

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 02/08/2024

Contract/Lease Control #: C24-3948-PS

Procurement#: SINGLE SOURCE

Contract/Lease Type: CONTRACT-AGREEMENT

Award To/Lessee: PROCARE SERVICES / STRYKER

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 11/01/2023

Expiration Date: 10/31/2024

Description of: PROCARE STRYKER STRETCHER MAINTENANCE

Department: PS

Department Monitor: MADDOX

Monitor's Telephone #: 850-651-7150

Monitor's FAX # or E-mail: pmaddox@myokaloosa.com

Closed: _____

CC: BCC RECORDS

**PROCUREMENT / CONTRACT / LEASE
INTERNAL COORDINATION SHEET**

Procurement/Contract/Lease Number: C24-3948-PS Tracking Number: 5000-24
Procurement/Contractor/Lessee Name: ProCare Services/Stryker Grant Funded: YES ___ NO X
Purpose: ProCare Stryker/Emergency Medical Services
Date/Term: One Year 1. ☐ GREATER THAN \$100,000
Department #: 4500 2. ☐ GREATER THAN \$50,000
Account #: 546640 3. ☒ \$50,000 OR LESS
Amount: \$41,165.00
Department: PS Dept. Monitor Name: Maddox

Purchasing Review

Procurement or Contract/Lease requirements are met:

Amber Hammonds
Amber Hammonds

Date: 10/30/2023

2CFR Compliance Review (if required)

Approved as written:

Grant Name: _____

Required: Yes _____ No _____

N/A

Date: _____

Grants Coordinator – Suzanne Ulloa

Risk Management Review

Approved as written: Revised Approval from Karen Thomas 2/7/24

See Attached Email

Date: 10/30/2023

Risk Manager or designee – (Circle One: Karen ~~Donaldson~~ / Jacqueline Mtichuk / Odessa Cooper-Pool)
Thomas

County Attorney Review

Approved as written:

See Attached Email

Date: 11/16/2023

County Attorney - (Circle One: Lynn Hoshihara / Kerry Parsons or Designee)

Department Funding Review

Approved as written:

Date: _____

IT Review (if applicable)

Approved as written:

Date: _____

Amber Hammonds

From: Odessa Cooper-Pool
Sent: Monday, October 30, 2023 2:52 PM
To: Amber Hammonds
Cc: Lynn Hoshihara; Kerry Parsons
Subject: FW: Stryker
Attachments: Stryker Maint Contract Single Source 10-25-23.pdf; Stryker Maint Contract Single Source 10-25-23.pdf; General Services Insurance Requirements.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Good afternoon Amber,

I have reviewed the insurance and the justification for the single source request for ProCare Services / Stryker. These are approved by Risk Management for insurance purposes.

Thank you,

Odessa Cooper-Pool

Public Records & Contracts Specialist |Risk Management
Okaloosa County BCC
302 N. Wilson Street, Crestview, FL 32536
Office: 1-850-689-4111



"And, when you want something, all the universe conspires in helping you to achieve it."— Paulo Coelho, *The Alchemist*

Please note: Due to Florida's very broad public records laws, most written communications to or from County employees regarding County business are public records, available to the public and media upon request. Therefore, this written e-mail communication, including your e-mail address, may be subject to public disclosure.

From: Amber Hammonds <ahammonds@myokaloosa.com>
Sent: Monday, October 30, 2023 1:50 PM
To: Jacqueline Matichuk <jmatichuk@myokaloosa.com>; Kerry Parsons <kparsons@ngn-tally.com>; Lynn Hoshihara <lhoshihara@myokaloosa.com>; Odessa Cooper-Pool <ocooperpool@myokaloosa.com>
Subject: Stryker

Good afternoon all –

Please review and approve the contract for the above referenced single source.

Thank you,

Amber Hammonds

Contracts & Lease Coordinator

Okaloosa County Purchasing Department
5479A Old Bethel Road
Crestview, FL 32536
Phone: 850.689.5960 ext. 6962 Fax: 850.689.5970
Email: ahammonds@myokaloosa.com



SAVE THE DATE!! Registration is now OPEN!!
Pars for Procurement Golf Classic
CGCC Annual Pars for Procurement Golf Classic
November 17, 2023
Blackwater Golf Club
4927 Antioch Road
Crestview, FL 32536



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Amber Hammonds

From: Karen Thomas
Sent: Wednesday, February 7, 2024 2:15 PM
To: Amber Hammonds
Subject: RE: Stryker RISK RED-LINES (2nd Round) Okaloosa Quote-INS REQ - Quote #10775589 Stryker (1-17-2024).docx

Yes, This is approved by risk management for insurance purposes.

