

### Organization Information

EMS Agency: Yes  
Organization Name: CRAIG COUNTY EMERGENCY SERVICES  
Address Line1: Conrad Street  
Address Line2:  
City: NEW CASTLE State: VA Zip: 24127  
City/County: CRAIG Phone Number: (540)864-5010  
Regional Council: Western Virginia EMS Council FIN#: 546003750  
Organization Structure: Governmental Organization Type: Governmental

### Personnel Information

#### Number of Certified Personnel

First Responder: 2 EMT: 6 Paramedic: 12 Advance EMT: 1 Enhanced: 0  
Intermediate: 3 Advanced Life Support Coordinator: 0 Education Coordinator: 0

#### Certification

First Responder: 2 EMT: 6 Paramedic: 12 Advance EMT: 1 Enhanced: 0  
Intermediate: 3 Advanced Life Support Coordinator: 0 Education Coordinator: 1  
Driver Only: Other: **Total: 25**

#### Personnel

Career: 16 Volunteer: 9 **Total: 25**

#### **Comments:**

We have 1 career Paramedic that is also our Education Coordinator that is why there is a difference between the Certification and the Personnel.

### Call Activity and Demographics

BLS Calls: 250 ALS Calls: 455 Calls Unable To Respond: 19  
Calls Outside Primary Service Area: 2 Avg Call Time(minutes): 120 Average Round Trip Mileage: 48  
Avg Mileage To Nearest Hospital: 24  
Square Miles of Service Area: 330 Population of Service Area: 4,900 Total Number of Stations: 1

#### Comments:

Craig County Emergency Services ran 705 calls in the calendar year 2021. The agency averages 58.75 calls per month and provides Advanced Life Support coverage for the 330 square miles of the County. Of the 705 calls the agency ran 250 were Basic Life Support and 455 were Advanced Life Support.

#### Statement of Need:

**Call Activity and Demographics**

Craig County Emergency Services is requesting funding to replace 2 Zoll M-Series monitors that are 18 years old. Our agency has 1 Advanced Life Support Quick Response vehicle that serves the western portions of the county to improve response times for calls in that area. We are placing a second Advanced Life Support Quick Response Vehicle into service in April 2022. This vehicle was delivered February 24th, 2022. We are ordering the equipment now to stock and permit this new response vehicle. This response vehicle will support our eastern and northern sections of the county. Our Ambulances are located in the County seat of New Castle and response times to the areas mentioned above have 20-25 minutes response for the ambulance. Craig County is a rural area that has 330 square miles within its borders. When critical 911 calls are dispatched, these units can get to the patients quicker for better patient care and patient outcomes in these remote locations. Craig County has a very limited tax base due to the National Forest owning 53% of the county real estate and the county being only able to tax 47%. The real estate tax is what the county depends most on to fund county departments. The county has agreed to match 20% of this grant with capital improvement money. The county is also agreed to match our 5 local Fire Departments with capital improve project with a grant they have for new turnout gear due to all the departments gear being over 15 years old. As you can see the county is trying their best to help with grant funding. The County is also working on Emergency Services Agencies Critical Communication system for Police, Fire, and EMS to improve interoperability. and coverage for the county.

**Agency Vehicle Information**

This Organization has additional ambulances not listed: Yes

comments:

Quick Response Vehicle Ford Explore 2022. Delivered February 24th, 2022.

Are any vehicles used by other jurisdictions? Yes

Vehicle Jurisdiction comments:

We have a reserve ambulance that we share with Craig County Rescue and Paint Bank Volunteer Fire/Rescue if they have to take a unit out of service for repairs.

| Unit# | VIN               | Chassis<br>Box Year | Make      | Model          | Vehicle Type          | Class Permit                       | 4WD | Mileage | Engine<br>Hours |
|-------|-------------------|---------------------|-----------|----------------|-----------------------|------------------------------------|-----|---------|-----------------|
| 91    | 1GBJK34638E179572 | 2008/2008           | CHEVROLET | 3500 HD        | TYPE I<br>AMBULANCE   | Ambulance                          | Y   | 157712  |                 |
| 96    | 3GNGK26K97G243932 | 2007/2007           | CHEVROLET | SUBURBAN       | QUICK<br>RESPONSE     | Quick<br>Response<br>Vehicle (QRV) | Y   | 283257  |                 |
| 92    | 1FDUF4HT8JDA01020 | 2018/2018           | FORD      | 450 XLT        | TYPE I<br>AMBULANCE   | Ambulance                          | Y   | 61852   |                 |
| 93    | 1FDXE40F0WHA14322 | 2001/2001           | FORD      | CUTAWAY<br>VAN | TYPE III<br>AMBULANCE | Ambulance                          | N   | 152649  |                 |

