

**Lee County Board Of County Commissioners  
Agenda Item Summary**

Blue Sheet No. 20040445

**1. REQUESTED MOTION:**

**ACTION REQUESTED:** Approve Bid Waiver # W-040386 to waive the formal quotation procedure and allow Public Safety to proceed with the remount/modular refurbishment of 3 of its ambulances at a total cost of \$336,000. The work will be performed by American LaFrance MedicMaster. A waiver has been requested to this vendor, the original manufacturer of the ambulances, in order to keep the 20-year ambulance modular warranty (provided at original purchase) valid. Also approve the expenditure of a not-to-exceed amount of \$75,000 to cover any unforeseen damage that may be uncovered during the course of these procedures.

**WHY ACTION IS NECESSARY:** Expenditures exceeding \$50,000 require Board approval.

**WHAT ACTION ACCOMPLISHES:** Allows Public Safety to maintain its ambulance fleet to the prescribed standards; thus maintaining its response time reliability and service to the public.

**2. DEPARTMENTAL CATEGORY:  
COMMISSION DISTRICT #**

*A7A*

**3. MEETING DATE:**

*04-27-2004*

**4. AGENDA:**

CONSENT  
 ADMINISTRATIVE  
 APPEALS  
 PUBLIC  
 WALK ON  
 TIME REQUIRED:

**5. REQUIREMENT/PURPOSE:  
(Specify)**

STATUTE  
 ORDINANCE  
 ADMIN. CODE AC-4-1  
 OTHER

**6. REQUESTOR OF INFORMATION:**

A. COMMISSIONER \_\_\_\_\_  
B. DEPARTMENT \_\_\_\_\_  
C. DIVISION Public Safety

BY: John Wilson, Director *[Signature]*

**BACKGROUND:** On April 9, 2004, the Division of Purchasing received a request from Fleet Management and Public Safety to prepare a bid waiver for the remount/modular refurbishment of 3 ambulances - assets #019750, #019751, and #019752.

Funds are available: KF5260100100.506430

**Please see attachments:**

- (1) Request for a Bid Waiver/Justification for Waiver Purchase
- (2) Confirmation of 20-Year Warranty Terms
- (3) American LaFrance MedicMaster's Quotation/Specifications for the Remount/Refurbishment Work

**8. MANAGEMENT RECOMMENDATIONS:**

**9. RECOMMENDED APPROVAL:**

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services				G County Manager
<i>[Signature]</i> 4/12/04	<i>[Signature]</i> 4/12/04			<i>[Signature]</i> 4/15/04	OA <i>[Signature]</i> 4/15/04	OM <i>[Signature]</i> 4/15/04	Risk <i>[Signature]</i> 4/15/04	GC <i>[Signature]</i> 4/15/04	<i>[Signature]</i> 4/15/04

**10. COMMISSION ACTION:**

APPROVED  
 DENIED  
 DEFERRED  
 OTHER

Rec. by CoAtty  
Date: 4/14/04  
Time: 4:00  
Forwarded To:  
*[Signature]*  
4/14/04 10:35 AM

RECEIVED BY  
COUNTY ADMIN:  
4-13-04  
11:20 AM PM  
COUNTY ADMIN  
FORWARDED TO: *[Signature]*  
4-16-04  
5 PM

*[Handwritten mark]*



LEE COUNTY

DIVISION OF  
FLEET MANAGEMENT

**To:** Janet Sheehan, Purchasing Director  
**From:** Marilyn L. Rawlings, Fleet Manager *MR*  
**Date:** 4/06/2004  
**Re:** Remount / Refurbished Three Ambulances

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Please prepare a Blue Sheet for the purchase of three (3) new cabs & chassis and to remount / refurbish three (3) ambulances, for the Department of Public Safety, EMS.

**ACTION REQUESTED:**

Approve the Bid Waiver to American LaFrance / Medic Master for the purchase of three (3) new cab & chassis in the amount of \$162,240.00 and remount/modular refurbishment of three (3) units at a cost of \$173,760.00 – total cost: \$336,000.00. Also approve the expenditure of not-to-exceed amount of \$75,000.00 to cover any unforeseen damage that may be uncovered during the course of these procedures.

**WHY ACTION IS NECESSARY:**

Board approval is required, as this expenditure will exceed \$50,000.

**WHAT ACTION ACCOMPLISHES:**

This purchase will provide the Department of Public Safety to maintain its fleet to the prescribed standards; thus maintaining its response time reliability and service to the public. The three units that will be remounted / refurbished are: asset # 019750, 019751, and 019752. (See attached documents)

Funds for this purchase are available from account string #KF5260100100.506430.

**BACK GROUND**

The purpose of this memo is to respectfully request assistance to secure BoCC approval to proceed with previously budgeted / approved ambulance chassis remounts and refurbishments.

Lee County EMS has three (3) older units, asset # 019750, 019751, and 019752, that need new chassis. In order to continue our 20-year warranties from the vendor, Medic Master, we need to have Medic Master install the old bodies onto the new chassis.

The reason for this sole source is:

- The 20-year ambulance modular warranty (provided at original purchase) will be continued and not voided.
- Additional warranties continued and are not voided (i.e., electrical, mechanical, and paint)
- Vendor familiarity with Lee County ambulance specifications.
- Vendor's performance provided by Medic Master for parts, service, and response time as been satisfactory to date.

EMS and Fleet Management has worked with Bob Ivey from Medic Master to obtain written quotes to remount these bodies on new Freightliner chassis, which are identical to the new chassis that are being ordered now.

EMS and Fleet Management have all agreed to standardize with the Freightliner brand chassis with the Medic Master bodies. These units have been very reliable and dependable ambulances for Lee County.

Please see the quotes attached for the pricing.

H:\Acquisition Specialists\Blue Sheets\Medic Master-Remount-EMS-2004.doc

**JUSTIFICATION FOR SOLE SOURCE AND/OR WAIVER PURCHASE**

REQUISITION NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ BUSINESS UNIT \_\_\_\_\_

SUGGESTED VENDOR

American LeFrance / Medic Master

ITEM DESCRIPTION AND REASON FOR SOLE SOURCE AND/OR WAIVER:  
(MAY ALSO BE ATTACHED AS A MEMO)

**\*\*\*See attached Memo\*\*\***

TECHNICAL CHARACTERISTICS:

REASON FOR REQUESTING SOLE SOURCE:

ITEM MUST MATCH EXISTING EQUIPMENT, WHICH IS:

Medic Master Ambulance body

ITEM IS A REPAIR PART FOR EXISTING EQUIPMENT, WHICH IS:

ITEM IS TO BE ATTACHED TO EXISTING ITEM, WHICH IS:

Revision Date:

APPROVED: 7/9/02

TECHNICAL CHARACTERISTICS OF REQUESTED ITEM ARE ESSENTIAL TO OUR NEEDS BECAUSE:

The 20-year warranty of the Medic Master body

NO OTHER MANUFACTURER OF THIS TYPE OF PRODUCT EXISTS

OTHER MANUFACTURERS OF THIS TYPE OF PRODUCT DO NOT MEET OUR MINIMUM REQUIREMENTS:

MANUFACTURER'S NAME: \_\_\_\_\_

REASON: \_\_\_\_\_

MANUFACTURER'S NAME: \_\_\_\_\_

REASON: \_\_\_\_\_

MANUFACTURER'S NAME: \_\_\_\_\_

REASON: \_\_\_\_\_

OTHER \_\_\_\_\_

MUST PERFORM PRICE OR COST ANALYSIS OR ATTACH NEGOTIATED PRICE QUOTE FROM VENDOR; LETTER FROM MANUFACTURER STATING SOLE SOURCE.

A) PRICE ANALYSIS PERFORMED

BASED ON:

\*\*See letter from vendor.

\*\*\*See price quotes from Medic Master.

Revision Date:

APPROVED: 7/9/02

B) COST ANALYSIS PERFORMED:

BASED ON:

\*\*\* See attached sheets for details. \*\*\*

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Marilyn O'Rourke 4/9/04  
SIGNATURE AND TITLE OF REQUESTER

I, Robert D. Franceschini, AUTHORIZED BUYER,

CONCLUDE THE FOLLOWING:

SOLE SOURCE JUSTIFICATION IS ADEQUATE AND PURCHASE IS AUTHORIZED WITHOUT COMPETITIVE BIDDING.

SOLE SOURCE JUSTIFICATION IS INADEQUATE AND REQUISITION IS RETURNED TO DEPARTMENT.

DUE TO TIME RESTRAINTS PURCHASE IS AUTHORIZED WITHOUT COMPETITIVE BIDDING.

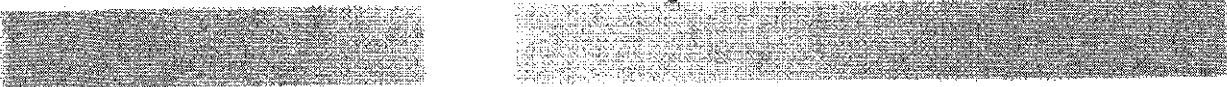
COMPETITIVE/NON-COMPETITIVE BID WAIVER APPROVED.

[Signature] 4-9-04  
BUYER

Janet Sheehan 4-12-04  
PURCHASING DIRECTOR

# MATERIAL REQUEST FORM

Non-Surcharge



PURCHASE ORDER #
REPORT #
DATE

**American Lifancon Medic Master**  
 3703 St Johns Parkway  
 Sanford, FL 32771

VENDOR # 108243

ORDER CONFIRMED BY: Bob Ivry

PHONE: 1-800-232-2376  
 FAX: 1-800-842-7385

DELIVERY: 90-120 Jaxx

REPLACES ASSET # 019750  
 REPLACES ASSET # 019751  
 REPLACES ASSET # 019752

DEPT # PS EMS - Public Safety - EMS  
 DEPT # PS EMS - Public Safety - EMS  
 DEPT # PS EMS - Public Safety - EMS

REGISTRATION TITLE AND TAGS BEING PAID FOR BY: Lee County

ACCOUNT # **KF5250100100.509430**

FLEET MANAGEMENT SPEC #	04-133, 04-134, 04-135	QTY	UNIT PRICE
This PO is opened for EMS to remount the boxes on three older units, 019750, 019751 & 019752. This purchase order will allow Lee County to continue the standard 20-year warranty on the Medic Master boxes.			
2004 Freightliner, Business class "M-2" regular cab chassis with our existing Medic Master box installed to specs. (see additional specs attached).		3	\$ 112,000.00
Additional damage/repairs required once these units are delivered to the vendor. Vendor must call Jay Bridenthal with estimates prior to the repairs.		1	\$ 75,000.00
We will receive a full set of manuals to cover each new model year and/or major components. Each unit will come with four complete sets of keys.			
<b>Warranties.</b>			
Engine has a 5-year or 150,000 mile warranty.			
Transmission has a 5-year unlimited mileage warranty.			
Medic Master box has 20-year structural warranty and an 1-year complete warranty.			
Subtotal for all options:			\$ 187,000.00
			\$ -
<b>TOTAL AMOUNT OF PURCHASE ORDER:</b>			<b>\$ 187,000.00</b>

