

## J-4 Standard Purchasing Resolutions

## a) Standard Purchasing Resolution 2: Low Bidder Meeting Specifications - Fitness Equipment

Resolution #2015-08-104-J-04a

RESOLVED, That Troy City Council hereby **AWARDS** two (2) contracts to the low bidders meeting specifications 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* at an estimated total cost of \$94,970.00 as detailed below and at the prices contained in the bid tabulation opened July 30, 2015; a copy of which shall be **ATTACHED** to the original Minutes of this meeting.

Item Description	Qty.	Direct Fitness Solutions, LLC		All Pro Exercise	
		Unit Cost	Total Cost	Unit Cost	Total Cost
Crossramp Elliptical Machine	6	\$4,195.00	<b>\$25,170.00</b>		
Abductor/Adductor Weight Machine	2			\$2,395.00	\$4,790.00
Peck Fly/Rear Delt Weight Machine	1			\$2,195.00	\$2,195.00
Lateral Elliptical Machine	2			\$4,095.00	\$8,190.00
Commercial Treadmill	13			\$3,995.00	\$51,935.00
Electromagnetic Bike w/ Computer	2			\$1,295.00	\$2,690.00
					<b>\$69,800.00</b>
<b>Grand Total</b>					<b>\$94,970.00</b>

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

PO# 2016-8



# PURCHASE ORDER

No. 2016-00000253  
 DATE: 08/17/2015  
 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**  
 2015-08-104-J-04a

**VENDOR NO. 133436**

COPY

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

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	Lot	Fitness Equipment for Community Center Fitness Room Fitness Equipment less trade-ins. Fitness Equipment to be furnished and installed in the Troy Community Center Fitness Room. All items to be furnished in accordance with all bid specifications as per ITB-COT 15-24 and your accepted proposal. Itemized pricing and trade-in information is attached to this purchase order.	69,800.0000	\$69,800.00

Entered By: MaryBeth Murz

\$69,800.00

**Special Instructions:**

Deliver as per Bid Specifications in accordance with ITB-COT 15-24. Contact Brian Goul, Assistant Recreation Director at 248 524 3529 prior to delivery. City Council approval date: 8/10/2015. 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.

*MaryBeth Murz*



CITY OF TROY  
PURCHASE ORDER  
PHYSICAL FITNESS EQUIPMENT

ITB-COT 15-24

VENDOR NAME: 

All Pro Exercise
Plymouth Twp, MI
As Specified

**PROPOSAL: FURNISH AND INSTALL NEW PIECES OF COMMERCIAL GRADE PHYSICAL FITNESS EQUIPMENT IN THE TROY COMMUNITY CENTER FITNESS ROOM**  
**EQUIPMENT TO PURCHASE (1 for 1 trade-in exchange)**

ITEM	QTY	Description (No Substitutions)	Unit Cost (Each)	Estimated Total Cost
1	2	Matrix VS-S74 Hip w/ Plus features Abductor/Adductor	\$2,595.00	\$5,190.00
2	1	Matrix VS-S22 w/ plus features, Peck Fly/Rear Delt	\$2,395.00	\$2,395.00
3	2	Octane LateralX LX8000	\$4,895.00	\$9,790.00
4	13	Matrix #T5-2015, heavy commercial treadmill	\$4,695.00	\$61,035.00
6	2	Keiser M3 Electromagnetic Groupex bike w/ computer	\$1,395.00	\$2,790.00
<b>TOTAL COST FOR NEW EQUIPMENT</b>				<b>\$81,200.00</b>
<b>7 TRADE-INS</b>				
	QTY	Description	Estimated Trade-	Estimated Trade-In Amount
	\$1.00	Lifefitness Peck Fly/Rear	\$200.00	\$200.00
	\$1.00	Lifefitness Abductor	\$200.00	\$200.00
	\$1.00	Lifefitness Adductor	\$200.00	\$200.00
	\$2.00	Octane Lateral X-2012	\$800.00	\$1,600.00
	####	Matrix #T5 - 2012 Treadmills	\$700.00	\$9,100.00
	\$1.00	Lemond Spinning Bike	\$100.00	\$100.00
		<b>DEDUCT:</b>		<b>\$11,400.00</b>
<b>Estimated Net Total Cost (Items 1, 2,3,4, &amp; 6 less All Trade-ins)</b>				<b>\$69,800.00</b>

DESCRIPTIVE LITERATURE: Yes or No	Yes
DELIVERY by October 1, 2015: Yes or No	Yes
AUTHORIZED DEALER: Yes or No	Yes
SERVICE FACILITY LOCATION:	
Location:	Main office warehouse
Miles from Troy	57
Response Time for Service Calls	48 hrs *excluding holidays and
CONTACT INFORMATION: Name	
Name	Dan Coyer & Don King
Hours of Operation	M-F 8AM-5PM
24 Hr. Phone	800-525-2739 & 248-789-0469
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	No
REFERENCES: Yes or No	Yes
INSURANCE:	
Can meet	X
Cannot meet	
PAYMENT TERMS:	
	Net 30
	"Certificate of liability and additional insured is included 3rd
EXCEPTIONS:	
ACKNOWLEDGEMENT: Signed Yes or No	Yes
FORMS (5) Yes or No	Yes



# PURCHASE ORDER

No. 2016-00000008  
 DATE: 08/17/2015  
 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**  
 2015-08-104-J-04a

**VENDOR NO.** 162014

**Vendor**  
 DIRECT FITNESS SOLUTIONS  
 600 TOWER ROAD  
 MUNDELEIN, IL 60060

COPY

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	Lot	Fitness Equipment for Community Center Fitness Room Precor EFX835 adj. crossramp elliptical machines, less six (6) trade-ins. Equipment to be furnished and installed in the Troy Community Center Fitness Room. All items to be furnished in accordance with all bid specifications as per ITB-COT 15-24 and your accepted proposal. Itemized pricing and trade-in information is attached to this purchase order.	25,170.0000	\$25,170.00

Entered By: MaryBeth Murz

\$25,170.00

**Special Instructions:**

Deliver as per Bid Specifications in accordance with ITB-COT 15-24. Contact Brian Goul, Assistant Recreation Director at 248 524 3529 prior to delivery. City Council approval date: 8/10/2015. 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.

