



Board of Public Works and Safety

Agenda Item

Cover Sheet

MEETING DATE: February 11, 2025

- ☐ Consent Agenda Item
- ☒ New Item for Discussion
- ☐ Previously Discussed Item
- ☐ Miscellaneous

ITEM #: 1

INITIATED BY: Division Chief James Macky

- ☒ Information Attached
- ☐ Bring Paperwork from Previous Meeting
- ☐ Verbal
- ☐ No Paperwork at Time of Packets



TO: BOARD OF PUBLIC WORKS AND SAFETY
FROM: JAMES MACKY, EMS DIVISION CHIEF
SUBJECT: EQUIPMENT PURCHASE FROM STRYKER
DATE: FEBRUARY 11, 2025

The Noblesville Fire Department is requesting the Board's approval for the purchase of four Power Pro 2 stretchers at a cost of \$140,195.56 and three LP 35 cardiac monitors at a cost of \$180,172.75 (total cost of \$320,368.31). The Stryker brand is a superior product and has been purchased and used by NFD for several years. Continuing to purchase Stryker products will allow us to maintain consistency with our current equipment, which leads to better patient outcomes. Another advantage of the Stryker brand is that we have preventative maintenance contracts with them and the new equipment will be serviced under our Stryker maintenance agreement. Thank you for your consideration in the purchase of this equipment.



NOBLESVILLE FIRE DEPARTMENT

DEFEND FROM HARM | COMBAT SUFFERING | SERVE SELFLESSLY

317.776.6336 | 135 South 9th Street | Noblesville, IN 46060 | www.CityofNoblesville.org

**APPROVAL OF A SPECIAL PURCHASE FOR STRYKER POWER PRO 2
STRETCHERS AND LIFEPAK 35 CARDIAC MONITORS FOR THE
NOBLESVILLE FIRE DEPARTMENT**

WHEREAS, in accordance with Ind. Code § 5-22-10, et. seq., the City of Noblesville (“City”) may make a purchase without soliciting bids or proposals under certain circumstances (“Special Purchase”);

WHEREAS, the City is seeking to purchase four (4) Stryker Power Pro 2 Stretchers and three (3) LIFEPAK 35 Cardiac Monitors for the Noblesville Fire Department as shown on the attached **Exhibit A**, incorporated herein;

WHEREAS, pursuant to Ind. Code § 5-22-10-8, a purchasing agent may make a Special Purchase when (1) the compatibility of equipment, accessories, or replacement parts is a substantial consideration in the purchase; and (2) only one (1) source meets the using agency's reasonable requirements;

WHEREAS, Stryker, the manufacturer of the Power Pro 2 Stretchers and the LIFEPAK 35 Cardiac Monitors, is the sole provider of this brand of equipment and its specific capabilities, which capabilities are necessary to meet the Noblesville Fire Departments’ reasonable requirements to provide consistency with current equipment utilized throughout the Noblesville Fire Department.

WHEREAS, Stryker is the provider of products used by the Noblesville Fire Department, and has provided quality equipment and responsive customer service to the City.

WHEREAS, Stryker and the City have current preventative maintenance contracts that will service the new equipment.

WHEREAS, the City now desires to purchase four (4) Stryker Power Pro 2 Stretchers at a cost of \$140,195.56 and three (3) LIFEPAK 35 Cardiac Monitors at a cost of \$180,172.75 for an amount totaling \$320,368.31 as shown by **Exhibit A**.

NOW, THEREFORE, be it resolved by the City of Noblesville Board of Public Works & Safety meeting in regular session as follows:

- Section 1. Based on representations from the Noblesville Fire Department, the Board understands that the Stryker Power Pro 2 Stretchers and the LIFEPAK 35 Cardiac Monitors are the only devices capable of meeting the Noblesville Fire Department’s reasonable requirements.
- Section 2. The Board hereby approves the Special Purchase of four (4) Stryker Power Pro 2 Stretchers and three (3) LIFEPAK 35 Cardiac Monitors from Stryker, for an amount totaling \$320,368.31 as further shown by **Exhibit A**, attached hereto and incorporated herein.