APPROVED: \_\_\_\_\_  
 BY: Donna Bessner  
 Operations Manager

DATE: 8/24/04

**LEE COUNTY GOVERNMENT, DIVISION OF FLEET MANAGEMENT  
EQUIPMENT AND VEHICLE REQUEST FORM**  
(PLEASE PRINT OR TYPE)

1. Department/Division: (name) Public Safety  
(division) EMS

2. Requested By: (print) C. HANSEN Phone #: 335-1604

3. Driver/Operator of this new piece of equipment: EMS STAFF

4. Days and hours this piece of equipment will be used: 7 DAYS 24 HOURS

5. Location the equipment will be parked: FLEET MGMT.

6. Will this be a take home vehicle?  Yes  No *Remain*

7. Is this a replacement equipment or vehicle?  Yes  No

If yes: Asset #: 19752 Yr: 1989 Make: Freightliner Model: F60 Meter: \_\_\_\_\_

*Wreck*

8. What type of equipment or vehicle are you requesting?  
Select all appropriate boxes:

<input type="checkbox"/> Sedan	<input type="checkbox"/> Pickup truck	<input type="checkbox"/> 1/4 Ton	<input type="checkbox"/> Van	<input type="checkbox"/> Excavator	<input type="checkbox"/> Gasoline
<input type="checkbox"/> Station Wagon	<input type="checkbox"/> Regular Cab	<input type="checkbox"/> 1/2 Ton	<input type="checkbox"/> Cargo	<input type="checkbox"/> 7 Passenger	<input checked="" type="checkbox"/> Diesel
<input type="checkbox"/> Sport Util Veh.	<input type="checkbox"/> Extended Cab	<input type="checkbox"/> 3/4 Ton	<input type="checkbox"/> Sliding Door	<input type="checkbox"/> 12 Passenger	<input type="checkbox"/> 4 Cylinder
<input type="checkbox"/> Mid-Size	<input type="checkbox"/> Crew Cab	<input type="checkbox"/> 1 Ton	<input type="checkbox"/> Swing Door	<input type="checkbox"/> 15 Passenger	<input type="checkbox"/> 6 Cylinder
<input type="checkbox"/> Full-Size	<input type="checkbox"/> Cab & Chassis	<input type="checkbox"/> Class 6	<input type="checkbox"/> Utility Body <sup>A</sup>	<input type="checkbox"/> Tractor/Mower	<input type="checkbox"/> 8 Cylinder
<input checked="" type="checkbox"/> 2 Door	<input type="checkbox"/> 2 Wheel Drive	<input type="checkbox"/> Class 7	<input type="checkbox"/> Flat Bed <sup>A</sup>	<input type="checkbox"/> Dual RW	<input type="checkbox"/> 10 Cylinder
<input type="checkbox"/> 4 Door	<input type="checkbox"/> 4 Wheel Drive <sup>B</sup>	<input type="checkbox"/> Class 8	<input type="checkbox"/> Dump Truck <sup>A</sup>	<input type="checkbox"/> Single RW	<input checked="" type="checkbox"/> Other

Additional description for vehicles or equipment: 2004 FREIGHTLINER M2 REG. CAB

<sup>B</sup> Please provide detailed justification on separate sheet.

**\*\*NOTE\*\* If you need any additional equipment added to this order, please list all the different items. We will order everything we can as one package. This will minimize the turn around time when the new equipment comes in.**

9. What, if any, special options or accessories are required? Please check all appropriate options below and list any additional options on the lines below: i.e. lift gates, 50' telescopic boom, emergency lighting package, light-bar, 60" hydraulic rotary mower, etc. Please attach brochures if applicable:

All County vehicles are ordered with the following standard options: Air Conditioning, AM/FM Radio, Automatic Transmission, Rear Anti-Lock Brakes.

**\*\*See Next Page for the options\*\***

DEC 17 2003	<i>For Fleet Use Only.</i>						
Replacement Points: Maintenance-	<u>5.2</u>	Meter-	<u>5.0</u>	Age-	<u>2.7</u>	Total-	<u>12.9</u>
Initials-	<u>K8</u>	Date	<u>12/17/03</u>	Fleet Dept #	<u>04133</u>		



**LEE COUNTY GOVERNMENT, DIVISION OF FLEET MANAGEMENT**  
**EQUIPMENT AND VEHICLE REQUEST FORM**  
(PLEASE PRINT OR TYPE)

**Vehicles - Cars & Light Trucks:**

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> Cassette        | <input type="checkbox"/> Plastic Bed-Liner                                       | <input type="checkbox"/> Arrow Board <sup>A</sup>   | <input type="checkbox"/> Strobe Light <sup>A</sup>           |
| <input type="checkbox"/> CD Player                  | <input type="checkbox"/> Spray in bed liner                                      | <input checked="" type="checkbox"/> Power Win/Locks | <input type="checkbox"/> 4-Corner Strobes                    |
| <input type="checkbox"/> Tires - All Terrain        | <input type="checkbox"/> Long Bed  | <input type="checkbox"/> Floor - Carpet             | <input type="checkbox"/> Seats - Cloth                       |
| <input type="checkbox"/> Tow Package                | <input type="checkbox"/> Short Bed   | <input checked="" type="checkbox"/> Floor - Rubber  | <input checked="" type="checkbox"/> Seats - Vinyl            |
| <input type="checkbox"/> Trailer Hitch Receiver     | <input checked="" type="checkbox"/> Cruise Control                               | <input type="checkbox"/> Tool boxes <sup>A</sup>    | <input checked="" type="checkbox"/> Tinted Windows           |
| <input type="checkbox"/> Limited Slip               | <input checked="" type="checkbox"/> Tilt Steering Wheel                          | <input type="checkbox"/> Lockable Tailgate          | <input type="checkbox"/> Camper Top <sup>A</sup>             |
| <input checked="" type="checkbox"/> Back Up Alarm   | <input type="checkbox"/> Civic Holder  | <input type="checkbox"/> Security Alarm             | <input type="checkbox"/> Auxiliary 12-Volt Plug <sup>A</sup> |
| <input type="checkbox"/> Work Lights                | <input type="checkbox"/> Pipe Racks <sup>A</sup>                                 | <input type="checkbox"/> Water Cooler Holder        | <input type="checkbox"/> Steps <sup>A</sup>                  |
| <input type="checkbox"/> Mounted Winch <sup>A</sup> | <input type="checkbox"/> Bulk Fuel Tank W/Pump (Diesel or Unleaded) <sup>A</sup> |   |  |
| <input type="checkbox"/> Other. Please list:        |  |   |  |

**Farm Tractors:**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Three spool Hyd Valve               | <input type="checkbox"/> Mounted Tool Box <sup>A</sup> | <input type="checkbox"/> Mounted Strobe Light <sup>A</sup> | <input type="checkbox"/> Tinted Windows      |
| <input type="checkbox"/> Front Weights                       | <input type="checkbox"/> Rear Weights                  | <input type="checkbox"/> Flashing Work Lights              | <input type="checkbox"/> Water Cooler Holder |
| <input type="checkbox"/> Auxiliary 12-volt Plug <sup>A</sup> | <input type="checkbox"/> 4-Corner Strobe Lights        | <input type="checkbox"/> Cassette Radio                    | <input type="checkbox"/> AM/FM Radio         |
| <input type="checkbox"/> AM/FM/CD Radio                      |  |  |  |
| <input type="checkbox"/> Other. Please list:                 |  |  |  |

**Trucks:**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Mounted Tool Box                  | <input type="checkbox"/> Mounted Strobe Light     | <input checked="" type="checkbox"/> Tinted Windows           | <input type="checkbox"/> Work Lights          |
| <input type="checkbox"/> 4-Corner Strobe Lights            | <input type="checkbox"/> Water Cooler Holder      | <input type="checkbox"/> Fenders Over Rear Tires             | <input type="checkbox"/> Flashing Work Lights |
| <input type="checkbox"/> Hyd Wet Line System               | <input checked="" type="checkbox"/> AM/FM Radio   | <input checked="" type="checkbox"/> Cassette Radio           | <input type="checkbox"/> AM/FM/CD Radio       |
| <input checked="" type="checkbox"/> Air Borns <sup>A</sup> | <input checked="" type="checkbox"/> Back Up Alarm | <input type="checkbox"/> Auxiliary 12-Volt Plug <sup>A</sup> |   |
| <input type="checkbox"/> Other. Please list:               |   |  |   |

10. What will be the primary use of the new equipment or vehicle? EMERGENCY MEDICAL RESCUE + TRANSPORTATION

<sup>A</sup> Specify Dimensions, Makes, Models, or Locations JUDY FLEIBERGER M2 REG. CAB.

DEC 17 2002

**LEE COUNTY GOVERNMENT, DIVISION OF FLEET MANAGEMENT  
EQUIPMENT AND VEHICLE REQUEST FORM**  
(PLEASE PRINT OR TYPE)

**11. Funding source:**

- Vehicle Replacement Fund
- Capital, Please Specify Account String KF 52601000100.506430 AMB
- Other, Please Specify Account String \_\_\_\_\_

If needed, please provide additional account strings: \_\_\_\_\_

12. We are authorizing a purchase not to exceed: \$ 117,000.

[Signature] 12/11/03  
REQUESTED BY DATE SUPERVISOR DATE

Option 1:  QUOTES AND REQUISITION. This option authorizes Fleet Management to obtain quotes and authorizes Fleet Management to issue a requisition using the account string(s) provided above.

Option 2:  VEHICLE REPLACEMENT FUND PURCHASES. This option authorizes Fleet Management to obtain quotes and authorizes Fleet Management to purchase the equipment or vehicle using motor pool funds (formerly known as surcharge funds).

[Signature] 12/12/03  
DEPARTMENT DIRECTOR DATE COUNTY MANAGER / DESIGNEE DATE

**SUBMIT THIS COMPLETED FORM TO FLEET MANAGEMENT**

[Signature] 3/22/04 [Signature] 4/9/04  
OPERATION'S MANGER DATE FLEET MANAGER DATE

<b>RECEIVED</b>	<i>For Fleet Use Only.</i>	
	<u>Price verification against State Contract and Sheriff's Contract.</u>	
	<u>Bid version</u>	
DEC 17 2003	Vendors Price \$ _____	State Contract \$ _____ Sheriff's Contract \$ _____

EQUIPMENT/VEHICLE REQUEST FORM  
CHECKLIST

1.  Check for correct name of Department/Division and for correct Department/Division number.
2.  Check and list the Replacement Points in FASTER.
3.  Double check for specifications, Options and Accessories.
4.  Check Funding Source, double check the account strings for accuracy. Verify with department if necessary.
5.  It is crucial to make sure the not to exceed \$ is complete. If the purchase is going to exceed the dollar amount, ask the requestor to send us an e-mail, acknowledging and approving a new not to exceed purchase amount.
6.  Option 1 Quote and Requisition or Option 2 Vehicle Replacement Fund Purchases must be checked.
7.  Signatures Are Required.
  - a. Jim Lavender must sign for all Public Works requests.
  - b. John Yarbrough must sign for all Parks requests.
  - c. County Manager level authorization must be on all new (non-replacement) equipment requests.
8.  Staple this checklist to the back of the Equipment and Vehicle Request form.
9.  Give Request package to Danny.

Karen Stalling  
Checklist Completed By

Date 2/12/04

**LEE COUNTY GOVERNMENT, DIVISION OF FLEET MANAGEMENT  
EQUIPMENT AND VEHICLE REQUEST FORM  
(PLEASE PRINT OR TYPE)**

1. Department/Division: (name) PUBLIC SAFETY  
(division) EMS

2. Requested By: (print) C. HANSEN Phone #: 335-1604

3. Driver/Operator of this new piece of equipment: EMS STAFF

4. Days and hours this piece of equipment will be used: 7 DAYS 24 HOURS

5. Location the equipment will be parked: FLEET YARD

6. Will this be a take home vehicle?  Yes  No

7. Is this a replacement equipment or vehicle?  Yes  No

If yes: Asset #: 19751 Yr: 1998 Make: FIREBATTLER Model: FZ 60 Meter: \_\_\_\_\_

8. What type of equipment or vehicle are you requesting?

- Select all appropriate boxes:
- |  |   |                                  |  |  |  |
|--|---|----------------------------------|--|--|--|
| <input type="checkbox"/> Sedan             | <input type="checkbox"/> Pickup truck               | <input type="checkbox"/> 1/2 Ton | <input type="checkbox"/> Van                       | <input type="checkbox"/> Excavator     | <input checked="" type="checkbox"/> Gasoline |
| <input type="checkbox"/> Station Wagon     | <input type="checkbox"/> Regular Cab                | <input type="checkbox"/> 3/4 Ton | <input type="checkbox"/> Cargo                     | <input type="checkbox"/> 7 Passenger   | <input type="checkbox"/> Diesel              |
| <input type="checkbox"/> Sport Util Veh    | <input type="checkbox"/> Extended Cab               | <input type="checkbox"/> 1 Ton   | <input type="checkbox"/> Sliding Door              | <input type="checkbox"/> 12 Passenger  | <input type="checkbox"/> 4 Cylinder          |
| <input type="checkbox"/> Mid-Size          | <input type="checkbox"/> Crew Cab                   | <input type="checkbox"/> 1.1 Ton | <input type="checkbox"/> Swing Door                | <input type="checkbox"/> 15 Passenger  | <input type="checkbox"/> 6 Cylinder          |
| <input type="checkbox"/> Full-Size         | <input type="checkbox"/> Cab & Chassis              | <input type="checkbox"/> Class 6 | <input type="checkbox"/> Utility Body <sup>A</sup> | <input type="checkbox"/> Tractor/Mower | <input type="checkbox"/> 8 Cylinder          |
| <input checked="" type="checkbox"/> 2 Door | <input type="checkbox"/> 2 Wheel Drive              | <input type="checkbox"/> Class 7 | <input type="checkbox"/> Flat Bed <sup>A</sup>     | <input type="checkbox"/> Dual RW       | <input type="checkbox"/> 10 Cylinder         |
| <input type="checkbox"/> 4 Door            | <input type="checkbox"/> 4 Wheel Drive <sup>A</sup> | <input type="checkbox"/> Class 8 | <input type="checkbox"/> Dump Truck <sup>A</sup>   | <input type="checkbox"/> Single RW     | <input type="checkbox"/> Other               |

Additional description for vehicles or equipment: 2004 FIREBATTLER M2 REG. CAB.