*MaryBeth Murz*





CITY OF TROY  
PURCHASE ORDER  
PHYSICAL FITNESS EQUIPMENT

ITB-COT 15-24

VENDOR NAME:	Direct Fitness Solutions, LLC
City, State	Mundelein, IL
	As Specified

**PROPOSAL: FURNISH AND INSTALL COMMERCIAL GRADE PHYSICAL FITNESS EQUIPMENT IN THE TROY COMMUNITY CENTER FITNESS ROOM.**

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

ITEM	QTY	Description (No Substitutions)	Unit Cost (Each)	Estimated Total Cost
5	6	Precor EFX835 adj crossramp - P30 console	\$ 4,895.00	\$ 29,370.00
<b>TOTAL COST FOR NEW EQUIPMENT</b>				\$ 29,370.00

**7 TRADE-INS**

	QTY	Description	Estimated Trade-In	Estimated Trade-In Amount
	6	PreCor EFX 576i Ellipticals	\$ 700.00	\$ 4,200.00
		<b>DEDUCT:</b>		\$ 4,200.00

**Estimated Net Total Cost (Item #5 less #7 All Trade-ins)** \$ 25,170.00

DESCRIPTIVE LITERATURE: Yes or No	Yes
DELIVERY by October 1, 2015: Yes or No	Yes *If ordered by August 17, 2015.*
AUTHORIZED DEALER: Yes or No	Yes
SERVICE FACILITY LOCATION:	
Location:	Shelby Twp, MI
Miles from Troy	10
Response Time for Service Calls	48 hours
CONTACT INFORMATION: Name	
Name	Mark Kwiatkowski & Jerry Saputo
Hours of Operation	7AM-5PM
24 Hr. Phone	248-755-5748 & 586-382-6562
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	No
REFERENCES: Yes or No	Yes
INSURANCE:	
Can meet	
Cannot meet	X
PAYMENT TERMS:	Net 30
EXCEPTIONS:	Lists Alternate Equipment
ACKNOWLEDGEMENT: Signed Yes or No	Yes
FORMS (5) Yes or No	Yes



VENDOR NAME:	Direct Fitness Solutions, LLC	Direct Fitness Solutions, LLC
City, State	Mundelein, IL	Mundelein, IL
As specified / Alternate	As Specified	Alternate

**PROPOSAL: FURNISH AND INSTALL TWENTY-FIVE (25) NEW PIECES OF COMMERCIAL GRADE PHYSICAL FITNESS EQUIPMENT IN THE TROY COMMUNITY CENTER FITNESS ROOM**

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

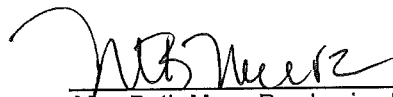
ITEM	QTY	Description (No Substitutions)	Unit Cost (Each)	Estimated Total Cost	Alternate Description	Unit Cost (Each)	Estimated Total Cost
1	2	Matrix VS-S74 Hip w/ Plus features Abductor/Adductor	\$ 2,595.00	\$ 5,190.00	Precorvitality Series Inner/Outer Thigh	\$2,595.00	\$ 5,190.00
2	1	Matrix VS-S22 w/ plus features, Peck Fly/Rear Delt	\$ 2,595.00	\$ 2,595.00	Precorvitality Series Rear Delt Pec Fly	\$2,595.00	\$ 2,595.00
3	2	Octane LateralX LX8000	\$ 3,595.00	\$ 7,190.00	Helix 3500	\$3,595.00	\$ 7,190.00
4	13	Matrix #T5-2015, heavy commercial treadmill	\$ 4,950.00	\$ 64,350.00	Free Motion T11.8 Treadmill	\$4,395.00	\$ 57,135.00
5	6	Precor EFX835 adj crossramp - P30 console	\$ 4,895.00	\$ 29,370.00	Precor EFX 815	\$4,795.00	\$ 28,770.00
6	2	Keiser M3 Electromagnetic Groupex bike w/ computer	\$ 1,850.00	\$ 3,700.00	Free Motion S11.8 Indoor Cycle	\$1,695.00	\$ 3,390.00
<b>TOTAL COST FOR NEW EQUIPMENT</b>				<b>\$112,395.00</b>			<b>\$104,270.00</b>

**7 TRADE-INS**

	QTY	Description	Estimated Trade-	Estimated	Estimated	Estimated
	1	Lifefitness Peck Fly/Rear	\$ 400.00	\$ 400.00		\$ 400.00
	1	Lifefitness Abductor	\$ 400.00	\$ 400.00		\$ 400.00
	1	Lifefitness Adductor	\$ 400.00	\$ 400.00		\$ 400.00
	2	Octane Lateral X-2012	\$ 600.00	\$ 1,200.00		\$ 1,200.00
	13	Matrix #T5 - 2012	\$ 700.00	\$ 9,100.00		\$ 9,100.00
	6	PreCor EFX 576i Ellipticals	\$ 700.00	\$ 4,200.00		\$ 4,200.00
	1	Lemond Spinning Bike	\$ 250.00	\$ 250.00		\$ 250.00
		<b>DEDUCT:</b>		<b>\$ 15,950.00</b>		<b>\$ 15,950.00</b>
		<b>Estimated Net Total Cost (All Items 1-6 less #7 All Trade-</b>		<b>\$ 96,445.00</b>		<b>\$ 88,320.00</b>

<b>DESCRIPTIVE LITERATURE:</b> Yes or No	Yes
<b>DELIVERY by October 1, 2015:</b> Yes or No	Yes *If ordered by August 17, 2015.*
<b>AUTHORIZED DEALER:</b> Yes or No	Yes
<b>SERVICE FACILITY LOCATION:</b>	
Location:	Shelby Twp, MI
Miles from Troy	10
Response Time for Service Calls	48 hours
<b>CONTACT INFORMATION: Name</b>	
Name	Mark Kwiatkowski & Jerry Saputo
Hours of Operation	7AM-5PM
24 Hr. Phone	248-755-5748 & 586-382-6562
<b>WARRANTY: (3) Years Minimum</b>	
All Wear Items	Yes
All Parts & Labor Coverage	Yes
Free 2nd Day Parts Shipping	Yes
Free Service call	Yes
<b>SUBCONTRACTORS:</b> Yes or No	No
<b>REFERENCES:</b> Yes or No	Yes
<b>INSURANCE:</b>	
Can meet	X
Cannot meet	
<b>PAYMENT TERMS:</b>	Net 30
<b>EXCEPTIONS:</b>	Lists Alternate Equipment
<b>ACKNOWLEDGEMENT:</b> Signed Yes or No	Yes
<b>FORMS (5)</b> Yes or No	Yes

