REQUIRES WRITTEN VERIFICATION OF THIS ORDER. A PURCHASE ORDER IS REQUIRED ON ALL ORDERS \$10,000 OR GREATER BEFORE APPLICABLE FREIGHT AND TAXES. THE UNDERSIGNED IS AUTHORIZED TO ACCEPT THIS ORDER IN ACCORDANCE WITH THE TERMS AND PRICES DENOTED HEREIN. SIGN TO THE RIGHT:

CUSTOMER APPROVAL (AUTHORIZED SIGNATURE)

NAME

TITLE

DATE

Ref. Code: JY/00134301/1-4GXM5N

Notes:

Taxes, shipping and handling fees are estimates only and are subject to change at the time of order. Shipping and handling applies to ground transport only. Physio-Control will assess a \$10 handling fee on any order less than \$200.00.

Above pricing valid only if all items in quote are purchased (optional items not required).

To receive a trade-in credit, Buyer agrees to return the trade-in device(s) within 30 days of receipt of the replacement device(s) to Physio-Control's place of business or to an authorized Physio-Control representative. Physio-Control will provide instructions for returning the device(s) and will pay for the associated shipping cost.

In the event that trade-in device(s) are not received by Physio-Control within the 30-day window, Buyer acknowledges that this quote shall constitute a purchase order and agrees to be invoiced for the amount of the trade-in discount. Invoice shall be payable upon receipt.

Items listed above at no charge are included as part of a package discount that involves the purchase of a bundle of items. Buyer is solely responsible for appropriately allocating the discount extended on the bundle when fulfilling any reporting obligations it might have.

If Buyer is ordering service, Buyer affirms reading and accepts the terms of the Physio-Control, Inc. Technical Service Support Agreement which is available from your sales representative or <http://www.physio-control.com/uploadedFiles/products/service-plans/TechnicalServiceAgreement.pdf>

1 LIFEPAK 12 Biphasic 3 Feature trade in

Trade-in values are a function of the market value and the condition of the device at the time of trade in, thus values may be subject to change. Please note that device serial numbers are required at time of order.

TERMS OF SALE

General Terms

Physio-Control, Inc.'s acceptance of the Buyer's order is expressly conditioned on product availability and the Buyer's assent to the terms set forth in this document and its attachments. Physio-Control, Inc. agrees to furnish the goods and services ordered by the Buyer only on these terms, and the Buyer's acceptance of any portion of the goods and services covered by this document shall confirm their acceptance by the Buyer. These terms constitute the complete agreement between the parties and they shall govern any conflicting or ambiguous terms on the Buyer's purchase order or on other documents submitted to Physio-Control, Inc. by the Buyer. These terms may only be revised or amended by a written agreement signed by an authorized representative of both parties.

Pricing

Unless otherwise indicated in this document, prices of goods and services covered by this document shall be Physio-Control, Inc. standard prices in effect at the time of delivery. Prices do not include freight insurance, freight forwarding fees, taxes, duties, import or export permit fees, or any other similar charge of any kind applicable to the goods and services covered by this document. Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services covered by this document unless Physio-Control, Inc. receives a copy of a valid exemption certificate prior to delivery. Please forward your tax exemption certificate to the Physio-Control, Inc. Tax Department P.O. Box 97006, Redmond, Washington 98073-9706.

Payment

Unless otherwise indicated in this document or otherwise confirmed by Physio-Control, Inc. in writing, payment for goods and services supplied by Physio-Control, Inc. shall be subject to the following terms:

- Domestic (USA) Sales - Upon approval of credit by Physio-Control, Inc., 100% of invoice due thirty (30) days after invoice date.
- International Sales - Sight draft or acceptable (confirmed) irrevocable letter of credit.

Physio-Control, Inc. may change the terms of payment at any time prior to delivery by providing written notice to the Buyer.

Delivery

Unless otherwise indicated in this document, delivery shall be FOB Physio-Control, Inc. point of shipment and title and risk of loss shall pass to the Buyer at that point. Partial deliveries may be made and partial invoices shall be permitted and shall become due in accordance with the payment terms. In the absence of shipping instructions from the Buyer, Physio-Control, Inc. will obtain transportation on the Buyer's behalf and for the Buyer's account.

Delays

Delivery dates are approximate. Physio-Control, Inc. will not be liable for any loss or damage of any kind due to delays in delivery or non-delivery resulting from any cause beyond its reasonable control, including but not limited to, acts of God, labor disputes, the requirements of any governmental authority, war, civil unrest, terrorist acts, delays in manufacture, obtaining any required license or permit, and Physio-Control, Inc. inability to obtain goods from its usual sources. Any such delay shall not be considered a breach of Physio-Control, Inc. and the Buyer's agreement and the delivery dates shall be extended for the length of such delay.

Inspections and Returns

Claims by the Buyer for damage to or shortages of goods delivered shall be made within thirty (30) days after shipment by providing Physio-Control, Inc. with written notice of any deficiency. Payment is not contingent upon immediate correction of any deficiencies and Physio-Control, Inc. prior approval is required before the return of any goods to Physio-Control, Inc. Physio-Control, Inc. reserves the right to charge a 15% restocking fee for returns. The Physio-Control Returned Product Policy is located at http://www.physio-control.com/uploadedFiles/support/ReturnPolicy_3308529_A.pdf.

Service Terms

All device service will be governed by the Physio-Control, Inc. Technical Services Support Agreement which is available from your sales representative or <http://www.physio-control.com/uploadedFiles/products/service-plans/TechnicalServiceAgreement.pdf>. All devices that are not under Physio-Control Limited Warranty or a current Technical Service Support Agreement must be inspected and repaired (if necessary) to meet original specifications at then-current list prices prior to being covered under a Technical Service Support Agreement. If Buyer is ordering service, Buyer affirms reading and accepts the terms of the Technical Service Support Agreement.

Warranty

Physio-Control, Inc. warrants its products in accordance with the terms of the standard Physio-Control, Inc. product warranty applicable to the product to be supplied. Physio-Control, Inc. warrants services and replacement parts provided in performing such services against defects in accordance with the terms of the Physio-Control, Inc. service warranty set forth in the Technical Service Support Agreement. The remedies provided under such warranties shall be the Buyer's sole and exclusive remedies. Physio-Control, Inc. makes no other warranties, express or implied, including, without limitation, NO WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND IN NO EVENT SHALL PHYSIO-CONTROL, INC. BE LIABLE FOR INCIDENTAL, CONSEQUENTIAL, SPECIAL OR OTHER DAMAGES.

Patent & Indemnity

Upon receipt of prompt notice from the Buyer and with the Buyer's authority and assistance, Physio-Control, Inc. agrees to defend, indemnify and hold the Buyer harmless against any claim that the Physio-Control, Inc. products covered by this document directly infringe any United States of America patent.

Miscellaneous

a) The Buyer agrees that products purchased hereunder will not be reshipped or resold to any persons or places prohibited by the laws of the United States of America. b) Through the purchase of Physio-Control, Inc. products, the Buyer does not acquire any interest in any tooling, drawings, design information, computer programming, patents or copyrighted or confidential information related to said products, and the Buyer expressly agrees not to reverse engineer or decompile such products or related software and information. c) The rights and obligations of Physio-Control, Inc. and the Buyer related to the purchase and sale of products and services described in this document shall be governed by the laws of the State of Washington, United States of America. All costs and expenses incurred by the prevailing party related to enforcement of its rights under this document, including reasonable attorneys fees, shall be reimbursed by the other party.