

d) **Standard Purchasing Resolution 2: Low Bidder Meeting Specifications – Fitness Equipment**

Resolution #2014-07-096-J-4d

RESOLVED, That Troy City Council hereby **AWARDS** two (2) contracts to the low bidders meeting specifications or approved equivalent to provide fitness equipment for the Troy Community Center to All Pro Exercise of Plymouth Township, MI and to Direct Fitness Solutions, LLC of Mundelein, IL as detailed below; at an estimated total cost of \$63,980.00 at the prices contained in the bid tabulation dated June 26, 2014, a copy of which shall be **ATTACHED** to the original Minutes of this meeting.

		All Pro Exercise	Direct Fitness Solutions, LLC
TOTAL COST FOR NEW EQUIPMENT			
Deduct Trade-Ins		\$37,145.00	\$34,635.00
Estimated Net Total Cost low bid as specified or approved equivalent items less All Trade-ins:		\$5,700.00	\$3,000.00
Add'l Eqpt. to Purchase			
Concept 2 Rower Model E (1)	\$900.00	\$900.00	
Estimated Grand Total Cost bid as specified or approved equivalent less Trade-in Items and additional item #7:		\$32,545.00	\$31,635.00

BE IT FURTHER RESOLVED, That the award is **CONTINGENT UPON** the company's submission of properly executed bid and contract documents, including insurance certificates and all other specified requirements.

Approved 07-07-2014

PURCHASE ORDER

No. 2015-00000015
 DATE: 07/10/2014
 PAGE: 1 of 1
 FOB DESTINATION

Ship To
 CITY OF TROY
 Purchasing
 3179 LIVERNOIS
 TROY, MI 48083

Bill To
 CITY OF TROY
 Purchasing
 3179 LIVERNOIS
 TROY, MI 48083

COUNCIL RESOLUTION
 2014-07-096-J-4d

VENDOR NO. 162014

Vendor
 DIRECT FITNESS SOLUTIONS
 600 TOWER ROAD
 MUNDELEIN, IL 60060

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	Lot	Furnish and install 6 new pieces of physical fitness equipment less 6 trade-ins. Equipment to be furnished and installed: PreCor AMT835 with open stride (3) and PreCor EFX835 (3). Equipment to be installed in the Troy Community Center Fitness Room. All items to be furnished in accordance with bid specifications and your accepted proposal. Itemized pricing information is attached to this purchase order.	31,635.0000	\$31,635.00

Entered By: Enna Bachelor

\$31,635.00

Special Instructions:
 Deliver as per bid specifications ITB-COT 14-22. Contact Brian Goul, Assistant Recreation Director at 248.524.3529 prior to delivery. City Council approval date: 07/07/2014. Acceptable insurance certificated required to be on file prior to delivery and installation of equipment.

TERMS & CONDITIONS

1. Purchases of Municipalities are exempt from State Sales and Federal Excise Taxes.
2. Prior to acceptance, vendor agrees to provide City with information under the Right-to-Know Law, P.A. 1986, No. 80, and fully comply with all terms and conditions of the Michigan Occupational Safety and Health Act, MCL 408.1001, et seq. including vendor shall provide City with an "MSDS". Vendor also agrees to be responsible for all required labeling.
3. In cases of emergency/disaster, the City can purchase up to six(6) times the order amount for a period of six(6) months at the price contained in the contract.
4. Purchase Orders are signed electronically based upon computer generated "on-line" authorized approvals. Authentic signatures are on file in the City of Troy Purchasing Department.

NOTICE: The City could put the vendor on notice that vendors will be held financially responsible for any claims or awards made against the City as a result of the vendor's action. If the City has to defend the initial lawsuit, the City will bring in the vendor as a co-defendant or sue the vendor, either as the result of settling a claim or the conclusion of the lawsuit.

HEREBY CERTIFY THAT THIS ORDER IS PROPERLY AUTHORIZED AND APPROVED.

DIRECT FITNESS PO ATTACH

PURCHASE ORDER NO. 2014-0000015

ITB-COT 14-22
FITNESS EQUIPMENT

VENDOR NAME: **Direct Fitness Solutions LLC**
Mundelein, IL

PROPOSAL: FURNISH AND INSTALL EIGHTEEN (18) NEW PIECES OF COMMERCIAL GRADE PHYSICAL FITNESS EQUIPMENT IN THE TROY COMMUNITY CENTER FITNESS ROOM IN ACCORDANCE WITH THE ATTACHED				
EQUIPMENT TO PURCHASE (1 for 1 trade-in exchange)				
ITEM	QTY	Description (No Substitutions)	Unit Cost (Each)	Estimated Total Cost
1	3	PreCor AMT835 with open stride	\$6,495.00	\$19,485.00
4 Alt.	3	PreCor EFX835	\$5,050.00	\$15,150.00
TOTAL COST FOR NEW EQUIPMENT				\$34,635.00
6 TRADE-INS				
	QTY	Description	Estimated Trade-In Amount (Each)	Estimated Trade-In Amount Total
	3	PreCor AMT	\$700.00	\$2,100.00
	3	Cybex Arc Trainer (2006)	\$300.00	\$900.00
		DEDUCT:		\$3,000.00
Estimated Net Total Cost (All Items 1-5 less #6 All Trade-ins)				\$31,635.00
7	QTY	ADDITIONAL EQUIPMENT TO PURCHASE	Unit Cost (Each)	Estimated Total Cost
	1	Concept 2 Rower Model E	No Bid	
Estimated Grand Total Cost (All Items 1-5 less Item #6 All Trade-				\$31,635.00
Estimated low bid as specified or approved equivalent less Trade-				\$31,635.00
DESCRIPTIVE LITERATURE: Yes or No			Yes	
DELIVERY by August 29, 2014: Yes or No			If order is placed by July 15	
AUTHORIZED DEALER: Yes or No			Yes	
SERVICE FACILITY LOCATION:				
Location:			Shelby Twp	
Miles from Troy			10	
Response Time for Service Calls			24-48 hours	
CONTACT INFORMATION: Name			Jerry Seputo/Jack Summers	
Name			7AM-5PM	
Hours of Operation			586-382-6562	
24 Hr. Phone				
WARRANTY: (3) Years Minimum			Yes	
All Wear Items			Yes	
All Parts & Labor Coverage			Yes	
Free 2nd Day Parts Shipping			Yes	
Free Service call			Yes	
SUBCONTRACTORS: Yes or No			Yes	
REFERENCES: Yes or No			Yes	
INSURANCE:			Yes	
Can meet			X	
Cannot meet				
PAYMENT TERMS:			Net 30	
EXCEPTIONS:			Yes	
ACKNOWLEDGEMENT: Signed Yes or No			Yes	
FORMS (5) Yes or No			No - 3 Signed	

BLANKET ORDER

No. 2014-00002313
 DATE: 07/10/2014
 PAGE: 1 of 1
 FOB DESTINATION

Ship To

CITY OF TROY
 Parks and Recreation
 3179 LIVERNOIS
 TROY, MI 48083

Bill To

CITY OF TROY
 Parks and Recreation
 3179 LIVERNOIS
 TROY, MI 48083

COUNCIL RESOLUTION
 2014-07-096-J-4d

VENDOR NO. 133436

Vendor

ALL-PRO EXERCISE INC
 45255 FIVE MILE RD
 PLYMOUTH, MI 48170

QUANTITIES ARE ESTIMATED AND WILL BE ORDERED AS NEEDED

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	Each	Furnish and install 12 new pieces of physical fitness equipment less 11 trade-ins. Equipment to be furnished and installed: Matrix #R5x Recumbent Cycle (5), Octane XR 6000 (1), Octane 4700 (5), Concept Rower Model E (1). Equipment to be installed in the Troy Community Center Fitness Room. All items to be furnished in accordance with bid specifications and your accepted proposal. Award sheet including itemized pricing information is attached to this purchase order.	32,345.0000	\$32,345.00

Entered By: Enna Bachelor

\$32,345.00

Special Instructions:

Deliver as per bid specifications ITB-COT 14-22. Contact Brian Goul, Assistant Recreation Director at 248.524.3529 prior to delivery. City Council approval date: 07/07/2014. Acceptable insurance certificate required to be on file prior to delivery and installation of equipment.

TERMS & CONDITIONS

1. Purchases of Municipalities are exempt from State Sales and Federal Excise Taxes.
2. Prior to acceptance, vendor agrees to provide City with information under the Right-to-Know Law, P.A. 1986, No. 80, and fully comply with all terms and conditions of the Michigan Occupational Safety and Health Act, MCL 408.1001, et seq. including vendor shall provide City with an "MSDS". Vendor also agrees to be responsible for all required labeling.
3. In cases of emergency/disaster, the City can purchase up to six(6) times the order amount for a period of six(6) months at the price contained in the contract.
4. Purchase Orders are signed electronically based upon computer generated "on-line" authorized approvals. Authentic signatures are on file in the City of Troy Purchasing Department.

NOTICE: The City could put the vendor on notice that vendors will be held financially responsible for any claims or awards made against the City as a result of the vendor's action. If the City has to defend the initial lawsuit, the City will bring in the vendor as a co-defendant or sue the vendor, either as the result of settling a claim or the conclusion of the lawsuit.

I HEREBY CERTIFY THAT THIS ORDER IS PROPERLY AUTHORIZED AND APPROVED.



PURCHASE ORDER NO. 2014-0000231?

ITB-COT 14-22

PHYSICAL FITNESS EQUIPMENT

VENDOR NAME: All Pro Exercise - Bid A
Plymouth Twp, MI

PHYSICAL FITNESS EQUIPMENT IN THE TROY COMMUNITY CENTER FITNESS ROOM IN ACCORDANCE WITH THE ATTACHED SPECIFICATIONS AS FOLLOWS:

EQUIPMENT TO PURCHASE (1 for 1 trade-in exchange)				
ITEM	QTY	Description (No Substitutions)	Unit Cost (Each)	Estimated Total Cost
2	5	Matrix #R5x Recumbent Cycle	\$2,495.00	\$12,475.00
<i>Alt.</i>	5	Matix R3X		
3	1	Octane XR 6000	\$3,695.00	\$3,695.00
4	5	Octane 4700 Elliptical	\$4,195.00	\$20,975.00
TOTAL COST FOR NEW EQUIPMENT				\$37,145.00
6 TRADE-INS				
	QTY	Description	Estimated Trade-In Amount (Each)	Estimated Trade-In Amount Total
	5	Matrix #R3X Recumbent Cycles	\$400.00	\$2,000.00
	1	Octane X-Ride	\$650.00	\$650.00
	2	Octane 3700 Elliptical	\$550.00	\$1,100.00
	3	Octane 4700 Elliptical	\$650.00	\$1,950.00
		DEDUCT:		\$5,700.00
Estimated Net Total Cost (All Items 1-5 less #6 All Trade-				\$31,445.00
7	QTY	ADDITIONAL EQUIPMENT TO PURCHASE	Unit Cost (Each)	Estimated Total Cost
	1	Concept 2 Rower Model E	\$900.00	\$900.00
Estimated Grand Total Cost (All Items 1-5 less Item #6 All				\$32,345.00
Estimated low bid as specified or approved equivalent				\$32,345.00
DESCRIPTIVE LITERATURE: Yes or No		Yes		
DELIVERY by August 29, 2014: Yes or No		Yes		
AUTHORIZED DEALER: Yes or No		Yes		
SERVICE FACILITY LOCATION:				
Location:		Plymouth Twp		
Miles from Troy		35		
Response Time for Service Calls		48 hours		
CONTACT INFORMATION: Name				
Name		Dan Coyer		
Hours of Operation		M-F 9AM-5PM		
24 Hr. Phone		800-525-2739		
WARRANTY: (3) Years Minimum				
All Wear Items		Yes		
All Parts & Labor Coverage		Yes		
Free 2nd Day Parts Shipping		Yes		
Free Service call		Yes		
SUBCONTRACTORS: Yes or No		Yes		
REFERENCES: Yes or No		Yes		
INSURANCE:				
Can meet		X		
Cannot meet				
PAYMENT TERMS:		Net 30 After Delivery		
EXCEPTIONS:		Yes		
ACKNOWLEDGEMENT: Signed Yes or No		Yes		
FORMS (5) Yes or No		No - 3 signed		