<sup>B</sup> Please provide detailed justification on separate sheet.

**\*\*NOTE\*\* If you need any additional equipment added to this order, please list all the different items. We will order everything we can as one package. This will minimize the turn around time when the new equipment comes in.**

9. What, if any, special options or accessories are required? Please check all appropriate options below and list any additional options on the lines below: i.e. lift gates, 50' telescopic boom, emergency lighting package, light bar, 60" hydraulic rotary mower, etc. Please attach brochures if applicable:

All County vehicles are ordered with the following standard options: Air Conditioning, AM/FM Radio, Automatic Transmission, Rear Anti-Lock Brakes.

**\*\*See Next Page for the options\*\***

RECEIVED

DEC 7 2003

*For Fleet Use Only.*

Replacement Points: Maintenance- 3.7 Meter- 5.0 Age- 2.7 Total- 11.6

Initials: CH Date: 12/17/03 Order # 04-134

**LEE COUNTY GOVERNMENT, DIVISION OF FLEET MANAGEMENT**  
**EQUIPMENT AND VEHICLE REQUEST FORM**  
(PLEASE PRINT OR TYPE)

**Vehicles - Cars & Light Trucks**

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> Cassette        | <input type="checkbox"/> Plastic Bed Liner                                       | <input type="checkbox"/> Arrow Board <sup>A</sup>   | <input type="checkbox"/> Strobe Light <sup>A</sup>           |
| <input type="checkbox"/> CD Player                  | <input type="checkbox"/> Spray in bed liner                                      | <input checked="" type="checkbox"/> Power Win/Locks | <input type="checkbox"/> 4-Corner Strobes                    |
| <input type="checkbox"/> Tires - All Terrain        | <input type="checkbox"/> Long Bed  | <input type="checkbox"/> Floor - Carpet             | <input type="checkbox"/> Seats - Cloth                       |
| <input type="checkbox"/> Tow Package                | <input type="checkbox"/> Short Bed   | <input checked="" type="checkbox"/> Floor - Rubber  | <input checked="" type="checkbox"/> Seats - Vinyl            |
| <input type="checkbox"/> Trailer Hitch Receiver     | <input checked="" type="checkbox"/> Cruise Control                               | <input type="checkbox"/> Tool boxes <sup>A</sup>    | <input checked="" type="checkbox"/> Tinted Windows           |
| <input type="checkbox"/> Limited Slip               | <input checked="" type="checkbox"/> Tilt Steering Wheel                          | <input type="checkbox"/> Lockable Tailgate          | <input type="checkbox"/> Camper Top <sup>A</sup>             |
| <input checked="" type="checkbox"/> Back Up Alarm   | <input type="checkbox"/> Cone Holder   | <input type="checkbox"/> Security Alarm             | <input type="checkbox"/> Auxiliary 12-Volt Plug <sup>A</sup> |
| <input type="checkbox"/> Work Lights                | <input type="checkbox"/> Pipe Racks <sup>A</sup>                                 | <input type="checkbox"/> Water Cooler Holder        | <input type="checkbox"/> Steps <sup>A</sup>                  |
| <input type="checkbox"/> Mounted Winch <sup>A</sup> | <input type="checkbox"/> Bulk Fuel Tank W/Pump (Diesel or Unleaded) <sup>A</sup> |   |  |
| <input type="checkbox"/> Other. Please list:        |  |   |  |

**Farm Tractors:**

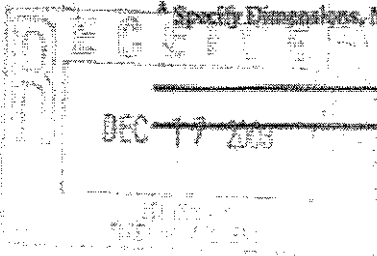
- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Three spool Hyd Valve               | <input type="checkbox"/> Mounted Tool Box <sup>A</sup> | <input type="checkbox"/> Mounted Strobe Light <sup>A</sup> | <input type="checkbox"/> Tinted Windows      |
| <input type="checkbox"/> Front Weights                       | <input type="checkbox"/> Rear Weights                  | <input type="checkbox"/> Flashing Work Lights              | <input type="checkbox"/> Water Cooler Holder |
| <input type="checkbox"/> Auxiliary 12-volt Plug <sup>A</sup> | <input type="checkbox"/> 4-Corner Strobe Lights        | <input type="checkbox"/> Cassette Radio                    | <input type="checkbox"/> AM/FM Radio         |
| <input type="checkbox"/> AM/FM/CD Radio                      |  |  |  |
| <input type="checkbox"/> Other. Please list:                 |  |  |  |

**Trucks:**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Mounted Tool Box                  | <input type="checkbox"/> Mounted Strobe Light     | <input checked="" type="checkbox"/> Tinted Windows           | <input type="checkbox"/> Work Lights          |
| <input type="checkbox"/> 4-Corner Strobe Lights            | <input type="checkbox"/> Water Cooler Holder      | <input type="checkbox"/> Fenders Over Rear Tires             | <input type="checkbox"/> Flashing Work Lights |
| <input type="checkbox"/> Hyd Wet Line System               | <input checked="" type="checkbox"/> AM/FM Radio   | <input checked="" type="checkbox"/> Cassette Radio           | <input type="checkbox"/> JAM/PM/CD Radio      |
| <input checked="" type="checkbox"/> Air Horns <sup>A</sup> | <input checked="" type="checkbox"/> Back Up Alarm | <input type="checkbox"/> Auxiliary 12-Volt Plug <sup>A</sup> |   |
| <input type="checkbox"/> Other. Please list:               |   |  |   |

16. What will be the primary use of the new equipment or vehicle? Emergency Medical Response  
+ Transportation

<sup>A</sup> Specify Dimensions, Makes, Models, or Locations 2004 Freightliner M2 Reg. CAB



LEE COUNTY GOVERNMENT, DIVISION OF FLEET MANAGEMENT  
EQUIPMENT AND VEHICLE REQUEST FORM  
(PLEASE PRINT OR TYPE)

11. Funding source:

Vehicle Replacement Fund

Capital, Please Specify Account String

KF 5260100100.506430 JMB

Other, Please Specify Account String \_\_\_\_\_

If needed, please provide additional account strings: \_\_\_\_\_

12. We are authorizing a purchase not to exceed: \$ 117,000.

H. Hausen

REQUESTED BY

12/11/03

DATE

SUPERVISOR

DATE

Option 1:  QUOTES AND REQUISITION. This option authorizes Fleet Management to obtain quotes and authorizes Fleet Management to issue a requisition using the account string(s) provided above.

Option 2:  VEHICLE REPLACEMENT FUND PURCHASES. This option authorizes Fleet Management to obtain quotes and authorizes Fleet Management to purchase the equipment or vehicle using motor pool funds (formerly known as surcharge funds).

Jon Wilson

DEPARTMENT DIRECTOR

12/12/03

DATE

COUNTY MANAGER / DESIGNEE

DATE

SUBMIT THIS COMPLETED FORM TO FLEET MANAGEMENT

[Signature]

OPERATION'S MANGER

3/2/04

DATE

M. Rawlings

FLEET MANAGER

4/9/04

DATE

For Fleet Use Only.

Price verification against State Contract and Sheriff's Contract.

Bid waived

DEC 17 2003

Vendors Price \$ \_\_\_\_\_

State Contract \$ \_\_\_\_\_

Sheriff's Contract \$ \_\_\_\_\_

LEE COUNTY  
FLEET MANAGEMENT

Revised 9/2002

**EQUIPMENT/VEHICLE REQUEST FORM  
CHECKLIST**

1.  Check for correct name of Department/Division and for correct Department/Division number.
2.  Check and list the Replacement Points in FASTER.
3.  Double check for specifications, Options and Accessories.
4.  Check Funding Source, double check the account strings for accuracy. Verify with department if necessary.
5.  It is crucial to make sure the not to exceed \$ is complete. If the purchase is going to exceed the dollar amount, ask the requestor to send us an e-mail, acknowledging and approving a new not to exceed purchase amount.
6.  Option 1 Quote and Requisition or Option 2 Vehicle Replacement Fund Purchases must be checked.
7.  Signatures Are Required.
  - a. Jim Lavender must sign for all Public Works requests.
  - b. John Yarbrough must sign for all Perks requests.
  - c. County Manager level authorization must be on all new (non-replacement) equipment requests.
8.  Staple this checklist to the back of the Equipment and Vehicle Request form.
9.  Give Request package to Danny.

Karen Shilling  
Checklist Completed By

Date 2/12/04

**LEE COUNTY GOVERNMENT, DIVISION OF FLEET MANAGEMENT  
EQUIPMENT AND VEHICLE REQUEST FORM**  
(PLEASE PRINT OR TYPE)

1. Department/Division: (name) PUBLIC SAFETY  
(division) EMS

2. Requested By: (print) C. Hansen Phone #: 335-1604

3. Driver/Operator of this new piece of equipment: EMS STAFF

4. Days and hours this piece of equipment will be used: 7 DAYS 24 HOURS

5. Location the equipment will be parked: FLEET MGMT.

6. Will this be a take home vehicle?  Yes  No

7. Is this a replacement equipment or vehicle?  Yes  No

If yes: Asset #: 19750 Yr: 1999 Make: FREIGHTLINER Model: FL60 Meter: \_\_\_\_\_

8. What type of equipment or vehicle are you requesting? REMOVAL

Select all appropriate boxes:

- |  |   |                                  |  |  |  |
|--|---|----------------------------------|--|--|--|
| <input type="checkbox"/> Sedan             | <input type="checkbox"/> Pickup truck               | <input type="checkbox"/> 1/4 Ton | <input type="checkbox"/> Van                       | <input type="checkbox"/> Excavator     | <input type="checkbox"/> Gasoline          |
| <input type="checkbox"/> Station Wagon     | <input type="checkbox"/> Regular Cab                | <input type="checkbox"/> 1/2 Ton | <input type="checkbox"/> Cargo                     | <input type="checkbox"/> 7 Passenger   | <input checked="" type="checkbox"/> Diesel |
| <input type="checkbox"/> Sport Util Vch    | <input type="checkbox"/> Extended Cab               | <input type="checkbox"/> 3/4 Ton | <input type="checkbox"/> Sliding Door              | <input type="checkbox"/> 12 Passenger  | <input type="checkbox"/> 4 Cylinder        |
| <input type="checkbox"/> Mid-Size          | <input type="checkbox"/> Crew Cab                   | <input type="checkbox"/> 1 Ton   | <input type="checkbox"/> Swing Door                | <input type="checkbox"/> 15 Passenger  | <input type="checkbox"/> 6 Cylinder        |
| <input type="checkbox"/> Full-Size         | <input type="checkbox"/> Cab & Chassis              | <input type="checkbox"/> Class 6 | <input type="checkbox"/> Utility Body <sup>A</sup> | <input type="checkbox"/> Tractor/Mower | <input type="checkbox"/> 8 Cylinder        |
| <input checked="" type="checkbox"/> 2 Door | <input type="checkbox"/> 2 Wheel Drive              | <input type="checkbox"/> Class 7 | <input type="checkbox"/> Flat Bed <sup>A</sup>     | <input type="checkbox"/> Dual RW       | <input type="checkbox"/> 10 Cylinder       |
| <input type="checkbox"/> 4 Door            | <input type="checkbox"/> 4 Wheel Drive <sup>B</sup> | <input type="checkbox"/> Class 8 | <input type="checkbox"/> Dump Truck <sup>A</sup>   | <input type="checkbox"/> Single RW     | <input checked="" type="checkbox"/> Other  |

Additional description for vehicles or equipment: 2001 FREIGHTLINER M2 REG. CAB

<sup>B</sup> Please provide detailed justification on separate sheet.

