CITY OF MARATHON, FLORIDA RESOLUTION 2013-29

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MARATHON, FLORIDA, APPROVING CERTAIN PURCHASES IN EXCESS OF \$10,000.00 AND LESS THAN \$25,000.00; AUTHORIZING THE CITY MANGER OR DESIGNEE TO ENTER INTO AGREEMENTS IN CONNECTION THEREWITH AND EXPEND BUDGETED FUNDS ON BEHALF OF THE CITY; AND PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, the City Council of the City of Marathon, Florida (the "City"), adopted Purchasing Policies and Procedures after determining that it was fiscally prudent and in the best interests of the City's residents for the City to adopt policies and procedures for City employees and officials regarding the purchasing and acquisition of contractual services, equipment, goods, professional services and other similar types of services; and

WHEREAS, pursuant to Resolution 2007-156, the City Council amended the Purchasing Policies and Procedures to provide that any purchases over \$10,000 and less than \$25,000 must be placed on a City Council agenda as a consent item for approval prior to execution of the contract or consummation of the purchase; and

WHEREAS, the Fire Department desires to purchase a LUCAS Chest compression System for placement on the City ambulance to upgrade the City's current EMS capabilities and enable the City to conduct emergency transports; and

WHEREAS, the purchase of two LUCAS Chest compression System is in the Fire Department's budget for Fiscal Year 2012/2013;

WHEREAS, the City Manager has authorized staff to prepare purchase orders for the item set forth in Exhibit "A," attached hereto and now wishes to bring it before City Council as a consent item.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF MARATHON, FLORIDA. THAT:

- **Section 1**. The above recitals are true and correct and incorporated herein
- **Section 2.** The City Council hereby approves the purchase of two LUCAS Chest compression Systems from Medtronic Physio-Control Corporation. The City Manager or designee is authorized to execute the purchase order and expend budgeted funds on behalf of the City.

Section 3. This resolution shall take effect immediately upon its adoption.

PASSED AND APPROVED BY THE CITY COUNCIL OF THE CITY OF MARATHON, FLORIDA, THIS 9^{th} DAY OF APRIL, 2013

THE CITY OF MARATHON, FLORIDA

| Mike | Cine | jue, | M | ayor |
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AYES:

Bull, Keating, Ramsay, Snead, Cinque

NOES:

None

ABSENT:

None

ABSTAIN: None

ATTEST:

Diane Clavier, City Clerk

(City Seal)

APPROVED AS TO FORM AND LEGALITY FOR THE USE AND RELIANCE OF THE CITY OF MARATHON, FLORIDA ONLY:

City Attorney

PURCHASE ORDER REQUISITION

| DATE March 27, 2013 DATE NEEDED P.O. NO. VENDOR Medtronics/Physio Control ADDRESS 1 11811 Willows Road NE ADDRESS 2 PO Box 97023 CITY Redmond State WA ZIP CODE 98073-9723 AMOUNT OF PURCHASE \$24,943.20 ACCOUNT CODE: FUND 604 ACCOUNT NUMBER 101-6501-522 DESCRIPTION OF REQUISITION: Lucas Chest Compression System JUSTIFICATION OF PURCHASE: Approved Resolution 2013-04 Automated CPR machines to enable non-stop compressions in the field during emergencies APPROVAL SIGNATURES DEPARTMENT HEAD: CITY MANAGER: FINANCIAL APPROVAL | VENDOR NO. (A/P USE ONLY) | | | | |
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| Meditronics/Physio Control ADDRESS 1 11811 Willows Road NE ADDRESS 2 PO Box 97023 CITY Redmond State WA ZIP CODE 98073-9723 AMOUNT OF PURCHASE \$24,943.20 ACCOUNT CODE: FUND 604 ACCOUNT NUMBER 101-6501-522 DESCRIPTION OF REQUISITION: Lucas Chest Compression System JUSTIFICATION OF PURCHASE: Approved Resolution 2013-39 Automated CPR machines to enable non-stop compressions in the field during emergencies APPROVAL SIGNATURES DEPARTMENT HEAD: | DATE March 27, 2013 DA | TE NEEDED | | | |
| ADDRESS 1 11811 Willows Road NE ADDRESS 2 PO Box 97023 CITY Redmond State WA ZIP CODE 98073-9723 AMOUNT OF PURCHASE \$24,943.20 ACCOUNT CODE: FUND 604 ACCOUNT NUMBER 101-6501-522 DESCRIPTION OF REQUISITION: Lucas Chest Compression System JUSTIFICATION OF PURCHASE: APProved Resolution 2013-394 Automated CPR machines to enable non-stop compressions in the field during emergencies APPROVAL SIGNATURES DEPARTMENT HEAD: | P.O. NO. | | | | |
| ADDRESS 2 PO Box 97023 CITY Redmond State WA ZIP CODE 98073-9723 AMOUNT OF PURCHASE \$24,943.20 ACCOUNT CODE: FUND 604 ACCOUNT NUMBER 101-6501-522 DESCRIPTION OF REQUISITION: Lucas Chest Compression System JUSTIFICATION OF PURCHASE: Approved Resolution 2013-39 Automated CPR machines to enable non-stop compressions in the field during emergencies APPROVAL SIGNATURES DEPARTMENT HEAD: | VENDOR Medtronics/Physio Control | wokanaannaannaannaannaannagayyyyn | | | |
| AMOUNT OF PURCHASE \$24,943.20 ACCOUNT CODE: FUND 604 ACCOUNT NUMBER 101-6501-522 DESCRIPTION OF REQUISITION: Lucas Chest Compression System JUSTIFICATION OF PURCHASE: Approved Resolution 2013-399 Automated CPR machines to enable non-stop compressions in the field during emergencies APPROVAL SIGNATURES DEPARTMENT HEAD: | ADDRESS 1 11811 Willows Road NE | | | | |
| AMOUNT OF PURCHASE \$24,943.20 ACCOUNT CODE: FUND 604 ACCOUNT NUMBER 101-6501-522 DESCRIPTION OF REQUISITION: Lucas Chest Compression System JUSTIFICATION OF PURCHASE: Approved Resolution 2013-34 Automated CPR machines to enable non-stop compressions in the field during emergencies APPROVAL SIGNATURES DEPARTMENT HEAD: CITY MANAGER: | ADDRESS 2 PO Box 97023 | | | | |
| ACCOUNT CODE: FUND 604 ACCOUNT NUMBER 101-6501-522 DESCRIPTION OF REQUISITION: Lucas Chest Compression System JUSTIFICATION OF PURCHASE: Approved Resolution 2013-399 Automated CPR machines to enable non-stop compressions in the field during emergencies APPROVAL SIGNATURES DEPARTMENT HEAD: CITY MANAGER: | CITY Redmond | State <u>WA</u> ZIP CODE <u>98073-9723</u> | | | |
| DESCRIPTION OF REQUISITION: Lucas Chest Compression System JUSTIFICATION OF PURCHASE: APPROVED RESOLUTION 2013-39 Automated CPR machines to enable non-stop compressions in the field during emergencies APPROVAL SIGNATURES DEPARTMENT HEAD: CITY MANAGER: | AMOUNT OF PURCHASE \$24,943.20 | | | | |
| JUSTIFICATION OF PURCHASE: Approved Resolution 2013-39 Automated CPR machines to enable non-stop compressions in the field during emergencies APPROVAL SIGNATURES DEPARTMENT HEAD: CITY MANAGER: O 4 0 13 | ACCOUNT CODE: FUND 604 ACCOUNT NU | MBER101-6501-522 | | | |
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| Automated CPR machines to enable non-stop compressions in the field during emergencies APPROVAL SIGNATURES DEPARTMENT HEAD: CITY MANAGER: | Lucas Chest Compression System | | | | |
| APPROVAL SIGNATURES DEPARTMENT HEAD: CITY MANAGER: | JUSTIFICATION OF PURCHASE: HPPIOU | ed Resolution 2015-24 | | | |
| DEPARTMENT HEAD: CITY MANAGER: 04013 | Automated CPR machines to enable non-stop compressions in the field during emergencies | | | | |
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