PHYSICAL FITNESS EQUIPMENT

VENDOR NAME:	All Pro Exercise - Bid B Plymouth Twp, MI	All Pro Exercise - Bid A Plymouth Twp, MI	Direct Fitness Solutions LLC Mundelein, IL
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PROPOSAL: FURNISH AND INSTALL EIGHTEEN (18) NEW PIECES OF COMMERCIAL GRADE PHYSICAL FITNESS EQUIPMENT IN THE TROY COMMUNITY CENTER FITNESS ROOM IN ACCORDANCE WITH THE ATTACHED SPECIFICATIONS AS FOLLOWS:

EQUIPMENT TO PURCHASE (1 for 1 trade-in exchange)

ITEM	QTY	Description (No Substitutions)	Unit Cost (Each)	Estimated Total Cost	Unit Cost (Each)	Estimated Total Cost	Unit Cost (Each)	Estimated Total Cost
1	3	PreCor AMT835 with open stride					\$6,495.00	\$19,485.00
Alt.	3	Precor AMT 100i (Reconditioned)	\$3,295.00	\$9,885.00	\$3,295.00	\$9,885.00		
2	5	Matrix #R5x Recumbent Cycle			\$2,495.00	\$12,475.00	\$2,650.00	\$13,250.00
Alt.	5	Matrix R3X	\$2,095.00	\$10,475.00				
3	1	Octane XR 6000	\$3,695.00	\$3,695.00	\$3,695.00	\$3,695.00	\$4,275.00	\$4,275.00
4	5	Octane 4700 Elliptical	\$4,195.00	\$20,975.00	\$4,195.00	\$20,975.00	\$5,050.00	\$25,250.00
5	3	Cybox 770AT Total Body Arc Trainer			\$5,095.00	\$15,285.00		
Alt.	3	Matrix A3X	\$4,895.00	\$14,685.00				
Alt.	3	Matrix A5X			\$5,095.00	\$15,285.00		
Alt.	3	PreCor EFX835					\$5,050.00	\$15,150.00
TOTAL COST FOR NEW EQUIPMENT					\$59,715.00		\$62,315.00	\$77,410.00

6 TRADE-INS

QTY	Description	Estimated Trade-In Amount (Each)	Estimated Trade-In Amount Total	Estimated Trade-In Amount (Each)	Estimated Trade-In Amount Total	Estimated Trade-In Amount (Each)	Estimated Trade-In Amount Total
3	PreCor AMT	\$650.00	\$1,950.00	\$650.00	\$1,950.00	\$700.00	\$2,100.00
5	Matrix #R3X Recumbent Cycles	\$400.00	\$2,000.00	\$400.00	\$2,000.00	\$100.00	\$500.00
1	Octane X-Ride	\$650.00	\$650.00	\$650.00	\$650.00	\$300.00	\$300.00
2	Octane 3700 Elliptical	\$550.00	\$1,100.00	\$550.00	\$1,100.00	\$300.00	\$600.00
3	Octane 4700 Elliptical	\$650.00	\$1,950.00	\$650.00	\$1,950.00	\$300.00	\$900.00
3	Cybox Arc Trainer (2006)	\$500.00	\$1,500.00	\$500.00	\$1,500.00	\$300.00	\$900.00
	DEDUCT:		\$9,150.00		\$9,150.00		\$5,300.00
Estimated Net Total Cost (All Items 1-5 less #6 All Trade-ins)			\$50,565.00		\$53,165.00		\$72,110.00

7	QTY	ADDITIONAL EQUIPMENT TO PURCHASE	Unit Cost (Each)	Estimated Total Cost	Unit Cost (Each)	Estimated Total Cost	Unit Cost (Each)	Estimated Total Cost
	1	Concept 2 Rower Model E	\$900.00	\$900.00	\$900.00	\$900.00	No Bid	
Estimated Grand Total Cost (All Items 1-5 less item #6 All Trade-Ins + Item #7)				\$51,465.00		\$54,065.00		\$72,110.00

Estimated low bid as specified or approved equivalent less Trade-In Items:	\$0.00		\$22,345.00		\$31,635.00
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DESCRIPTIVE LITERATURE: Yes or No	Yes	Yes	Yes
DELIVERY by August 29, 2014: Yes or No	Yes	Yes	If order is placed by July 15
AUTHORIZED DEALER: Yes or No	Yes	Yes	Yes
SERVICE FACILITY LOCATION:			
Location:	Plymouth Twp	Plymouth Twp	Shelby Twp
Miles from Troy	35	35	10
Response Time for Service Calls	48 hours	48 hours	24-48 hours
CONTACT INFORMATION: Name			
Name	Dan Coyer	Dan Coyer	Jerry Seputo/Jack Summers
Hours of Operation	M-F 9AM-5PM	M-F 9AM-5PM	7AM-5PM
24 Hr. Phone	800-525-2739	800-525-2739	586-382-6562
WARRANTY: (3) Years Minimum			
All Wear Items	Yes	Yes	Yes
All Parts & Labor Coverage	Yes	Yes	Yes
Free 2nd Day Parts Shipping	Yes	Yes	Yes
Free Service call	Yes	Yes	Yes
SUBCONTRACTORS: Yes or No	Yes	Yes	Yes
REFERENCES: Yes or No	Yes	Yes	Yes
INSURANCE:			
Can meet	X	X	X
Cannot meet			
PAYMENT TERMS:			
	Net 30 After Delivery	Net 30 After Delivery	Net 30
EXCEPTIONS:	Yes	Yes	Yes
ACKNOWLEDGEMENT: Signed Yes or No	Yes	Yes	Yes
FORMS (5) Yes or No	No - 3 signed	No - 3 signed	No - 3 Signed

LOW BIDDER MEETING SPECIFICATIONS OR APPROVED EQUIVALENT

CITY OF TROY
 BID TABULATION
 PHYSICAL FITNESS EQUIPMENT

VENDOR NAME:	Fitness Things Bid A	Fitness Things Bid A
	Plymouth, MI	Plymouth, MI

PROPOSAL: FURNISH AND INSTALL EIGHTEEN (18) NEW PIECES OF COMMERCIAL GRADE PHYSICAL FITNESS EQUIPMENT IN THE TROY COMMUNITY CENTER FITNESS ROOM IN ACCORDANCE WITH THE ATTACHED SPECIFICATIONS AS FOLLOWS:

EQUIPMENT TO PURCHASE (1 for 1 trade-in exchange)								
ITEM	QTY	Description (No Substitutions)	Unit Cost (Each)	Estimated Total Cost	Unit Cost (Each)	Estimated Total Cost	Unit Cost (Each)	Estimated Total Cost
1	3	PreCor AMT835 with open stride	No Bid			\$0.00		
2	5	Matrix #R5x Recumbent Cycle						
Alt.	5	625R Cybex	\$2,350.00	\$11,750.00	\$2,350.00	\$11,750.00		
3	1	Octane XR 6000	No Bid			\$0.00		
4	5	Octane 4700 Elliptical	No Bid			\$0.00		
5	3	Cybex 770AT Total Body Arc Trainer	\$5,200.00	\$15,600.00				
5	5	Cybex 770AT Total Body Arc Trainer			\$5,200.00	\$26,000.00		
TOTAL COST FOR NEW EQUIPMENT								\$27,350.00
6 TRADE-INS								
	QTY	Description	Estimated Trade-In Amount (Each)	Estimated Trade-In Amount Total	Estimated Trade-In Amount (Each)	Estimated Trade-In Amount Total	Estimated Trade-In Amount (Each)	Estimated Trade-In Amount Total
	3	PreCor AMT		\$0.00		\$0.00		
	5	Matrix #R3X Recumbent Cycles	\$250.00	\$1,250.00	\$250.00	\$1,250.00		
	1	Octane X-Ride		\$0.00		\$0.00		
	2	Octane 3700 Elliptical		\$0.00		\$0.00		
	3	Octane 4700 Elliptical		\$0.00		\$0.00		
	3	Cybex Arc Trainer (2006)	\$400.00	\$1,200.00	\$400.00	\$1,200.00		
		DEDUCT:		\$2,450.00		\$2,450.00		
<i>Estimated Net Total Cost (All Items 1-5 less #6 All Trade-ins)</i>				\$24,900.00		\$35,300.00		
7	QTY	ADDITIONAL EQUIPMENT TO PURCHASE	Unit Cost (Each)	Estimated Total Cost	Unit Cost (Each)	Estimated Total Cost	Unit Cost (Each)	Estimated Total Cost
	1	Concept 2 Rower Model E	\$900.00	\$900.00	\$900.00	\$900.00		
		DELIVERY/INSTALLATION		\$395.00		\$470.00		
Estimated Grand Total Cost (All Items 1-5 less Item #6 All Trade-ins + Item #7)				\$26,195.00		\$36,670.00		

DESCRIPTIVE LITERATURE: Yes or No	Yes
DELIVERY by August 29, 2014: Yes or No	Yes
AUTHORIZED DEALER: Yes or No	Yes
SERVICE FACILITY LOCATION:	
Location:	Plymouth
Miles from Troy	32
Response Time for Service Calls	48 hours
CONTACT INFORMATION: Name	
Name	Erin Slater
Hours of Operation	M-F 8:30AM-5:00PM
24 Hr. Phone	734-SER-VICE
WARRANTY: (3) Years Minimum	
All Wear Items	Yes
All Parts & Labor Coverage	Yes
Free 2nd Day Parts Shipping	Yes
Free Service call	Yes
SUBCONTRACTORS: Yes or No	Yes
REFERENCES: Yes or No	Yes
INSURANCE:	
Can meet	X
Cannot meet	
PAYMENT TERMS:	Net 30
EXCEPTIONS:	Yes
ACKNOWLEDGEMENT: Signed Yes or No	Blank
FORMS (5) Yes or No	No - 4 signed

ATTEST:
 Brian Goul
 Enna Bachelor
 Susan Reisterer

Mary Beth Murz,
 Purchasing Manager



Package "B"

**CITY OF TROY
BID PROPOSAL**

ITB-COT 14-22
Page 1 of 6

The undersigned proposes to purchase and install **NEW PHYSICAL FITNESS EQUIPMENT FOR THE TROY COMMUNITY CENTER LESS TRADE-INS**, in accordance with the specifications, which are to be considered an integral part of this proposal, at the following prices:

COMPANY NAME: All Pro Exercise

PROPOSAL: TO PURCHASE AND INSTALL EIGHTEEN (18) PIECES OF PHYSICAL FITNESS EQUIPMENT FOR THE TROY COMMUNITY CENTER LESS TRADE-INS.

