

**CITY OF GRAND JUNCTION**  
**SOLE SOURCE JUSTIFICATION FORM**

**SS-5273-23-KH**

Date: June 29, 2023 Requested By: McIntire  
 Department: Fire Division: EMS  
 Vendor Name: Stryker Medical Net Cost Delivered: \$ 9,396.92

Provide G/L Account where funds are budgeted: 107-520-175.7900\_07  
 Project code, if applicable E2310-E231002

**SOLE SOURCE JUSTIFICATION**

*(INITIAL ALL ENTRIES THAT APPLY)*

Material/Service Description: Stryker Medical Stair-Pro Stairchair

1. MRM - The vendor is the original equipment supplier/manufacture and there are no regional distributors;
2. \_\_\_\_\_ - The product, equipment or service requested is clearly superior functionally to all other similar products, equipment or service available from another manufacturer or vendor;
3. MRM - The over-riding consideration for purchase is compatibility or conformity with City-owned equipment in which non-conformance would require the expenditure of additional funds;
4. \_\_\_\_\_ - No other equipment is available that shall meet the specialized needs of the department or perform the intended function;
5. \_\_\_\_\_ - Detailed justification is available which establishes beyond doubt that the Vendor is the only source practicably available to provide the item or service required;
6. \_\_\_\_\_ - Detailed justification is available which proves it is economically advantageous to use the product, equipment or service.

**Attach Justification Memo and Pricing Documentation, then proceed with signatures below.  
 After Dept Head approval, forward to Purchasing.**


**Department Director Approval:**

I recommend that competitive procurement be waived and that the service or material described herein be purchased as a sole source.

Signed:  7/5/2023  
DocuSigned by: 86AC282F4C6440A Department Head Signature Date

**Purchasing Approval:**

Based on the above and attached documents, I have determined this to be a sole source with no other vendor practicably available.

Signed:  7/5/2023  
DocuSigned by: 09BA36D53ED04B7... Purchasing Manager Signature Date

**Final Authorization**

City Manager Approval Required (\$25K to \$50K) yes / no

Signed: \_\_\_\_\_, \_\_\_\_\_  
 City Manager Signature Date

City Council Approval Required (over \$50K) yes / no



## *Memorandum*

**To: Jay Valentine**

**From: Mark McIntire, EMS Chief**

**Date: June 29, 2023**

**Subject: Sole Source Justification for Stryker Stair-Pro**

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Both the State of Colorado and Mesa County EMS require all in-service ambulances to carry a device called a stairchair. These devices create a mechanical advantage for crews to take a non-ambulatory person down flights of stairs. They save back injuries and make the carry more comfortable for the patient.

Over the years, the department has trialed many different brands and models of stairchairs. Around 2019, the department decided on the Stryker Stair-Pro as its primary model of stairchair. Since that time, we have purchased 15 of these units that are carried on every ambulance in our fleet. Our newly designed ambulances actually have components built into them from the factory that are specifically designed for the Stryker Stair-Pro. Our crews are well trained on them and use them without difficulty or issue. The company is quick to respond to any of our needs. We have an employee that is trained in the maintenance of this specific model of stairchair which saves repair and maintenance costs.

While there are many other models of stairchairs on the market, a move away from the Stryker Stair-pro would result in department wide retraining and redesign of our current ambulance model. The bigger issue would be the use on emergency scenes. Carrying a patient downstairs is an activity that can cause serious injury to our employees or the patient. With crews having to be familiar with the operation of two different models of stairchair, there is the potential for confusion and inappropriate use of the chair which could cause injury.

For these reasons, the department would like to enter a sole source for the Stryker Stair-Pro stairchair.



## 2 stair chairs

Quote Number: 10721647

Remit to: **Stryker Medical**

Version: 1

P.O. Box 93308

Prepared For: GRAND JUNCTION FIRE DEPT

Chicago, IL 60673-3308

Attn:

Rep: Nikki Kroner

Email: nikki.kroner@stryker.com

Phone Number:

Quote Date: 06/26/2023

Expiration Date: 07/26/2023

### Delivery Address

Name: GRAND JUNCTION FIRE DEPT

Account #: 1169224

Address: 625 UTE AVE

GRAND JUNCTION

Colorado 81501-7720

### End User - Shipping - Billing

Name: GRAND JUNCTION FIRE DEPT

Account #: 1169224

Address: 625 UTE AVE

GRAND JUNCTION

Colorado 81501-7720

### Bill To Account

Name: GRAND JUNCTION FIRE DEPT

Account #: 1169224

Address: 625 UTE AVE

GRAND JUNCTION

Colorado 81501-7720

### Equipment Products:

#	Product	Description	Qty	Sell Price	Total
1.0	6252000000	Stair-PRO Model 6252	2	\$4,640.16	\$9,280.32
1.1	7777881660	1 year parts, labor & travel			
1.2	6252009001	Stair-Pro Operations Manual			
1.3	6250001162	In-Service Video (DVD)			
1.4	6252026000	Common Components			
1.5	6250021000	2 Piece ABS Panel Seat			
1.6	6250160000	Polypropelene Restraint Set(Plastic Buckles)			
1.7	6252022000	Main Frame Assy Option			
1.8	6250024000	Standard Length Lower LiftHandles			
1.9	6252027000	Footrest Option			
1.10	6252040000	Removable Head Support			
1.11	6252024000	No IV Clip Option			
Equipment Total:					\$9,280.32

### Price Totals:

Estimated Sales Tax (0.000%):	\$0.00
Freight/Shipping:	\$116.00
Grand Total:	\$9,396.32



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Remit to:

**Stryker Medical**

P.O. Box 93308

Chicago, IL 60673-3308

Rep:

Nikki Kroner

Email:

nikki.kroner@stryker.com

Phone Number:

Quote Date: 06/26/2023

Expiration Date: 07/26/2023

Prices: In effect for 30 days

Terms: Net 30 Days

Contact your local Sales Representative for more information about our flexible payment options.

PENDING APPROVAL

**Capital 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 Acute Care capital terms and conditions can be found at [https://techweb.stryker.com/Terms\\_Conditions/index.html](https://techweb.stryker.com/Terms_Conditions/index.html). A copy of Stryker Medical's Emergency Care capital terms and conditions can be found at <https://www.strykeremergencycare.com/terms>.

PENDING APPROVAL