**Financial Information**

**Receipts / Revenue**

|                         | <u>Previous Fiscal year</u> | <u>Current Fiscal year</u> | <u>Change</u> |
|-------------------------|-----------------------------|----------------------------|---------------|
| Donations:              | \$450.00                    | \$300.00                   | -33%          |
| 26% Return to Locality: | \$6,185.00                  | \$0.00                     | -100%         |
| Grants:                 | \$8,552.00                  | \$0.00                     | -100%         |
| <b>Total Revenue:</b>   | <b>\$15,187.00</b>          | <b>\$300.00</b>            | <b>-98%</b>   |

| Financial Information  |  |                             |                          |
|--|--|-----------------------------|--------------------------|
| <b>Receipts / Revenue</b>  |  |                             |                          |
|  | <u>Previous Fiscal year</u>                      | <u>Current Fiscal year</u>  | <u>Change</u>            |
| Description of Receipts/ Revenue:  |  |                             |                          |
| We received a grant for new computers for the new ESO call reporting system. Our 26% return to locality has been delayed due to County Office personnel being short staffed because of a retirement. The information needed has been uploaded and sent to the State to receive this funding for our current fiscal year. |  |                             |                          |
| <b>Expenditures</b>  |  |                             |                          |
|  | <u>Previous Fiscal year</u>                      | <u>Current Fiscal year</u>  | <u>Change</u>            |
| Personnel Costs:   | \$632,363.00                                     | \$363,189.00                | -43%                     |
| Operating Costs:   | \$43,283.00                                      | \$25,301.00                 | -42%                     |
| Capital Expenses:  | \$0.00   | \$0.00                      |                          |
| <b>Total Expenditure:</b>  | <b>\$675,646.00</b>                              | <b>\$388,490.00</b>         | <b>-43%</b>              |
| <b>Other Details</b>   |  |                             |                          |
| <u>Comments:</u>   |  |                             |                          |
| When the change over to the new ESO reporting system took place our billing company wasn't receiving any reporting for billing due to an error in the paperwork. This has now been resolved.   |  |                             |                          |
| <u>Define Capital Expenditure:</u>   |  |                             |                          |
| The County received a USDA grant to purchase 2 new vehicles, 1 for the Sheriff's Department and 1 for Emergency Medical Services for a response vehicle.   |  |                             |                          |
| Amount received from EMS Fee for Service for Last Fiscal Year: \$206,166.00  |  |                             |                          |
| Service Fee Charged: Yes   | Service Fee per Call: \$850.00                   | Cost Recovery: 68.00%       |                          |
| <b>Budget Narrative:</b>   |  |                             |                          |
| The budget for our agency is approved by the Board of Supervisor for the county. We attempt to stay within our budget for the fiscal year. The budget is a line-item consisting of projected cost for the year and the actual cost to date and the percentage of money left or overrun of cost.                          |  |                             |                          |
| Requested Items Information  |  |                             |                          |
| <b>Item Name: Life Pak 15 Cardiac Monitor</b>  |  |                             |                          |
| Item Type:   | Defibrillator - Automatic External Defibrillator |                             | Requested Quantity: 2    |
| Funding Level:   | 80 / 20  | Action: Replace             | Current Quantity: 2      |
| Total Price:   | \$63,344.00                                      | Matching Funds: \$12,668.80 | State Funds: \$50,675.20 |

**Requested Items Information****Item Name: Life Pak 15 Cardiac Monitor**

Comments: The County of Craig is using Capital Improvement funds to support this grant for the match. The Board of Supervisors are also going to use Capital Improvement Funds to assist our Volunteer Fire Departments with funding through an Assistance to Firefighters grant for new turnout gear also due to their agencies bunker gear being out of date..

Hardship Justification: Craig County funding comes from real estate taxes which is 47% of the county, due to the National Forest owning 53% of the real estate in the county.