**ATTEST:**  
Sara Teets  
Enna Bachelor  
Sue Riesterer  
Brian Goul

  
MaryBeth Murz, Purchasing Manager



VENDOR NAME:	All Pro Exercise	All Pro Exercise
	Plymouth Twp, MI	Plymouth Twp, MI
	As Specified	Alternate

**PROPOSAL: FURNISH AND INSTALL TWENTY-FIVE (25) NEW PIECES OF COMMERCIAL GRADE PHYSICAL FITNESS EQUIPMENT IN THE TROY COMMUNITY CENTER FITNESS ROOM**

EQUIPMENT TO PURCHASE (1 for 1 trade-in exchange)							
ITEM	QTY	Description (No Substitutions)	Unit Cost (Each)	Estimated Total Cost	Alternate Description	Unit Cost (Each)	Estimated Total Cost
1	2	Matrix VS-S74 Hip w/ Plus features Abductor/Adductor	\$ 2,595.00	\$ 5,190.00	Matrix VS-S74 Hip w/ Plus features Abductor/Adductor (No plus pkg features)	\$2,279.00	\$ 4,558.00
2	1	Matrix VS-S22 w/ plus features, Peck Fly/Rear Delt	\$ 2,395.00	\$ 2,395.00	Matrix VS-S22 w/ plus features, Peck Fly/Rear Delt (No plus pkg features)	\$1,999.00	\$ 1,999.00
3	2	Octane LateralX LX8000	\$ 4,895.00	\$ 9,790.00		\$4,895.00	\$ 9,790.00
4	13	Matrix #T5-2015, heavy commercial treadmill	\$ 4,695.00	\$ 61,035.00		\$4,695.00	\$ 61,035.00
5	6	Precor EFX835 adj crossramp - P30 console	\$ 4,995.00	\$ 29,970.00	Octane XT-One	\$4,995.00	\$ 29,970.00
6	2	Keiser M3 Electromagnetic Groupex bike w/ computer	\$ 1,395.00	\$ 2,790.00		\$1,395.00	\$ 2,790.00
<b>TOTAL COST FOR NEW EQUIPMENT</b>				\$111,170.00			\$110,142.00
<b>7 TRADE-INS</b>							
	QTY	Description	Estimated Trade-	Estimated		Estimated	Estimated
	1	Lifefitness Peck Fly/Rear	\$ 200.00	\$ 200.00		\$ 200.00	\$ 200.00
	1	Lifefitness Abductor	\$ 200.00	\$ 200.00		\$ 200.00	\$ 200.00
	1	Lifefitness Adductor	\$ 200.00	\$ 200.00		\$ 200.00	\$ 200.00
	2	Octane Lateral X-2012	\$ 800.00	\$ 1,600.00		\$ 800.00	\$ 1,600.00
	13	Matrix #T5 - 2012	\$ 700.00	\$ 9,100.00		\$ 700.00	\$ 9,100.00
	6	PreCor EFX 576i Ellipticals	\$ 500.00	\$ 3,000.00		\$ 500.00	\$ 3,000.00
	1	Lemond Spinning Bike	\$ 100.00	\$ 100.00		\$ 100.00	\$ 100.00
<b>DEDUCT:</b>				\$ 14,400.00			\$ 14,400.00
<b>Estimated Net Total Cost (All Items 1-6 less #7 All Trade-</b>				\$ 96,770.00			\$ 95,742.00

<b>DESCRIPTIVE LITERATURE:</b> Yes or No	Yes
<b>DELIVERY by October 1, 2015:</b> Yes or No	Yes
<b>AUTHORIZED DEALER:</b> Yes or No	Yes
<b>SERVICE FACILITY LOCATION:</b>	
Location:	Main office warehouse
Miles from Troy	57
Response Time for Service Calls	48 hrs *excluding holidays and weekends*
<b>CONTACT INFORMATION: Name</b>	
Name	Dan Coyer & Don King
Hours of Operation	M-F 8AM-5PM
24 Hr. Phone	800-525-2739 & 248-789-0469
<b>WARRANTY: (3) Years Minimum</b>	
All Wear Items	Yes
All Parts & Labor Coverage	Yes
Free 2nd Day Parts Shipping	Yes
Free Service call	Yes
<b>SUBCONTRACTORS:</b> Yes or No	No
<b>REFERENCES:</b> Yes or No	Yes
<b>INSURANCE:</b>	
Can meet	X
Cannot meet	
<b>PAYMENT TERMS:</b>	Net 30
<b>EXCEPTIONS:</b>	"Certificate of liability and additional insured is included 3rd - primary & secondary non contributory certificate within 5 days of award/request."
<b>ACKNOWLEDGEMENT: Signed</b> Yes or No	Yes
<b>FORMS (5)</b> Yes or No	Yes



CITY OF TROY  
TABULATION  
PHYSICAL FITNESS EQUIPMENT

VENDOR NAME:	Fitness Things, Inc.	Fitness Things, Inc.
	Plymouth, MI	Plymouth, MI
	Alternate A	Alternate B

**PROPOSAL: FURNISH AND INSTALL TWENTY-FIVE (25) NEW PIECES OF COMMERCIAL GRADE PHYSICAL FITNESS EQUIPMENT IN THE TROY COMMUNITY CENTER FITNESS ROOM**

EQUIPMENT TO PURCHASE (1 for 1 trade-in exchange)								
ITEM	QTY	Description (No Substitutions)	Alternate Description	Unit Cost (Each)	Estimated Total Cost	Alternate Description	Unit Cost (Each)	Estimated Total Cost
1	2	Matrix VS-S74 Hip w/ Plus features Abductor/Adductor	CYBEX Eagle Dual Hip Abductor/Adduct	\$ 5,400.00	\$ 10,800.00	CYBEX VR1 Dual Hip Abductor/Adducto	\$2,995.00	\$ 5,990.00
2	1	Matrix VS-S22 w/ plus features, Peck Fly/Rear Delt	CYBEX Prestige Dual Peck Fly/Rear Delt	\$ 3,600.00	\$ 3,600.00	CYBEX VR1 Dual Peck Fly/Rear Delt	\$2,895.00	\$ 2,895.00
3	2	Octane LateralX LX8000	S775 Lateral Trainer	\$ 4,650.00	\$ 9,300.00	Helix 3500 Lateral Trainer	\$3,200.00	\$ 6,400.00
4	13	Matrix #T5-2015, heavy commercial treadmill	CYBEX 625T, heavy commercial treadmill	\$ 4,400.00	\$ 57,200.00	SportsArt T655 heavy commercial treadmill	\$3,895.00	\$ 50,635.00
5	6	Precor EFX835 adj crossramp - P30 console	CYBEX 625AT Total Body Arc	\$ 4,650.00	\$ 27,900.00	(3) SportsArt E845 Elliptical/(3) 625 AT	\$3,875.00 \$4,650.00	\$ 25,575.00
6	2	Keiser M3 Electromagnetic Groupex bike w/ computer	BodyCraft SPR Rear Belt Indoor Cycle	\$ 1,450.00	\$ 2,900.00	BodyCrat SPR Rear Belt Indoor Cycle	\$1,450.00	\$ 2,900.00
<b>TOTAL COST FOR NEW EQUIPMENT</b>								\$ 111,700.00

