



WILLIAMSON COUNTY GOVERNMENT

December 14, 2018

To Whom It May Concern:

Williamson County accepting bids for the purchase, delivery and set up of new, unused cardio equipment. Delivery address is Fairview Recreation Complex, 2714 Fairview Blvd West, Fairview, TN 37062. Minimum bid specifications are enclosed. Please note any exceptions to the bid.

It is not the intent of Williamson County to favor one vendor; however, we do, from time to time, have to rely on vendors' help in writing specifications. We will accept all bids with exceptions noted, and all bids will be given equal consideration.

Bids will be opened Tuesday, January 8, 2019, 2:00 p.m. Bids must be submitted in a sealed envelope to the County Mayor's Office, 1320 West Main Street, Suite 125, Franklin, TN 37064. Each envelope should be plainly marked: **Cardio Equipment, January 8, 2019, 2:00 p.m. Envelope must also include bidder's company name. IF THE SEALED PACKAGE IS NOT LABELED EXACTLY AS SPECIFIED ABOVE, THE BID WILL NOT BE OPENED.**

Williamson County reserves the right to reject any and/or all proposals, to waive technicalities or informalities, and to accept any proposal deemed to be in the best interest of Williamson County. **No bid shall be valid unless signed.** No bid shall be accepted by FAX machine.

Enclosed is an *Ethical Standards Affidavit*, *Iran Divestment Act Affidavit*, *Fair Employment Affidavit*, *Immigration Attestation and Immigration Compliance Affidavit*, and *Business Tax and License Affidavit*. Please complete these documents and return them with your bid.

If you have any questions, please e-mail lesliem@williamson-tn.org. All questions must be submitted in writing by 4:30 p.m. CST on January 2, 2019. No addenda will be issued within 48 hours of the bid opening date and time.

Sincerely,

Leslie Mitchell, CPPO, CPPB
Purchasing Agent



**Minimum Specifications
Cardio Equipment
Williamson County Parks & Recreation Department**

SCOPE: The Purchase, Delivery and Set-up of New, unused Cardio Equipment as specified within.

DELIVERY ADDRESS: Fairview Recreation Complex
2714 Fairview BLVD West
Fairview, TN 37062
Contact: Frank Hubbuch
(615) 790-5719 ext. 2014

BID PRICE HOLDING: ANSWER QUESTION ON BID SHEET

DELIVERY/SET UP:

Awarded Bid must meet a delivery and installation date tentatively set for March 25, 2019.

A maximum of 5 days will be allowed for delivery and set up of equipment.

On select equipment, multiple pieces will be needed. If price breaks are given for equipment that is purchased over one (1) piece, please notate it on the Bid Sheet.

EQUAL PRODUCTS:

Vendors bidding Equal Products **MUST** submit Full Specification Sheets on equipment being bid with sealed bid.

Three (3) TRUE - CS400 Recumbents or Equal

- Self-Generating
- Dual stage drive system with Poly-V Belts
- 1-Piece forged steel crank system with sealed bearings
- Hybrid self-generating brake
- 30 resistance levels
- 40-450 Watts
- Welded heavy-gauge steel
- Dual sided & weighted with integrated ratcheting strap
- Ergonomic seat includes 25 position settings and infinite reclining positions with wrap around seat adjustment bar
- Multi position handlebar with moisture resistant sleeves
- Heart rate monitoring
- Water bottle holder and tablet/book holder
- Max user 400 lbs.
- 2 front transport wheels
- Max 65"L x Max 30"W

Two (2) TRUE - CS400 Upright Bikes or Equal

- Self-Generating
- Single stage drive system with poly-v belts
- 3-Piece forged steel crank system with sealed bearings
- Hybrid self-generating brake
- 30 resistance levels
- 40-450 Watts
- Welded heavy-gauge steel
- Dual sided & weighted with integrated ratcheting strap
- Ergonomic seat includes 15 position settings
- Multi position handlebar with moisture resistant sleeves
- Heart rate monitoring
- Water bottle holder, accessory tray and tablet/book holder
- Max user 400 lbs.
- Step-over height 16.75"
- 4 front transport wheels
- Max 45"L x Max 24"W