Section 3. The Board hereby authorizes the Fire Chief to execute any and all documents necessary to effectuate the purchase.

Section 4. This Resolution shall be of full force and effect from and upon its adoption and in accordance with Indiana law.

SO RESOLVED, this ____ day of _____, 2025 by the City of Noblesville Board of Public Works & Safety.

JACK MARTIN, PRESIDENT

JOHN DITSLEAR, MEMBER

LAURIE DYER, MEMBER

ROBERT J. ELMER, MEMBER

RICK L. TAYLOR, MEMBER

ATTEST:

EVELYN L. LEES,
CLERK CITY OF NOBLESVILLE, INDIANA

Exhibit A

Purchase Order Form



Account Manager Zac Jordan
Cell Phone 269-548-7334

Purchase Order Date 01/16/2025
Expected Delivery Date
Stryker Quote Number 11048909

| BILL TO | | CUSTOMER # |
|-----------------------|--------------------------|------------|
| Company Name | City of Noblesville Fire | 20127653 |
| Contact or Department | James Macky | |
| Street Address | 135 S 9th St. | |
| Add'l Address Line | | |
| City, ST ZIP | Noblesville, IN. 46060 | |
| Phone | 317-770-1419 | |

| SHIP TO | | CUSTOMER # |
|-----------------------|--------------------------|------------|
| Company Name | City of Noblesville Fire | 20127653 |
| Contact or Department | James Macky | |
| Street Address | 135 S 9th St. | |
| Add'l Address Line | | |
| City, ST ZIP | Noblesville, IN. 46060 | |
| Phone | 317-770-1419 | |

Authorized Customer Initials

jm

Authorized Customer Initials

jm

| DESCRIPTION | QTY | TOTAL |
|--------------------------|-----|----------------|
| Reference Quote:11048909 | 1 | \$140,195.56 |
| | | |
| | | |
| TOTAL* | | \$140,195.56 - |

Accounts Payable Contact Information

Name: Cara Culp
Email: nfdbilling@noblesville.in.gov
Phone: 317-776-6336

Authorized Customer Signature

Printed Name: James Macky
Title: EMS Chief
Signature: jm Macky
Date: 1/16/2025

Attachment: Stryker Quote Number 11048909

Stryker Terms and Conditions
www.strykeremergencycare.com/terms

* Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services on the Stryker Quote



Noblesville FD | Power-PRO 2

Quote Number: 11048909

Remit to:
Stryker Sales, LLC
21343 NETWORK PLACE
CHICAGO IL 60673-1213
USA

Version: 1

Prepared For: CITY OF NOBLESVILLE FIRE
Attn:

Rep: Zac Jordan
Email: zac.jordan@stryker.com
Phone Number:
Mobile: (269) 548-7334

Quote Date: 01/16/2025

Expiration Date: 04/16/2025

Contract Start: 01/13/2025

Contract End: 01/12/2026

Delivery Address

Name: CITY OF NOBLESVILLE FIRE
Account #: 20127653
Address: 135 S 9TH ST
NOBLESVILLE
Indiana 46060-2620

Sold To - Shipping

Name: CITY OF NOBLESVILLE FIRE
Account #: 20127653
Address: 135 S 9TH ST
NOBLESVILLE
Indiana 46060-2620

Bill To Account

Name: CITY OF NOBLESVILLE FIRE
Account #: 20127653
Address: 135 S 9TH ST
NOBLESVILLE
Indiana 46060-2620

Equipment Products:

| # | Product | Description | Qty | Sell Price | Total |
|------------------|--------------|--------------------------------|-----|-------------|--------------|
| 1.0 | 650705550001 | 6507 POWER PRO 2, HIGH CONFIG | 4 | \$33,917.84 | \$135,671.36 |
| 2.0 | 650707000002 | KIT, ALVARIUM BATTERY, SERVICE | 4 | \$620.95 | \$2,483.80 |
| 3.0 | 650700450301 | ASSEMBLY, BATTERY CHARGER | 4 | \$696.00 | \$2,784.00 |
| 4.0 | 650700450102 | ASSEMBLY, POWER CORD, NORTH AM | 4 | \$20.35 | \$81.40 |
| Equipment Total: | | | | | \$141,020.56 |