7 TRADE-INS								
	QTY	Description		Estimated	Estimated		Estimated	Estimated
	1	Lifefitness Peck Fly/Rear		\$ 100.00	\$ 100.00		\$ 100.00	\$ 100.00
	1	Lifefitness Abductor		\$ 50.00	\$ 50.00		\$ 50.00	\$ 50.00
	1	Lifefitness Adductor		\$ 50.00	\$ 50.00		\$ 50.00	\$ 50.00
	2	Octane Lateral X-2012		\$ 300.00	\$ 600.00		\$ 300.00	\$ 600.00
	13	Matrix #T5 - 2012		\$ 300.00	\$ 3,900.00		\$ 300.00	\$ 3,900.00
	6	PreCor EFX 576i Ellipticals		\$ 250.00	\$ 1,500.00		\$ 250.00	\$ 1,500.00
	1	Lemond Spinning Bike		\$ 100.00	\$ 100.00		\$ 100.00	\$ 100.00
<b>DEDUCT:</b>					\$ 6,300.00			\$ 6,300.00
<b>Estimated Net Total Cost (All Items 1-6 less #7 All Trade-</b>						\$105,400.00		\$ 88,095.00

<b>DESCRIPTIVE LITERATURE:</b> Yes or No	Yes
<b>DELIVERY by October 1, 2015:</b> Yes or No	Yes
<b>AUTHORIZED DEALER:</b> Yes or No	Yes
<b>SERVICE FACILITY LOCATION:</b>	
Location:	1160 Ann Arbor Road, Plymouth, MI 48170
Miles from Troy	36.4 Miles
Response Time for Service Calls	48 hours
<b>CONTACT INFORMATION: Name</b>	
Name	Eric Miles
Hours of Operation	8AM-6PM
24 Hr. Phone	734-647-1385
<b>WARRANTY: (3) Years Minimum</b>	
All Wear Items	Yes
All Parts & Labor Coverage	Yes
Free 2nd Day Parts Shipping	Yes
Free Service call	Yes
<b>SUBCONTRACTORS:</b> Yes or No	No
<b>REFERENCES:</b> Yes or No	Yes
<b>INSURANCE:</b>	
Can meet	X
Cannot meet	
<b>PAYMENT TERMS:</b>	Net 30
<b>EXCEPTIONS:</b>	"2 bids are included" SEE BID DOCUMENTS FOR MORE
<b>ACKNOWLEDGEMENT: Signed Yes or No</b>	Yes
<b>FORMS (5) Yes or No</b>	Yes







Version A

**CITY OF TROY  
BID PROPOSAL**

ITB-COT 15-24  
Page 1 of 7

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 TWENTY-FIVE (25) 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 twenty-five (25) <u>new</u> pieces of commercial grade physical fitness equipment in the Troy Community Center Fitness Room in accordance with the attached specifications as follows:				
<b>EQUIPMENT TO PURCHASE</b> <i>(1 for 1 trade-in exchange)</i>				
ITEM	Quantity	Description (No Substitutions)	Unit Cost (Each)	Estimated Total Cost
1	Two (2)	Matrix VS-S74 Hip w plus features Abductor/Adductor	\$ 2595 /ea	\$ 5190
2	One (1)	Matrix VS-S22 w/ plus features, Peck Fly/Rear Delt	\$ 2595 /ea	\$ 2595
3	Two (2)	Octane LateralX LX8000	\$ 3595 /ea	\$ 7190
4	Thirteen (13)	Matrix #T5x-2015, heavy commercial treadmill	\$ 4950 /ea	\$ 64350
5	Six (6)	Precor EFX835 adj crossramp – P30 console	\$ 4895 /ea	\$ 29,370
6	Two (2)	Keiser M3 Electromagnetic Groupex bike w/ computer	\$ 1850 /ea	\$ 3700
7	<b>TRADE-INS</b>			
	Quantity	Description	Estimated Trade-In Amount (Each)	Estimated Trade-In Amount Total
	One (1)	Lifefitness Peck Fly/Rear Delt	(\$ 400 )	(\$ 400 )
	One (1)	Lifefitness Abductor	(\$ 400 )	(\$ 400 )
	One (1)	Lifefitness Adductor	(\$ 400 )	(\$ 400 )
	Two (2)	Octane Lateral X - 2012	(\$ 600 )	(\$ 1200 )
	Thirteen (13)	Matrix #T5x – 2012 Treadmills	(\$ 700 )	(\$ 9100 )
	Six (6)	PreCor EFX 576i Ellipticals	(\$ 700 )	(\$ 4200 )
	One (1)	Lemond Spinning Bike	(\$ 250 )	(\$ 250 )
		<b>DEDUCT:</b>	(\$ )	(\$ 15950 )
			<b>Estimated Net Total Cost</b>	<b>\$ 96,445</b>





Version B

**CITY OF TROY  
BID PROPOSAL**

ITB-COT 15-24  
Page 1 of 7

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 TWENTY-FIVE (25) 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 twenty-five (25) <u>new</u> 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	Two (2)	Matrix VS-S74 Hip w plus features Abductor/Adductor	\$ 2595 /ea	\$ 5190
2	One (1)	Matrix VS-S22 w/ plus features, Peck Fly/Rear Delt	\$ 2595 /ea	\$ 2595
3	Two (2)	Octane LateralX LX8000	\$ 3595 /ea	\$ 7190
4	Thirteen (13)	Matrix #T5x-2015, heavy commercial treadmill	\$ 4395 /ea	\$ 57,135
5	Six (6)	Precor EFX835 adj crossramp – P30 console	\$ 4795 /ea	\$ 28,770
6	Two (2)	Keiser M3 Electromagnetic Groupex bike w/ computer	\$ 1695 /ea	\$ 3390
7		<b>TRADE-INS</b>		
	Quantity	Description	Estimated Trade-In Amount (Each)	Estimated Trade-In Amount Total
	One (1)	Lifefitness Peck Fly/Rear Delt	(\$ 400 )	(\$ 400 )
	One (1)	Lifefitness Abductor	(\$ 400 )	(\$ 400 )
	One (1)	Lifefitness Adductor	(\$ 400 )	(\$ 400 )
	Two (2)	Octane Lateral X - 2012	(\$ 600 )	(\$ 1200 )
	Thirteen (13)	Matrix #T5x – 2012 Treadmills	(\$ 700 )	(\$ 9100 )
	Six (6)	PreCor EFX 576i Ellipticals	(\$ 700 )	(\$ 4200 )
	One (1)	Lemond Spinning Bike	(\$ 250 )	(\$ 250 )
		<b>DEDUCT:</b>	(\$ )	(\$ 15950 )
			<b>Estimated Net Total Cost</b>	<b>\$ 88320</b>

10/1/20

10/1/20

Dear Mr. [Name],

I am writing to you regarding the [Topic] that we discussed previously.