Thank you

Have a safe and Blessed Day!

Karen Thomas

Karen Thomas
Risk Manager
Okaloosa County Risk Management
302 N Wilson Street, Suite 301
Crestview, Fl. 32536
850.689.5978 / 850.758-2790 Cell
KThomas@myokaloosa.com



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From: Amber Hammonds <ahammonds@myokaloosa.com>
Sent: Wednesday, February 7, 2024 1:38 PM
To: Karen Thomas <kthomas@myokaloosa.com>
Cc: DeRita Mason <dmason@myokaloosa.com>
Subject: RE: Stryker RISK RED-LINES (2nd Round) Okaloosa Quote-INS REQ - Quote #10775589 Stryker (1-17-2024).docx
Importance: High

Good afternoon Ms. Karen,
Can you confirm the attachment is updated completely?
If this is approved by risk (with all the corrections from Stryker), I will forward to Stryker for signatures.

Thank you,

Amber Hammonds

Contracts & Lease Coordinator
Okaloosa County Purchasing Department
5479A Old Bethel Road

Crestview, FL 32536
Phone: 850.689.5960 ext. 6962 Fax: 850.689.5970
Email: ahammonds@myokaloosa.com

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From: Wages, Jeff <Jeff.Wages@stryker.com>
Sent: Wednesday, February 7, 2024 11:21 AM
To: Karen Thomas <kthomas@myokaloosa.com>; Amber Hammonds <ahammonds@myokaloosa.com>; DeRita Mason <dmason@myokaloosa.com>
Subject: RE: Stryker RISK RED-LINES (2nd Round) Okaloosa Quote-INS REQ - Quote #10775589 Stryker (1-17-2024).docx

Thanks Karen, I appreciate your patience in seeing this through. Please let me know if you need anything else from our team.

Jeff Wages
Account Manager South AL / FL panhandle
Stryker

3800 East Centre Ave.
Portage, Michigan 49002
C 901.491.1349
jeff.wages@stryker.com

Need Accessories and Disposables?
www.strykeremergencycare.com/store

From: Karen Thomas <kthomas@myokaloosa.com>
Sent: Wednesday, February 7, 2024 10:31 AM
To: Wages, Jeff <Jeff.Wages@stryker.com>; Amber Hammonds <ahammonds@myokaloosa.com>; DeRita Mason <dmason@myokaloosa.com>
Subject: RE: Stryker RISK RED-LINES (2nd Round) Okaloosa Quote-INS REQ - Quote #10775589 Stryker (1-17-2024).docx

You don't often get email from kthomas@myokaloosa.com. Learn why this is important

Jeff, Amber and DeRita

We are going to approve this by risk management this time.
Please be advised that our ATTORNEY PREPARED documents are generally not up for negotiation.

Thank you

Have a safe and Blessed Day!

Karen Thomas

Karen Thomas
Risk Manager
Okaloosa County Risk Management
302 N Wilson Street, Suite 301
32536
/ 850.758-2790 Cell
kthomas@myokaloosa.com



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From: Wages, Jeff <Jeff.Wages@stryker.com>

Sent: Tuesday, February 6, 2024 3:40 PM

To: Karen Thomas <kthomas@myokaloosa.com>; Amber Hammonds <ahammonds@myokaloosa.com>; DeRita Mason <dmason@myokaloosa.com>

Subject: RE: Stryker NES (2nd Round) Okaloosa Quote-INS REQ - Quote #10775589 Stryker (1-17-2024).docx

Good afternoon !



I've attached the reply from my legal department.

- RED-LINE (2-6-24) of Insurance Requirements which reflect Stryker's comments/revisions on the two remaining issues;
- CLEAN/FINAL (2-6-2024) Insurance Requirements with all changes incorporated.
- Proposed / Updated PDF Execution Version consisting of:
 - Stryker Quote # 10775589; **requires signature on page 2;**
 - Page 2 of the quote references our hyperlinked T&Cs (which the County agreed to previously by signing the quote) and the 2-6-25 modified Insurance Requirements;
 - Page 6 – Final General Services Insurance Requirements; and
 - Page 11 - County's Single Source Purchase Justification Request which **will need signatures for (page 11).**

Hopefully, we will be able to reach an agreement here. Let me know if you have any questions-

Thank you-

Jeff Wages

Account Manager South AL / FL panhandle

Stryker

3800 East Centre Ave.

Portage, Michigan 49002

C 901.491.1349

jeff.wages@stryker.com

Need Accessories and Disposables?