**Supporting Documents**

| Name                                   | Type  | Description                 | Size   |
|--|-------|-----------------------------|--------|
| f-347353187/rsaf-monitor-quote-spri... | Quote | Life Pak 15 Cardiac Monitor | 414 KB |

**Affirmation****Brief Project Description:**

This project will allow us to replace 2 cardiac monitors that are 2nd hand. That was donated to us several years ago by Botetourt County Fire and Rescue. These Zoll-M Series monitors are at end of life.

**Project /Equipment Sustainability:**

We will use the manufactures specifications for preventive Maintenance and repairs.

**Supporting Documents**

| Name                                   | Type                  | Description                            | Size      |
|--|-----------------------|--|-----------|
| f-2073843059/budget.pdf...             | Budget                | Craig County Emergency Services Budget | 120.06 KB |
| f-270705734/w-9-form-rsaf-grant-202... | IRS Letter / 990 / W9 | W-9 Form                               | 269.11 KB |

**Authorized Agent**

First Name: DARRYL Last Name: HUMPHREYS Phone#: (540)312-1541  
Email: DHUMPHREYS@CRAIGCOUNTYVA.GOV Signature: Darryl E Humphreys

**Financial Officer**

First Name: Robert Last Name: Collins Phone#:  
Email: DCOLLINS@CRAIGCOUNTYVA.GOV Signature: Robert R. Collins

**Operational Medical Director**

First Name: CHARLES Last Name: LANE Phone#: (540)489-6367  
Email: NEWFLANE00@GMAIL.COM Signature: Charles J. Lane, MD