**\*\*NOTE\*\* If you need any additional equipment added to this order, please list all the different items. We will order everything we can as one package. This will minimize the turn around time when the new equipment comes in.**

9. What, if any, special options or accessories are required? Please check all appropriate options below and list any additional options on the lines below: i.e. lift gates, 50' telescopic boom, emergency lighting package, light-bar, 60" hydraulic rotary mower, etc. Please attach brochures if applicable:

All County vehicles are ordered with the following standard options: Air Conditioning, AM/FM Radio, Automatic Transmission, Rear Anti-Lock Brakes.

**\*\*See Next Page for the options\*\***

RECEIVED

DEC 17 2003

For Fleet Use Only.

Replacement Points: Maintenance 4.5 Meter 5.0 Age 2.7 Total 12.2

Initials KS 12/17/03 Plant Code # 04-135



**LEE COUNTY GOVERNMENT, DIVISION OF FLEET MANAGEMENT**  
**EQUIPMENT AND VEHICLE REQUEST FORM**  
 (PLEASE PRINT OR TYPE)

**Vehicles - Cars & Light Trucks:**

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> Cassette        | <input type="checkbox"/> Plastic Bed-Liner                                       | <input type="checkbox"/> Arrow Board <sup>A</sup>   | <input type="checkbox"/> Strobe Light <sup>A</sup>           |
| <input type="checkbox"/> CD Player                  | <input type="checkbox"/> Spray in bed liner                                      | <input checked="" type="checkbox"/> Power Win/Locks | <input type="checkbox"/> 4-Corner Strobes                    |
| <input type="checkbox"/> Tires - All Terrain        | <input type="checkbox"/> Long Bed  | <input type="checkbox"/> Floor - Carpet             | <input type="checkbox"/> Seats - Cloth                       |
| <input type="checkbox"/> Tow Package                | <input type="checkbox"/> Short Bed   | <input checked="" type="checkbox"/> Floor - Rubber  | <input checked="" type="checkbox"/> Seats - Vinyl            |
| <input type="checkbox"/> Trailer Hitch Receiver     | <input checked="" type="checkbox"/> Cruise Control                               | <input type="checkbox"/> Tool boxes <sup>A</sup>    | <input checked="" type="checkbox"/> Tinted Windows           |
| <input type="checkbox"/> Limited Slip               | <input checked="" type="checkbox"/> Tilt Steering Wheel                          | <input type="checkbox"/> Lockable Tailgate          | <input type="checkbox"/> Camper Top <sup>A</sup>             |
| <input type="checkbox"/> Back Up Alarm              | <input type="checkbox"/> Cone Holder   | <input type="checkbox"/> Security Alarm             | <input type="checkbox"/> Auxiliary 12-Volt Plug <sup>A</sup> |
| <input type="checkbox"/> Work Lights                | <input type="checkbox"/> Pipe Racks <sup>A</sup>                                 | <input type="checkbox"/> Water Cooler Holder        | <input type="checkbox"/> Steps <sup>A</sup>                  |
| <input type="checkbox"/> Mounted Winch <sup>A</sup> | <input type="checkbox"/> Bulk Fuel Tank W/Pump (Diesel or Unleaded) <sup>A</sup> |   |  |
| <input type="checkbox"/> Other. Please list:        |  |   |  |

**Farm Tractor:**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Three spool Hyd Valve               | <input type="checkbox"/> Mounted Tool Box <sup>A</sup> | <input type="checkbox"/> Mounted Strobe Light <sup>A</sup> | <input type="checkbox"/> Tinted Windows      |
| <input type="checkbox"/> Front Weights                       | <input type="checkbox"/> Rear Weights                  | <input type="checkbox"/> Flashing Work Lights              | <input type="checkbox"/> Water Cooler Holder |
| <input type="checkbox"/> Auxiliary 12-volt Plug <sup>A</sup> | <input type="checkbox"/> 4-Corner Strobe Lights        | <input type="checkbox"/> Cassette Radio                    | <input type="checkbox"/> AM/FM Radio         |
| <input type="checkbox"/> AM/FM/CD Radio                      |  |  |  |
| <input type="checkbox"/> Other. Please list:                 |  |  |  |

**Trucks:**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Mounted Tool Box                  | <input type="checkbox"/> Mounted Strobe Light     | <input checked="" type="checkbox"/> Tinted Windows           | <input type="checkbox"/> Work Lights          |
| <input type="checkbox"/> 4-Corner Strobe Lights            | <input type="checkbox"/> Water Cooler Holder      | <input type="checkbox"/> Fenders Over Rear Tires             | <input type="checkbox"/> Flashing Work Lights |
| <input type="checkbox"/> Hyd Wet Line System               | <input checked="" type="checkbox"/> AM/FM Radio   | <input checked="" type="checkbox"/> Cassette Radio           | <input type="checkbox"/> AM/FM/CD Radio       |
| <input checked="" type="checkbox"/> Air Horns <sup>A</sup> | <input checked="" type="checkbox"/> Back Up Alarm | <input type="checkbox"/> Auxiliary 12-Volt Plug <sup>A</sup> |   |
| <input type="checkbox"/> Other. Please list:               |   |  |   |

10. What will be the primary use of the new equipment or vehicle? Emergency medical response

TRANSPORTATION

<sup>A</sup>Specify Dimensions, Makes, Models, or Locations 2004 FLEETMASTER M2 REG. CAB

DEC 17 2002

**LEE COUNTY GOVERNMENT, DIVISION OF FLEET MANAGEMENT  
EQUIPMENT AND VEHICLE REQUEST FORM**  
(PLEASE PRINT OR TYPE)

**11. Funding source:**

Other, Please Specify Account String \_\_\_\_\_

If needed, please provide additional account strings: \_\_\_\_\_

**12. We are authorizing a purchase not to exceed:** \$ 117,000.

[Signature] 12/11/03 \_\_\_\_\_  
REQUESTED BY DATE SUPERVISOR DATE

Option 1:  **QUOTES AND REQUISITION.** This option authorizes Fleet Management to obtain quotes and authorizes Fleet Management to issue a requisition using the account string(s) provided above.

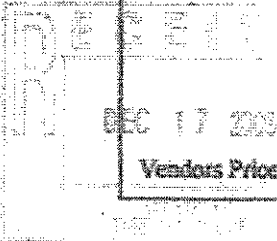
Option 2:  **VEHICLE REPLACEMENT FUND PURCHASES.** This option authorizes Fleet Management to obtain quotes and authorizes Fleet Management to purchase the equipment or vehicle using motor pool funds (formerly known as surcharge funds).

[Signature] 12/12/03 \_\_\_\_\_  
DEPARTMENT DIRECTOR DATE COUNTY MANAGER / DESIGNEE DATE

**SUBMIT THIS COMPLETED FORM TO FLEET MANAGEMENT**

[Signature] 3/2/04 \_\_\_\_\_  
OPERATION'S MANGER DATE FLEET MANAGER DATE

<u>For Fleet Use Only.</u>		
<u>Price verification against State Contract and Sheriff's Contract.</u>		
<u>Bid Waiver</u>		
Vendors Price \$ _____	State Contract \$ _____	Sheriff's Contract \$ _____



**EQUIPMENT/VEHICLE REQUEST FORM  
CHECKLIST**

1.  Check for correct name of Department/Division and for correct Department/Division number.
2.  Check and list the Replacement Points in FASTER.
3.  Double check for specifications, Options and Accessories.
4.  Check Funding Source, double check the account strings for accuracy. Verify with department if necessary.
5.  It is crucial to make sure the not to exceed \$ is complete. If the purchase is going to exceed the dollar amount, ask the requestor to send us an e-mail, acknowledging and approving a new not to exceed purchase amount.
6.  Option 1 Quote and Requisition or Option 2 Vehicle Replacement Fund Purchases must be checked.
7.  Signatures Are Required.
  - a. Jim Lavender must sign for all Public Works requests.
  - b. John Yarbrough must sign for all Parks requests.
  - c. County Manager level authorization must be on all new (non-replacement) equipment requests.
8.  Staple this checklist to the back of the Equipment and Vehicle Request form.
9.  Give Request package to Danny.

Karon Skilling  
Checklist Completed By

Date 2/12/04



March 5, 2004

Mr. Bob Franceschini  
Lee County Purchasing Department  
3434 Hancock Bridge Parkway  
North Fort Myers, Florida 33903

American LaFrance MedicMaster  
3705 St. Johns Parkway  
Sanford, Florida 32771  
phone: (800) 292-2375  
fax: (800) 642-7695  
email: medicmaster@bellsouth.net

RE: Sole Source Justification

(A) Modular Body Structural Warranty:

Your modular ambulance body has a 20 years warranty. This body is custom designed with special extrusions that are available only to American LaFrance Medicmaster (ALFMM). The methods of constructions are familiar only to ALFMM. The failure to follow each and every method, and procedure will jeopardize the warranty. This is especially true when transferring the body to a new chassis.

The "Exclusions from Warranty" section "G" of your warranty document states:

Remount by anyone other than the Manufacturer or its authorized remount facility.

(B) Ambulance Electrical system:

The electrical system that operates the emergency warning systems, heating and air conditioning, life support systems, interior lighting, exterior lighting, and DOT lighting systems are custom designed by ALFMM. No other company has any knowledge about this system. When you remount an ambulance body on a new chassis this system must be removed, and then interfaced into the new chassis. This is more difficult due to the differences in the original and the new chassis that your modular body is being remounted on. Only the original manufacturer is qualified to do this.

(C) Heating and Air Conditioning System:

A condition of this contract is to replace the heating and air conditioning system in the patient compartment. The contract requires a system identical to the systems installed in your new ALFMM ambulances. This system provides a significant increase in performance. In order to accomplish this every system "electrical, heating, air conditioning, and the modular body" is effected. In addition to the systems mentioned above the forward bulkhead center cabinets will be replaced also. Only ALFMM is qualified to do these modifications, and insure the best results.

I hope this information is lends clarity to this project. Please let me know what I can do if further information is needed.

Respectfully,

  
Bob Ivey  
American LaFrance Medicmaster

## 20 YEAR LIMITED WARRANTY

### Modular Body Structure

AERO PRODUCTS CORPORATION warrants to the original owner subject to the provisions, limitations, and conditions set forth in this warranty that the aluminum modular body is structurally sound and free of joint separation, cracks, and all other structural defects of both materials and workmanship and further warrants that it will maintain its structural integrity as long as said body is owned and maintained by the original purchaser.

The sole responsibility of AMERICAN LAFRANCE MEDICMASTER under this warranty shall be to replace or repair any defective part at its option. AMERICAN LAFRANCE MEDICMASTER shall not be liable for any consequential damages, whatsoever. The warranty period shall begin on the date the vehicle is delivered to the Owner.