www.strykeremergencycare.com/store

From: Karen Thomas <kthomas@myokaloosa.com>

Sent: Friday, January 19, 2024 9:51 AM

To: Amber Hammonds <ahammonds@myokaloosa.com>; DeRita Mason <dmason@myokaloosa.com>; Wages, Jeff <Jeff.Wages@stryker.com>

Subject: Stryker RISK RED-LINES (2nd Round) Okaloosa Quote-INS REQ - Quote #10775589 Stryker (1-17-2024).docx

Thank you *Karen Thomas* Karen Thomas Risk Manager

Okaloosa County Risk Management 302 N Wilson Street, Suite 301

Crestview, Fl. 32536 850.689.5978 / 850.758-2790

Cell KThomas@myokaloosa.com

Amber Hammonds

From: Lynn Hoshihara
Sent: Thursday, November 16, 2023 12:39 PM
To: Amber Hammonds; Kerry Parsons
Subject: Re: Stryker

This is approved.

Lynn M. Hoshihara
County Attorney
Okaloosa County, Florida

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From: Amber Hammonds
Sent: Monday, October 30, 2023 4:04:05 PM
To: Kerry Parsons; Lynn Hoshihara
Subject: RE: Stryker

Good afternoon all –

I am sorry, I forgot to add this attachment.

Thank you,
Amber Hammonds
Contracts & Lease Coordinator
Okaloosa County Purchasing Department
5479A Old Bethel Road
Crestview, FL 32536
Phone: 850.689.5960 ext. 6962 Fax: 850.689.5970
Email: ahammonds@myokaloosa.com



SAVE THE DATE!! Registration is now OPEN!!
Pars for Procurement Golf Classic
CGCC Annual Pars for Procurement Golf Classic
November 17, 2023
Blackwater Golf Club
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Crestview, FL 32536

[REGISTER HERE](#)

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From: Amber Hammonds
Sent: Monday, October 30, 2023 1:50 PM
To: Jacqueline Matichuk <jmatichuk@myokaloosa.com>; Kerry Parsons (KParsons@ngn-tally.com) <KParsons@ngn-tally.com>; Lynn (lhoshihara@myokaloosa.com) <lhoshihara@myokaloosa.com>; Odessa Cooper-Pool (ocooperpool@myokaloosa.com) <ocooperpool@myokaloosa.com>
Subject: Stryker

Good afternoon all –

Please review and approve the contract for the above referenced single source.

Thank you,

Amber Hammonds

Contracts & Lease Coordinator

Okaloosa County Purchasing Department

5479A Old Bethel Road

Crestview, FL 32536

Phone: 850.689.5960 ext. 6962 Fax: 850.689.5970

Email: ahammonds@myokaloosa.com



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C24-3948-PS

PROCARE SERVICES / STRYKER

ProCare Stryker Stretcher Maintenance

Expires: 10/31/2024

OKALOOSA COUNTY EMS Transport ProCare Quote

Quote Number: 10775589

Version: 1

Prepared For: OKALOOSA COUNTY EMS

Attn:

Rep: Jeff Wages

Email:

Phone Number:

GPO: EMS

Service Rep: Brian Warner

Quote Date: 09/05/2023

Email:

Expiration Date: 10/05/2023

Contract Start: 02/21/2024

Contract End: 10/31/2024

Delivery Address

Name: OKALOOSA COUNTY EMS

Account #: 20113341

Address: 714 ESSEX RD

FORT WALTON BEACH

Florida 32547-2403

Bill To Account

Name: OKALOOSA COUNTY FINANCE DEPT

Account #: 20113543

Address: 302 N WILSON ST STE 203

CRESTVIEW

Florida 32536-3474

ProCare Products:

#	Product	Description	Months	Qty	Sell Price	Total
1.0	POWERLOAD-PROCARE	PROCARE-SVC-POWER-LOAD √ Parts, Labor, Travel √ Preventative Maintenance √ Batteries Service	12	9	\$2,273.00	\$20,457.00
2.0	POWERPRO-PROCARE	PROCARE-SVC-POWERPRO √ Parts, Labor, Travel √ Preventative Maintenance √ Batteries Service	12	3	\$1,599.00	\$4,797.00
3.0	POWERLOAD-PROCARE	PROCARE-SVC-POWER-LOAD √ Parts, Labor, Travel √ Preventative Maintenance √ Batteries Service	12	7	\$2,273.00	\$15,911.00

ProCare Quarterly Payment: \$10,291.25

Price Totals:

Grand Total: \$41,165.00



OKALOOSA COUNTY EMS Transport ProCare Quote

Quote Number: 10775589

Version: 1

Prepared For: OKALOOSA COUNTY EMS

Attn:

GPO: EMS

Quote Date: 09/05/2023

Expiration Date: 10/05/2023

Contract Start: 11/01/2023

Contract End: 10/31/2024

Rep: Jeff Wages

Email:

Phone Number:

Service Rep: Brian Warner

Email:

Faye Douglas

Authorized Customer Signer (Printed)Date

Tom Tackabury Sr. Sales Manager2/8/24

Stryker Authorized Signature (Printed)Date

➔ Faye DouglasDigitally signed by Faye Douglas
Date: 2024.02.08 08:28:51 -06'00'

Authorized Customer SignatureDate

Tom Tackabury2/8/24

Stryker Authorized SignatureDate

Purchase Order Number

Service Terms and Conditions:
The Terms and Conditions of this quote and any subsequent purchase order of the Customer are governed by the Terms and Conditions located at <https://techweb.stryker.com> together with the General Services Insurance Requirements negotiated between the parties hereto (2-6-2024) and which are attached as an Exhibit to this Quote.

The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are Parties to a Master Service Agreement.

Payment Schedule

Starting Balance:

\$41,165.00

Date	Payment	Balance
11/01/2023	\$10,291.25	\$30,873.75
02/01/2024	\$10,291.25	\$20,582.50
05/01/2024	\$10,291.25	\$10,291.25
08/01/2024	\$10,291.25	\$ -

Equipment Service Plan

Line Item #	Model	Serial #
1.0	PROCARE-SVC-POWER-LOAD	1902012400295
1.0	PROCARE-SVC-POWER-LOAD	1910012400058
1.0	PROCARE-SVC-POWER-LOAD	191012400053
1.0	PROCARE-SVC-POWER-LOAD	1911012400029
1.0	PROCARE-SVC-POWER-LOAD	1911012400034
1.0	PROCARE-SVC-POWER-LOAD	1911012400035
1.0	PROCARE-SVC-POWER-LOAD	2008012400146
1.0	PROCARE-SVC-POWER-LOAD	2111012400216
1.0	PROCARE-SVC-POWER-LOAD	2111012400218
2.0	PROCARE-SVC-POWERPRO	2009003500183
2.0	PROCARE-SVC-POWERPRO	2110003500229
2.0	PROCARE-SVC-POWERPRO	2111003500055
3.0	PROCARE-SVC-POWER-LOAD	160140756
3.0	PROCARE-SVC-POWER-LOAD	160140757
3.0	PROCARE-SVC-POWER-LOAD	160742199
3.0	PROCARE-SVC-POWER-LOAD	161239929
3.0	PROCARE-SVC-POWER-LOAD	180141476
3.0	PROCARE-SVC-POWER-LOAD	180141477
3.0	PROCARE-SVC-POWER-LOAD	180141478

Purchase Order Form



Account Manager _____
Cell Phone _____

Purchase Order Date _____
Expected Delivery Date _____
Stryker Quote Number _____

Check box if Billing same as Shipping ☐

BILL TO		CUSTOMER #
Billing Account Num		
Company Name		
Contact or Department		
Street Address		
Addt'l Address Line		
City, ST ZIP		
Phone		

SHIP TO		CUSTOMER #
Shipping Account Num		
Company Name		
Contact or Department		
Street Address		
Addt'l Address Line		
City, ST ZIP		
Phone		

Authorized Customer Initials _____

Authorized Customer Initials _____

DESCRIPTION	QTY	TOTAL
REFERENCE QUOTE <input type="text"/>	<input type="text"/>	<input type="text"/>

Accounts Payable Contact Information

Name _____
Email _____
Phone _____

Authorized Customer Signature

Printed Name _____
Title _____
Signature _____
Date _____

Attachment Stryker Quote Number

*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.



SINGLE SOURCE PURCHASE JUSTIFICATION REQUEST

A single source means that a commodity or service can be purchased from multiple sources, but, in order to meet certain functional or performance requirements (e.g. parts matching existing equipment or materials) there is only one economically feasible source for the purchase.

Date: 10/25/2023

PR No: Contract

Requestor: Darrel Welborn

Phone No: 850.651.7150

Department/Division: Public Safety/Emergency Medical Services

Item Description: ProCare Stryker Stretcher Maintenance

Vendor: ProCare Services/Stryker

Vendor's Address: 3800 E. Centre Avenue Portage, MI 49009

Vendor's Telephone No: 269.389.2300

Point of Contact: Brian Warner

**Single Source
Justification:**
(attach additional docs if any)

ProCare/Stryker is the provider and our current vendor for maintenance services on our fleet of stretchers. We desire to create a maintenance contract with them due to their familiarity with the product, our stretchers specifically, and history of maintenance.