3/01/2022

ACCT PERIOD:2022/02

FUND-100 CRAIG COUNTY  
\* General Fund Expenditures \*

7/01/2021 - 2/28/2022

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\*GL150\*

Major# - 032410 \*Local CCEMS Ambulance SVS\*

| ACCT#        | DESCRIPTION                                    | BUDGET    | APPROP.   | SUPPL.   | TRANSFERS | ACT/BUD.  | CUR/MTN  | THIS YEAR | ENCUMBER. | AVAILABLE | USED  |
|--------------|--|-----------|-----------|----------|-----------|-----------|----------|-----------|-----------|-----------|-------|
| 032410-1101- | ALS Medic PT                                   | 74343.00  | 74343.00  |          |           | 74343.00  | 5101.72  | 31617.23  |           | 42725.77  | 42.5  |
| 032410-1102- | BUS Emt PT                                     | 55845.00  | 55845.00  |          |           | 55845.00  | 4096.35  | 42684.93  |           | 13160.07  | 76.4  |
| 032410-1103- | Salaries of EMS Full Time                      | 220257.00 | 220257.00 | 26271.72 | 4343.20   | 251471.92 | 15193.20 | 175865.10 |           | 75606.82  | 69.9  |
| 032410-1107- | Overtime                                       | 46532.00  | 46532.00  | 1906.79  | 446.49    | 48885.28  |          | 39564.49  |           | 9320.79   | 80.9  |
| 032410-2100- | FICA   | 30370.00  | 30370.00  | 2086.81  | 398.55    | 32855.36  | 1813.18  | 21252.75  |           | 11602.61  | 64.6  |
| 032410-2210- | VRS  | 25443.00  | 25443.00  | 2193.10  | 438.62    | 28074.72  | 1765.44  | 20034.70  |           | 8040.02   | 71.3  |
| 032410-2240- | VRS Health Credit                              | 549.00    | 549.00    | 47.20    | 9.44      | 605.64    | 37.98    | 430.98    |           | 174.66    | 71.1  |
| 032410-2300- | Hospital/Medical Plan                          | 24150.00  | 24150.00  | 3340.00  | 666.00    | 28158.00  | 2814.00  | 26520.00  |           | 1638.00   | 94.1  |
| 032410-2400- | Group Life Ins                                 | 2935.00   | 2935.00   |          |           | 2935.00   | 203.60   | 2310.44   |           | 928.04    | 71.3  |
| 032410-2401- | Line of Duty                                   | 1998.00   | 1998.00   | 252.90   | 50.58     | 1998.00   |          | 1998.00   |           |           | 100.0 |
| 032410-2500- | ST & LT hybrid ee disability unemployment pmts | 1155.00   | 1155.00   | 99.70    | 19.94     | 1274.64   | 80.24    | 910.52    |           | 364.12    | 71.4  |
| 032410-2600- | empl physical exam/shots                       | 300.00    | 300.00    |          |           | 300.00    |          |           |           | 300.00    |       |
| 032410-3110- | vehicle maintenance                            | 5000.00   | 5000.00   |          |           | 5000.00   | 20.00    | 5625.26   |           | 625.26-   | 112.5 |
| 032410-3112- | ambulance                                      |           |           |          |           |           |          |           |           |           |       |
| 032410-3115- | Bidding maintenance                            |           |           |          |           |           |          |           |           |           |       |
| 032410-3400- | MCA Ins Billing fee                            | 20000.00  | 20000.00  |          |           | 20000.00  | 1171.71  | 4136.08   |           | 15863.92  | 20.6  |
| 032410-3600- | Advertising                                    | 300.00    | 300.00    |          |           | 300.00    |          | 201.50    |           | 98.50     | 67.1  |
| 032410-5140- | Cable TV                                       | 840.00    | 840.00    |          |           | 840.00    | 85.47    | 599.56    |           | 240.44    | 71.3  |
| 032410-5210- | Postage  | 25.00     | 25.00     |          |           | 25.00     |          |           |           | 25.00     |       |
| 032410-5510- | Travel/Mileage                                 |           |           |          |           |           | 33.60    | 57.12     |           | 57.12-    |       |
| 032410-5541- | Food & Lodging                                 |           |           |          |           |           |          |           |           |           |       |
| 032410-6001- | Office Supplies                                | 600.00    | 600.00    |          |           | 600.00    | 9.37     | 1406.91   |           | 806.91-   | 234.4 |
| 032410-6002- | equip purch with memorial donation             |           |           | 150.00   |           | 150.00    |          |           |           | 150.00    |       |
| 032410-6003- | EMS ambulance supplies                         | 5000.00   | 5000.00   |          |           | 5000.00   | 439.38   | 5094.31   |           | 94.31-    | 101.8 |
| 032410-6004- | Emergency Service Equipment                    | 2000.00   | 2000.00   |          |           | 2000.00   | 30.98    | 723.26    |           | 1276.74   | 36.1  |
| 032410-6005- | Hazmat supplies                                |           |           |          |           |           |          |           |           |           |       |
| 032410-6006- | fuel for ems vehicle                           | 5830.00   | 5830.00   |          |           | 5830.00   | 533.20   | 7057.28   |           | 1227.28-  | 121.0 |
| 032410-6011- | uniforms                                       | 1000.00   | 1000.00   |          |           | 1000.00   |          |           |           | 1000.00   |       |
| 032410-8201- | equipment (non med)                            |           |           |          |           |           |          |           |           |           |       |
| 032410-9505- | EMS Stand-by Services fee                      | 524472.00 | 524472.00 | 200.00   | 6974.82   | 567995.04 | 200.00   | 400.00    |           | 200.00-   | 200.0 |
|              | DEPT. TOTAL                                    |           |           | 36548.22 |           | 567995.04 | 33629.42 | 388430.42 |           | 179504.62 | 68.3  |

## Request for Taxpayer Identification Number and Certification

**Give Form to the requester. Do not send to the IRS.**

|   |   |
|---|---|
| 1 | Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. |
|---|---|

1 Name (as shown on your income tax return)  
County Of Craig

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification: check only **one** of the following seven boxes:

☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

☒ Other (see instructions) ►

Political Subdivision of Commonwealth of Massachusetts

5. Address (number, street, and apt. or suite no.)

PO Box 308

Requester's name and address (optional)

6 City, state, and ZIP code

New Castle, VA 24127

7 List account number(s) here (optional)

**Part I** Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

|  |  |  |   |  |   |  |  |  |
|--|--|--|---|--|---|--|--|--|
|  |  |  | - |  | - |  |  |  |
|--|--|--|---|--|---|--|--|--|

or

Employer identification number

$$54 - 6003750$$

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign  
Here**

Signature of  
U.S. person

er than interest and dividends, you are
 

Date ►

3/8/2022

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.