The information provided to me indicates that [Details] and I am pleased to hear that [Positive News].

I will be sure to [Action] and will contact you again once [Timeline].

Thank you very much for your patience and understanding.

Yours faithfully,  
[Signature]

[Name]  
[Title]  
[Company]

[Address]  
[City, State, Zip]

[Phone Number]  
[Email Address]

[Additional Information]

[Closing Remarks]

**IMPORTANT:**

In order to be considered for an award and your company is bidding on any items 1 – 6; it is **required** that items listed **under Item #7** 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 #7. 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.

**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 October 1, 2015**. 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 ordered by August 17, 2015*  
 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 48 hours to be onsite after initial request for service by a factory trained technician.  
 (Number)

**CONTACT INFORMATION:**

Name(s): Mark Kwiatkowski 24 Hr. Phone No. 248-755-5748  
Jerry Sapota 586-382-6562  
 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
Warren Recreation Center	5460 Arden	Sheldon Miller	smiller@cityofwarren.org	586-268-8400	2015
Huron Valley Parks and Fitness	2320 S. Middle Rd.	Michael Powers	michael.powers@hvs.org	248-676-2397	2014
Auburn Hills Rec. Ctr.	1827 N. Squirrel Rd.	Brian Mercotte	bmercotte@auburnhills.org	248-370-9553	2015

**INSURANCE:**

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

The contractor, or any of their subcontractors, shall not commence work under this contract until they have obtained the insurance required, and shall keep such insurance in force during the entire life of this contract. All coverage shall be with insurance companies licensed and admitted to business in the State of Michigan and acceptable to the City of Troy. The requirements below should not be interpreted to limit the liability of the Contractor. All deductibles and self-insured retentions (SIR's) are the responsibility of the Contractor.

- 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 as well as the required endorsements SHALL be attached to the proposal document at the time of submission of the proposal 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 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 in accordance with all applicable statutes of the State of Michigan and acceptable to the City of Troy.

COMPANY NAME: Direct Fitness Solutions, LLC



**INSURANCE VERIFICATION:**

A bidder shall complete the above portion, which details additional costs that may be incurred for specified coverage without purchasing the additional coverage prior to bid submission.

**WORKERS' COMPENSATION INSURANCE,** including Employers' Liability Coverage, in accordance with all applicable statutes of the State of Michigan.

**COMMERCIAL GENERAL LIABILITY INSURANCE** on an "Occurrence Basis" with limits of liability not less than \$1,000,000.00 per occurrence and aggregate. Coverage shall include the following extensions: (A) Contractual liability; (B) Products and Completed Operations; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent, if not already included; (E) Deletion of all Explosion, Collapse, and Underground (XCU) Exclusions, if applicable.

**AUTOMOBILE LIABILITY,** including Michigan No-Fault Coverages, with limits of liability not less than \$1,000,000.00 per occurrence combined single limit for Bodily Injury, and Property Damage. Coverage shall include all owned vehicles, all non-owned vehicles, and all hired vehicles.

**ADDITIONAL INSURED:**

Commercial General Liability and Automobile Liability, as described in the attached SAMPLE shall include an Additional Insured Endorsement stating the following shall be ***Additional Insureds:*** The City of Troy including all elected and appointed officials, all employees and volunteers, all boards, commissions, and/or authorities and council members, including employees and volunteers thereof. It is understood and agreed by naming the City of Troy as additional insured, coverage afforded is considered to be primary and any other insurance the City of Troy may have in effect shall be considered secondary and/or excess.

**CANCELLATION NOTICE:**

All policies, as described above, shall include an endorsement stating that it is understood and agreed that Thirty (30) days, Ten (10) days for non-payment of premium, Advance Written Notice of Cancellation, Non-Renewal, Reduction, and/or Material Change shall be mailed to:

City of Troy  
Purchasing Manager  
500 West Big Beaver  
Troy, MI 48084

**PROOF OF INSURANCE COVERAGE:**

The Contractor shall provide the City of Troy, at the time that the contracts are returned by him/her for execution, a Certificate of Insurance as well as the required endorsements. In lieu of required endorsements, if applicable, a copy of the policy sections where coverage is provided for additional insured and cancellation notice would be acceptable. Copies or certified copies of all policies mentioned above all shall be furnished, if so requested.

If any of the applicable coverages expire during the term of this contract, the Contractor shall deliver renewal certificates and endorsements to the City of Troy at least ten (10) days prior to the expiration date.

**LETTER VERIFICATION:**

The recommended bidder will be notified to submit a letter from the *insurance agent or carrier* that the insurance to be supplied will meet specifications. As an alternative, the recommended bidder may submit the certificate of insurance meeting specifications at this time at his/her option. ***The City must receive this letter or certificate within 5 business days after verbal / electronic notification has been delivered to the recommended bidder or the bidder will be considered non-responsive and the bid un-awardable.*** This process will occur before presentation of the award recommendation to the Troy City Council.

COMPANY NAME: Direct Fitness Solutions, LLC



**FINAL INSURANCE CERTIFICATE SUBMISSION:**


After approval by Troy City Council, the City's Purchasing Manager will review the insurance certificates and endorsements to ensure all acceptable documents have been received and allow (5) business additional days after verbal / electronic notification to submit final insurance certificate(s) in accordance with specifications. The City of Troy reserves the right to WITHHOLD AND KEEP any bid surety for failure to comply. 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.