Two (2) TRUE - SPECTRUMS or Equal

- 220V
- Welded heavy-gauge steel
- Quick stride buttons
- Adjustable stride range (13" to 30")
- Soft step cushioned anti-fatigue material
- Ergonomic multi-grip handles with stride and workload quick keys
- Heart rate grips
- Wireless heart rate monitoring
- Upper and lower body isolation available as well as total body
- Water bottle holder, accessory tray, reading rack/tablet holder
- Footprint – Max 78"L x Max 36"W
- Max user 400 lbs.
- Step up height 5"
- 2 front transport wheels

Two (2) PRECOR – EFX 833 or Equal

- CrossRamp technology – user defined
- 13 – 40 degree ramp incline in forward and reverse motion
- Motion Control – Ramp/Intensity Control
- Fixed Arms
- Double polyurethane wheels with oversized axle and bearings
- LED Console
- Integrated 900 MHZ receiver
- 20 resistance levels
- Max. user weight – 350 lbs
- Stride length – 21" – 25"
- Stride height 8" – 21.5"
- Integrated reading rack
- Self generating power
- Maximum step up height – 8"
- Full Commercial

Warranty:

- Frame 7 years
- Mechanical/Electrical Parts 2 years
- Other parts/Labor 1 year

Four (4) PRECOR – EFX 833 or Equal

- CrossRamp technology – user defined
- 13 – 40 degree ramp incline in forward and reverse motion
- Motion Control – Ramp/Intensity Control
- Moving Arms
- Double polyurethane wheels with oversized axle and bearings
- LED Console
- Integrated 900 MHZ receiver
- 20 resistance levels
- Max. user weight – 350 lbs
- Stride length – 21” – 25”
- Stride height 8” – 21.5”
- Integrated reading rack
- Self generating power
- Maximum step up height – 8”
- Full Commercial

Warranty:

- Frame 7 years
- Mechanical/Electrical Parts 2 years
- Other parts/Labor 1 year

Two (2) PRECOR – ADAPTIVE MOTION TRAINERS – AMT 835 or Equal

- Open Stride – adapts to stride height from 6.8 – 10 inches and stride lengths from 0 – 36 inches
- Dual Action – Upper and Lower body workout
- Foot pedals with toe caps
- Integrated transport wheels
- Integrated 915 MHZ receiver
- 20 resistance levels
- Max. user weight – 350 lbs
- Water bottle holder
- LED Console
- Integrated reading rack
- Self generating power
- Maximum step up height – 6.5”
- Full Commercial

Warranty: Frame 7 years

Two (2) MATRIX – ASCENT TRAINERS – A5x – or Equal

- Frame Color – Platinum or graphite
- Self- Generating
- 20” – 24” Adjustable Stride
- 24% - 54% Incline range
- 3 Speed personal fan
- Thumb switch control
- 400 LBS. user weight limit
- 25 resistance levels
- 9.5” step up height
- Standard Display with TV Controls
- Integrated 900 MHZ receiver

Warranty:

- Frame 7 years
- Generator 5 years
- Parts/Labor 3 years

Ten (10) MATRIX – Treadmills – T5x or Equal

- 5.0 hp AC drive system
- Frame Color – Platinum or graphite
- Hard Wax Reversible 1” - 60” x 22” Running Belt. 2-ply commercial grade
- Cushion deck system
- .5 – 15 mph
- 0% - 15% Incline range
- 3 Speed personal fan
- 400 LBS. user weight limit
- 9.5” step up height
- Standard Display with TV Controls
- Integrated 900 MHZ receiver

Warranty:

- Frame 7 years
- Motor 7 years
- Parts/Labor 3 years

One (1) MATRIX – Treadmill – T3xh or Equal

- 4.2 hp AC drive system
- Handrails
- Frame Color – Platinum or graphite
- Hard Wax Reversible 1” 60” x 20” Running Belt, 2-ply commercial grade
- Cushion Deck System
- .1 – 12 mph
- 0% - 15% Incline range
- 400 LBS. user weight limit
- 7.5” step up height
- Standard Display with TV Controls
- Integrated 900 MHZ receiver

Warranty:

- Frame 7 years
- Motor 7 years
- Parts/Labor 3 years

Two (2) Matrix – Octane LateralX Elliptical or Equal

- Dual Direction
- Self Powered
- 3 Speed personal fan
- 400 LBS. user weight limit
- Lateral Intervals
- Standard Console Display
- Integrated 900 MHZ receiver
- 13 Programs