Check One:

☐

The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation. (attach emergency condition documentation)

☐

Federal Awarding Agency or Pass Through Agency authorizes noncompetitive negotiations (letter of authorization is attached).

☐

The item is an associated capital maintenance item as defined in 49 U.S.C. §5307(a)(1) that is procured directly from the original manufacturer or supplier of the time to be replaced (price certification attached).

☒

Other, additional justification required (continue on blank page as needed)

Requesting Department Director Signature (or
authorized Designee)

Date

REVIEW BY OMB AND PURCHASING

Approved: ☒

OMB and Purchasing Department Comments:

Denied: ☐

OMB Director Signature

Date

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Howmedica Osteonics Corp	
	2 Business name/disregarded entity name, if different from above Stryker Sales, LLC	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>5</u> Exemption from FATCA reporting code (if any) <u>E</u> <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. 1941 STRYKER WAY	Requester's name and address (optional)
	6 City, state, and ZIP code PORTAGE, MI 49002	
	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
2	2		-	2	1	8	3	5	9
								0	

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► 1/2/2024
-----------	--	-----------------

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by FEI/EIN Number](#) /

Detail by FEI/EIN Number

Foreign Profit Corporation

HOWMEDICA OSTEONICS CORP.

Filing Information

Document Number	P27358
FEI/EIN Number	22-2183590
Date Filed	12/19/1989
State	NJ
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	03/20/2002
Event Effective Date	NONE

Principal Address

325 Corporate Dr.
Mahwah, NJ 07430

Changed: 04/22/2021

Mailing Address

325 Corporate Dr.
Mahwah, NJ 07430

Changed: 04/22/2021

Registered Agent Name & Address

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

Name Changed: 07/09/1992

Address Changed: 07/09/1992

Officer/Director Detail

Name & Address

Title Vice President and Treasurer

Blondia, Jeanne M.
325 Corporate Dr.
Mahwah, NJ 07430

Title VP, Tax

Furgason, David G.
325 Corporate Dr.
Mahwah, NJ 07430

Title Director

Berry, William E., Jr.
325 Corporate Dr.
Mahwah, NJ 07430

Title Director

Stiles, Spencer S.
325 Corporate Dr.
Mahwah, NJ 07430

Title President

Stiles, Spencer S.
325 Corporate Dr.
Mahwah, NJ 07430

Title VP, Finance

Berry, William E., Jr.
325 Corporate Dr.
Mahwah, NJ 07430

Title VP, Corporate Secretary

Etheridge, Sean C.
325 Corporate Dr.
Mahwah, NJ 07430

Annual Reports

Report Year	Filed Date
2021	04/22/2021
2022	03/28/2022
2023	02/27/2023

Document Images

02/27/2023 -- ANNUAL REPORT	View image in PDF format
03/28/2022 -- ANNUAL REPORT	View image in PDF format
04/22/2021 -- ANNUAL REPORT	View image in PDF format

05/25/2020 -- ANNUAL REPORT	View image in PDF format
04/30/2019 -- ANNUAL REPORT	View image in PDF format
04/27/2018 -- ANNUAL REPORT	View image in PDF format
04/27/2017 -- ANNUAL REPORT	View image in PDF format
04/29/2016 -- ANNUAL REPORT	View image in PDF format
04/23/2015 -- ANNUAL REPORT	View image in PDF format
04/28/2014 -- ANNUAL REPORT	View image in PDF format
04/12/2013 -- ANNUAL REPORT	View image in PDF format
04/04/2012 -- ANNUAL REPORT	View image in PDF format
04/14/2011 -- ANNUAL REPORT	View image in PDF format
04/28/2010 -- ANNUAL REPORT	View image in PDF format
04/29/2009 -- ANNUAL REPORT	View image in PDF format
04/30/2008 -- ANNUAL REPORT	View image in PDF format
04/30/2007 -- ANNUAL REPORT	View image in PDF format
04/27/2006 -- ANNUAL REPORT	View image in PDF format
04/26/2005 -- ANNUAL REPORT	View image in PDF format
04/08/2004 -- ANNUAL REPORT	View image in PDF format
04/15/2003 -- ANNUAL REPORT	View image in PDF format
04/19/2002 -- ANNUAL REPORT	View image in PDF format
03/20/2002 -- Name Change	View image in PDF format
04/18/2001 -- ANNUAL REPORT	View image in PDF format
06/08/2000 -- ANNUAL REPORT	View image in PDF format
04/15/1999 -- ANNUAL REPORT	View image in PDF format
05/08/1998 -- ANNUAL REPORT	View image in PDF format
04/03/1997 -- ANNUAL REPORT	View image in PDF format
05/01/1996 -- ANNUAL REPORT	View image in PDF format
05/01/1995 -- ANNUAL REPORT	View image in PDF format