Written notice of a claim under this warranty shall be given to AMERICAN LAFRANCE MEDICMASTER within a reasonable time after any defect is discovered or should have been discovered.

#### Exclusions from Warranty:

- A. Any parts or products becoming defective as the result of misuse, negligence, accident or other casualty and/or Owner's failure to provide normal maintenance.
- B. Paint finish, hardware, trim, moldings, windows, interior cabinets, and other appointments or accessories.
- C. Owner's improper installation of components, repairs, or alterations.
- D. Operation in a manner contrary to normal, safe, legal or established practices.
- E. Any part not manufactured by AMERICAN LAFRANCE MEDICMASTER along with parts needing replacement due to normal wear.
- F. Should replacement or repair become necessary under the terms of this warranty the extent of that replacement or repair shall be determined solely by AMERICAN LAFRANCE MEDICMASTER. Transportation expenses to or from a repair facility, meals, or lodging expenses shall be that of the purchaser and is not an item covered by this warranty.
- G. Damages by anyone other than the Manufacturer or its authorized repair facility.

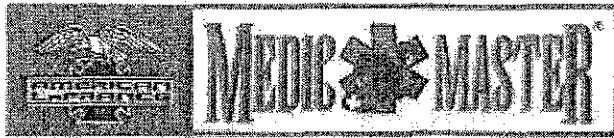
#### Conditions:

- A. This warranty is valid only in the United States of America.
- B. AMERICAN LAFRANCE MEDICMASTER does not authorize any person to make any representations, obligations or warranty on its behalf other than that stated in this warranty.
- C. Replacement or repair of any part or component under this warranty by AMERICAN LAFRANCE MEDICMASTER shall not extend this warranty beyond the original period.
- D. AMERICAN LAFRANCE MEDICMASTER does not warrant the workmanship of owner's negotiated installers and will not bear any cost due to incorrect or faulty installation or loss of part or component.
- E. AMERICAN LAFRANCE MEDICMASTER will not be liable for consequential or incidental damages of any kind whatsoever in connection with the sale and use of this vehicle.

IT IS EXPRESSLY UNDERSTOOD THAT THIS WARRANTY IS PROVIDED IN PLACE OF ANY IMPLIED WARRANTY OF MERCHANTABILITY AND ANY IMPLIED WARRANTY OF FITNESS, WHICH ARE HEREBY EXCLUDED. YOUR RIGHT TO REPAIR OR REPLACEMENT OF DEFECTIVE PARTS ON THE TERMS EXPRESSLY SET FORTH HEREIN IS YOUR EXCLUSIVE REMEDY, AND THE MANUFACTURER SHALL NOT BE LIABLE FOR DAMAGES, WHETHER ORDINARY, INCIDENTAL, OR CONSEQUENTIAL UNDER THIS WARRANTY. ANY REMEDY OF CONSEQUENTIAL DAMAGES, INCLUDING ECONOMIC LOSS, AND ANY REMEDY OF INCIDENTAL DAMAGES ARE HEREBY EXCLUDED. THIS WARRANTY GIVES YOU SPECIFIC LEGAL RIGHTS, AND YOU MAY HAVE OTHER RIGHTS WHICH VARY FROM STATE TO STATE.

For prior approval of all warranty work call 800-232-2376

# ATTACHMENT #3



American LeFrance MedicMaster  
3705 El. Johns Parkway  
Sanford, Florida 32771  
phone: (904) 292-2376  
fax: (904) 842-7895  
email: medicmat@ballkouth.net

March 5, 2004

Mr. Bob Franceschini  
Lee County Purchasing Department  
3434 Hancock Bridge Parkway  
North Fort Myers, Florida 33903

RE: Ambulance Remounting Proposal

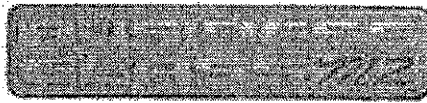
The cost of remounting an existing emergency medical modular ambulance body on a new Freightliner Business Class "M-2" chassis is \$112,000.00 per unit. I have included a itemized description of the proposed work, and a chassis specification with this letter. Please let me know if I can provide any further information.

Yours truly,

Bob Ivey

Sales Manager Florida

Prepared for Lee County EMS  
14752 Six Mile  
Cypress Parkway  
Fort Myers, FL 33912



*of 3-16-04*  
Prepared by Freightliner Dealer  
MIN  
Bob Ivey  
Quote ID: 3-5-2004  
March 12, 2004

## SPECIFICATION





Prepared for Lee County EMS  
14752 Six Mile  
Cypress Parkway  
Fort Myers, FL 33912

Prepared by Freightliner Dealer  
Bob Lee  
Quote ID: 3-5-2004  
March 12, 2004

OB 3-16-04

## SPECIFICATION PROPOSAL

SpecPro Version: V1.50

### Specifications

#### GIB

BUSINESS CLASS M2 106MD CONVENTIONAL CHASSIS

SET BACK AXLE - TRUCK

STRAIGHT TRUCK PROVISION

LH PRIMARY STEERING LOCATION

#### GENERAL SERVICE

TRUCK CONFIGURATION

RESCUE & EMERGENCY SERVICE

EMERGENCY VEHICLES BUSINESS SEGMENT

AMBULANCE BODY

FIXED LOAD COMMODITY

TERRAIN/DUTY: 100% (ALL) OF THE TIME, IN-TRANSIT, IS SPENT ON PAVED ROADS

SMOOTH CONCRETE OR ASPHALT PAVEMENT - MOST SEVERE IN-TRANSIT (BETWEEN SITES) ROAD SURFACE

MAXIMUM 8% EXPECTED GRADE

DOMICILED, USA 49 STATES (W/O CALIFORNIA)

MEDIUM TRUCK WARRANTY

EXPECTED FRONT AXLE LOAD

8000 LBS

EXPECTED REAR AXLE LOAD

12000 LBS

EXPECTED GVW CAPACITY

20000 LBS

#### TRUCK SERVICE

TRUCK BODY LENGTH

0 FT

#### ENGINE

MBE 900-250 6.4L 250HP @ 2300 RPM; 2500 GVW 660 LB/FT @ 1200 RPM

#### ENGINE EQUIPMENT

2004 EPA/CARB EMISSION CERTIFICATION

ENGINE MOUNTED OIL CHECK & FILL

ONE PIECE VALVE COVER

SIDE OF HOOD AIR INTAKE WITH FIREWALL MOUNTED DONALDSON AIR CLEANER

\* 1N 12V 320 AMP 4962PA PAD MOUNT ALTERNATOR

\* (4) ALLIANCE 1231 GRP31 12V MF 4400 CCA THREADED STUD BATTERIES

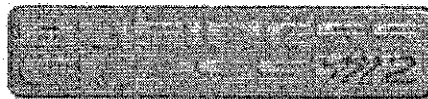
BATTERY BOX FRAME (M1)

SINGLE BATTERY BOX FRAME MOUNTED LH SIDE UNDER CAB

> 250 HP REQUIRES  
A HUGE LAD. KIT &  
A CAB LIFT. B B



Prepared for Lee County HMS  
14752 Six Mile  
Cypress Parkway  
Fort Myers, FL 33912



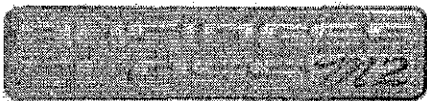
2-16-04  
Prepared by Freightliner Dealer  
MFM  
Bob Jacy  
Quote ID: 3-3-2004  
March 12, 2004

Specifications

FRAME GROUND RETURN FOR BATTERY CABLES  
NO CLUTCH  
WABCO 15.5 CFM AIR COMPRESSOR  
TEFLON COMPRESSOR DISCHARGE LINE  
GVG FIRE AND EMERGENCY SERVICE VEHICLES ENGINE WARNING  
NO RETARDER  
SINGLE HORIZ OVAL UNDER CAB MTD MUFFLER W/SINGLE RH VERTICAL  
STACK THRU-B-PILLAR  
CHROME UPPER STACK(9)  
STAINLESS STEEL MUFFLER/TAILPIPE SHIELD  
CHROME EXHAUST RAIN CAP  
HORTON HT650 FRONTAL AIR ON/OFF ENGINE FAN CLUTCH  
AUTOMATIC CONTROL W/O DASH SWITCH  
MBE FUEL FILTER  
FULL FLOW OIL FILTER  
870 SQUARE INCH RADIATOR  
ANTIFREEZE TO -34F, ETHYLENE GLYCOL PRE-CHARGED SCA HEAVY DUTY  
COOLANT  
GATES BLUE STRIP COOLANT HOSES  
CONSTANT TENSION HOSE CLAMPS FOR COOLANT HOSES  
LOWER RADIATOR GUARD  
ALUMINUM FLYWHEEL HOUSING  
DELCO 12V 29MT STARTER  
[REDACTED]  
ALLISON 3000 EVS AUTOMATIC TRANSMISSION W/PTO PROVISION FOR  
FIRE/EMERGENCY  
\* WTEC CALIBRATION - 6 SPEED EVS WITH AUTO NEUTRAL  
PTO MOUNTING, LH SIDE OF MAIN TRANS.  
MAGNETIC PLUGS, ENGINE DRAIN TRANSMISSION DRAIN AXLE(S) FILL &  
DRAIN  
PUSH BUTTON, ELECTRONIC SHIFT CONTROL, DASH MOUNTED  
TRANSMISSION OIL CHECK AND FILL WITH ELECTRONIC OIL LEVEL CHECK  
WATER TO OIL TRANSMISSION COOLER - IN RADIATOR END TANK  
[REDACTED]  
MERITOR MFS-10-143A FRONT AXLE @ 10,000#  
MERITOR 15 X 5 Q+ CAST SPIDER CAM FRT BRKS, DEL ANCHOR, FAB'D SHOES  
\*N FIRE AND EMERGENCY SEVERE SERVICE, NON-ASBESTOS FRONT LINING  
CONMET CAST IRON FRONT BRAKE DRUMS  
CHICAGO RAWHIDE SCOT'S SEAL FRONT OIL SEALS  
STANDARD SPINDLE NUTS FOR ALL AXLES



BJ-16-04



Prepared for Lee County EMS  
14752 Six Mile  
Cypress Parkway  
Fort Myers, FL 33912

Prepared by Freightliner Dealer  
NN  
Bob Ivey  
Quote ID: 3-5-2004  
March 12, 2004

Specifications

- MERITOR AUTOMATIC FRONT SLACK ADJUSTRS
- TRW THP-60 POWER STEERING
- POWER STEERING PUMP
- 2 QUART SEE THROUGH POWER STEERING RESERVOIR
- 10,000# TAPERLEAF FRONT SUSPENSION
- MAINTENANCE FREE RUBBER BUSHINGS - FRONT SUSPENSION
- FRONT SHOCK ABSORBERS
- REAR AIR RIDE SUSPENSION
- MERITOR RS-15-120 F-SRS QUIET RIDE SINGLE REAR AXLE @ 15,000#
- 4.30 AXLE RATIO
- IRON REAR AXLE CARRIER HOUSING
- 17T MERITOR MAIN DRIVELINE W/ HALF ROUND YOKES
- MERITOR 15X6 Q+ CAM REAR BRAKES, DOUBLE ANCHOR, FABRIC SHOES
- FIRE AND EMERGENCY SEVERE SERVICE, NON-ASBESTOS REAR LINING
- WEBB CAST IRON REAR BRAKE DRUMS
- CHICAGO RAWHIDE SCOTSEAL REAR OIL SEALS
- HALDEX LONGSTROKE L-DRY AXLE SPRING PARKING CHAMBERS
- MERITOR AUTOMATIC REAR SLACK ADJUSTERS
- AIRLINER 12,000# REAR SUSPENSION
- AIRLINER RIDE HEIGHT - LOW
- STANDARD U-BOLT PAD
- MANUAL DUMP VALVE FOR AIR SUSPENSION W/ INDICATOR LIGHT, W/O GAUGE
- REAR AIR SUSPENSION DUMP VALVE AUTOFILL WITH IGNITION OFF OR >5 MPH
- DUAL INST RSPNSE RR SUSP LVL, VLV W/ BNG TANK & RSRV TANK FOR 10/12/15,000# AIRLNR
- TRANSVERSE CONTROL RODS
- 10,000/15,000# AIRLINER REAR SUSPENSION STABILIZER BAR
- REAR SHOCK ABSORBERS-ONE AXLE (AIR RIDE SUSP)
- AIR BRAKE SYSTEM EQUIPMENT
- AIR BRAKE PACKAGE
- WABCO 454M ABS W/O TRACTION CONTROL, ENHANCEMENT
- REINFORCED NYLON, FABRIC BRAID & WIREBRAID CHASSIS AIR LINES
- STANDARD BRAKE SYSTEM VALVES
- RELAY VALVE W/ 5-8 PSI CRACK PRESSURE NO REAR PROPORTIONING VALVE
- BW AD-9 BRAKE LINE AIR DRYER W/ HEATER
- STEEL AIR BRAKE RESERVOIRS
- BW DV-2 AUTO DRAIN VALVE W/O HEATER - ALL TANKS
- NO TRAILER AIR HOSE