**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 15-24 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#: 36-4902622

COMPANY NAME: Direct Fitness Solutions, LLC

ADDRESS 600 Tower Road CITY Mundelein STATE IL ZIP 60060

PHONE NUMBER 248-755-5748 FAX NUMBER 847-380-5007

REPRESENTATIVE'S NAME Mark Kwiatkowski

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE Mark Kwiatkowski  
(Print)

PAYMENT TERMS: Net 30 WARRANTY: AS SPECIFIED

E-MAIL: markk@directfitnessolutions.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:

Pre-carvitability series Inner/Outer Thigh and Rear Belt/Pee Fly instead of Matrix VS-37K and VS-372  
Helix 3500 instead of other helix LX8000; Precor EFX815 instead of Precor EFX835  
Free Motion Elliptical instead of Matrix TSx  
Free Motion 511.8 Indoor Cycle instead of Keiser M3

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](http://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 15-24.doc







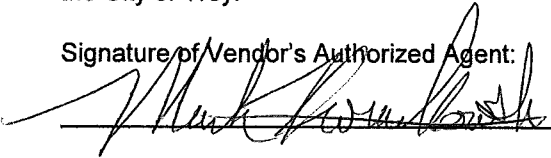
**VENDOR CERTIFICATION  
THAT IT IS NOT AN  
"IRAN LINKED BUSINESS"**

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	<del>36-2402622</del>
Taxpayer I.D. #	36-2402622

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:

Mack Kwiatkowski  
\_\_\_\_\_

Witness Signature:

  
\_\_\_\_\_

Printed Name of Witness:

IRENE NEWMAN  
\_\_\_\_\_



**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 of authorized representative

Date

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



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.

SIGNATURE OF PERSON SUBMITTING BID

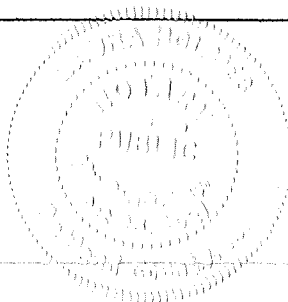
NOTARY'S SIGNATURE

Subscribed and sworn to before me this 28<sup>th</sup> day of

July, 2015 in and for Oakland County.

My commission expires:

10-25-2021





**Legal Status of Bidder:**

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

\_\_\_\_\_

A corporation duly organized and doing business under the laws of the State of Illinois for whom Mark Kwiatkowski, bearing the office title of Regional Sales Manager, whose signature is affixed to this proposal, is duly authorized to execute contracts.

\_\_\_\_\_

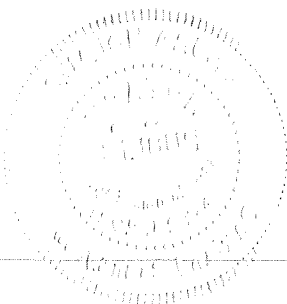
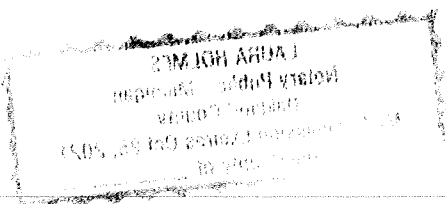
A partnership, all members of which, with addresses, is:

~~\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_~~

\_\_\_\_\_

AN INDIVIDUAL, WHOSE SIGNATURE IS AFFIXED TO THE PROPOSAL:

~~\_\_\_\_\_~~





Package A

**CITY OF TROY  
BID PROPOSAL**

ITB-COT 15-24  
Page 1 of 7

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 TWENTY-FIVE (25) 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 twenty-five (25) 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	Two (2)	Matrix VS-S74 Hip w plus features Abductor/Adductor	\$ 2595 <sup>00</sup> /lea	\$ 5,190 <sup>00</sup>
2	One (1)	Matrix VS-S22 w/ plus features, Peck Fly/Rear Delt	\$ 2395 <sup>00</sup> /lea	\$ 2,395 <sup>00</sup>
3	Two (2)	Octane LateralX LX8000	\$ 4895 <sup>00</sup> /lea	\$ 9,790 <sup>00</sup>
4	Thirteen (13)	Matrix #T5x-2015, heavy commercial treadmill	\$ 4695 <sup>00</sup> /lea	\$ 61,035 <sup>00</sup>
5	Six (6)	Precor EFX835 adj crossramp - P30 console	\$ 4995 <sup>00</sup> /lea	\$ 29,970 <sup>00</sup>
6	Two (2)	Keiser M3 Electromagnetic Groupex bike w/ computer	\$ 1395 <sup>00</sup> /lea	\$ 2,790 <sup>00</sup>
7		<b>TRADE-INS</b>		114,170 <sup>00</sup>
	Quantity	Description	Estimated Trade-In Amount (Each)	Estimated Trade-In Amount Total
	One (1)	Lifefitness Peck Fly/Rear Delt	(\$ 200 <sup>-</sup> )	(\$ 200 <sup>-</sup> )
	One (1)	Lifefitness Abductor	(\$ 200 <sup>-</sup> )	(\$ 200 <sup>-</sup> )
	One (1)	Lifefitness Adductor	(\$ 200 <sup>-</sup> )	(\$ 200 <sup>-</sup> )
	Two (2)	Octane Lateral X - 2012	(\$ 800 <sup>-</sup> )	(\$ 1,600 <sup>-</sup> )
	Thirteen (13)	Matrix #T5x - 2012 Treadmills	(\$ 700 <sup>-</sup> )	(\$ 9,100 <sup>-</sup> )
	Six (6)	PreCor EFX 576i Ellipticals	(\$ 500 <sup>-</sup> )	(\$ 3,000 <sup>-</sup> )
	One (1)	Lemond Spinning Bike	(\$ 100 <sup>-</sup> )	(\$ 100 <sup>-</sup> )
		<b>DEDUCT:</b>	(\$ )	(\$ 14,400 <sup>-</sup> )
			<b>Estimated Net Total Cost</b>	<b>\$96,770<sup>00</sup></b>

**IMPORTANT:**

In order to be considered for an award and your company is bidding on any items 1 – 6; it is **required** that items listed **under Item #7** 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 #7. 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.

