

**Bay-Arenac ISD**  
**4155 Monitor Road**  
**Bay City, MI 48706**  
**(989) 667-3270**

**Request for Proposal**  
**OT/PT Classroom Equipment**  
**April 1, 2008**

## **GENERAL CONDITIONS**

The Bay-Arenac ISD is soliciting bids from qualified vendors for OT/PT Classroom Equipment for Bay-Arenac Career Center, located at 4155 Monitor Road, Bay City, MI 48706.

The following Request for Proposal (RFP) is being provided to you for your consideration. To be considered, your company must meet the qualifications and satisfy the requirements set forth in this RFP.

David Bourdon  
Building Operations Supervisor  
Bay-Arenac ISD  
4155 Monitor Road  
Bay City, MI 48706  
989.667.3270

Completed proposals must be received at the address noted above by 1:00 p.m. on Wednesday, April 23, 2008. Proposals must be submitted in an envelope that is clearly marked "OT/PT Classroom Equipment". Proposals submitted by facsimile will not be accepted. All proposals will be opened at the specified time and will be read aloud. The public is welcome to attend this bid opening.

Although cost will be an important factor in awarding the contract, the school district is not obligated by any statute or regulation to award the bid for the OT/PT Classroom Equipment on the basis of cost. Accordingly, the school district reserves the right to evaluate all proposals objectively and subjectively and to accept or reject any or all proposals or portion thereof. Additionally, the district reserves the right to negotiate changes in equipment with the company determined to have submitted the proposal that is in the best interest of the district.

It is to be understood that this RFP constitutes specifications only for the purpose of receiving proposals for services and does not constitute an agreement for those services. It is further expected that each bidder will read these specifications with care. Failure to provide requested information or meet certain specified conditions may invalidate the proposal(s).

The information contained herein is believed to be accurate, but is not to be considered in any way as a warranty.

All questions and correspondence should be directed to David Bourdon at the address noted above or by telephone. In order to assure consistency of information provided regarding this RFP, contact with Bay-Arenac ISD personnel other than Mr. Bourdon is discouraged and may be grounds for elimination from the selection process.

## **WITHDRAWAL OF PROPOSALS:**

Proposals shall remain valid for a period of sixty (60) days after submission. Modifications to proposals will not be accepted by the district, except as may be mutually agreed upon following the acceptance of the proposal.

## **TIME TABLE:**

1. Release of RFP on or about April 1, 2008.
2. Proposals due at 1:00 p.m. on Wednesday, April 23, 2008.
3. Sealed Bids will be opened at 1:15 p.m. on April 23, 2008.
4. Presented to the Board of Education for approval on May 19, 2008.
5. Notification to all companies as soon as possible after May 19, 2008.

## **REQUIREMENTS:**

Bid specifications for the OT/PT Classroom Equipment must match specifications on the bid sheet or be of equal specifications to be accepted. Please include all cost factors and a specific delivery time frame. Please include color samples of items bid.

## **METHOD OF EVALUATING PROPOSALS**

After the bids have been evaluated, cost and other considerations will be evaluated. Once all factors have been evaluated, the Vendor that is most qualified and reasonable in cost will be selected for recommendation to the Board of Education.

## **PAYMENT**

Final payment to the successful bidder will be paid upon delivery of product.

## **NOTICE OF NONDISCRIMINATION**

The Bay-Arenac ISD does not discriminate on the basis of race, color, national origin, sex, age, religion, height, weight, marital status or disability in its programs and activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies:

Michael R. Dewey, Superintendent  
Bay-Arenac ISD  
4228 Two Mile Road  
Bay City, MI 48706  
(989) 686-4410

**Bay-Arenac ISD  
4155 Monitor Rd.  
Bay City, MI 48706  
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**PROPOSAL FORM**

Please complete and return this proposal form with any additional information you feel is necessary to help us evaluate your business.

***OT/PT Classroom Equipment:***

| Qty | Description   | Each     | Total    |
|-----|---|----------|----------|
| 1   | Cateye Treadmill 36"W x 84" L 120 volts   | \$ _____ | \$ _____ |
| 1   | SciFit Tele-Rail Walker SXT7000   | \$ _____ | \$ _____ |
| 1   | SciFit Pro2 and PRO1000 Pro II All Body Ergometer                                 | \$ _____ | \$ _____ |
| 1   | NuStep TRS 4000 Recumbent Cross Trainer   | \$ _____ | \$ _____ |
| 1   | BTE Simulator II – Work Simulator   | \$ _____ | \$ _____ |
| 1   | Polar Wireless Transmitter  | \$ _____ | \$ _____ |
| 1   | 10' Platform-Mounted Parallel Bars  | \$ _____ | \$ _____ |
| 1   | Single-Side Training Stairs   | \$ _____ | \$ _____ |
| 1   | ValueLine Mat Platform 6' W x 8' L  | \$ _____ | \$ _____ |
| 1   | Fitter Slide  | \$ _____ | \$ _____ |
| 1   | Plyometric Rebounder Rebounder Pkg.<br>Includes Rebounder and Five medicine balls | \$ _____ | \$ _____ |
| 1   | Deluxe Exercise Rail System   | \$ _____ | \$ _____ |
| 1   | Adult Posture Mirrors Single mobile mirror<br>28' W x 7' H – including casters    | \$ _____ | \$ _____ |
| 3   | Clinton Treatment Table with Shelf<br>30" Slate Blue                              | \$ _____ | \$ _____ |
| 1   | Chattanooga Ergonomic Treatment Table<br>Firm Slate                               | \$ _____ | \$ _____ |
| 1   | Hospital Beds   | \$ _____ | \$ _____ |
| 1   | Hydrocollator Heating Units, Model SS-2<br>Includes 8 standard HotPacs            | \$ _____ | \$ _____ |
| 1   | ColPac Chilling Units Compact ColPac Unit   | \$ _____ | \$ _____ |

Tax Exempt (Education)

Freight & Delivery : \$ \_\_\_\_\_

Please include estimated Delivery time. \_\_\_\_\_

Total Price: \$ \_\_\_\_\_

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**PROPOSAL FORM**

Please complete and return this proposal form with any additional information you feel is necessary to help us evaluate your business.

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
(Please Type or Print) Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date