The undersigned, as bidder, declares that he/she has examined the specifications, including related documents. Being familiar with the conditions in the City of Troy and the type of work required, the bidder hereby proposes to furnish all labor, materials, equipment and supplies, to provide the services specified in the bid proposal documents, at the prices stated below. These prices are to cover all expenses incurred in performing the work required:

Furnish and install eighteen (18) new pieces of commercial grade physical fitness equipment in the Troy Community Center Fitness Room in accordance with the attached specifications as follows:				
ITEM	Quantity	EQUIPMENT TO PURCHASE (1 for 1 trade-in exchange) Description (No Substitutions)	Unit Cost (Each)	Estimated Total Cost
1	Three (3) <i>Fully Recumbent</i>	PreCor AMT835 with open stride <i>PRECOR AMT 100i</i>	\$ 3275 ⁰⁰ /ea	\$ 9825 ⁰⁰
2	Five (5) <i>Alternate</i>	Matrix #R5x Recumbent Cycle <i>MATRIX R3x Recumbent</i>	\$ 2075 ⁰⁰ /ea	\$ 10,475 ⁰⁰
3	One (1)	Octane XR 6000	\$ 3695 ⁰⁰ /ea	\$ 3,695 ⁰⁰
4	Five (5)	Octane 4700 Elliptical	\$ 4195 ⁰⁰ /ea	20,975 ⁰⁰
5	Three (3) <i>Alternate</i>	Cybox 770AT Total Body Arc Trainer <i>MATRIX ABT</i>	\$ 4895 ⁰⁰ /ea	14,685 ⁰⁰
6		TRADE-INS		59,715 ⁰⁰
	Quantity	Description	Estimated Trade-In Amount (Each)	Estimated Trade-In Amount Total
	Three (3)	PreCor AMT	(\$ 650 ⁰⁰)	(\$ 1950 ⁰⁰)
	Five (5)	Matrix #R3X Recumbent Cycles	(\$ 400 ⁰⁰)	(\$ 2000 ⁰⁰)
	One (1)	Octane X-Ride	(\$ 650 ⁰⁰)	(\$ 650 ⁰⁰)
	Two (2)	Octane 3700 Elliptical	(\$ 550 ⁰⁰)	(\$ 1100 ⁰⁰)
	Three (3)	Octane 4700 Elliptical	(\$ 650 ⁰⁰)	(\$ 1950 ⁰⁰)
	Three (3)	Cybox Arc Trainer (2006)	(\$ 500 ⁰⁰)	(\$ 1500 ⁰⁰)
		DEDUCT:	(\$)	(\$ 9150 ⁰⁰)
			Estimated Net Total Cost (All Items 1-5 less #6 All Trade-ins)	\$ 50,565 ⁰⁰
ADDITIONAL EQUIPMENT TO PURCHASE			Unit Cost (Each)	Estimated Total Cost
7	One (1)	Concept 2 Rower Model E	\$ /ea	\$ 900 ⁰⁰
			Estimated Grand Total Cost (All Items 1-5 less Item #6 All Trade-ins + Item #7)	\$

IMPORTANT:

In order to be considered for an award and your company is bidding on any items 1 – 5; it is required that items listed under Item #6 as a Trade-in have a corresponding purchase price.

The City intends to award this bid on a (1) one for (1) one exchange. For every piece of equipment purchased by the City from a vendor, that vendor will be required to purchase one (1) trade-in from the equipment listed under Item #6. The decision as to which trade-ins will be awarded to what vendor will be made in the City of Troy's best interest and will be final. Item #7 is an additional quantity of one (1) equipment purchase.

NOTE: Include all delivery costs, handling, packaging, and service charges.

UNIT PRICES:

Unit prices prevail. The City of Troy Purchasing Department will correct all mathematical errors.

DESCRIPTIVE LITERATURE:

Please attach descriptive or pertinent literature relevant to your company's bid proposal at the time of bid submission. It is attached and marked Attachments for your identification.

ADDITIONAL INFORMATION:

For questions about the specifications, please contact Mr. Brian Goul, Assistant Recreation Director at (248) 524-3484, between the hours of 8:00 AM and 4:30 PM, Monday through Friday.

DELIVERY:

All items are to be F.O.B. delivered, freight paid with inside delivery, to the Troy Community Center, 3179 Livernois Rd, Troy, MI 48083, ATTN: Brian Goul.

DELIVERY SCHEDULE:

It is preferred all equipment be delivered and installed at the Troy Community Center by August 29, 2014. It will be the successful bidder's responsibility to work with the department representative to establish an acceptable delivery and installation schedule. Installation shall be within two (2) business days after receipt of the equipment at the City's location. The equipment should not be delivered to the City's site unless the equipment is to be installed and made ready for use within the above parameters. The City of Troy is the only party to this contract that may authorize amendment to this schedule.

- Our Company can meet this delivery and installation schedule
 Our company cannot meet this delivery and installation schedule but offers: _____

DOWN-PAYMENTS OR PREPAYMENTS:

Any bid proposal submitted which requires a down-payment or prepayment prior to delivery and full acceptance of the item(s) as being in conformance with specifications will not be considered for award.

AWARD:

The evaluation and award of this bid shall be a combination of factors, including but not limited to: cost, professional competence, equipment as specified, warranties, and the correlation of the proposal submitted to the needs of the City of Troy.

The City of Troy reserves the right to award this bid to the lowest responsible bidder(s) meeting specifications for the purchase of Physical Fitness Equipment when combined with an equal number of equipment pieces from the trade-in list under Item #6, or to combine the items in whatever manner is deemed to be in the City of Troy's best interest; to reject low bids which have major deviations from the specifications; to accept a higher bid which has only minor deviations; to accept or reject the trade-in offers.

COMPANY NAME: All PRO Exercise

LOCAL PREFERENCE:

The City of Troy reserves the right to award a contract to a local business, one which pays City of Troy taxes (real and/or personal), if the bid of a local vendor is within 5% of the lowest responsive and responsible non-local bidder, then the local vendor is given one chance to match the low bid.

PURCHASE ORDER:

After approval of the successful bidder(s) by the Troy City Council, the purchase order issued from the City of Troy will create a bilateral contract between the parties and commit the successful bidder(s) to perform the contract in accordance with specifications. The Purchase orders will be released upon the City's acceptance of the specified insurance. A contract document/ agreement will not be issued.

CONTRACT FORMS:

Bidders should complete the Legal Status of Bidder, Non-Collusion Affidavit, Certification regarding Debarment and the Certification regarding "Iran Linked Business" forms and return with your bid proposal.

AUTHORIZED DEALER:

- Our company is an authorized distributor of the equipment specified
- Our company is not an authorized distributor of the equipment specified

SERVICE FACILITY:

Location: 45255 Five Mile Rd Plymouth Twp 48170

Number of miles from City of Troy: 35

Response Time for Service Calls: Within 48 hours to be onsite after initial request for service by a factory trained technician.
 (Number)

CONTACT INFORMATION:

Name(s): DAN COVER 24 Hr. Phone No. 800 525-2739 ext 13
dcover@allproexercise.com

Hours of operation: M-F 9-5

WARRANTY:

Please indicate the warranty items included in the bid price for the equipment bid. Each item must be completed with a Yes or No response.

WARRANTY DESCRIPTION	WARRANTY DURATION (Minimum)	INCLUDED	
		YES	NO
All "wear items"	3 Years	X	
All parts and labor coverage	3 Years	X	
Free second day parts shipping	3 Years	X	
Free service call and technician travel at no additional cost to the City	3 Years	X	

If your company can supply the warranty as described at an additional cost, please indicate this on supporting documentation marked NO charge for identification.

SUBCONTRACTORS:

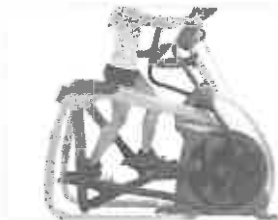
Service and warranty work cannot be subcontracted. The successful bidders(s) must be able to service and repair the equipment bid with in-house personnel.

Our Company complies with this requirement: (Circle one) YES or NO

COMPANY NAME: All PRO Exercise



LED console display is easily navigated by users at all experience levels



Contralateral action with tapered, dual action handlebars mimics the body's true movement and proper fit.



Our patented suspension design is free of wheels and tracks, eliminating friction and resulting in the smoothest, most efficient motion possible.



Stride length	20" - 24"
Controlled & permanent HR sensors	Yes
Cushioned footpads	Yes
Incline range	24% - 54% (10° range)
Q-factor	2.5"
Handlebar design	Multi-position dual action and ergonomic grips
Thumb switch controls	Yes

Technology	Brushless Generator
Power requirements	Self-Powered / Powered 100-240V 50/60Hz AC
Minimum watts	8 Powered / 24 Self-Powered
Maximum RPM	15 Powered / 25 Self-Powered

Display type	7" LCD
Display feedback	Time, distance, calories, calories per minute, speed, cadence, heart rate, miles, steps, dynamic multiple display, static profile display
User-defined multi-language display	Yes - English, German, French, Italian, Spanish, Dutch, Portuguese, Chinese, Japanese, Korean, Swedish, Finnish, Russian, Arabic
Resistance levels	25
Workouts	Manual, rolling, intervals, fat burn, glute training, fit test, target HR, constant watts
iSAFE FitLinux® Professional Certified	Yes
On-the-fly program change	Yes
FitTouch® Technology	No
Integrated Vista Clear® digital ready television	No
FITCONNECTION™ ready	Yes
Virtual Active compatible	No
WiFi	No
iPod® compatible	No
Compatible with Nike+ iPod for the Gym	No
Personal fan	No
USB Workout Tracking	Yes

Overall dimensions	70" x 23.2" x 68.5" / 1760 x 742 x 1740 mm
Maximum user weight	400lbs / 182kg
Weight	444lbs / 202kg
Shipping weight	474lbs / 215kg
Electrical requirements	Self-powered / AC optional

Frame	7 years
JLD generator	3 years
Parts & labor	3 years CAP

	<p>Removable Disk All Matrix Ascend Trainers® and Suspension Ellipticals feature a removable disk for quick access and easy serviceability.</p>
	<p>Variable Incline Responsive incline adjustment and variable stride length make workouts on the Ascend more dynamic and motivational - engaging glutes, hamstrings and core stabilizer muscles.</p>
	<p>Constant Rate of Acceleration Constant Rate of Acceleration and our patented Suspension design deliver a perpetually smooth motion free of wheels and tracks.</p>



LED console display is easily navigated by users at all experience levels.