**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 OCTANE for your identification.  
XT-ONE

**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 October 1, 2015**. 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



Package B

**CITY OF TROY  
BID PROPOSAL**

ITB-COT 15-24  
Page 1 of 7

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 TWENTY-FIVE (25) 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 twenty-five (25) 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	Two (2)	Matrix VS-S74 Hip w/ <del>plus</del> <sup>NO PLUS</sup> <del>features</del> Abductor/Adductor <del>Pkg features</del>	\$ 2279 <sup>00</sup> /lea	\$ 4558 <sup>00</sup>
2	One (1)	Matrix VS-S22 w/ <del>plus</del> <sup>NO PLUS</sup> <del>features</del> , Peck Fly/Rear Delt <del>Pkg features</del>	\$ 1999 <sup>00</sup> /lea	\$ 1999 <sup>00</sup>
3	Two (2)	Octane LateralX LX8000	\$ 4895 <sup>00</sup> /lea	\$ 9790 <sup>00</sup>
4	Thirteen (13)	Matrix #T5x-2015, heavy commercial treadmill	\$ 4695 <sup>00</sup> /lea	\$ 61,035 <sup>00</sup>
5	Six (6) <i>Equal to</i>	PreCor EFX835 adj <sup>OCTANE</sup> crossramp - P30 console <sup>XT-OVE</sup>	\$ 4995 <sup>00</sup> /lea	\$ 29,970 <sup>00</sup>
6	Two (2)	Keiser M3 Electromagnetic Groupex bike w/ computer	\$ 1395 <sup>00</sup> /lea	\$ 2790 <sup>00</sup>
7		<b>TRADE-INS</b>		110,142 <sup>00</sup>
	Quantity	Description	Estimated Trade-In Amount (Each)	Estimated Trade-In Amount Total
	One (1)	Lifefitness Peck Fly/Rear Delt	(\$ 200 <sup>-</sup> )	(\$ 200 <sup>-</sup> )
	One (1)	Lifefitness Abductor	(\$ 200 <sup>-</sup> )	(\$ 200 <sup>-</sup> )
	One (1)	Lifefitness Adductor	(\$ 200 <sup>-</sup> )	(\$ 200 <sup>-</sup> )
	Two (2)	Octane Lateral X - 2012	(\$ 800 <sup>-</sup> )	(\$ 1600 <sup>-</sup> )
	Thirteen (13)	Matrix #T5x - 2012 Treadmills	(\$ 700 <sup>-</sup> )	(\$ 9100 <sup>-</sup> )
	Six (6)	PreCor EFX 576i Ellipticals	(\$ 500 <sup>-</sup> )	(\$ 3000 <sup>-</sup> )
	One (1)	Lemond Spinning Bike	(\$ 100 <sup>-</sup> )	(\$ 100 <sup>-</sup> )
		<b>DEDUCT:</b>	(\$ )	(\$ 14,400 <sup>-</sup> )
			<b>Estimated Net Total Cost</b>	\$ 95,742 <sup>00</sup>





**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: MAIN office Warehouse Number of miles from City of Troy: 57  
 Response Time for Service Calls: Within 48 hours to be onsite after initial request for service by a factory trained technician. (Number) EXCLUDING WEEKENDS & HOLIDAYS

**CONTACT INFORMATION:**

Name(s): DAN COYER 24 Hr. Phone No. 800-525-2739-  
DON KING 248-789-0469  
 Hours of operation: M-F 8am-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	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 N/A 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

**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
City of warren	9460 Arden Warren	Sheldon Miller	Smiller@Cityofwarren.org	586 268 8400	2015
City of Dearborn	Erica Lyght	15801 Mich Ave	ELyght@CI.dearborn.mi.us		2015
City of Pleasant Ridge	Scott Pierzak	4 North Ridge	Recreation@cityofpleasantridge.org		2014

**INSURANCE:**

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

The contractor, or any of their subcontractors, shall not commence work under this contract until they have obtained the insurance required, and shall keep such insurance in force during the entire life of this contract. All coverage shall be with insurance companies licensed and admitted to business in the State of Michigan and acceptable to the City of Troy. The requirements below should not be interpreted to limit the liability of the Contractor. All deductibles and self-insured retentions (SIR's) are the responsibility of the Contractor.

- 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 as well as the required endorsements SHALL be attached to the proposal document at the time of submission of the proposal 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 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 in accordance with all applicable statutes of the State of Michigan and acceptable to the City of Troy.

COMPANY NAME: All PRO Exercise

**INSURANCE VERIFICATION:**

A bidder shall complete the above portion, which details additional costs that may be incurred for specified coverage without purchasing the additional coverage prior to bid submission.

**WORKERS' COMPENSATION INSURANCE,** including Employers' Liability Coverage, in accordance with all applicable statutes of the State of Michigan.

**COMMERCIAL GENERAL LIABILITY INSURANCE** on an "Occurrence Basis" with limits of liability not less than \$1,000,000.00 per occurrence and aggregate. Coverage shall include the following extensions: (A) Contractual liability; (B) Products and Completed Operations; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent, if not already included; (E) Deletion of all Explosion, Collapse, and Underground (XCU) Exclusions, if applicable.

**AUTOMOBILE LIABILITY,** including Michigan No-Fault Coverages, with limits of liability not less than \$1,000,000.00 per occurrence combined single limit for Bodily Injury, and Property Damage. Coverage shall include all owned vehicles, all non-owned vehicles, and all hired vehicles.

**ADDITIONAL INSURED:**

Commercial General Liability and Automobile Liability, as described in the attached SAMPLE shall include an Additional Insured Endorsement stating the following shall be ***Additional Insureds:*** The City of Troy including all elected and appointed officials, all employees and volunteers, all boards, commissions, and/or authorities and council members, including employees and volunteers thereof. It is understood and agreed by naming the City of Troy as additional insured, coverage afforded is considered to be primary and any other insurance the City of Troy may have in effect shall be considered secondary and/or excess.

**CANCELLATION NOTICE:**

All policies, as described above, shall include an endorsement stating that it is understood and agreed that Thirty (30) days, Ten (10) days for non-payment of premium, Advance Written Notice of Cancellation, Non-Renewal, Reduction, and/or Material Change shall be mailed to:

City of Troy  
Purchasing Manager  
500 West Big Beaver  
Troy, MI 48084

**PROOF OF INSURANCE COVERAGE:**

The Contractor shall provide the City of Troy, at the time that the contracts are returned by him/her for execution, a Certificate of Insurance as well as the required endorsements. In lieu of required endorsements, if applicable, a copy of the policy sections where coverage is provided for additional insured and cancellation notice would be acceptable. Copies or certified copies of all policies mentioned above all shall be furnished, if so requested.

If any of the applicable coverages expire during the term of this contract, the Contractor shall deliver renewal certificates and endorsements to the City of Troy at least ten (10) days prior to the expiration date.