## Darryl Humphries - LP15 x2

Quote Number: 10483950

Remit to:

**Stryker Medical**

Version: 1

P.O. Box 93308

Prepared For: CRAIG COUNTY ADMN

Chicago, IL 60673-3308

Attn:

Rep:

Chris Elting

Email:

chris.elting@stryker.com

Phone Number:

Quote Date: 01/28/2022

Expiration Date: 04/28/2022

### Delivery Address

Name: CRAIG COUNTY ADMN

Account #: 1186504

Address: 108 COURT ST

NEW CASTLE

Virginia 24127

### End User - Shipping - Billing

Name: CRAIG COUNTY ADMN

Account #: 1186504

Address: 108 COURT ST

NEW CASTLE

Virginia 24127

### Bill To Account

Name: CRAIG COUNTY ADMN

Account #: 1186503

Address: PO BOX 308

NEW CASTLE

Virginia 24127-0308

### Equipment Products:

| #    | Product      | Description  | Qty | Sell Price  | Total       |
|------|--------------|--|-----|-------------|-------------|
| 1.0  | 99577-001955 | LIFEPAK 15 V4 Monitor/Defib - Manual & AED, Trending, Noninvasive Pacing, SpO2, NIBP, 12-Lead ECG, EtCO2, BT. Incl at N/C: 2 pr QC Electrodes (11996-000091) & 1 Test Load (21330-001365) per device, 1 Svc Manual CD (26500-003612) per order | 2   | \$27,465.36 | \$54,930.72 |
| 2.0  | 41577-000285 | Ship Kit -QUICK-COMBO Therapy Cable; 2 rolls100mm Paper; RC-12 Patient Cable, 12ft.; NIBP Hose, Coiled; NIBP Cuff, Reusable, adult; 12-Lead ECG Cable, 4-Wire Limb Leads, 8ft; 12-Lead ECG Cable, 6-Wire Precordial attachment                 | 2   | \$0.00      | \$0.00      |
| 3.0  | 11141-000115 | REDI-CHARGE Base (power cord not included)   | 2   | \$1,292.00  | \$2,584.00  |
| 4.0  | 11140-000015 | AC power cord  | 2   | \$68.85     | \$137.70    |
| 5.0  | 11140-000052 | LP15 REDI-CHARGE Adapter Tray  | 2   | \$175.10    | \$350.20    |
| 6.0  | 21330-001176 | LP 15 Lithium-ion Battery 5.7 amp hrs  | 8   | \$398.65    | \$3,189.20  |
| 7.0  | 11171-000046 | Masimo™M-LNCS® DCI, Adult Reusable SpO2 only Sensor. For use with RC Patient Cable.  | 2   | \$255.85    | \$511.70    |
| 8.0  | 11171-000082 | Masimo™;RC Patient Cable - EMS, 4 FT.  | 2   | \$250.00    | \$500.00    |
| 9.0  | 21300-008159 | LIFEPAK 15 NIBP Straight Hose, 6'  | 2   | \$73.00     | \$146.00    |
| 10.0 | 11160-000011 | NIBP Cuff-Reusable, Infant   | 2   | \$17.85     | \$35.70     |
| 11.0 | 11160-000013 | NIBP Cuff-Reusable, Child  | 2   | \$20.40     | \$40.80     |
| 12.0 | 11160-000017 | NIBP Cuff -Reusable, Large Adult   | 2   | \$28.05     | \$56.10     |
| 13.0 | 11160-000019 | NIBP Cuff-Reusable, Adult X Large  | 2   | \$40.80     | \$81.60     |



## Darryl Humphries - LP15 x2

Quote Number: 10483950

Version: 1

Prepared For: CRAIG COUNTY ADMN

Attn:

Remit to: **Stryker Medical**

P.O. Box 93308

Chicago, IL 60673-3308

Rep: Chris Elting

Email: [chris.elting@stryker.com](mailto:chris.elting@stryker.com)

Phone Number:

Quote Date: 01/28/2022

Expiration Date: 04/28/2022

| #                | Product      | Description   | Qty | Sell Price | Total       |
|------------------|--------------|---|-----|------------|-------------|
| 14.0             | 11577-000002 | LIFEPAK 15 Basic carry case w/right & left pouches; shoulder strap (11577-000001) included at no additional charge when case ordered with a LIFEPAK 15 device | 2   | \$272.00   | \$544.00    |
| 15.0             | 11220-000028 | LIFEPAK 15 Carry case top pouch   | 2   | \$48.45    | \$96.90     |
| 16.0             | 11260-000039 | LIFEPAK 15 Carry case back pouch  | 2   | \$69.70    | \$139.40    |
| Equipment Total: |              |   |     |            | \$63,344.02 |

### Price Totals:

|                               |             |
|-------------------------------|-------------|
| Estimated Sales Tax (0.000%): | \$0.00      |
| Freight/Shipping:             | \$0.00      |
| Grand Total:                  | \$63,344.02 |

Prices: In effect for 90 days

Terms: Net 30 Days

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



**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>.