Seat height identification shared among platforms for easy identification of user setting.

Step-thru design allows easy access to the workout position.




Contact & Telemetric HR	Yes
Handbar Design	One-hand and touch-sensitive
Integrated Arm Rests	Yes
Pause Buttons	Yes
Ethernet Port	Yes
Bottle Holder	No
Display Type	14-segment alphanumeric, 8 x 16 LED graphic display
Display Feedback	Time, Distance, Calories, Calories per Hour, Level, Speed, PPM, Heart Rate, METS, Watts, Profile
User-defined Multi-language Display	No - Accessible through manager menu: English, German, French, Italian, Spanish, Dutch, Portuguese, Swedish, Finnish
Resistance Range	1 - 30
Workouts	Manual, Rolling Hills, Target HR, Interval Training, Constant, Watts, Fat Burn, Fitness Test, Random
CEAFI Ready For Link SM Certified	Yes
Netpulse Compatible	Yes
Fatburn SM Technology	No
Instant On Technology	Yes
One-button Start	Yes
On-the-fly Program Change	Yes
Integrated Vista Clear SM Television Technology	Yes
FITCONNEXION SM Ready	No
WiFi	Yes
Multimedia Playback	No
iPod SM Compatible	No
Nike + iPod SM Compatible	No
Personal Fan	No
USB Port	No
Virtual-Game SM Compatible	No
Asset Management Compatible	No
Web Connectivity	No
Facility Communication Portal/Calendar	No
Pause Function	Yes
Reading Rack	Yes


Resistance Technology	Brushless generator
Crank Design	Three piece with forged arms
Power Requirements	Self-powered / powered 100-240V - 50/60Hz AC
Minimum Watts	2 powered / 10 self-powered
Minimum RPM	10 powered / 25 self-powered
Assembled Dimensions	150.3 x 65.4 x 140 / 59.2" x 25.7" x 55.1"
Max User Weight	182 kg / 400 lbs
Assembled Weight	87.5 kg / 192.9
Shipping Weight	99.7 kg / 219.7 lbs
Frame	7 years
Generator	5 years
Parts & Labor	3 years CAP
Wear Items (Pads SM Cable, USB Port, Headphone Jack, Battery)	90 days



Ventilated Ergo FormSM Seat
Custom designed seats provide right balance of support and air flow for a cooler and more comfortable workout.



One-hand Seat Adjustment
Simple and intuitive one-hand adjustment allows quick fine-tuning of ride height.



Integrated Transport Handle and Top-down Levelers
Handles readily visible and easily accessible for moving around the room. Top-down adjustments simplify leveling after installation, maintenance or regular use.

REFERENCES:

Please submit a list of *THREE CUSTOMERS* that currently use the make and model of the equipment bid. Include the name of the company, the address, phone number, contact person and email. The references are as follows:

COMPANY	ADDRESS	CONTACT PERSON	EMAIL	PHONE	YEAR PURCHASED
Pleasant Ridge P&R	4 North Ridge Rd	Scott Pierzak		248-542-7322	2003/Current
Warren P&R	5460 Arden Warren	Sheldon Miller		586-268-8400	2002 to Current
Macomb Twp P&R	20609 Macomb St	Gina Muszynski		586-992-2900	2004 to Current

MUSZYNSKI@MACOMB-MI.GOV
SMILLER@CITYOFWARREN.ORG
RECREATION@CITYOFPLEASANTRIDGE.ORG

COMPANY NAME: All PRO Exercise

SIGNATURE PAGE

PRICES:

Prices shall remain firm for 60 days or bid award, whichever comes first, except the successful bidder(s) whose prices shall remain firm through equipment delivery, trade-in pick-up, and final acceptance as operational in accordance with specifications.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: Donald R King

NOTE:

The undersigned has checked carefully the bid figures and understands that he/she shall be responsible for any error or omission in this bid offer and is in receipt of all addenda as issued.

TAX ID#: 38-2856821

COMPANY NAME: All PRO Exercise

ADDRESS 45255 Five mile Rd CITY Plymouth Twp STATE MI ZIP 48170

PHONE NUMBER 734-927-6500 FAX NUMBER 734-927-6504

REPRESENTATIVE'S NAME DONALD R KING

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE Donald R King (Print)

PAYMENT TERMS: Net 30 After Delivery WARRANTY: AS SPECIFIED

E-MAIL: dking@allproexercise.com DELIVERY DATE: AS SPECIFIED

EXCEPTIONS:

Any exceptions, substitutions, deviations, etc., from the City specifications and this proposal must be stated below. The reason(s) for the exceptions, substitutions, and/or deviations are an integral part of this bid proposal offer:

NOTE Package A & Package B options

Check this box if your bid is not to be broken up by item and based on an all or none award.

ACKNOWLEDGEMENT:

I, Donald R King, certify that I have read the *Instructions to Bidders* (2 Pages) and that the bid proposal documents contained herein were obtained directly from the City's Purchasing Department or MITN website, www.mitn.info and is an official copy of the Authorized Version.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: Donald R King

IMPORTANT: All City of Troy purchases require a MATERIAL SAFETY DATA SHEET, where applicable, in compliance with the MIOSHA "Right to Know" Law. Please include a copy of any relevant MSDS at the time of bid submission.

U.S. FUNDS: All prices quoted are to be in U.S. Currency.
G:\Bid\FitnessEquipment\ITB-COT 14-22.doc

INSURANCE:

Insurance requirements shall be in accordance with the attached **SAMPLE INSURANCE CERTIFICATE**. The required Insurance Certificate must be submitted to the Purchasing Department within five (5) business days of a verbal/ electronic request after the bid award. The Insurance Certificate may be faxed to the City Offices at (248) 619-7608, and is the only bid document accepted in this format.

- We can meet the specified insurance requirements.
- We cannot meet the specified insurance requirements.
- We do not carry the specified limits but can obtain the additional insurance coverage of \$ _____ at the cost of \$ _____.
NOTE: Please note the amendments on a sample insurance certificate and attach it to your bid proposal.
- Our proposal is reduced by \$ _____ if we lower the requirement to \$ _____.
NOTE: Please note the amendments on a sample insurance certificate and attach it to your bid proposal.

IMPORTANT: A Certificate of Insurance on an ACORD Form showing present coverage or a letter from your insurance agent or carrier that the insurance to be supplied will meet specifications SHOULD be attached to the proposal document at the time of bid submission to the Office of the City Clerk.

NOTE: Failure on the part of any bidder to contact his/her insurance carrier to verify that the insurance carried by the bidder meets City of Troy specifications may result in this bid proposal being completed incorrectly.

OTHER: Sole proprietors must execute a certificate of exemption from Worker's Compensation requirements or provide proof of Worker's Compensation Insurance. All coverage shall be with insurance carriers licensed and admitted to do business in Michigan and acceptable to the City of Troy.

Final Insurance Certificate Submission:

After approval by Troy City Council, the City of Troy will provide verbal / electronic notification to submit within five (5) business days an insurance certificate in accordance with specifications. If not so received, the company will be considered in default of contract and will be barred from doing business with the City of Troy for a minimum of three (3) years for failing to meet insurance requirements.

DONALD KING being duly authorized to execute contracts for All PRO Exercise
(Print Full Name) (Company Name)

hereby acknowledges that once accepted by the Purchasing Department, the specified insurance certificate for ITB-COT 14-22 shall remain in full force and effect during the life of the contract.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: Donald King

COMPANY NAME: All PRO Exercise



**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

The prospective participant certifies, to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in transactions under any non-procurement programs by any federal, state or local agency.
2. Have not, within the three year period preceding, had one or more public transactions (federal, state, or local) terminated for cause or default; and
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) and have not, within the three year period preceding the proposal, been convicted of or had a civil judgment rendered against it:
 - a. For the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction (federal, state, or local), or a procurement contract under such a public transaction;
 - b. For the violation of federal, or state antitrust statutes, including those proscribing price fixing between competitors, the allocation of customers between competitors, or bid rigging; or
 - c. For the commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

I understand that a false statement on this certification may be grounds for the rejection of this proposal or the termination of the award. In addition, the general grant of this authority exists within the City's Charter, Chapter 12, Section 12.2- Contracts.

I am able to certify to the above statements.

ALL PRO EXERCISE 45255 Five mile rd Plymouth twsp
Name of Agency/Company/Firm (Please Print) MI 48170

Donald R King
Name and title of authorized representative (Please Print)

Donald R King
Signature of authorized representative
Date

I am unable to certify to the above statements. Attached is my explanation.



CERTIFICATE OF LIABILITY INSURANCE

OP ID: JE

DATE (MM/DD/YYYY)

06/17/2014

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 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 McFarlane-King Agency P.O. Box 399 28230 Ford Rd. Garden City, MI 48136-0399 Jeffrey H. King		CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: ALLPR-1	
INSURED All Pro Exercise Inc ID#342979 45255 Five Mile Rd Plymouth, MI 48170-2556		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Auto-Owners Insurance	NAIC #: 18988
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTURAL LIAB	X	054611-04234197	02/01/2014	02/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		4623419700	02/04/2014	02/04/2015	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$ \$
A	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				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 <input type="checkbox"/> N/A	051711-04002440	02/04/2014	02/04/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	HIRED & NON OWNED		462341970	02/04/2014	02/04/2015	H&NOA PD \$ 200,000
A	PHYSICAL DAMAGE		462341970	02/04/2014	02/04/2015	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Additional insured: City of Troy including architects and engineers, all elected and appointed officials, all employees and volunteers, board, commissioners and/or authorities and their board members, employees and volunteers. ISO Form B or broader.

CERTIFICATE HOLDER

CANCELLATION

CITY OF TROY 500 W BIG BEAVER RD TROY, MI 48084	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 Jeffrey H. King
---	--



Legal Status of Bidder:

The Bidder shall fill out the appropriate form and strike out the other two:

All PRO EXERCISE

A **corporation** duly organized and doing business under the laws of the State of Michigan for whom Donald R King, bearing the office title of Sales Representative whose signature is affixed to this proposal, is duly authorized to execute contracts.

~~A **partnership**, all members of which, with addresses, is:~~

~~_____

_____~~

~~AN **INDIVIDUAL** WHOSE SIGNATURE IS AFFIXED TO THE PROPOSAL:~~

~~_____
_____~~



CITY OF TROY
OAKLAND COUNTY, MICHIGAN
NON-COLLUSION AFFIDAVIT

TO WHOM IT MAY CONCERN:

DONALD R KING, being duly sworn deposed, says that he/she
(Print Full Name)

is Sales Representative. The party making the foregoing proposal or bid,
(State Official Capacity in Firm)

that such bid is genuine and not collusion or sham; that said bidder has not colluded, conspired, connived, or agree, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding and has not in any manner directly or indirectly sought by agreement or collusion, or communication or conference, with any person to fix the bid price or affiant or any other bidder, or to fix any overhead, profit, or cost element of said bid price, or that of any other bidder, or to secure the advantage against the City of Troy or any person interested in the proposed contract; and that all statements contained in said proposal or bid are true.