Warranty- Parts 3 years Labor 1 year

SciFit - TOTAL BODY Pro2 or Equal

- Low starting resistance 6 watts
- Self Generating Power
- Upper and Lower Body Exercise
- Dependent Motion
- Premium Adjustable Seat, Seat Swivel, Seat Recline, and
Seat Height Adjustment
- Accessible Adjustable Levers
- Bi-directional movement and resistance of pedals
- 191 levels of resistance – 20 levels adjustable in 1”
increments
- 3 phase combination generator & eddy current brake
- Integrated transport wheels
- Telemetric heart rate monitoring
- Adjustable step-through allows easy entry and safe easy
access for all users
- Seat slides off for direct wheelchair access – ADA
compliant
- 360 degree therapist assist pedals
- 7” LCD full color touch screen display with clear,
simple, readable font
- Maximum Size – 61” L x 30” W x 62” H

Warranty: Parts 3 years

Labor 1 year

SciFit - REX7000 RECUMBENT ELLIPTICAL or Equal

- Adjustable Seat
- Self Generating power
- Total Body Movement
- Dual Position Handles for multiple hand positions
- Dependent Movement and Bi-directional movement
- 191 levels of resistance – 20 levels adjustable in 1”
increments
- 3 phase combination generator & eddy current brake
- Integrated transport wheels
- One Touch Quick Start
- Telemetric heart rate monitoring
- Adjustable step-through allows easy entry and safe easy
access for all users
- Max user weight 350 lbs

- 7" LCD full color touch screen display with clear, simple, readable font
- Maximum Unit Size – 73"L x 28"W x 55"H

Warranty: Parts 3 years
Labor 1 year

BID SHEET
 CARDIO EQUIPMENT
 FAIRVIEW RECREATION CENTER
 Williamson County Parks & Recreation Department

PRICE MUST INCLUDE DELIVERY AND SETUP

True – CS400 Recumbent Bikes or Equal	Total for Three (3) \$ _____	One (1) \$ _____
True – CS400 Upright Bikes or Equal	Total for Two (2) \$ _____	One (1) \$ _____
True – Spectrums or Equal	Total for Two (2) \$ _____	One (1) \$ _____
PRECOR – EFX 833 Fixed Arms or Equal	Total for Two (2) \$ _____	One (1) \$ _____
PRECOR – EFX 833 Moving Arms or Equal	Total for Four (4) \$ _____	One (1) \$ _____
PRECOR – Adaptive Motion Trainer 835 or Equal	Total for Two (2) \$ _____	One (1) \$ _____
MATRIX – ASCENT TRAINERS A5x or Equal	Total for Two (2) \$ _____	One (1) \$ _____
MATRIX – T5x TREADMILLS or Equal	Total for Ten (10) \$ _____	One (1) \$ _____
MATRIX - T3xh TREADMILLS or Equal	Total for Two (2) \$ _____	One(1)\$ _____
OCTANE FITNESS – LateralX Elliptical or Equal	One (1) \$ _____	
SCI-FIT TOTAL BODY – PRO 2 or Equal	One (1) \$ _____	
SCI-FIT REX 7000 Recumbent Elliptical or Equal	One (1) \$ _____	

Bid will be awarded by item.

Will you hold pricing 1 Year (from date of Bid Award) YES NO

Company Name _____
 Address _____
 Email _____ Phone Number _____
 Authorized Signature _____
 Printed Name _____
 Date _____

**IMMIGRATION ATTESTATION
AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT**

CONTRACTOR'S LEGAL ENTITY NAME _____

CONTRACTOR'S TENNESSEE LICENSE NUMBER _____

The Contractor, identified above, does hereby attest, certify, warrant, and assure that the Contractor shall not knowingly utilize the services of an illegal immigrant in the performance of the Agreement and shall not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant in the performance of any Services under this Agreement.

By executing this affidavit, the undersigned person or entity verifies its compliance with the Tennessee Lawful Employment Act codified at *Tennessee Code Annotated, Section 50-1-701, et. seq.*, stating affirmatively that the Contractor which is contracting with Williamson County government has registered with and is participating in the federal work authorization program commonly known as E-Verify or has obtained and maintains copies of the required documents in accordance with the applicable provisions of the Tennessee Lawful Employment Act.