Opportunity Details

Notice ID	Related Notice	Active/Inactive
36C25024N0193		Active
Notice Status	Department/Ind. Agency	Sub-Tier
Published	VETERANS AFFAIRS, DEPARTMENT OF	VETERANS AFFAIRS, DEPARTMENT OF
Office		
250-NETWORK CONTRACT OFFICE 10 (36C250)		

Award Details

Contract Award Date	Contract Award Number
Dec 13, 2024	36C25024N0193
Task/Delivery Order Number	Contract Awarded Unique Entity ID
36C25024N0193	JNMXEM2MPH75
Contract Awarded Name	Contract Awarded Address
HOWMEDICA OSTEONICS CORPORATION	Allendale , NJ USA
Contract Award Amount	
857045.55	

General Information

Contract Opportunity Type	Updated Published Date
Award Notice (Updated)	Dec 13, 2023 03:39 PM
Date Offers Due	Inactive Policy
	After a specific date
Inactive Date	Initiative
Mar 13, 2025	None
Allow Vendors to Add/remove from Interested Vendors List	Allow Vendors to View Interested Vendors List
Yes	No

Classification

Original Set Aside	Product Service Code
	6515-MEDICAL AND SURGICAL INSTRUMENTS, EQUIPMENT, AND SUPPLIES
Place of Performance	
Cleveland , OH USA	

NAICS Code(s)

NAICS Code	NAICS Definition
339113	Surgical Appliance and Supplies Manufacturing

Description

STRYKER HIP ORTHO INSTRUMENTATION

Attachment/Links

Attachments

Document	File Size	Access	Updated Date
C01 VA119-17-D-0013 36C25024N0193_1 ATTACHMENT.docx	0.015625KB	public	2023-12- 13T15:39:30.707+00:00

Links

Display Name	Updated Date
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Contact Information

History

Contract Opportunity Type	Updated Date
Award Notice (Original)	Dec 13, 2023 03:39 PM

Interested Vendors List

GENERAL SERVICES INSURANCE REQUIREMENTS

Okaloosa County, TN and Stryker Sales, LLC

Re: Quote #10775589

CONTRACTORS INSURANCE

1. The Contractor shall not commence any work in connection with this Agreement until he has obtained all required insurance and the certificate of insurance has been approved by the Okaloosa County Risk Manager or designee.
2. All required insurance policies shall be with insurers authorized to do business in the State of Florida and having a minimum rating of A-, Class X in the Best Key Rating Guide published by A.M. Best & Co. Inc.
3. Except with respect to any claim or loss that arises from the negligence or willful misconduct of Okaloosa County, their respective officials, employees & volunteers, all required insurance policies (with the exception of Workers' Compensation policies) shall include Okaloosa County, their respective officials, employees & volunteers. Except with respect to any claim or loss that arises from the negligence or willful misconduct of the County, their respective officials, employees or volunteers, the required insurance policies shall be primary to and shall not contribute with any insurance or self-insurance maintained by County. If the Additional Insured have other insurance that is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.
4. With the exception of Workers' Compensation policies, the County shall be shown as an Additional Insured with Endorsement for each policy on the Certificate of Insurance. Blanket endorsements are acceptable.
5. The County shall retain the right to reject all insurance policies that do not meet the requirement of this Agreement. Further, the County reserves the right, with Contractor's written consent, to change these insurance requirements with 60-day notice to the Contractor accompanied by an open negotiation of the changes acceptable to both parties. Contractor reserves the right to reject the modified insurance requirements. If County cancels this Agreement based on Contractor's rejection of the modified insurance requirements, such cancellation shall be without penalty to the Contractor.
6. In the event that the County has a reasonable expectation of defense and/or indemnification with respect to a third-party claim under the terms of this Agreement and the Contractor or its insurer declines to accept the County's tender of such claim, Contractor shall furnish the County Risk Manager with copies of the relevant/redacted insurance policy(ies) within 10 days of the County Attorney's written request.
7. Any subsidiaries used shall also be required to obtain and maintain the same insurance requirements as are being required herein of the Contractor
8. Any exclusions or provisions in the insurance maintained by the Contractor that excludes coverage for work contemplated in this agreement shall be deemed unacceptable and shall be considered breach of contract.