Donald R King
SIGNATURE OF PERSON SUBMITTING BID

Brenda Pardo
NOTARY'S SIGNATURE

Subscribed and sworn to before me this Tuesday day of June, 2014 in and for Macomb County.

My commission expires:
8-11-15.

BRENDA PARDO
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF MACOMB
My Commission Expires August 11, 2015
Acting in the County of Macomb



**VENDOR CERTIFICATION
THAT IT IS NOT AN
"IRAN LINKED BUSINESS"**

Pursuant to Michigan law, (the Iran Economic Sanctions Act, 2012 PA 517, MCL 129.311 et seq.), before accepting any bid or proposal, or entering into any contract for goods or services with any prospective Vendor, the Vendor must first certify that it is not an "IRAN LINKED BUSINESS", as defined by law.

Vendor	
Legal Name	All PRO Exercise
Street Address	45255 Five mile Rd
City	Plymouth Twp
State, Zip	Michigan 48170
Corporate I.D. Number/State	DUNS # 36-204-7052
Taxpayer I.D. #	38-2856821

The undersigned, with: 1.) full knowledge of all of Vendors business activities, 2.) full knowledge of the requirements and possible penalties under the law MCL 129.311 et seq. and 3.) the full and complete authority to make this certification on behalf of the Vendor, by his/her signature below, certifies that: the Vendor is NOT an "IRAN LINKED BUSINESS" as require by MCL 129.311 et seq., and as such that Vendor is legally eligible to submit a bid and be considered for a possible contract to supply goods and/or services to the City of Troy.

Signature of Vendor's Authorized Agent:

Donald R King

Printed Name of Vendor's Authorized Agent:

Donald R King

Witness Signature:

Diave King

Printed Name of Witness:

Diave King



Package "A"

CITY OF TROY
BID PROPOSAL

ITB-COT 14-22
Page 1 of 6

The undersigned proposes to purchase and install NEW PHYSICAL FITNESS EQUIPMENT FOR THE TROY COMMUNITY CENTER LESS TRADE-INS, in accordance with the specifications, which are to be considered an integral part of this proposal, at the following prices:

COMPANY NAME: All Pro Exercise Plymouth Twp MI

PROPOSAL: TO PURCHASE AND INSTALL EIGHTEEN (18) PIECES OF PHYSICAL FITNESS EQUIPMENT FOR THE TROY COMMUNITY CENTER LESS TRADE-INS.

The undersigned, as bidder, declares that he/she has examined the specifications, including related documents. Being familiar with the conditions in the City of Troy and the type of work required, the bidder hereby proposes to furnish all labor, materials, equipment and supplies, to provide the services specified in the bid proposal documents, at the prices stated below. These prices are to cover all expenses incurred in performing the work required:

Furnish and install eighteen (18) new pieces of commercial grade physical fitness equipment in the Troy Community Center Fitness Room in accordance with the attached specifications as follows:				
ITEM	Quantity	DESCRIPTION (No Substitutions)	Unit Cost (Each)	Estimated Total Cost
1	Three (3) <i>Fully Reconditioned</i>	PreCor AMT835 with open slide <i>PRECOR 835 100</i>	\$ 3295 ⁰⁰ /ea	\$ 9885 ⁰⁰
2	Five (5)	Matrix #R5x Recumbent Cycle <i>Exact 200</i>	\$ 2495 ⁰⁰ /ea	\$ 12,475 ⁰⁰
3	One (1)	Octane XR 6000 <i>2009</i>	\$ 3695 ⁰⁰ /ea	\$ 3,695 ⁰⁰
4	Five (5)	Octane 4700 Elliptical <i>2006</i>	\$ 4195 ⁰⁰ /ea	20,975 ⁰⁰
5	Three (3) <i>Reconditioned</i>	Cybox 770AT Total Body Arc Trainer <i>MATRIX R5X</i>	\$ 5,095 ⁰⁰ /ea	15,285 ⁰⁰
6		TRADE-INS		<i>6,315⁰⁰</i>
	Quantity	Description	Estimated Trade-In Amount (Each)	Estimated Trade-In Amount Total
	Three (3)	PreCor AMT	(\$ 650 ⁰⁰)	(\$ 1,950 ⁰⁰)
	Five (5)	Matrix #R3X Recumbent Cycles	(\$ 400 ⁰⁰)	(\$ 2,000 ⁰⁰)
	One (1)	Octane X-Ride	(\$ 650 ⁰⁰)	(\$ 650 ⁰⁰)
	Two (2)	Octane 3700 Elliptical	(\$ 550 ⁰⁰)	(\$ 1,100 ⁰⁰)
	Three (3)	Octane 4700 Elliptical	(\$ 650 ⁰⁰)	(\$ 1,950 ⁰⁰)
	Three (3)	Cybox Arc Trainer (2006)	(\$ 500 ⁰⁰)	(\$ 1,500 ⁰⁰)
		DEDUCT:	(\$)	(\$ 2,150 ⁰⁰)
			Estimated Net Total Cost (All items 1-5 less #6 All Trade-ins)	\$ 53,165 ⁰⁰
		ADDITIONAL EQUIPMENT TO PURCHASE	Unit Cost (Each)	Estimated Total Cost
7	One (1)	Concept 2 Rower Model E	\$ 900 /ea	\$ 900 ⁰⁰
			Estimated Grand Total Cost <i>(All items 1-5 less Item #6 All Trade-ins + Item #7)</i>	\$

IMPORTANT:

In order to be considered for an award and your company is bidding on any items 1 – 5; it is **required** that items listed **under Item #6** as a Trade-in have a corresponding purchase price.

The City intends to award this bid on a (1) one for (1) one exchange. For every piece of equipment purchased by the City from a vendor, that vendor **will be required** to purchase one (1) trade-in from the equipment listed under Item #6. The decision as to which trade-ins will be awarded to what vendor will be made in the City of Troy's best interest and will be final. Item #7 is an additional quantity of one (1) equipment purchase.

NOTE: Include all delivery costs, handling, packaging, and service charges.

UNIT PRICES:

Unit prices prevail. The City of Troy Purchasing Department will correct all mathematical errors.

DESCRIPTIVE LITERATURE:

Please attach descriptive or pertinent literature relevant to your company's bid proposal at the time of bid submission. It is attached and marked All-pro-exercise for your identification.

ADDITIONAL INFORMATION:

For questions about the specifications, please contact Mr. Brian Goul, Assistant Recreation Director at (248) 524-3484, between the hours of 8:00 AM and 4:30 PM, Monday through Friday.

DELIVERY:

All items are to be F.O.B. delivered, freight paid with inside delivery, to the Troy Community Center, 3179 Livernois Rd, Troy, MI 48083, ATTN: Brian Goul.

DELIVERY SCHEDULE:

It is preferred all equipment be delivered and installed at the Troy Community Center by **August 29, 2014**. It will be the successful bidder's responsibility to work with the department representative to establish an acceptable delivery and installation schedule. Installation shall be within two (2) business days after receipt of the equipment at the City's location. The equipment should not be delivered to the City's site unless the equipment is to be installed and made ready for use within the above parameters. The City of Troy is the only party to this contract that may authorize amendment to this schedule.

- Our Company can meet this delivery and installation schedule
 Our company cannot meet this delivery and installation schedule but offers: _____

DOWN-PAYMENTS OR PREPAYMENTS:

Any bid proposal submitted which requires a down-payment or prepayment prior to delivery and full acceptance of the item(s) as being in conformance with specifications will not be considered for award.

AWARD:

The evaluation and award of this bid shall be a combination of factors, including but not limited to: cost, professional competence, equipment as specified, warranties, and the correlation of the proposal submitted to the needs of the City of Troy.

The City of Troy reserves the right to award this bid to the lowest responsible bidder(s) meeting specifications for the purchase of Physical Fitness Equipment when combined with an equal number of equipment pieces from the trade-in list under Item #6, or to combine the items in whatever manner is deemed to be in the City of Troy's best interest; to reject low bids which have major deviations from the specifications; to accept a higher bid which has only minor deviations; to accept or reject the trade-in offers.

COMPANY NAME: All PRO Exercise

LOCAL PREFERENCE:

The City of Troy reserves the right to award a contract to a local business, one which pays City of Troy taxes (real and/or personal), if the bid of a local vendor is within 5% of the lowest responsive and responsible non-local bidder, then the local vendor is given one chance to match the low bid.

PURCHASE ORDER:

After approval of the successful bidder(s) by the Troy City Council, the purchase order issued from the City of Troy will create a bilateral contract between the parties and commit the successful bidder(s) to perform the contract in accordance with specifications. The Purchase orders will be released upon the City's acceptance of the specified insurance. A contract document/ agreement will not be issued.

CONTRACT FORMS:

Bidders should complete the Legal Status of Bidder, Non-Collusion Affidavit, Certification regarding Debarment and the Certification regarding "Iran Linked Business" forms and return with your bid proposal.

AUTHORIZED DEALER:

- Our company is an authorized distributor of the equipment specified
- Our company is not an authorized distributor of the equipment specified

SERVICE FACILITY:

Location: 45055 Five mile Rd Plymouth Twp MI

Number of miles from City of Troy: 35 miles

Response Time for Service Calls: Within 48 hours to be onsite after initial request for service by a factory trained technician. (Number)

CONTACT INFORMATION:

Name(s): DAN COYER Lead Tech 24 Hr. Phone No. 800-525-2739
dcoyer@allproexercise.com

Hours of operation: M-F 9 AM-5 PM

WARRANTY:

Please indicate the warranty items included in the bid price for the equipment bid. Each item must be completed with a Yes or No response.

WARRANTY DESCRIPTION	WARRANTY DURATION (Minimum)	INCLUDED	
		YES	NO
All "wear items"	3 Years	X	
All parts and labor coverage	3 Years	X	
Free second day parts shipping	3 Years	X	
Free service call and technician travel at no additional cost to the City	3 Years	X	

If your company can supply the warranty as described at an additional cost, please indicate this on supporting documentation marked NO CHARGE for identification.

SUBCONTRACTORS:

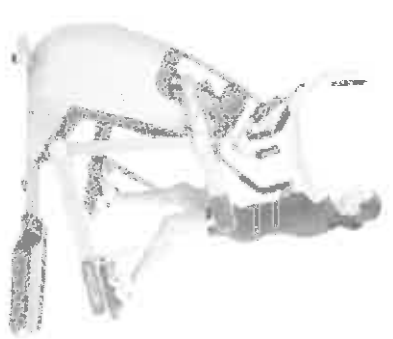
Service and warranty work cannot be subcontracted. The successful bidders(s) must be able to service and repair the equipment bid with in-house personnel.