Prepared for Lee County EMS  
14752 Six Mile  
Cypress Parkway  
Fort Myers, FL 33912



983-16-04

Prepared by Freightliner Dealer  
MOT  
Bob Ivey  
Quote ID: 3-5-2004  
March 12, 2004

Specifications

UPGRADED CHASSIS MULTIPLEXING UNIT

UPGRADED CAB MULTIPLEXING UNIT

WHEELS

\* 194 inch WHEELBASE

FRAME

9/32" X 3-1/2" X 10-1/16" STEEL FRAME (7.14MM X 255.6MM/281" X 10.06") 120KSI

1750MM (69") REAR FRAME OVERHANG

SQUARE END OF FRAME

STANDARD WEIGHT ENGINE CROSSMEMBER

STANDARD REARMOST CROSSMEMBER

STANDARD SUSPENSION CROSSMEMBER

CHASSIS EQUIPMENT

THREE-PIECE 14" CHROMED STEEL BUMPER WITH COLLAPSIBLE ENDS

FRONT TOW HOOKS - FRAME MOUNTED

BUMPER MTO FOR SINGLE LICENSE PLATE

CLEAR FRAME RAILS (EXCEPT FUEL TANKS) OUTBOARD BOTH RAILS BOC TO REAR SUSP

GRADE 8 THREADED HEX-HEADED FRAME FASTENERS

FUEL/WATER SEPARATOR

60 GALLON / 227 LITER RECTANGULAR ALUMINUM FUEL TANK - RII

NO LH FUEL TANK

RECTANGULAR FUEL TANK(S)

PLAIN ALUMINUM/PAINTED STEEL FUEL / HYDRAULIC TANK(S) WITH PAINTED BANDS

FUEL TANK(S) FORWARD

FUEL TANK CAP(S)

ALLIANCE FUEL/WATER SEPARATOR WITH INDICATOR LIGHT

EQUIFLO INBOARD FUEL SYSTEM

REINFORCED NYLON FUEL HOSE

AUXILIARY FUEL SUPPLY AND RETURN PORTS

FRONT TIRES, HUBS, WHEELS

MICHELIN XZE ..... 245/70R 19.5 16 PLY

COMMET IRON FRONT HUBS

ACCURIDE 29685A 19.5X7.50 10-HUB PILOT ALUMINUM FRONT WHEELS

POLISHED FRONT WHEELS (OUTSIDE ONLY)

REAR TIRES, HUBS, WHEELS

\*N PREVIOUSLY SELECTED REAR TIRE IS NOT AVAILABLE. PLEASE SELECT ANOTHER.

094-0E3 Michelin XZE 245/70R 19.5 16 Ply

WEBB IRON REAR HUBS



Prepared for Lee County EMS  
14752 Six Mile  
Cypress Parkway  
Fort Myers, FL 33912



OP 3-16-04

Prepared by Freightliner Dealer  
MN  
Bob Ivey  
Quote ID: 3-3-2004  
March 12, 2004

Specifications

ACCURIDE 29685A 19.5X7.50 10-HUB PILOT ALUMINUM REAR WHEELS  
POLISHED REAR WHEELS - OUTSIDE OF OUTER WHEELS ONLY

**EXTERIOR**

- 132" BEC HIGH-ROOF EXTENDED ALUMINUM CONVENTIONAL CAB
- WALK-THROUGH OPENING IN BACK OF CAB WITHOUT BOOT
- RUBBER CAB MOUNTS
- EXTERIOR GRAB HANDLES WITH SINGLE RUBBER INSERT, LHRH
- HOOD MOUNTED CHROMED PLASTIC GRILLE
- FIBERGLASS HOOD
- \* DUAL 25" ROUND HOOD MOUNTED GROVER STUTTER TONE AIR HORNS  
W/ FLOOR MTD PEDAL CONTROL
- DUAL ELECTRIC HORNS
- DUAL HORN SHIELDS
- ALL LOCKS KEYED THE SAME
- REAR LICENSE PLATE MOUNT END OF FRAME
- INTEGRAL HEADLIGHT/MARKER ASSEMBLY WITH CHROME BEZEL
- FREIGHTLINER LED AERODYNAMIC MARKER LIGHTS
- DAYTIME RUNNING LIGHTS
- \* OMIT STOP TAIL/BACKUP LIGHTS AND PROVIDE WIRING WITH SEPARATE  
STOP/TAIL WIRE 4 FOOT BEYOND END OF FRAME
- STANDARD FRONT TURN SIGNAL LAMPS
- DUAL BRIGHT HEATED WEST COAST MIRRORS
- DOOR MOUNTED MIRRORS
- 102" EQUIPMENT WIDTH
- LH/RH 8" CONVEX MIRRORS, BRIGHT FINISH, MTD UNDER PRIMARY MIRRORS
- RIGHT HAND DOWN VIEW MIRROR
- STANDARD SIDE/REAR REFLECTORS
- TINTED DOOR GLASS LH & RH WITH TINTED NON-OPERATING WING WINDOWS
- RH & LH ELECTRIC POWERED WINDOWS
- 20"X23" LH/RH TINTED SIDE WINDOWS
- TINTED WINDSHIELD
- 8 LITER WINDSHIELD WASHER RESERVOIR W/O FLUID LEVEL INDICATOR

**INTERIOR**

- OPAL GRAY VINYL INTERIOR
- MOLDED PLASTIC DOOR PANEL WITH ALUMINUM KICKPLATE LOWER DOOR
- MOLDED PLASTIC DOOR PANEL WITH ALUMINUM KICKPLATE LOWER DOOR
- GRAY VINYL MATS WITH INSULATION
- FORWARD ROOF MOUNTED CONSOLE WITH UPPER STORAGE COMPARTMENTS  
W/O NETTING



Prepared for Lee County EMS  
14752 Six Mile  
Cypress Parkway  
Fort Myers, FL 33912



03-16-04

Prepared by Freightliner Dealer  
MN  
Bob Ivey  
Quote ID: 3-5-2004  
March 12, 2004

Specifications

- (2) CUP HOLDERS, LH & RH DASH
- HEATER, DEFROSTER AND AIR CONDITIONER
- MAIN HVAC CONTROLS WITH RECIRCULATION SWITCH
- STANDARD PLUMBING/BALL SHUTOFF VALVES
- SANDEN COMPACT AIR CONDITIONER COMPRESSOR
- BINARY CONTROL, R-134A
- SILENCER PACKAGE FOR CAB
- SOLID-STATE CIRCUIT PROTECTION AND FUSES
- 12V NEGATIVE GROUND ELECTRICAL SYSTEM
- DOOR ACTIVATED DOME/RED MAP LIGHTS, FORWARD LH/RH AND REAR CENTER
- ELECTRIC DOOR LOCKS - LH & RH
- (1) 12V POWER SUPPLY, IN DASH
- BOSTROM TALLADEGA 910 HIGH-BACK RECLINING AIR-SUSPENSION DRIVER SEAT
- BOSTROM TALLADEGA 910 HIGH-BACK RECLINING AIR-SUSPENSION PASSENGER SEAT
- BLACK VINYL SUSPENSION COVER FOR DRIVER AND PASSENGER AIR SEATS
- DUAL ARMREST DRIVER SEAT - INBOARD ARMREST PASSENGER SEAT
- LH/RH INTEGRAL DOOR PANEL ARM RESTS
- VINYL W/VINYL INSERT, DRIVER'S SEAT
- VINYL W/VINYL INSERT, PASSENGER SEAT
- 3 POINT FIXED D-RING RETRACTOR DRIVER AND PASSENGER SEATBELTS
- ADJUSTABLE TILT AND TELESCOPING STEERING COLUMN
- 450MM (18") LK FOUR-SPOKE CHARCOAL STEERING WHEEL
- DRVR/PASS INTER SUN VISORS
- STEERING WHEEL CONTROLS**
- BLACK GAUGE BRZELS
- GRAY INSTRUMENT PANEL-DRIVER
- LOW AIR PRESSURE LIGHT AND BUZZER
- PRIMARY & SECONDARY AIR PRESSURE GAUGES
- ENG COMPART MTD AIR RESTRIC INDIC W/ GRADUATIONS, W/WARNING LIGHT IN DASH
- CRUISE CONTROL - ELEC ENG, W/SWITCHES IN LH SWITCH PANEL
- KEY OPERATED IGN SWITCH & INTEGRAL START POSITION, 4 POSITION OFF/RUN/START/ACC
- ODO/TRIP/HOUR/DIAGNOSTIC/VOLTAGE DISPLAY 1X7 CHAR, 26 WRNG LAMPS, DATA LINKED ICU3
- DIAGNOSTIC INTERFACE CONNECTOR, 9 PIN, SAE J1587/1708/1939, LOCATED BELOW DASH
- ELECTRIC FUEL GAUGE



3-16-04



Ordered for Lee County EMS  
19732 Six Mile  
Cypress Parkway  
Fort Myers, FL 33912

Prepared by Freightliner Dealer  
263  
Bob Ayer  
Quote #1: 2-3-2004  
March 12, 2004

Specifications

- PROGRAMMABLE RPM CONTROL-ELECT ENGINE
- ELECTRICAL ENGINE COOLANT TEMP GAUGE
- TRANSMISSION OIL TEMPERATURE INDICATOR LIGHT
- ENGINE AND TRIP HOUR METERS INTEGRAL WITHIN DRIVER DISPLAY
- ELECTRIC ENGINE OIL PRESSURE GAUGE
- OVERHEAD INSTRUMENT PANEL
- PL XTA-2300 AM/FM/USB CD RADIO BY DELCO
- (2) RADIO SPEAKERS (CAB ONLY)
- AM/FM ANTENNA MOUNTED ON FORWARD LH ROOF
- ROOF/OVERHEAD CONSOLE CB RADIO PROVISION WITH FACE PLATE
- ELECTRONIC MPH SPEEDOMETER W/SECONDARY KPH SCALE, W/O ODOMETER
- ELECTRONIC TACHOMETER 3000 RPM
- IGNITION SWITCH CONTROLLED ENGINE STOP
- DIGITAL VOLTAGE DISPLAY INTEGRAL WITH DRIVER DISPLAY ICUS
- SINGLE ELECTRIC WINDSHIELD WIPER MOTOR W/DELAY
- MARKER LIGHT SWITCH INTEGRAL W/HEADLIGHT SWITCH
- \* ONE VALVE PARKING BRAKE SYSTEM WITH WARNING INDICATOR AND AUTO NEUTRAL
- SELF CANCEL TURN SIGNAL SWITCH W/ DIMMER, WASHER/WIPER & HAZARD IN HANDLE
- INTEGRAL ELECTRONIC TURN SIGNAL FLASHER