Trade In Credit:

| Product | Description | Qty | Credit Ea. | Total Credit |
|--------------|--------------------|-----|-------------|--------------|
| TR-SPCOT-PP2 | TR-SYK PCOT TO PP2 | 4 | -\$4,000.00 | -\$16,000.00 |

ProCare Products:

| # | Product | Description | Qty | Sell Price | Total |
|----------------|------------------|---|-----|------------|-------------|
| 5.1 | POWERPRO-PROCARE | Power Pro 2 for 6507 POWER PRO 2, HIGH CONFIG 01/14/2025 - 01/13/2028 Parts, Labor, Travel & Preventative Maintenance & Batteries Service | 4 | \$3,726.00 | \$14,904.00 |
| ProCare Total: | | | | | \$14,904.00 |



Noblesville FD | Power-PRO 2

Quote Number: 11048909

Remit to: Stryker Sales, LLC
21343 NETWORK PLACE
CHICAGO IL 60673-1213
USA

Version: 1

Prepared For: CITY OF NOBLESVILLE FIRE
Attn:

Rep: Zac Jordan
Email: zac.jordan@stryker.com
Phone Number:
Mobile: (269) 548-7334

Quote Date: 01/16/2025

Expiration Date: 04/16/2025

Contract Start: 01/13/2025

Contract End: 01/12/2026

Optional Products (Not Incl. in Total):

| # | Product | Description | Qty | Disc % Off Contract | Sell Price | Total |
|-----------------------|---------|-------------|-----|---------------------|------------|--------|
| Optional Items Total: | | | | | | \$0.00 |

Price Totals:

| | |
|-------------------------------|--------------|
| Estimated Sales Tax (0.000%): | \$0.00 |
| Freight/Shipping: | \$271.00 |
| Grand Total: | \$140,195.56 |

Prices: In effect for 30 days

Terms: Net 30 Days

Terms and Conditions:

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule. Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency. A copy of Stryker Medical's terms and conditions can be found at https://techweb.stryker.com/Terms_Conditions/index.html.



FINANCE & ACCOUNTING

Funding Verification/Encumbrance Request Form

Date to be submitted to BoW/Park Board: 2/11/25 (put N/A if not submitting to BoW/Park Board)

Vendor name: Stryker 1661

Vendor Address: P.O. Box 93308; Chicago, IL 60673-3308

Brief description of purchase: 4 Power Pro 2 stretchers

Source of Funding:

- ☒ Current Year Operational Budget
☐ Subsequent Year Operational Budget¹
☐ Funding not yet finalized (attach explanation)²
☐ Loan or debt proceeds
☐ Non-Appropriated Fund³

| | |
|--------------------------------|-----------------------|
| Fund # | 101 |
| Department # | 005 |
| Project # (NA if no project #) | NA |
| Expense Object # | Amount |
| #1 | 445.200 \$ 140,195.56 |
| #2 | |
| #3 | |

- 1) This option may only be selected AFTER the adoption of the subsequent year budget. OFA will create a PO after the start of the next year. If contract details change in between form submission and the start of the year, contact OFA Staff.
2) This option may only be selected in unusual circumstances. An additional FVF will need to be submitted to OFA once funding source has been determined. OFA will not create a PO until this follow-up form has been submitted.
3) These funds are not appropriated through the annual budget process. They include but are not limited to grant funds and impact fee funds.

Are you requesting that a Purchase Order (PO) be created for this expenditure?

- ☒ Yes Select for all purchases/contracts that will not be paid immediately
☐ No Select ONLY if department plans to initiate payment immediately

Additional Comments: _____

The Department certifies that sufficient appropriation authority exists in the stated fund and expense series to obligate the expense for future payment.