Our Company complies with this requirement: (Circle one) YES or NO

COMPANY NAME: All Pro Exercise

PRECOR¹⁵

Fully Reconditioned Precor AMT 100i



9"

Short strides
(similar to walking)

Medium-range strides
(similar to jogging)

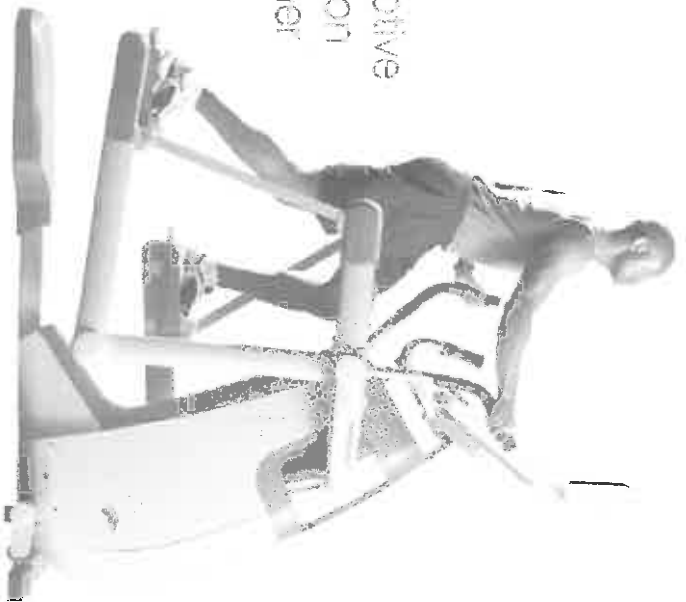
Long strides
(similar to running)

27"

STRIDE DIAL™ - ZERO TO 27 INCH STRIDE LENGTH

Get the most out of your workout with the stride dial on the AMT 100i. You'll be able to adjust the stride length from 9 inches to 27 inches, allowing you to vary your stride length to match your fitness goals. The more you run, the more you'll be able to enjoy your workout. The more you run, the more you'll be able to enjoy your workout. The more you run, the more you'll be able to enjoy your workout.

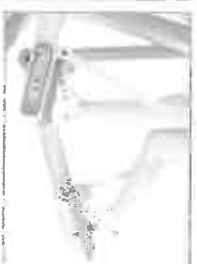
Adaptive Motion Trainer



9" Stride



14" Stride



19" Stride



27" Stride



Intuitive console layout minimizes intimidation factor while providing full workout selection.



Personal fan keeps users cool during the most strenuous workouts.



Seat height identification shared among platforms for easy identification of user setting.



Contact & Telemetric HR	Yes
Handlebar Design	Separate and hold ergo head
Integrated Arm Rests	No
Remove Buttons	Yes
Ethernet Port	Yes
Bottle Holder	Yes

Display Type	Dot-matrix LED with profile display
Display Feedback	Time, Distance (Kilometers or Miles), Calories, Kcal/Min, Level, Speed, RPM, Heart Rate, METS, Water Profile
User-defined Multi-language Display	Yes - English, German, French, Italian, Spanish, Dutch, Portuguese, Japanese, Swedish, Finnish
Resistance Range	1 - 30
Workouts	Manual, Rolling Hills, Target HR, Interval Training, Constant Watts, Fat Burn, Fitness Test, Random
CSI/FE Ready-FitLink™ Certified	Yes
Netpulse Compatible	Yes
FitLink™ Technology	No
Instant On Technology	Yes
One-button Start	Yes
On-the-fly Program Change	Yes
Integrated Vista Clear™ Television Technology	No
FITCONNEXION™ Ready	Yes
WiFi	Yes
Multimedia Playback	No
iPod® Compatible	Yes (charging only)
Nike + iPod® Compatible	No
Personal Fan	Yes
USB Port	Yes
Virtual Active™ Compatible	No
Asset Management Compatible	Yes
Web Connect™	No
Facility Communication Portal/Calendar	No
Parse Function	Yes
Reading Rack	Yes

Resistance Technology

Brushless generator

Crank Design	Three piece with forged arms
Power Requirement	Self-powered / powered 100V-240V - 60/50/60 Hz AC
Minimum Watts	2 powered / 13 self-powered
Minimum RPM	40 powered / 25 self-powered
Assembled Dimensions	150.3 x 65.4 x 140 / 59.2" x 25.7" x 55.1"
Max User Weight	182 kg / 400 lbs
Assembled Weight	88.6 kg / 195.3 lbs
Shipping Weight	106.3 kg / 234.5 lbs

Frame	1 year
Generator	3 years
Parts & Labor	3 years CAP
Wear Items (Pod® Cable, USB Port, Headphone Jack, Battery)	90 days parts

Ventilated Ergo Form™ Seat
Custom designed seats provide right balance of support and air flow for a cooler and more comfortable workout.

One-hand Seat Adjustment
Simple and intuitive one-hand adjustment allows quick fine-tuning of ride height.

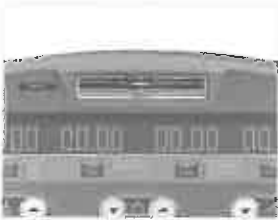
Integrated Transport Handle and Top-down Levelers
Handle is readily visible and easily accessible for moving around the room. Top-down adjustments simplify leveling after installation, maintenance or regular use.



Intuitive console layout minimizes intimidation factor while providing full workout selection.



Ergo Form grips with integrated incline and resistance controls enhance comfort and accessibility to key functions.



Personal fan keeps users cool during the most strenuous workouts.



Stride Length	51 - 61 cm / 20 - 24"
Incline Range	24% - 54% (15° range)
Step-on Height	24 cm / 9.5"
Contact & Telemetric HR	Yes
Footpad Insert Type	Yes - premium
Footpad Spacing	6.1 cm / 2.5"
Handlebar Type	Multi-position dual action / premium ergo-brake stationary
Remote Actions	Yes
Ethernet Port	Yes
Display Type	Dot-matrix LED with profile display
Display Feedback	Speed, Level, RPM, Incline, Heart Rate, Time Elapsed, Time Remaining, Time of Day, Total Program Time, Distance (Miles), Distance (Kilometers), Calories, Watts, METs, Workout Profile
User-defined Multi-language Display	Yes - English, German, French, Italian, Spanish, Dutch, Portuguese, Japanese, Swedish, Finnish
Resistance Range	1-100
Workouts	Manual, Rolling Hills, Target HR, Interval Training, Constant Watts, Fat Burn, Fitness Test, Glute Training
CSAPE Ready-FitLink™ Certified	Yes
Netpulse Compatible	Yes
FitTouch™ Touchscreen	No
Instant On Technology	Yes
One-button Start	Yes
On-the-fly Program Change	Yes
Integrated Visio-Clear™ Television Technology	No
FITCONNEXION™ Ready	Yes
WiFi	Yes
Multimedia Playback	No
iPod® Compatible	Yes - charging only
Nike + iPod® Compatible	No
Personal Fan	Yes
USB Port	Yes
Virtual Active™ Compatible	No
Asset Management Compatible	Yes
Web Connectivity	No
Facility Communication Portal/Calendar	No
Pause Function	Yes

Resistance System	Brushless generator
Power Requirements	Self-powered / powered 100v-240v - 50/60Hz AC
Minimum Watts	26 powered & self-powered
Minimum RPM	25 powered & self-powered
Assembled Dimensions	176 x 56 x 174 cm / 70" x 29 1/2" x 69 1/2"
Max User Weight	182 kg / 400 lbs.
Assembled Weight	201 kg / 442 lbs.
Shipping Weight	214.6 kg / 472 lbs.
Frame	7 years
Generator	5 years
Parts & Labor	3 years CAP
Wear Items (iPod® cable, USB Port, Headphone Jack, Battery)	90 days parts

Removable Disk
All Matrix Ascent Trainer™ and Suspension Elliptical™ models feature a removable disk for quick access and easy serviceability.

Variable Incline
Responsive incline adjustment and variable stride length make workouts on the Ascent more dynamic and motivational — engaging glutes, hamstrings and core/stabilizer muscles.

Constant Rate of Acceleration
Constant Rate of Acceleration and our patented suspension design delivers a perpetually smooth motion, free of wheels and tracks.



**CITY OF TROY
 BID PROPOSAL**

ITB-COT 14-22
 Page 1 of 6

The undersigned proposes to purchase and install **NEW PHYSICAL FITNESS EQUIPMENT FOR THE TROY COMMUNITY CENTER LESS TRADE-INS**, in accordance with the specifications, which are to be considered an integral part of this proposal, at the following prices:

COMPANY NAME: Direct Fitness Solutions, LLC

PROPOSAL: TO PURCHASE AND INSTALL EIGHTEEN (18) PIECES OF PHYSICAL FITNESS EQUIPMENT FOR THE TROY COMMUNITY CENTER LESS TRADE-INS.

The undersigned, as bidder, declares that he/she has examined the specifications, including related documents. Being familiar with the conditions in the City of Troy and the type of work required, the bidder hereby proposes to furnish all labor, materials, equipment and supplies, to provide the services specified in the bid proposal documents, at the prices stated below. These prices are to cover all expenses incurred in performing the work required:

Furnish and install eighteen (18) new pieces of commercial grade physical fitness equipment in the Troy Community Center Fitness Room in accordance with the attached specifications as follows:

EQUIPMENT TO PURCHASE (1 for 1 trade-in exchange)				
ITEM	Quantity	Description (No Substitutions)	Unit Cost (Each)	Estimated Total Cost
1	Three (3)	PreCor AMT835 with open stride	\$ 6495 /ea	\$ 19485
2	Five (5)	Matrix #R5x Recumbent Cycle <u>PreCor RR815</u>	\$ 2650 /ea	\$ 13250
3	One (1)	Octane XR 6000 <u>SciFit REX</u>	\$ 4275 /ea	\$ 4275
4	Five (5)	Octane 4700 Elliptical <u>PreCor EFX835</u>	\$ 5050 /ea	\$ 25250
5	Three (3)	Cybox 770AT Total Body Arc Trainer <u>PreCor EFX835</u>	\$ 5050 /ea	\$ 15150
6	TRADE-INS			
	Quantity	Description	Estimated Trade-In Amount (Each)	Estimated Trade-In Amount Total
	Three (3)	PreCor AMT	(\$ 700)	(\$ 2100)
	Five (5)	Matrix #R3X Recumbent Cycles	(\$ 100)	(\$ 500)
	One (1)	Octane X-Ride	(\$ 300)	(\$ 300)
	Two (2)	Octane 3700 Elliptical	(\$ 300)	(\$ 600)
	Three (3)	Octane 4700 Elliptical	(\$ 300)	(\$ 900)
	Three (3)	Cybox Arc Trainer (2006)	(\$ 300)	(\$ 900)
		DEDUCT:	(\$)	(\$ 4700)
			Estimated Net Total Cost (All Items 1-5 less #6 All Trade-ins)	\$ 72710
ADDITIONAL EQUIPMENT TO PURCHASE			Unit Cost (Each)	Estimated Total Cost
7	One (1)	Concept 2 Rower Model E	\$ — /ea	\$ —
			Estimated Grand Total Cost (All Items 1-5 less item #6 All Trade-ins + Item #7)	\$ 72710

IMPORTANT:

In order to be considered for an award and your company is bidding on any items 1 – 5; it is required that items listed under item #6 as a Trade-in have a corresponding purchase price.

