



LAERDAL MEDICAL CORPORATION
PO Box 1840
167 Myers Corners Road
Wappingers Falls, NY 12590
(877) 523-7325
(845) 297-7770
Fax (800) 227-1143

www.Laerdal.com

September 19, 2024

Florida A&M University
PO Box 7238
Tallahassee, FL 32314

To Whom It May Concern,

This letter is to confirm that Laerdal Medical is the sole manufacturer of the following products:

**AED Trainer, Vale Pocket Mask, The Bag II Adult, Child, Infant,
Laerdal Faceshields, AED Training Pads**

Further, Laerdal Medical is the sole provider of installation, education, technical services, and support for the afore mentioned equipment. Laerdal Medical is the only certified and authorized entity to provide service and maintenance on Laerdal equipment.

If you need any additional information or assistance, please do not hesitate to contact me at (800) 648-1851 or visit our website at www.Laerdal.com.

Thank you for your interest in our products.

Sincerely,

Mike Evans
Director of Business Analytics
Laerdal Medical
167 Myers Corners Rd
Wappingers Falls, NY 12590
(800) 648-1851 x 3260
Mike.Evans@Laerdal.com

Quote Q-1015481

Laerdal Medical Corporation

167 Myers Corners Road
 Wappingers Falls, NY 12590
 Order to: 877-LAERDAL
 Fax Order To: (800) 227-1143
 Email: customerservice@laerdal.com



Laerdal[®]
 helping save lives

Senior Territory Manager

Matt Cagle
 845-240-2088
 matt.cagle@laerdal.com

Instructions

To prevent any delays in processing your purchase, please include your quote # when ordering.

DATE: 09-19-2024

ATTN: Keniya Mitchell
 +1850-599-8780
 keniya.mitchell@famu.edu

QUOTE NUMBER: Q-1015481
 CREDIT TERMS: 30 days
 EXPIRATION DATE: 12-31-2024
 PO NUMBER:

BILL TO: 00111082

FLORIDA A & M UNIVERSITY
 PO Box 7238
 Tallahassee FL 32314-7238

SHIP TO:

Keniya Mitchell
 Florida A & M University
 8334 West Palmer Ave,
 110 Ware Rhaney Building
 Tallahassee FL 32307

BuyBoard Contract 704-23 Applied

Little Anne- AED Trainer Dark Kit

Qty	Description	List Price	Term	Unit Price	Total
1	135-01250 Little Anne Dark 6-pack	\$1,599.00		\$1,407.12	\$1,407.12
2	197-02050 AED Trainer 3-pack	\$749.00		\$659.12	\$1,318.24
1	197-10050 AEDT Transport bag for 6 units	\$59.00		\$55.46	\$55.46
10	135-10050 LA Airway 6-pk	\$49.00		\$46.06	\$460.60

Little Anne- AED Trainer Dark Kit

Qty	Description	List Price	Term	Unit Price	Total
				TOTAL:	\$3,241.42

QCPR

Qty	Description	List Price	Term	Unit Price	Total
3	181-00150 Resusci Junior QCPR	\$2,349.00		\$2,067.12	\$6,201.36
1	134-03050 Little Baby QCPR Dark 4-pack	\$1,149.00		\$1,011.12	\$1,011.12
5	133-10150 Little Baby QCPR Lung 24 pk	\$30.00		\$28.20	\$141.00
				TOTAL:	\$7,353.48

ITEM TOTAL:	\$10,594.90
SHIPPING/HANDLING:	\$603.91
ADDITIONAL CHARGE/CREDIT:	
TAX:	\$0.00
TOTAL:	\$11,198.81

There are various payment options; please see bottom of your quote for further clarification. Appropriate Sales Tax will be added to invoice - Pricing and Availability are subject to change Shipping/Handling costs will be added to invoice

By Accepting this Quote, the following terms are hereby incorporated into customer’s order:

Products:

Products that are currently on contract will be removed immediately if manufacturing or distribution of the product is discontinued.

Payment:

Net 30 Days for approved open accounts; CIA; Credit Cards accepted. Financing options now available – sample leasing payment terms follow.

Warranty:

One(1) year warranty on manufactured products and 90 day warranty on refurbished products
Two(2) year parts replacement warranty with technical assistance by phone on all Hill-Rom refurbished products

Delivery:

If you require delivery of the product to a specific location within your building, there will be an additional charge. This charge will be included in the total Shipping and Handling cost stated in this quote.

Delivery of product to a site without a loading dock will require Lift Gate delivery and should be identified during quote process as there is an added fee. In addition, if delivery to a specific location within a building is needed, it is available at an additional cost. Please ensure that necessary delivery requirements are discussed, and the related fees are included on the quote. This will also enable us to set proper delivery expectations with our warehouse.

Training/Education:

Onsite and Virtual Education will expire one (1) year from date of purchase. Exceptions include:

- Educational Pathway trainings will expire two (2) years from date of purchase. Five (5) or more Ed Path Training days will expire in five (5) years.
- Contracts/Technology Sustainment Program (TSP)
- Advanced Care & Maintenance Courses

CANCELLATION or RESCHEDULING of EDUCATIONAL or TECHNICAL SERVICES WILL RESULT IN CANCELLATION/RESCHEDULING FEES.

7 DAYS OR LESS: 100% of Course / Service Cost
8 DAYS to 2 WEEKS: 75% of Course / Service Cost
15 DAYS to 20 DAYS: 50% of Course / Service Cost
3 WEEKS or MORE: NO FEE

Customer will be required to submit a new PO to reschedule a cancelled course / service.

Confidential

FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

SOLE SOURCE CERTIFICATION

Requisition Number: 0000259080 Bid # _____

In accordance with authority granted under Florida A & M University Regulation 6.005(10) (b), the following documentation is submitted in support of a request to purchase the items(s) listed below that are only available from one vendor.

Vendor: Laerdal Medical Corporation

Account Number: 132587752 Cost \$ 11,198.81

Item(s): Laerdal CPR training items

Justification: (Describe efforts made, vendors contacted, prices quoted, specifications required, availability, compatibility, decision/reason for selection). See attached for justification.

Laerdal Medical is the sole provider of installation, education, technical services, and support for the afore mentioned equipment. Laerdal Medical is the only certified and authorized entity to provide service and maintenance on Laerdal equipment. The above listed items are only compatible with Laerdal equipment.

The above training items are only compatible with other Laerdal equipment. Note: These items will tie into Laerdal equipment we already have in house.

I, the undersigned, certify the above to be true and correct to the best of my knowledge and belief.

Signature: Keniya S. Mitchell Title: Assistant Director of Simulation Date: 9/24/2024

I, the undersigned designee of the Florida A & M University Purchasing Office, as delegated in Regulation 6.005(10) (b), (or a designee delegated the authority as described in, hereby concur {X} do not concur { } with the above justification and recommend { } do not recommend { } the procurement of the above as a sole source. If applicable, the reason(s) for disapproval are:

Signature: Antonita Bryant Title: Director of Procurement Services Date: 10/7/2024

I, the undersigned designee, acting for and on behalf of the University President pursuant to the delegation authority approve { }, disapprove { } the procurement of the above as a sole source. If applicable, the reason(s) for disapproval are:

Signature: W. Rebecca Brown Title: VP, Administrative and Financial Services Date: 10/8/2024

POSTED FROM 10/8/2024 TO 10/11/2024 DATE TIME DATE TIME

FAILURE TO FILE A PROTEST WITHIN THE TIME PRESCRIBED IN REGULATION 6.005(9) (K), SHALL CONSTITUTE A WAIVER OF THE RIGHT TO PROCEEDINGS.