**LETTER VERIFICATION:**

The recommended bidder will be notified to submit a letter from the *insurance agent or carrier* that the insurance to be supplied will meet specifications. As an alternative, the recommended bidder may submit the certificate of insurance meeting specifications at this time at his/her option. ***The City must receive this letter or certificate within 5 business days after verbal / electronic notification has been delivered to the recommended bidder or the bidder will be considered non-responsive and the bid un-awardable.*** This process will occur before presentation of the award recommendation to the Troy City Council.

COMPANY NAME: All PRO Exercise

**FINAL INSURANCE CERTIFICATE SUBMISSION:**

After approval by Troy City Council, the City's Purchasing Manager will review the insurance certificates and endorsements to ensure all acceptable documents have been received and allow (5) business additional days after verbal / electronic notification to submit final insurance certificate(s) in accordance with specifications. The City of Troy reserves the right to WITHHOLD AND KEEP any bid surety for failure to comply. 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.

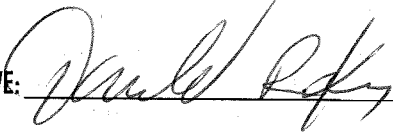
**Final Insurance Certificate Submission:**

**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 15-24 shall remain in full force and effect during the life of the contract.**

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: \_\_\_\_\_



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: 

**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 313-927-6508 FAX NUMBER 313-927-6504

REPRESENTATIVE'S NAME Donald R King

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE   
(Print)

PAYMENT TERMS: NET 30 WARRANTY: AS SPECIFIED ✓

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

**EXCEPTIONS:**

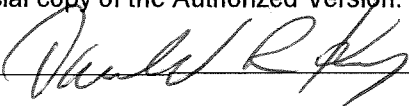
Any exceptions, substitutions, deviations, etc., from the City specifications and this proposal must be stated below. The reason(s) for the exceptions, substitutions, and/or deviations are an integral part of this bid proposal offer:

Certificate of Liability insurance and additional insured is included  
3rd - Primary & Secondary non contributory certificate within 5 days  
of award/request

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 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](http://www.mitn.info) and is an official copy of the Authorized Version.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: 

**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. No relevant MSDS

**U.S. FUNDS:** All prices quoted are to be in U.S. Currency.



**BID SPECIFICATIONS  
PHYSICAL FITNESS EQUIPMENT**

**GENERAL:**

The Troy Community Center, located at 3179 Livernois, Troy, Michigan, 48083, is seeking to purchase and have installed twenty-five (25) pieces of new Commercial Grade Physical Fitness Equipment for the Fitness Room. The fitness equipment bid must meet all requirements as specified. Brian Goul, Assistant Recreation Director is the contact for this project. (No substitutions will be allowed). All equipment is to be F.O.B. delivered freight paid with inside delivery to this location.

**NEW EQUIPMENT TO PURCHASE: (25)**

- 2 each – Matrix VS-S74 Hip Abductor/Adductor w/ plus features
- 1 each – Matrix VS-S22, Peck Fly/Rear Delt 2/ plus features
- 2 each – Octane LateralX LX8000
- 13 each – Matrix #T5x-2015, heavy commercial treadmill
- 6 each – Precor EFX835 moving handles w adj crossramp – P30 console
- 2 each - Keiser M3 Electromagnetic Groupex bike w/ computer

**EQUIPMENT TRADE-INS: (25)**

- |               |                                 |
|---------------|---------------------------------|
| One (1)       | Lifefitness Peck Fly/ Rear Delt |
| One (1)       | Lifefitness Abductor            |
| One (1)       | Lifefitness Adductor            |
| Two (2)       | Octane LateralX - 2012          |
| Thirteen (13) | Matrix #T5x – 2012 Treadmills   |
| Six (6)       | Precor EFX 576i Ellipticals     |
| One (1)       | Lemond Spinning Bike            |

**Any prospective bidders may schedule an on-site appointment in order to inspect the existing equipment to be traded-in before bids are submitted. Please contact Brian Goul, Assistant Recreation Director at (248) 524-3484, between the hours of 8:00 am and 4:30 pm, Monday through Friday to make an appointment.**

**WARRANTY:**

Minimum three (3) years warranty on the following:

- All parts and labor coverage
- All “wear items” (including running decks, belts, shrouds, grips, controls, etc)
- Free second day parts shipping.
- Free service calls (24 Hours) and technician travel at no additional cost to the City



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.

[Signature]  
SIGNATURE OF PERSON SUBMITTING BID

[Signature]  
NOTARY'S SIGNATURE

Subscribed and sworn to before me this 28<sup>th</sup> day of July, 2015 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



**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

Name of Agency/Company/Firm (Please Print)

Donald King Sales Representative

Name and title of authorized representative (Please Print)

Paul Rky

Signature of authorized representative  
Date

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





**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.

<b>Vendor</b>	
Legal Name	All PRO EXERCISE
Street Address	45255 5 mile Rd
City	Plymouth Twp MI 48170
State, Zip	
Corporate I.D. Number/State	
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:

Brenda Parob

Printed Name of Witness:

Brenda Parob



**STATEMENT OF NO BID  
CITY OF TROY**

**BID NUMBER:** ITB-COT 15-24  
**TITLE:** PHYSICAL FITNESS EQUIPMENT

**Please Send or Fax To:**  
City of Troy Purchasing Department  
500 W. Big Beaver Rd.  
Troy, MI 48084

**FAX NUMBER:** (248) 619-7608

We, the undersigned, have declined to bid on the subject bid for the following reasons:

<b>Check All That Apply</b>	<b>Reason</b>
	Our company does not handle the type of product / service
	We cannot meet the specifications nor provide an approved alternate – please explain below
	Our company is not interested in bidding at this time
	Job is too small
	Job is too large
	Cannot be competitive
	Liability Issues such as insurance, bonding, indemnification, hold harmless
	Insufficient time to respond – please explain below
	Our company's schedule would not permit performance of the specifications
	Other – describe below

**REMARKS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPANY INFORMATION:**

COMPANY NAME: \_\_\_\_\_  
SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

**IMPORTANT NOTE:** To qualify as a respondent to the bid, the vendor must submit a bid or return this completed form.

**VENDOR REGISTRATION:** The City of Troy uses the MITN website for vendor registration, bid and tabulation posting, award information and other processes. Final bid results will be posted on the MITN website after award. Please register to see results - - [www.mitn.info](http://www.mitn.info).



**Legal Status of Bidder:**

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

\_\_\_\_\_

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 Sale Representative  
\_\_\_\_\_, whose signature is affixed to ~~this~~ proposal, is duly authorized to execute  
contracts.

*Donald R King*

\_\_\_\_\_

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

~~\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_~~

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

\_\_\_\_\_