The City intends to award this bid on a (1) one for (1) one exchange. For every piece of equipment purchased by the City from a vendor, that vendor will be required to purchase one (1) trade-in from the equipment listed under Item #6. The decision as to which trade-ins will be awarded to what vendor will be made in the City of Troy's best interest and will be final. Item #7 is an additional quantity of one (1) equipment purchase.

NOTE: Include all delivery costs, handling, packaging, and service charges.

UNIT PRICES:

Unit prices prevail. The City of Troy Purchasing Department will correct all mathematical errors.

DESCRIPTIVE LITERATURE:

Please attach descriptive or pertinent literature relevant to your company's bid proposal at the time of bid submission. It is attached and marked _____ for your identification.

ADDITIONAL INFORMATION:

For questions about the specifications, please contact **Mr. Brian Goul**, Assistant Recreation Director at (248) 524-3484, between the hours of 8:00 AM and 4:30 PM, Monday through Friday.

DELIVERY:

All items are to be F.O.B. delivered, freight paid with inside delivery, to the Troy Community Center, 3179 Livernois Rd, Troy, MI 48083, ATTN: Brian Goul.

DELIVERY SCHEDULE:

It is preferred all equipment be delivered and installed at the Troy Community Center **by August 29, 2014**. It will be the successful bidder's responsibility to work with the department representative to establish an acceptable delivery and installation schedule. Installation shall be within two (2) business days after receipt of the equipment at the City's location. The equipment should not be delivered to the City's site unless the equipment is to be installed and made ready for use within the above parameters. The City of Troy is the only party to this contract that may authorize amendment to this schedule.

- Our Company can meet this delivery and installation schedule *If order is placed by July 15*
 Our company cannot meet this delivery and installation schedule but offers: _____

DOWN-PAYMENTS OR PREPAYMENTS:

Any bid proposal submitted which requires a down-payment or prepayment prior to delivery and full acceptance of the item(s) as being in conformance with specifications will not be considered for award.

AWARD:

The evaluation and award of this bid shall be a combination of factors, including but not limited to: cost, professional competence, equipment as specified, warranties, and the correlation of the proposal submitted to the needs of the City of Troy.

The City of Troy reserves the right to award this bid to the lowest responsible bidder(s) meeting specifications for the purchase of Physical Fitness Equipment when combined with an equal number of equipment pieces from the trade-in list under Item #6, or to combine the items in whatever manner is deemed to be in the City of Troy's best interest; to reject low bids which have major deviations from the specifications; to accept a higher bid which has only minor deviations; to accept or reject the trade-in offers.

COMPANY NAME: Direct Fitness Solutions, LLC

LOCAL PREFERENCE:

The City of Troy reserves the right to award a contract to a local business, one which pays City of Troy taxes (real and/or personal), if the bid of a local vendor is within 5% of the lowest responsive and responsible non-local bidder, then the local vendor is given one chance to match the low bid.

PURCHASE ORDER:

After approval of the successful bidder(s) by the Troy City Council, the purchase order issued from the City of Troy will create a bilateral contract between the parties and commit the successful bidder(s) to perform the contract in accordance with specifications. The Purchase orders will be released upon the City's acceptance of the specified insurance. A contract document/ agreement will not be issued.

CONTRACT FORMS:

Bidders should complete the Legal Status of Bidder, Non-Collusion Affidavit, Certification regarding Debarment and the Certification regarding "Iran Linked Business" forms and return with your bid proposal.

AUTHORIZED DEALER:

- Our company is an authorized distributor of the equipment specified
- Our company is not an authorized distributor of the equipment specified

SERVICE FACILITY:

Location: Shelby Township, MI

Number of miles from City of Troy: 10

Response Time for Service Calls: Within 24-48 hours to be onsite after initial request for service by a factory trained technician. (Number)

CONTACT INFORMATION:

Name(s): Jerry Sposito
Jack Summers

24 Hr. Phone No. 586-382-6562
734-478-6633

Hours of operation: 7am-5pm

WARRANTY:

Please indicate the warranty items included in the bid price for the equipment bid. Each item must be completed with a Yes or No response.

WARRANTY DESCRIPTION	WARRANTY DURATION (Minimum)	INCLUDED	
		YES	NO
All "wear items"	3 Years	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All parts and labor coverage	3 Years	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Free second day parts shipping	3 Years	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Free service call and technician travel at no additional cost to the City	3 Years	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If your company can supply the warranty as described at an additional cost, please indicate this on supporting documentation marked _____ for identification.

SUBCONTRACTORS:

Service and warranty work cannot be subcontracted. The successful bidders(s) must be able to service and repair the equipment bid with in-house personnel.

Our Company complies with this requirement: (Circle one) **YES** or NO

COMPANY NAME: Direct Fitness Solutions, LLC

REFERENCES:

Please submit a list of *THREE CUSTOMERS* that currently use the make and model of the equipment bid. Include the name of the company, the address, phone number, contact person and email. The references are as follows:

COMPANY	ADDRESS	CONTACT PERSON	EMAIL	PHONE	YEAR PURCHASED
Wayne State University	Detroit	Rob Latva	robert.latva@wayne.edu		2012
Saginaw Valley State	Saginaw	Aaron Mowen	apmowen@SVU.edu		2013
Huron Valley Parks & Fitness	Mitford	Michael Powers	michaelp.powers@hvs.org		2013

Phone numbers

Rob Latva 313-993-4105

Aaron Mowen 989-964-7295

Michael Powers 248-626-8397

COMPANY NAME: Direct Fitness Solutions, LLC

INSURANCE:

Insurance requirements shall be in accordance with the attached **SAMPLE INSURANCE CERTIFICATE**. The required Insurance Certificate must be submitted to the Purchasing Department within five (5) business days of a verbal/ electronic request after the bid award. The Insurance Certificate may be faxed to the City Offices at (248) 619-7608, and is the only bid document accepted in this format.

- We can meet the specified insurance requirements.
- We cannot meet the specified insurance requirements.
- We do not carry the specified limits but can obtain the additional insurance coverage of \$ _____ at the cost of \$ _____.
NOTE: Please note the amendments on a sample insurance certificate and attach it to your bid proposal.
- Our proposal is reduced by \$ _____ if we lower the requirement to \$ _____.
NOTE: Please note the amendments on a sample insurance certificate and attach it to your bid proposal.

IMPORTANT: A Certificate of Insurance on an ACORD Form showing present coverage or a letter from your insurance agent or carrier that the insurance to be supplied will meet specifications **SHOULD** be attached to the proposal document at the time of bid submission to the Office of the City Clerk.

NOTE: Failure on the part of any bidder to contact his/her insurance carrier to verify that the insurance carried by the bidder meets City of Troy specifications may result in this bid proposal being completed incorrectly.


OTHER: Sole proprietors must execute a certificate of exemption from Worker's Compensation requirements or provide proof of Worker's Compensation Insurance. All coverage shall be with insurance carriers licensed and admitted to do business in Michigan and acceptable to the City of Troy.

Final Insurance Certificate Submission:

After approval by Troy City Council, the City of Troy will provide verbal / electronic notification to submit within five (5) business days an insurance certificate in accordance with specifications. If not so received, the company will be considered in default of contract and will be barred from doing business with the City of Troy for a minimum of three (3) years for failing to meet insurance requirements.

Mark Kwiatkowski being duly authorized to execute contracts for Direct Fitness Solutions, LLC
(Print Full Name) (Company Name)

hereby acknowledges that once accepted by the Purchasing Department, the specified insurance certificate for ITB-COT 14-22 shall remain in full force and effect during the life of the contract.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: 

COMPANY NAME: Direct Fitness Solutions, LLC

SIGNATURE PAGE

PRICES:

Prices shall remain firm for 60 days or bid award, whichever comes first, except the successful bidder(s) whose prices shall remain firm through equipment delivery, trade-in pick-up, and final acceptance as operational in accordance with specifications.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: Mark Kwiatkowski

NOTE:

The undersigned has checked carefully the bid figures and understands that he/she shall be responsible for any error or omission in this bid offer and is in receipt of all addenda as issued.

TAX ID#: 36-4202633

COMPANY NAME: Direct Fitness Solutions, LLC

ADDRESS 600 Tower Road CITY Mundelein STATE IL ZIP ~~60060~~ 60060

PHONE NUMBER 248-755-5748 FAX NUMBER 248-344-1312

REPRESENTATIVE'S NAME Mark Kwiatkowski

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE Mark Kwiatkowski
(Print)

PAYMENT TERMS: Net 30 WARRANTY: AS SPECIFIED

E-MAIL: mark@directfitnesssolutions.com DELIVERY DATE: AS SPECIFIED

EXCEPTIONS:

Any exceptions, substitutions, deviations, etc., from the City specifications and this proposal must be stated below. The reason(s) for the exceptions, substitutions, and/or deviations are an integral part of this bid proposal offer:

Check this box if your bid is not to be broken up by item and based on an all or none award.

ACKNOWLEDGEMENT:

I, Mark Kwiatkowski, certify that I have read the *Instructions to Bidders* (2 Pages) and that the bid proposal documents contained herein were obtained directly from the City's Purchasing Department or MITN website, www.mitn.info and is an official copy of the Authorized Version.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: Mark Kwiatkowski

IMPORTANT: All City of Troy purchases require a MATERIAL SAFETY DATA SHEET, where applicable, in compliance with the MIOSHA "Right to Know" Law. Please include a copy of any relevant MSDS at the time of bid submission.

U.S. FUNDS: All prices quoted are to be in U.S. Currency.
G:\Bid\FitnessEquipment ITB-COT 14-22.doc



EXPERIENCE SERIES™
830 Line



AMT® 835

Adaptive Motion Trainer™ with Open Stride™

Like every piece of equipment in our Experience Series™ 830 Line, the AMT® 835 with Open Stride™ combines essential reliability and ease-of-use with a natural, low-impact stride to add value to your facility. The 830-Line Console integrates our intuitive motion controls and uses an LED-based display that focuses on the essential fitness stats and displays that keep users moving.

At Precor, we recognize that a great workout is the sum of many parts. In your hands, the products, services and technologies we offer can be combined in countless ways to complement the programs, and atmosphere you're creating.

PRECOR®



EXPERIENCE™ SERIES
810 Line



BASIC ESSENTIALS

The 810 Line provides all the essential features with a premium feel.