Department Director

(Signature)

Matt Mitchell
(Printed Name)

1/22/25
(Date)

Please email completed form to OFAbudget@noblesville.in.gov

FOR OFFICE OF FINANCE AND ACCOUNTING USE ONLY

OFA Action Taken

- ☒ Purchase Order Created
☒ Reviewed Availability of funds (Contract/Purchase of over \$50k or paid with debt proceeds only)

PO # (if applicable): 250059

OFA Signature Caitlin Kesner

☐ No Action Taken (Department should still include this form in purchase/contract approval submission)

Comments: _____

Initials: AK

Date: 01/24/25

Purchase Order Form




Account Manager
Cell Phone

Zac Jordan
269-548-7334

Purchase Order Date 01/16/2025
Expected Delivery Date
Stryker Quote Number 11045204


| BILL TO | CUSTOMER #20127653 |
|-----------------------|--------------------------|
| Company Name | City of Noblesville Fire |
| Contact or Department | James Macky |
| Street Address | 135 S 9th St. |
| Add'l Address Line | |
| City, ST ZIP | Noblesville, IN. 46060 |
| Phone | 317-770-1419 |

Authorized Customer Initials



| SHIP TO | CUSTOMER #20127653 |
|-----------------------|--------------------------|
| Company Name | City of Noblesville Fire |
| Contact or Department | James Macky |
| Street Address | 135 S 9th St. |
| Add'l Address Line | |
| City, ST ZIP | Noblesville, IN. 46060 |
| Phone | 317-770-1419 |

Authorized Customer Initials

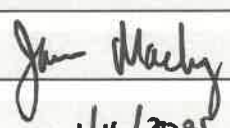


| DESCRIPTION | QTY | TOTAL |
|---------------------------|-----|----------------|
| Reference Quote: 11045204 | 1 | \$180,172.75 |
| | | |
| | | |
| TOTAL* | | \$180,172.75 - |

Accounts Payable Contact Information

Name: Cara Culp
Email: nfdbilling@noblesville.in.gov
Phone: 317-776-6336

Authorized Customer Signature

Printed Name: James Macky
Title: EMS Chief
Signature: 
Date: 1/16/2025

Attachment: Stryker Quote Number 11045204

Stryker Terms and Conditions
www.strykeremergencycare.com/terms

* Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services on the Stryker Quote



Noblesville FD | 2025 LP35

Quote Number: 11045204

Remit to: Stryker Sales, LLC
21343 NETWORK PLACE
CHICAGO IL 60673-1213
USA

Version: 1

Prepared For: CITY OF NOBLESVILLE FIRE
Attn:

Rep: Zac Jordan
Email: zac.jordan@stryker.com
Phone Number:
Mobile: (269) 548-7334

Quote Date: 01/16/2025

Expiration Date: 04/16/2025

Contract Start: 01/07/2025

Contract End: 01/06/2026

| Delivery Address | | Sold To - Shipping | | Bill To Account | |
|------------------|--------------------------|--------------------|--------------------------|-----------------|--------------------------|
| Name: | CITY OF NOBLESVILLE FIRE | Name: | CITY OF NOBLESVILLE FIRE | Name: | CITY OF NOBLESVILLE FIRE |
| Account #: | 20127653 | Account #: | 20127653 | Account #: | 20127653 |
| Address: | 135 S 9TH ST | Address: | 135 S 9TH ST | Address: | 135 S 9TH ST |
| | NOBLESVILLE | | NOBLESVILLE | | NOBLESVILLE |
| | Indiana 46060-2620 | | Indiana 46060-2620 | | Indiana 46060-2620 |