WORKERS' COMPENSATION INSURANCE

1. The Contractor shall secure and maintain during the life of this Agreement Workers' Compensation insurance for all of his employees employed for the project at any site connected with the work, including supervision, administration or management, of this project and in case any work is sublet, with the approval of the County, the Contractor shall require the Subcontractor similarly to provide Workers' Compensation insurance for all employees employed at the site of the project, and such evidence of insurance shall be furnished to the County not less than ten (10) days prior to the commencement of any and all sub-contractual Agreements which have been approved by the County.
2. Contractor must be in compliance with all applicable State and Federal workers' compensation laws, including the U.S. Longshore Harbor Workers' Act or Jones Act, if applicable.
3. No class of employee, including the Contractor himself, shall be excluded from the Workers' Compensation insurance coverage. The Workers' Compensation insurance shall also include Employer's Liability coverage and a Waiver of Subrogation in favor of the County on the Certificate of Insurance. If there is an existing approved State of Florida Exemption for Workers' Compensation it must be provided to Okaloosa County.

BUSINESS AUTOMOBILE LIABILITY

Coverage must be afforded for all Owned, Hired, Scheduled, and Non-Owned vehicles for Bodily Injury and Property Damage liability. If the contractor does not own vehicles, the contractor shall maintain coverage for Hired & Non-Owned Auto Liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Policy. Contractor must maintain this insurance coverage throughout the life of this Agreement.

COMMERCIAL GENERAL LIABILITY INSURANCE

1. The Contractor shall carry Commercial General Liability insurance against all claims for Bodily Injury, Property Damage and Personal and Advertising Injury liability caused by the Contractor under this Agreement.
2. Commercial General Liability coverage shall include the following:
 - 1.) Premises & Operations Liability
 - 2.) Bodily Injury and Property Damage Liability
 - 3.) Independent Contractors Liability
 - 4.) Contractual Liability
 - 5.) Products and Completed Operations Liability
3. Contractor shall agree to keep in continuous force Commercial General Liability coverage for the length of this Agreement.

INSURANCE LIMITS OF LIABILITY

The insurance required shall be written for the following, or greater if required by law and shall include Employer's liability with limits as prescribed in this contract:

LIMIT

- | | | |
|----|---------------------------------|---|
| 1. | Workers' Compensation | |
| | 1.) State | Statutory |
| | 2.) Employer's Liability | \$500,000 each accident and/or
per employee and policy limit for disease |
| 2. | Business Automobile | \$1M each accident
(A combined single limit) |
| 3. | Commercial General Liability | \$1M each occurrence for Bodily
Injury & Property Damage
\$1M each occurrence Products and
completed operations
\$2M annual aggregate |
| 4. | Personal and Advertising Injury | \$1M each occurrence |

NOTICE OF CLAIMS OR LITIGATION

The Contractor agrees to report any incident or claim that results from performance of this Agreement that names or is reasonably expected to name the County as a defendant promptly after the Contractor becomes aware of such incident or claim. The County representative shall receive written notice in the form of a reasonably detailed written report describing the incident or claim within ten business (10) days of the Contractor's becoming aware of the incident or claim. In the event such incident or claim involves injury and/or property damage to a third party, verbal notification shall be given as soon as reasonably practicable after Contractor becomes aware of the incident or claim followed by a written reasonably detailed report within ten (10) business days after the verbal notification has been given.

INDEMNIFICATION & HOLD HARMLESS

To the fullest extent permitted by law Contractor shall indemnify and hold harmless County from any loss or damage brought by a third party which County may suffer directly as a result of the gross negligence or willful misconduct of Contractor or its employees or agents in the course of providing Services. The foregoing indemnification will not apply to any liability arising from: (a) an injury or damage due to the negligence of any person other than Contractor's employee or agent; (b) the failure of any person other than Contractor's employee or agent to follow any instructions outlined in the labeling, manual, and/or instructions for use of the Equipment; (c) the use of any equipment or part not purchased from Contractor or any equipment or any part thereof that has been modified, altered or repaired by any person other than Contractor's employee or agent; or (d) any actions taken or omissions made by any Contractor employee while under the direction or control of County's staff.