PAINT: ONE SOLID COLOR  
Cab Color: A: EMERON NEON/WHITE  
Chassis: BLACK HIGH SOLIDS POLYURETHANE



- \* AMERICAN LAFRANCE MEDICMASTER
- \* AMERICAN LAFRANCE EXTENDED PDI
- \* 25 GALLONS ADDITIONAL FUEL



2002/2004 ENGINE EMISSIONS ESCALATOR







Lee County EMS  
Rechassis  
2004

A	B	C
51	<b>NEW CAB &amp; CHASSIS</b>	
52	*	
53		
54		
55	<u>Chassis Manufacturer:</u>	\$54,080.00
56	Freightliner	
57	<u>Chassis Model:</u>	
58	M2 Two Door Cab	
59	<u>Chassis Model Year:</u>	
60	2004	
61	<u>VIN#:</u>	
62		
63	<u>Engine:</u>	
64	Mercedes MBE 900 - 210HP	
65	<u>Transmission:</u>	
66	Allison 2200 EVS	
67	<u>Brakes:</u>	
68	Air	
69		
70	*	
71	<b>DEMOUNTED CAB &amp; CHASSIS</b>	
72	*	
73		
74	<u>VIN#:</u>	
75		
76	<u>TAG #:</u>	
77		
78		
79	*	
80	<b>CHASSIS PREPARATION</b>	
81	*	
82		
83	Demount modular body - 24 hours	\$1,200.00
84	Remount modular body - 40 hours	\$2,000.00
85	Disconnect Electrical, AC, Heater, ETC - 16 hours	\$800.00
86		
87	<u>Tow Hooks Or Eyes:</u>	\$0.00
88	Front: OEM installed	
89	Rear: None	
90		
91	<u>Fuel Tank Cover/Entry Step:</u>	
92	Fuel tank cover with step on passengers side. .100" diamond plate aluminum.	\$200.00
93	40 gallon fuel tank	
94		
95	<u>Battery Storage/Entry Step:</u>	\$300.00
96	Install new battery box - materials	\$950.00
97	Slideout battery tray with step on drivers side.	
98	Material: .100" diamond plate aluminum.	
99		

Lee County EMS  
Rechassis  
2004

A	B	C
100	<b><u>Air Ride Suspension:</u></b>	\$100.00
101	Freightliner OEM with second leveling valve	
102	Air system will deflate (lower to stretcher loading height) when:	
103	1. When switch at streetside wall at rear door is activated and the trailing door is opened	
104	Door Switch is a momentary switch	
105	Air system will inflate (return to ride height) when:	
106	1. When trailing door is closed	
107	2. When unit is placed in gear.	
108	Note: Unit stays dumped when power is turned off -	
109	BATTERY HOT	
109	There shall be no switch in the cab	
110		
111	<b><u>Exhaust System:</u></b>	\$400.00
112	Vertical curbside stack	
113		
114	<b><u>Cab And Module Passage-Way:</u></b>	\$400.00
115	Walk thru with no door	\$55.00
116		
117	<b><u>Cross Fire Tire Pressure System:</u></b>	
118	Transfer system to new chassis	
119		
120		
121	*	
122	<b>PAINT, LETTERING &amp; STRIPING</b>	
123	*	
124		
125	<b><u>Primary Paint:</u></b>	
126	Brand: PPG	\$8,500.00
127	Color: White	
128	Paint Number: DHUS-2185	
129	Location: Total unit	
130	Bead Blast: Module	\$1,100.00
131	Zolatone Compartments: Gray	\$500.00
132	R & R modular body components	\$2,000.00
133	Paint & Supplies:	\$1,100.00
134		
135	<b><u>Reflective Striping &amp; Graphics:</u></b>	\$800.00
136	See pictures in file	\$150.00
137		
138	<b><u>Undercoating:</u></b>	\$50.00
139	Front & Rear wheel wells	\$30.00
140		
141	<b><u>Number Plates:</u></b>	\$100.00
142	Remove the plates on each side and rear of the modular body. Refinish the surface	
143		
144		
145		

Lee County EMS  
 Rechassis  
 2004

A	B	C
146		
147	* * << CAB AREA >> * *	
148		
149		
150	<u>Rocker Switch Panel:</u>	\$100.00
151	Transfer	
152		
153	<u>Cab Console:</u>	\$500.00
154	Refurbish the existing center console. Repair any damage mica. Install protective metal edging along Mica edges	\$160.00
155	Trim edges with stainless steel caps	
156		
157	<u>Door Open Warning Panel:</u>	\$60.00
158	Install New/Wired Rite door map panel	\$180.00
159		
160	<u>Voltmeter:</u>	\$50.00
161	New Gauge	\$50.00
162		
163	<u>Ammeter:</u>	\$50.00
164	New Gauge	\$75.00
165		
166	<u>Power Supply:</u>	\$60.00
167	NAPA Power Ports # 782-1635 with dust cover flap	\$10.00
168	Location: Passengers side of center console	
169		
170	<u>Radio Speaker:</u>	\$0.00
171	Remove from dash and hold for new position	
172		
173	<u>Dump Switch:</u>	\$50.00
174	Replace momentary rocker switch - streetside by patient compartment rear door	
175		
176		
177		
178		
179	* * << 12v DC ELECTRICAL SYSTEM >> * *	
180		
181		
182		
183	<u>Electrical:</u>	
184	Disconnect cab harness & reinstall	\$2,000.00
185	General 12 & 120 volt electrical hours	\$5,000.00
186		
187	<u>Batteries:</u>	\$0.00
188	Four (4) GP-31's in slideout tray left step	
189		
190	<u>Battery Switching:</u>	\$0.00
191	Paddle on/off - Left of drivers seat	
192		
193	<u>Battery "ON" indicator:</u>	\$0.00

Lee County EMS  
 Rechassis  
 2004

A	B	C
194	Green Indicator OEM installed on dash	
195		
196	<u>Alternator:</u>	\$0.00
197	270A	
198		
199	<u>Auto-Throttle:</u>	
200	Interface electronic engine	\$100.00
201		
202	<u>Power Supplies:</u>	
203	NAPA Power Ports # 782-1635 with dust cover flap	
204	Quantity: Two (2) Location: Right front compartment next to 120VAC power strip	
205		
206		
207		
208	<b>120 Volt System</b>	
209		
210		
211	<u>Shoreline # 1: R &amp; R</u>	\$150.00
212	Kussmaul 20A Super Auto-Eject	
213	Power Source For: Battery charger & interior outlets	
214	LED red Indicator light - indicates circuit breaker is hot	\$60.00
215	Metal function label	\$15.00
216	Location: Streetside kickplate - left (outside)	
217		
218	Manual Eject: Push button to eject both shorelines - label	
219		
220	<u>Shoreline # 2: R &amp; R</u>	\$150.00
221	Kussmaul 20A Super Auto-Eject	
222	Power Source For: Roof top air conditioner	
223	LED red Indicator light - indicates circuit breaker is hot	\$60.00
224	Metal function label	\$15.00
225	Location: Streetside kickplate - right (inside)	
226		
227	<u>Circuit Breaker Panel:</u>	\$260.00
228	Square "D" panel with (2) 20A GFI circuit breakers	\$200.00
229		
230	<u>Power Strip 120V:</u>	\$100.00
231	Six (6) outlets	\$60.00
232	Compartment # 7 Location: vertical right on wall # 3 - mid level 6" from exterior door	
233		
234		
235	<u>Interior 120 Receptacles:</u>	\$60.00
236	Check for proper operation - R & R if necessary	
237		
238	<u>Block Heater:</u>	\$0.00
239	None	
240		
241	<u>Inverter:</u>	\$100.00

Lee County EMS  
Rechassis  
2004

A	B	C
242	Remove the inverter under the attendant's seat. Remove all wiring attached to it.	
243	Return inverter to Lee County	
244		
245	*	
246	<< ICC & DOT LIGHTING & REQUIRED DEVICES >>	
247	*	
248		
249	<u>Clearance and Marker Lights:</u>	\$100.00
250	Weldon LEDs with S/S guards	\$80.00
251	Standard ICC/DOT body reflectors	
252	Note: The left front and right rear side marker lights will stay on as a "battery power on" indicator warning light.	
253	<u>Back Up Alarm:</u>	
254	DOT approved back up alarm.	\$50.00
255	<u>Tail Light Package Position:</u>	
256	Horizontal On Kick Plate - Position as high as possible - rear doors shall not obstruct lights when opened	
257	<u>Brake/Tail Lights: Outside</u>	\$150.00
258	Truck Lite LED #45072R - Rubber mounting ring	
259	<u>Turn Signals: Middle</u>	\$150.00
260	Truck Lite LED # 45071Y - Rubber mounting ring	
261	<u>Back up lights: Inside</u>	
262	Truck Lite # 45204 - Rubber mounting ring >> not a LED light	\$150.00
263	<<	
264		
265	<u>Turn Signals:</u>	
266	Whelen 700 Series LED Amber Guide Arrows with flange - (2) each	\$484.00
267	Location: Forward facing modular body - (1) each side under front lightbar	
268	Interface with turn signal system	
269		
270	*	
271	<< K.K.K. SAFETY PLACARDS >>	
272	*	
273		
274	<u>Clearance Warning:</u>	\$50.00
275	10' 6" - white vinyl - 1 1/2" high	
276	Passengers & Drivers side - windshield interior	
277	<u>Product Logo:</u>	
278	Two (2) Medicmaster™ name plates.	
279	<u>Seat Belt Warning Sign:</u>	
280	1. Cab.	\$15.00
281	<u>No Smoking/Oxygen Sign:</u>	
282	1. Cab.	\$15.00
283	<u>Parking Brake Sign:</u>	
284	Silver: warning parking brake must be applied	
285	<u>Star of Life Certification:</u>	

Lee County EMS  
 Rechassis  
 2004

A	B	C
286	As required.	
287	<b><u>Payload Weight Certification:</u></b>	
288	As required.	
289	<b><u>FMVSS Label:</u></b>	
290	As required.	
291	<b><u>AMD Label:</u></b>	
292	As required.	
293		
294	*	
295	<b>&lt;&lt; AUDIBLE EMERGENCY WARNING DEVICES &gt;&gt;</b>	
296		
297		
298	<b><u>Electronic Siren: R &amp; R</u></b>	\$150.00
299	Existing siren	
300		
301	<b><u>Speakers:</u></b>	
302	Whelen Model SA314P Speakers (2) each in outer bumper sections	\$575.00
303	Return existing speakers to customer	
304		
305	<b><u>Air Horns:</u></b>	
306	Install new Grover # 1510 air horns - (2) each	\$330.00
307	Install button to activate horns - upper center of dash plate	\$150.00
308	R & R floor switch Position air horns with a slight downward tilt so water drains out.	
309		
310		
311	*	
312	<b>&lt;&lt; VISUAL WARNING DEVICES &gt;&gt;</b>	
313		
314		
315	<b><u>Front Light Bars:</u></b>	\$400.00
316	Whelen Model 9MMEDFFD with (4) front strobes (2) each	\$1,650.00
317	Location: Cab roof - mounted 20 degrees side by side	
318	Lens Configuration: Red on outside & clear inside	
319	Switch Red Sections As: Primary/Secondary	
320	Switch White Section As: Primary	
321	Reinforce roof under light bar	\$90.00
322		
323	<b><u>Rear Light Bar:</u></b>	\$400.00
324	Whelen Model 4500KKF LED - (5) DOT lights	\$1,400.00
325	Lens Configuration: RRRCACRRR	
326	Switch As: Rear Light Bar	
327	Switch Red Sections As: Primary/Secondary	
328	Switch Amber Section As: Primary/Secondary	
329		
330	<b><u>Cab Grille:</u></b>	\$100.00
331	Whelen 700 Series LED - One (1) red lens with flange	\$167.00
332	Location: Upper curbside corner of grille	
333	Switch As: Warning - NS cutoff - override	