Equipment Products:

| # | Product | Description | Qty | Sell Price | Total |
|------|--------------|---|-----|-------------|--------------|
| 1.0 | 70335-000042 | LP35,EN-US,MAS-SP/CO,MED-CO2,SUN-NIBP,12L,WIFI/CELL/LN/CPRIN,STD,BT | 3 | \$51,400.00 | \$154,200.00 |
| 2.0 | 11335-000001 | LIFEPAK FLEX Lithium-Ion Battery | 3 | \$550.00 | \$1,650.00 |
| 3.0 | 11140-000102 | LIFEPAK FLEX Battery Charger | 3 | \$1,650.00 | \$4,950.00 |
| 4.0 | 11140-000131 | AC Power Cord (North America, hospital grade) | 3 | \$59.40 | \$178.20 |
| 5.0 | 11330-000026 | LP35 Docking Station | 3 | \$1,760.00 | \$5,280.00 |
| 6.0 | 11335-000008 | LIFEPAK 35 Storage Bag Kit | 3 | \$330.00 | \$990.00 |
| 7.0 | 11260-000073 | Shoulder Strap | 3 | \$41.25 | \$123.75 |
| 8.0 | 11335-000005 | LIFEPAK Printer Kit | 3 | \$1,650.00 | \$4,950.00 |
| 9.0 | 11996-000519 | LNCS-II Reusable rainbow 8-wavelength Adult Sensor | 3 | \$488.95 | \$1,466.85 |
| 10.0 | 11996-000520 | LNCS-II Reusable rainbow 8-wavelength Pediatric Sensor | 3 | \$537.90 | \$1,613.70 |
| 11.0 | 11160-000011 | Reusable Cuff, Infant, 8-14 cm | 3 | \$17.05 | \$51.15 |
| 12.0 | 11160-000013 | Reusable Cuff, Pediatric, 13-20 cm | 3 | \$19.25 | \$57.75 |
| 13.0 | 11160-000021 | Reusable Cuff, Small, Adult, 18-26 cm | 3 | \$22.00 | \$66.00 |
| 14.0 | 11160-000019 | Reusable Cuff, X-Large, Adult, 35-44 cm | 3 | \$37.95 | \$113.85 |
| 15.0 | 11111-000041 | LIFEPAK 3-wire extended precordial ECG cable | 3 | \$66.00 | \$198.00 |
| 16.0 | 11996-000091 | Adult QUIK-COMBO pacing/defibrillation/ECG Electrodes With EDGE System Technology | 3 | \$27.50 | \$82.50 |



Noblesville FD | 2025 LP35

Quote Number: 11045204

Remit to:
Stryker Sales, LLC
21343 NETWORK PLACE
CHICAGO IL 60673-1213
USA

Version: 1

Prepared For: CITY OF NOBLESVILLE FIRE
Attn:

Rep: Zac Jordan
Email: zac.jordan@stryker.com
Phone Number:
Mobile: (269) 548-7334

Quote Date: 01/16/2025

Expiration Date: 04/16/2025

Contract Start: 01/07/2025

Contract End: 01/06/2026

| # | Product | Description | Qty | Sell Price | Total |
|------------------|--------------|---|-----|------------|--------------|
| 17.0 | 11996-000093 | Pediatric QUIK-COMBO RTS pacing/defibrillation/ECG Electrodes With EDGE System Technology | 3 | \$33.00 | \$99.00 |
| Equipment Total: | | | | | \$176,070.75 |

Trade In Credit:

| Product | Description | Qty | Credit Ea. | Total Credit |
|----------------|---------------------------|-----|-------------|--------------|
| TR-LP15V2-LP35 | TRADE IN LP15 V2 FOR LP35 | 3 | -\$3,500.00 | -\$10,500.00 |

ProCare Products:

| # | Product | Description | Qty | Sell Price | Total |
|----------------|------------------|---|-----|------------|-------------|
| 22.1 | LIFEPK35-FLD-PRO | Lifepak35 for LP35,EN-US,MAS-SP/CO,MED-CO2,SUN-NIBP,12L,WIFI/CELL/LN/CPRIN,STD,BT 01/14/2025 - 01/13/2027 «Parts» Labor «Travel» Preventative Maintenance «Batteries» Service | 3 | \$3,597.00 | \$10,791.00 |
| ProCare Total: | | | | | \$10,791.00 |