CERTIFICATE OF INSURANCE

1. Certificates of Insurance indicating the project name, number, and evidencing all required coverage and if applicable any State of Florida approved Workers' Compensation Exemption must be submitted not less than 10 days prior to the commencement of any of the work. The certificate holder(s) shall be as follows: Okaloosa County BCC, 5479A Old Bethel Road, Crestview, Florida, 32536.
2. The contractor shall provide a Certificate of Insurance to the County with a thirty (30) day prior written notice of cancellation; ten (10) days' prior written notice if cancellation is for nonpayment of premium).

3. In the event that the insurer is unable to accommodate the cancellation notice requirement, it shall be the responsibility of the contractor to provide the proper notice. Such notification shall be in writing by and addressed to the Okaloosa County BCC at 5479-A Old Bethel Road, Crestview, FL 32536.
4. In the event the contract term goes beyond the expiration date of the insurance policy, the contractor shall provide the County with an updated Certificate of insurance no later than ten (10) days prior to the expiration of the insurance currently in effect. The County reserves the right to suspend the contract until this requirement is met.
5. The certificate shall indicate if coverage is provided under a claims-made or occurrence form. If any coverage is provided on a claims-made form, the certificate will show a retroactive date, which should be the same date of the initial contract or prior.
6. All certificates shall be subject to Okaloosa County's approval of adequacy of protection, according to these insurance requirements.
7. To the extent Contractor is obligated to indemnify County with respect to a covered claim or loss, any and all deductibles or SIRs, whether approved by Okaloosa County or not, shall be the Contractor's full responsibility.
8. In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR.
9. Notwithstanding any other insurance requirements within this Agreement to the contrary, to the extent allowed by applicable law or regulation, Contractor shall be permitted to comply with these insurance requirements through a program of self-insurance.

GENERAL TERMS

Any type of insurance or increase of limits of liability not described above which, the Contractor required for its own protection or on account of statute shall be its own responsibility and at its own expense.

Any exclusions or provisions in the insurance maintained by the contractor that excludes coverage for work contemplated in this contract shall be deemed unacceptable and shall be considered breach of contract.

The carrying of the insurance described shall in no way be interpreted as relieving the Contractor of any responsibility under this contract.

Should the Contractor engage a subcontractor or sub-subcontractor, the same conditions will apply under this Agreement to each subcontractor and sub-subcontractor.

With respect to the required Workers' Compensation and Employer's Liability and Business Automobile liability policies only, Contractor hereby agrees to obtain a waiver of subrogation in favor of Okaloosa County and its employees under all the foregoing policies of insurance.

EXCESS/UMBRELLA INSURANCE

The Contractor shall have the right to meet the liability insurance requirements with the purchase of an EXCESS/UMBRELLA insurance policy. In all instances, the combination of primary and EXCESS/UMBRELLA liability coverage must equal or exceed the required liability insurance limits stated in this Agreement.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/22/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Central, Inc. MSC#17382 Aon PO Box 1447 Lincolnshire IL 60069 USA	CONTACT NAME:	
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		
NAIC #		
INSURED Stryker Corporation & Subsidiaries 1941 Stryker Way Portage MI 49002 USA	INSURER A: Old Republic Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

Holder Identifier :

COVERAGES CERTIFICATE NUMBER: 570103677315 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
Limits shown are as requested						
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MWZY31274724	02/01/2024	11/01/2024
						EACH OCCURRENCE \$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
						MED EXP (Any one person) Excluded
						PERSONAL & ADV INJURY \$2,000,000
						GENERAL AGGREGATE \$3,000,000
						PRODUCTS - COMP/OP AGG \$3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Phys Dmg-Self Insd <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			MWTB 312744 24	02/01/2024	11/01/2024
						COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
						BODILY INJURY (Per person)
						BODILY INJURY (Per accident)
						PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION					
						EACH OCCURRENCE
						AGGREGATE
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	MWC31274324 AOS MWXS31274524 Excess WC - MI SIR applies per policy terms & conditions	02/01/2024	11/01/2024
						X PER STATUTE OTH-ER
						E.L. EACH ACCIDENT \$1,000,000
						E.L. DISEASE-EA EMPLOYEE \$1,000,000
						E.L. DISEASE-POLICY LIMIT \$1,000,000

Certificate No : 570103677315

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be FOR INFORMATIONAL PURPOSES ONLY

C24-3948-PS

PROCARE SERVICES / STRYKER

ProCare Stryker Stretcher Maintenance

Expires: 10/31/2024

CERTIFICATE HOLDER

CANCELL

Stryker Corporation & Subsidiaries 1941 Stryker Way Portage MI 49002 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Central Inc</i>