Lee County EMS  
 Rechassis  
 2004

A	B	C
334		
335	<b><u>Cab Grille:</u></b>	\$100.00
336	Whelen 700 Series LED - One (1) red lens with flange	
337	Location: Upper streetside corner of grille	\$167.00
338	Switch As: Warning - NS cutoff - override	
339		
340	Flash Pattern: "X" pattern upper & lower grille lights	
341		
342	<b><u>Cab Grille:</u></b>	\$100.00
343	Whelen 700 Series LED - One (1) amber lens with flanges	\$167.00
344	Location: Lower curbside corner of grille	
345	Switch As: Warning	
346		
347	<b><u>Cab Grille:</u></b>	\$100.00
348	Whelen 700 Series LED - One (1) amber lens with flange	\$167.00
349	Location: Lower curbside corner of grille	
350	Switch As: Warning	
351		
352	<b><u>Forward Intersector:</u></b>	\$100.00
353	Whelen 700 strobe split red/clear with flange	\$157.00
354	Streetside engine cowling	
355	Primary/Secondary	
356		
357	<b><u>Forward Intersector:</u></b>	\$100.00
358	Whelen 700 strobe split red/clear with flange	\$157.00
359	Curbside engine cowling	
360	Primary/Secondary	
361		
362	<b><u>Rear Intersector:</u></b>	\$100.00
363	Whelen 700 strobe - red lens with flange	\$147.00
364	Center above rear wheel wells	
365	Primary/Secondary	
366		
367	<b><u>Rear Intersector:</u></b>	\$100.00
368	Whelen 700 strobe - red lens with flange	\$147.00
369	Center above rear wheel wells	
370	Primary/Secondary	
371		
372	<b><u>Streetside Emergency:</u></b>	\$50.00
373	Whelen 9E halogen - red lens	\$30.00
374	Forward emergency light	
375	Primary/Secondary	
376		
377	<b><u>Streetside Emergency:</u></b>	\$50.00
378	Whelen 9E halogen - red lens	\$30.00
379	Rear emergency light	
380	Primary/Secondary	
381		
382	<b><u>Curbside Emergency:</u></b>	\$50.00
383	Whelen 9E halogen - red lens	\$30.00

Lee County EMS  
Rechassis  
2004

A	B	C
384	Forward emergency light	
385	Primary/Secondary	
386		
387	<b>Curbside Emergency:</b>	\$50.00
388	Whelen 9E halogen - red lens	\$30.00
389	Rear emergency light	
390	Primary/Secondary	
391		
392	<b>Rear Modular Body: &gt;Mid-Body&lt; 1 &amp; 2</b>	\$325.00
393	Whelen 900 strobe amber lens with flange	\$100.00
394	Position at upper windows - upper section	
395		
396	<b>Rear Modular Body: &gt;Mid-Body&lt; 1 &amp; 2</b>	\$325.00
397	Whelen 900 strobe amber lens with flange	\$100.00
398	Position at upper windows - upper section	
399		
400	<b>"X" pattern &gt;Mid-Body Lights&lt;</b>	
401		
402	<b>Rear Modular Body: &gt;Mid-Body&lt; 3 &amp; 4</b>	
403	Whelen 900 LED - two (2) red lens with flanges	\$280.00
404	Position at upper windows - lower section	
405	Interface with brake light system	
406		
407	<b>Rear Modular Body: &gt;Mid-Body&lt; 3 &amp; 4</b>	
408	Whelen 900 LED - two (2) red lens with flanges	\$280.00
409	Position at upper windows - lower section	
410	Interface with brake light system	
411		
412	<b>LED Flasher:</b>	\$100.00
413	Weldon LED flasher	\$110.00
414		
415	<b>Strobe Power Supply:</b>	\$200.00
416	Whelen UPS 158	\$473.00
417	Compartment # 2 ceiling	
418		
419	<b>Spotlight:</b>	\$100.00
	Collins Model #CL-12 <> hardware <> aluminum holster right side of center console - apply Stan Pro the edges of the holster	
420		\$160.00
421		
422	<b>Compartment Lighting:</b>	\$0.00
423	Check all lights for proper operation	
424		
425	<b>Scene Lights:</b>	\$50.00
	Install four (4) Whelen 900 Series Scene lights with flanges - (2) per side of modular body	
426		\$300.00
427		
428		
429		
430	<b>&lt;&lt; Modular Body &amp; Compartments &gt;&gt;</b>	



Lee County EMS  
Rechassis  
2004

	A	B	C
431			
432			
433		<b>Rear Step Bumper:</b>	\$100.00
434		Install new bumper	\$750.00
435		Dock Bumper: Yes	\$50.00
436		Reflective Stripe: Red/White on rear facing face of hinged section	\$25.00
437		Cord Shield: Install D/P shield over gap between kickplate & bumper - see picture	
438			
439		<b>Kickplate:</b>	\$150.00
440		.100" aluminum diamond plate. >> MOUNT WITH ALUMINUM DRIVE RIVETS << 1/4" PVC flap	\$125.00
441		License Plate Bracket: R & R existing Cast Products bracket - install in center of kick plate.	
442			
443		<b>Modular Body Doors:</b>	\$350.00
444		Check each door for proper timing, & worn out items.	
445		Replace or repair as necessary	
446		<b>Door Handles:</b>	
447		Replace the following Trimark Hardware:	\$100.00
448		Curbside patient compartment door	\$52.00
449		Lead rear patient compartment door	\$52.00
450			
451		<b>Electric Door Locks:</b>	
452		Check all locks for proper operation	\$50.00
453			
454		<b>Rub Rails:</b>	
455		Aluminum "C" channel with rubber insert.	\$230.00
456		Reflective Strip: White	
457			
458		<b>Drip Rails:</b>	\$0.00
459		Install drip rails over curbside & rear entry doors on modular body	
460			
461		<b>Grabbers:</b>	\$25.00
462		Replace (4) Cast Products Grabbers on rear doors	\$113.00
463			
464		<b>Compartment # 1:</b>	\$334.00
465		Install (2) Ferno Washington # 521 bottle brackets on wall # 3.	
466		Vertical stacked set up for "D" cylinders	\$50.00
467		Forward of Zico cylinder bracket	
468		See Picture in note book of setup	
469			
469		<b>Back Board Straps:</b>	\$50.00
470		Replace existing straps in compartment # 1	\$25.00
471			
472		<b>Fire Extinguishers:</b>	

Lee County EMS  
Rechassis  
2004

	A	B	C
473		Install (1) 5 pound ABC in wall of right front cabinet in walk through area	\$123.00
474		Install (1) 5 pound ABC in floor of compartment # 2 next to wall # 3.	
475			
476		<b>Floor Decking:</b>	\$200.00
477		Turtle Tile with beveled forward edge - (5) compartments	
478			
479		<b>Shelf Liners:</b>	\$160.00
480		Black ribbed rubber mat - (8) shelves	
481			
482		<b>PATIENT COMPARTMENT</b>	
483			
484			
485		<b>Air Conditioner/Heat Unit: Unducted</b>	
		Replace air conditioning cabinet on upper forward bulkhead. Install top hinged door, (2) gas struts, return air vents, and new cushion under cabinet.	\$760.00
486		Install new Hoseline Model ACHU1128R air conditioning evaporator, >>WEDGE<< mounted condenser, and accessories	\$2,600.00
487			
488		Change from a ducted to unducted unit	
489		Secondary Compressor: Yes Heater Valves: 1/4 turn >> Brass << cut off valve in engine compartment.	
490			
491			
492		<b>Forward Electrical Floor Closeout:</b>	
493		Location: Bulkhead floor	
494		>>> Do not chalk <<<<	
495			
496		<b>Floor:</b>	\$1,500.00
497		Install Lonplate II # 421 Mica flooring - 4" rollup	\$350.00
498		Stainless steel floor plates deleted	
499		Model 30 stretcher mounting blocks	
500			
501		<b>Upholstery:</b>	\$1,000.00
502		Replace all upholstery	\$400.00
503		Gray Ash	
504			
505		<b>Interior Repairs:</b>	
506		Repair latch on squad bench	\$50.00
507		Replace (2) Jeddco's on squad bench	\$50.00
508		Replace all interior gas struts	\$50.00
509		Struts	\$150.00
		Replace finger pull latch at forward end of squad bench with a stainless steel finger pull	\$40.00
510			
		Replace coated cables on bio-waste door at forward end of squad bench	\$50.00
511			
512		Replace seat belts on squad bench "back splash only"	\$123.00

Lee County EMS  
Rechassis  
2004

A	B	C
513	Install 6" H stainless kick plates on streetside cabinets & squad bench face	\$100.00
514	Install vertical grab handle on rear action area wall # 1 - see pictures	\$33.00
515	Cover mica damage as needed with stainless steel	
516	<b>Clock:</b>	
517	Install Emergency Time Manager	\$239.00
518	Location: Action area	
519		
520	<b>Fans 12V Non-Oscillating:</b>	
521	Two (2) Bergstrom Model #756360 fans.	\$100.00
522	1. Streetside wall at rear cabinet	\$100.00
523	2. Wall left of the AC access door	\$100.00
524		
525	<b>12VDC Power:</b>	\$50.00
526	Replace Mil Spec outlet in action area	\$17.00
527		
528	<b>Attendants Seat:</b>	\$100.00
529	Remove existing seat and wooden base.	\$50.00
530	Replace with the following seat & base:	
531	Seat: EVS Childs safety seat with seat belt	\$748.00
532	Seat Base: EVS Model 185S Swivel base	\$255.00
533		
534	<b>Interior Cabinets:</b>	
535		
536	Streetside Below Rear Upper Cabinet:	
	Solid drop down door - locking lever latch - heavy duty surface mounted hinges (HNG3990)- (2) 1/4" coated restraint cables - thru bolt straps that hold cables with carriage bolts - cables shall be fastened to the cabinet roof with minimal # 10 screws.	\$220.00
537		
538	SURFACE MOUNTED HINGES SHALL BE THRU BOLTED	\$100.00
	Interior Drawers: Two (2) inside of cabinet 4" high - drawers to lock in the in & out positions	\$440.00
539		
540	Interior surface of drop down door to have 1/2" lip on (3) sides	\$200.00
541	Venting: (2) vents in drop down door - (LOU5672)	
542		
543	Streetside Upper (3) restocking Cabinets	\$600.00
544	Upper: Install (2) gas struts - reuse existing sash locks	\$150.00
545		
546	Streetside Upper Forward:	
	AC cabinet modification will reduce the access opening to this cabinet.	
547	Install new Lexan door	
548	<b>SEE PICTURES IN NOTEBOOK</b>	
549		
550		
551	Bio Waste Door:	\$50.00
552	Install stainless steel finger pull latch	

Lee County EMS  
Rechassis  
2004

A	B	C
553	Forward end of the squad bench	
554		
557	Heavy duty surface mounted hinges (HNG3990) - (3) each	\$75.00
558		
559	Stretcher Hardware:	\$50.00
560	Remove Ferno Washington hardware	\$390.00
561	Install Stryker hardware >single floor mount<	
562	Stretcher Hook: Yes	
563		
564	Oxygen Cylinder Bracket:	\$150.00
565	remove existing bracket	\$234.00
566	Install Zico Model QR-MV set up for a Steel "M" cylinder	
567		
568	Interior Patient Compartment Lights:	
569	Replace all dome light lens	\$151.00
570		
571	IV Hooks:	
572	Replace velcro straps	\$0.00
573		
574	Waste Can Bracket:	\$150.00
575	Stainless steel bracket on curbside door - 28 quart rubber maid	
576	High center of interior door panel	
577		
578	Check Out Light Timer:	
579	10 Minute Rocker Switch:	
580	Curbside entry door wall	
581		
582	Life Pack Bracket: Install system like new units.	
583		
584	IV Pump Rail: 7/8" SS Pole in action area - exact TBA	
585		
586		
587	<b>Ship Loose:</b>	
588	1. Inverter removed from under the attendants seat.	
589	2. Two (2) shoreline connector plugs	
590	3. DOT package - blue with >white< borders	
591		
592		
593		-\$250.00
594	Total	\$112,000.00
595		