The Contractor further agrees that it will continue to comply with all provisions of the Tennessee Lawful Employment Act, and it will contract for the physical performance of services in satisfaction of such contract only with subcontractors who comply with the applicable provisions of the Tennessee Lawful Employment Act.

The undersigned person or entity further agrees to maintain records of the documents or of such compliance including documentation for all subcontractor(s) retained to perform such service on behalf of the Contractor for the minimum period provided in the Tennessee Lawful Employment Act.

BY: Authorized Officer or Agent Date
(Name of Person or Entity)

Title of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent

Witness: _____

Date: _____

Business Tax and License Affidavit

Business Tax and License Affidavit. The undersigned, ("Affiant"), states that he/she has the legal authority to swear to this on behalf of _____, ("Contractor"); that Contractor is not in any manner in violation of *Tennessee Code Annotated, Section, 5-14-108(l)* which provides that "(n)o purchase shall be made or purchase order or contract of purchase issued for tangible personal property or services by county officials or employees, acting in their official capacity, from any firm or individual whose business tax or license is delinquent." Affiant affirms and warrants that Contractor's licenses are currently valid and all business taxes have been paid and are current as of the date of this affidavit. Contractor is licensed and pays business taxes in _____ (County), Tennessee.

Affiant

By: _____

Title: _____

Date: _____

Witness: _____

Date: _____

Ethical Standard Affidavit.

State of Tennessee

County of Williamson County

Ethical Standard Affidavit. After first being duly sworn according to law, the undersigned (“Affiant”) states that he/she has the legal authority to swear to this on behalf of _____ (“Contractor”) that no part of any other governmental monies provided for the services or products contemplated in this Agreement which was received from the State of Tennessee and/or Williamson County shall be paid directly to an employee or official of the State of Tennessee or Williamson County as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the County or the Contractor in connection with any work contemplated or performed relative to this Agreement. Affiant and Contractor further swears that no federally, state, or county appropriated funds have been paid or will be paid, by or on behalf of the Contractor, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, any employee of the State of Tennessee, or employee of Williamson County in connection with the awarding of any federal, state, or county contract, the making or awarding of any government grant, the making of any government loan, and entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal, state or county contract, grant, loan, or cooperative agreement.

Affiant

By: _____

Title: _____

Witness: _____

Date: _____

**CERTIFICATION OF COMPLIANCE WITH
THE IRAN DIVESTMENT ACT**

Effective July 1, 2016, this form must be submitted for any contract that is subject to the Iran Divestment Act, Tenn. Code Ann. § 12-12-101, et seq., ("Act"). This form must be submitted with any bid or proposal regardless of where the principal place of business is located.

Pursuant to the Act, this certification must be completed by any corporation, general partnership, limited partnership, limited liability partnership, joint venture, nonprofit organization, or other business organization that is contracting with a political subdivision of the State of Tennessee.

Certification Requirements.

No state agency or local government shall enter into any contract subject to the Act, or amend or renew any such contract with any bidder/contractor who is found ineligible under the Act.

Complete all sections of this certification and sign and date it, under oath, in the presence of a Notary Public or a person authorized to take an oath in another state.

CERTIFICATION:

I, the undersigned, certify that by submission of this bid, each bidder and each person signing on behalf of any Respondent certifies, and in the case of a joint bid or contract each party thereto certifies, as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.

Respondent represents it has the full power, knowledge, and authority to make this Certification and that the signatory signing this Certification on behalf of bidder/contractor has been duly authorized to do so on behalf of the bidder/contractor.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Printed Respondent Name Printed Name of Authorized Official

Signature of Authorized Official

Witness: _____

Date: _____

FAIR EMPLOYMENT PRACTICES AFFIDAVIT

State of _____ County of _____

Fair Employment Practices Affidavit: After first being duly sworn according to law, the undersigned (Affiant) states that he/she is the _____ (Offeror) and that by its employment policy, standards, and practices the Offeror does not subscribe to any personnel policy which permits or allows for the promotion, demotion, employment, dismissal, or laying off of any individual due to his/her race, creed, color, national origin, age, or sex, and that the Offeror is not in violation of and will not violate any applicable laws concerning the employment of individuals with disabilities.

And Further Affiant sayeth not:

By: _____

Title: _____

Address: _____