Data Solutions:

| # | Product | Description | Qty | Sell Price | Total |
|-----------------------|--------------|--|-----|------------|------------|
| 19.0 | 11150-000020 | LIFEPAK Cellular Modem, North America | 3 | \$825.00 | \$2,475.00 |
| 20.0 | 81000001 | EMS Pro Tier 1: <5,000 annual run volume. Includes: device set up tools, asset management, transmission connectivity, ePCR integration, LIFENET Care app and browser access for communication, live streaming and post event analytic tools. | 1 | \$518.00 | \$1,036.00 |
| Data Solutions Total: | | | | | \$3,511.00 |



Noblesville FD | 2025 LP35

Quote Number: 11045204

Remit to: Stryker Sales, LLC
21343 NETWORK PLACE
CHICAGO IL 60673-1213
USA

Version: 1

Prepared For: CITY OF NOBLESVILLE FIRE
Attn:

Rep: Zac Jordan
Email: zac.jordan@stryker.com
Phone Number:
Mobile: (269) 548-7334

Quote Date: 01/16/2025

Expiration Date: 04/16/2025

Contract Start: 01/07/2025

Contract End: 01/06/2026

Price Totals:

| | |
|-------------------------------|--------------|
| Estimated Sales Tax (0.000%): | \$0.00 |
| Freight/Shipping: | \$300.00 |
| Grand Total: | \$180,172.75 |

Prices: In effect for 30 days

Terms: Net 30 Days

Terms and Conditions:

Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule. Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency. A copy of Stryker Medical's terms and conditions can be found at https://techweb.stryker.com/Terms_Conditions/index.html.



FINANCE & ACCOUNTING

Funding Verification/Encumbrance Request Form

Date to be submitted to BoW/Park Board: 2/11/25 (put N/A if not submitting to BoW/Park Board)

1661

Vendor name: Stryker

Vendor Address: P.O. Box 93308; Chicago, IL 60673-3308

Brief description of purchase: 3 LP 35 cardiac monitors

Source of Funding:

- ☒ Current Year Operational Budget
☐ Subsequent Year Operational Budget¹
☐ Funding not yet finalized (attach explanation)²
☐ Loan or debt proceeds
☐ Non-Appropriated Fund³

| | |
|--------------------------------|-----------------------|
| Fund # | 101 |
| Department # | 005 |
| Project # (NA if no project #) | NA |
| Expense Object # | Amount |
| #1 | 445.200 \$ 180,172.75 |
| #2 | |
| #3 | |

1) This option may only be selected AFTER the adoption of the subsequent year budget. OFA will create a PO prior to the start of the next year. If contract details change in between form submission and the start of the year, contact OFA Staff.

2) This option may only be selected in unusual circumstances. An additional FVF will need to be submitted to OFA once funding source has been determined. OFA will not create a PO until this follow-up form has been submitted.

3) These funds are not appropriated through the annual budget process. They include but are not limited to grant funds and impact fee funds.

Are you requesting that a Purchase Order (PO) be created for this expenditure?

- ☒ Yes Select for all purchases/contracts that will not be paid immediately
☐ No Select ONLY if department plans to initiate payment immediately

Additional Comments: _____

The Department certifies that sufficient appropriation authority exists in the stated fund and expense series to obligate the expense for future payment.

Department Director _____

(Signature)

Matt Mitchell

(Printed Name)

1/22/25

(Date)

Please email completed form to OFAbudget@noblesville.in.gov

FOR OFFICE OF FINANCE AND ACCOUNTING USE ONLY

OFA Action Taken

- ☒ Purchase Order Created
☒ Reviewed Availability of funds (Contract/Purchase of over \$50k or paid with debt proceeds only)

PO # (if applicable): 250062

OFA Signature

Caitlin Kesner

- ☐ No Action Taken (Department should still include this form in purchase/contract approval submission)

Comments: _____

Initials: AK

Date: 01/24/25