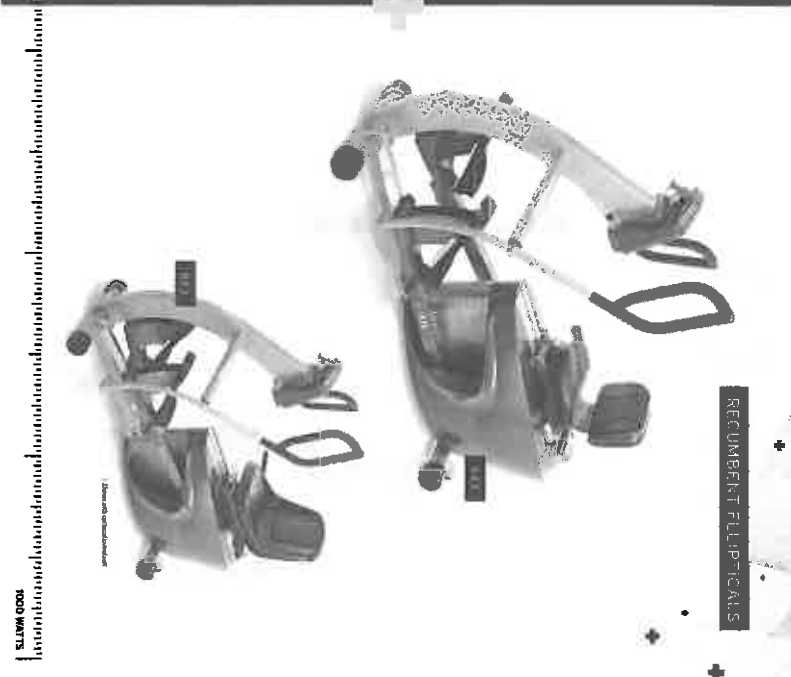
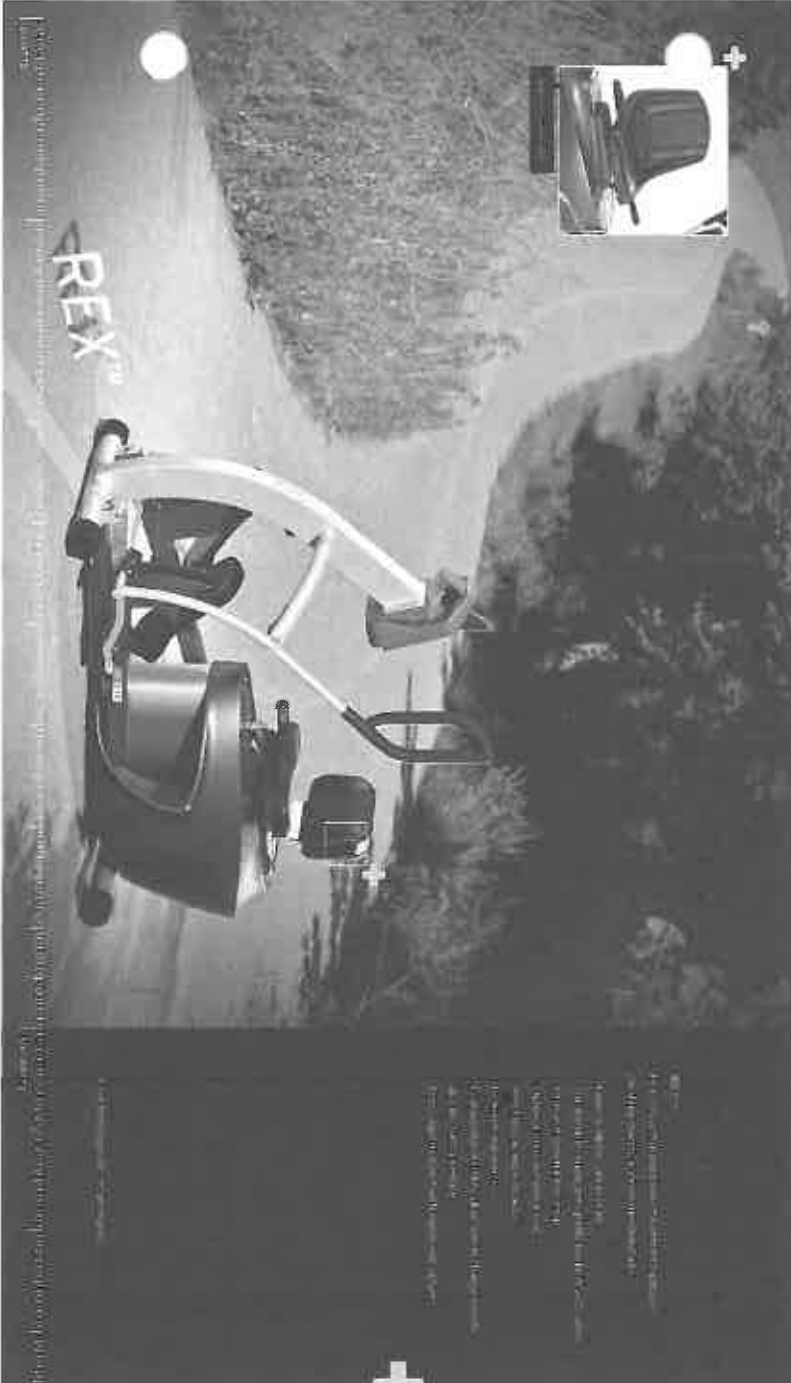
RBK 815

Recumbent Bike

Like every piece of equipment in our Experience Series 810 Line, the RBK 815 adds value to your facility by combining essential reliability and ease of use with smooth pedaling and biomechanically correct geometry. The 810 Line is our most affordable and whether on its own or alongside the rest of the Experience Series™ Cardio equipment, the 810 Line offers the essential features with a premium feel.

At Precor, we recognize that a great workout is the sum of many parts. In your hands, the products, services and technologies we offer can be combined in countless ways to complement the programs and atmosphere you're creating.

PRECOR



RECLINING FLIPSEALS™

1000 WATTS



EXPERIENCE SERIES™
830 Line



PREMIUM DESIGN

The 830 Line features easy-to-use motion controls and an LED-based console that focuses on fitness.

EFX[®] 835

Elliptical Fitness Crosstrainer™

Like every piece of equipment in our Experience Series 830 Line, the EFX 835 combines essential reliability and ease-of-use with a natural, low-impact stride to add value to your facility. The 830 Line console integrates our intuitive motion controls and uses an LED-based display that focuses on the essential fitness stats and displays that keep users moving.

At Precor, we recognize that a great workout is the sum of many parts. In your hands, the products, services and technologies we offer can be combined in countless ways to complement the programs, and atmosphere you're creating.

PRECOR



CERTIFICATE OF LIABILITY INSURANCE

DIREC-1

OP ID: CD

DATE (MM/DD/YYYY)

02/13/14

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 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 GIS Cornerstone, LLC. PO Box 1349 Crystal Lake, IL 60039-1349 Andrew Haley	888-477-7287 815-477-3608	CONTACT NAME: Denise Hoover PHONE (A/C, No, Ext): 815-477-7287 FAX (A/C, No): 815-477-3608 E-MAIL ADDRESS: dhoover@giscornerstone.com
	INSURER(S) AFFORDING COVERAGE	
INSURED Direct Fitness Solutions LLC & Tag Fitness LLC 600 Tower Road Mundelein, IL 60060	INSURER A: Hartford Insurance Company NAIC # 22357	
	INSURER B: Utica National Insurance Group	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		83GESOF4711	01/16/14	01/16/15	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO PENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COM/OP AGG \$ 2,000,000
						Project \$ 5,000,000
B	AUTOMOBILE LIABILITY		4574036	01/01/14	01/16/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUS-TOR/LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			E.L. EACH ACCIDENT \$
	If yes, describe under: DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

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

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Made in the USA

Direct Fitness Solutions is proud to represent products made in the United States. All Precor products cardio products are manufactured and assembled at their production facility in Woodinville, Washington. The SciFit REX is manufactured in Tulsa, Oklahoma. Buying product made in the USA helps to insure the quality you expect when investing your budget dollars.

Resale Value

In making your final decision, one factor you'll want to keep in mind is the equipment's value down the road in case you want to use it to get credit toward new equipment. Top quality, American made lines such as Precor, will often retain up to 20% of their purchase price after three years. Second tier lines (especially those made overseas), retain little (if any) resale value after that same time period. The level of trade value provided by Precor products will significantly reduce the amount of money you need to spend on your next equipment purchase in a few years. Please take a few moments to research this fact for yourself online before making a final decision on the proposals submitted.



CITY OF TROY
OAKLAND COUNTY, MICHIGAN
NON-COLLUSION AFFIDAVIT

TO WHOM IT MAY CONCERN:

Mark Kwiatkowski, being duly sworn deposed, says that he/she
(Print Full Name)

is Regional Sales Manager The party making the foregoing proposal or bid,
(State Official Capacity in Firm)

that such bid is genuine and not collusion or sham; that said bidder has not colluded, conspired, connived, or agree, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding and has not in any manner directly or indirectly sought by agreement or collusion, or communication or conference, with any person to fix the bid price or affiant or any other bidder, or to fix any overhead, profit, or cost element of said bid price, or that of any other bidder, or to secure the advantage against the City of Troy or any person interested in the proposed contract; and that all statements contained in said proposal or bid are true.

Mark Kwiatkowski
SIGNATURE OF PERSON SUBMITTING BID

Sara Pelland
NOTARY'S SIGNATURE

Subscribed and sworn to before me this 25th day of June, 2014 in and for Wayne County.

My commission expires:
04/21/2019



**VENDOR CERTIFICATION
THAT IT IS NOT AN
"IRAN LINKED BUSINESS"**

Pursuant to Michigan law, (the Iran Economic Sanctions Act, 2012 PA 517, MCL 129.311 et seq.), before accepting any bid or proposal, or entering into any contract for goods or services with any prospective Vendor, the Vendor must first certify that it is not an "IRAN LINKED BUSINESS", as defined by law.

Vendor	
Legal Name	Direct Fitness Solutions, LLC
Street Address	600 Tower Road
City	Mundelein
State, Zip	Illinois, 60060
Corporate I.D. Number/State	
Taxpayer I.D. #	36-4200633

The undersigned, with: 1.) full knowledge of all of Vendors business activities, 2.) full knowledge of the requirements and possible penalties under the law MCL 129.311 et seq. and 3.) the full and complete authority to make this certification on behalf of the Vendor, by his/her signature below, certifies that: the Vendor is NOT an "IRAN LINKED BUSINESS" as require by MCL 129.311 et seq., and as such that Vendor is legally eligible to submit a bid and be considered for a possible contract to supply goods and/or services to the City of Troy.

Signature of Vendor's Authorized Agent:

Printed Name of Vendor's Authorized Agent:

Mark Koratkowski

Witness Signature:

Printed Name of Witness:

Tara L. Pelland



**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

The prospective participant certifies, to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in transactions under any non-procurement programs by any federal, state or local agency.
2. Have not, within the three year period preceding, had one or more public transactions (federal, state, or local) terminated for cause or default; and
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) and have not, within the three year period preceding the proposal, been convicted of or had a civil judgment rendered against it:
 - a. For the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction (federal, state, or local), or a procurement contract under such a public transaction;
 - b. For the violation of federal, or state antitrust statutes, including those proscribing price fixing between competitors, the allocation of customers between competitors, or bid rigging; or
 - c. For the commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

I understand that a false statement on this certification may be grounds for the rejection of this proposal or the termination of the award. In addition, the general grant of this authority exists within the City's Charter, Chapter 12, Section 12.2- Contracts.

I am able to certify to the above statements.

Direct Fitness Solutions, LLC
Name of Agency/Company/Firm (Please Print)

Mark Kwiatkowski, - Regional Sales Manager
Name and title of authorized representative (Please Print)

[Signature]
Signature of authorized representative
Date

I am unable to certify to the above statements. Attached is my explanation.