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**BID OFFER FORM  
BID No. 17-09 P.E. Assessment Equipment**

Offeror agrees to provide the following P.E. Assessment Equipment for the Rockford Public School District. The prices submitted on the solicitation should be submitted for the base contract year and all option years as specified. The prices for the contract are to be submitted as firm-fixed prices.

For all Product Substitutes, Bidder MUST provide literature and manufacturer information describing the specifications of the product substitute.

<u>Item No.</u>	<u>Qty</u>	<u>Product Number Requested</u>	<u>Description</u>	<u>Product Substitutes</u>	<u>Unit Cost</u>	<u>Extended Cost</u>
1	275	67-094 AssessPro Rep-Addition Curl-Up Tester, or equivalent	Includes: <ul style="list-style-type: none"> <li>• push button digital counter,</li> <li>• auditory repetition signal,</li> <li>• an easy to read display,</li> <li>• ability for repetitions to count up or to count down</li> <li>• nonslip footpad for security and safety regardless of surface</li> <li>• two molded-in start/stop positioning strips to ensure proper form on every repetition</li> </ul>			
2	46	67-027 AssessPro Rep-Addition Push-Up Tester – Rainbow Set, or equivalent	Includes: <ul style="list-style-type: none"> <li>• digitally counts completed push-ups via a chest bump apparatus</li> <li>• auditory signal of each repetition</li> <li>• adjustable hand pads to ensure proper form,</li> <li>• collapses under full body weight for safety</li> <li>• programmable to count up or down</li> <li>• timer for use during testing</li> </ul>			
3	82	67-076 AssessPro UltraFlex Testers – Quad, or equivalent	Includes: <ul style="list-style-type: none"> <li>• Four way tester (four stations built on one device)</li> <li>• Sliders move easily</li> <li>• Large, easy to read numbers help</li> <li>• Molded-in rubber feet for stability and protection of floor surface</li> <li>• easily transportable; built-in handles</li> </ul>			
4	50	Fitnessgram/Activitygram Test Administration Manual, 4 <sup>th</sup> Edition	Updated fourth edition of the FITNESSGRAM/ACTIVITYGRAM Test. New material in this 4th edition includes: <ul style="list-style-type: none"> <li>• Revised standards for aerobic capacity and body composition</li> <li>• Updated DVD includes video clips of the test protocols, training videos for using the FITNESSGRAM/ACTIVITYGRAM software, and all the program’s reproducible forms, plus the CD with the PACER, curl-up, and push-up test cadences.</li> </ul>			

COMPANY NAME: \_\_\_\_\_

STATEMENT OF WARRANTY (Specific length of warranty and provide description of what is covered for repairs, maintenance, replacement, i.e. Parts and labor)

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**REFERENCES:**

Offeror to provide three references of similar type work that would qualify your firm for this project

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Company Name/Address/Phone Number	Contact Person
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Company Name/Address/Phone Number	Contact Person
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Company Name/Address/Phone Number	Contact Person
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**BID SUBMITTED BY:**

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Company	Signature of Company Officer ( <i>required</i> )
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Address	Typed Name & Title
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City, State & Zip Code	Date
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Phone No.	Fax No.
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E-mail	FEIN
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**ROCKFORD BOARD OF EDUCATION**  
**SCHOOL DISTRICT #205**  
501 7<sup>TH</sup> Street  
Rockford, Illinois 61104  
Phone: Area Code 815-966-3098  
Fax: Area Code 815-966-3088



**SUBSTITUTE IRS FORM W-9 – IMPORTANT TAX INFORMATION**

IRS regulations require our School District to have on file appropriate taxpayer identification data concerning you or your firm. This information consists of either a Federal Employer Identification Number (F.E.I.N) or Social Security Number (S.S.N.) and will have their payments reported to the IRS on form #1099–Misc.

Below is the legal name and address for you or your firm as shown on our official records. Please make any necessary corrections. Space is also provided to enter the appropriate tax identification number and to indicate (by checking a box) the correct legal status. Failure to complete and return this form could result in a \$50,000 IRS penalty. In addition, we would be required to withhold 20% of payments due and remit this amount to the IRS until we receive the correct tax data.

**For your convenience we request you fax this form back to sender (or to Purchasing at 815-966-3088). Please do this today so we can both fulfill our reporting obligations and ensure prompt payments.**

Reminder: If LEGAL STATUS is “Sole Proprietorship”, the Taxpayer Identification Number must be either the Social Security Number of the owner or assigned FEIN.

**LEGAL STATUS: (Check One)**

- Corporation
- Limited
- Partner(ship) \_\_\_\_\_ (one owner)
- Religious, Charitable, Educational or Governmental Agency (**circle one**)
- Sole Proprietorship (legal owner’s name):  
\_\_\_\_\_
- Individual
- Other – Please identify: \_\_\_\_\_

**TAXPAYER (federal) ID# -- FEIN or Soc Sec**  
(use the line corresponding to your legal status line)

FEIN: \_\_\_\_\_ - \_\_\_\_\_

FEIN: \_\_\_\_\_ - \_\_\_\_\_

FEIN: \_\_\_\_\_ - \_\_\_\_\_

FEIN: \_\_\_\_\_ - \_\_\_\_\_

FEIN: \_\_\_\_\_ - \_\_\_\_\_ or  
SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Owner’s Social Security Number

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

FEIN: \_\_\_\_\_ - \_\_\_\_\_

*UNDER PENALTIES OF PERJURY, I CERTIFY THE INFORMATION PROVIDED ON THIS FORM IS TRUE, CORRECT, AND COMPLETE.*

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Website & Email address: \_\_\_\_\_  
If minority/women owned business, list here: \_\_\_\_\_

**Vendor:** Enter Name and Address Below

Vendor #: \_\_\_\_\_  
School: \_\_\_\_\_

**ROCKFORD PUBLIC SCHOOLS  
REQUIRED BID FORMS CHECK LIST  
Bid/RFP/RFQ No.: 17-09 P.E. Assessment Equipment**

**Listed below are the REQUIRED forms all bidders are REQUIRED to submit with sealed bids on or before the bid due date and time. Failure to submit ALL required forms may result in bidder being deemed non-responsive.**

Required Forms	Yes	Comments
Bid Offer Form	<input type="checkbox"/>	
Bid Rigging Certification	<input type="checkbox"/>	
Minority and Women Owned Business Concern Representation	<input type="checkbox"/>	
Certificate Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion	<input type="checkbox"/>	
Certificate Regarding Lobbying	<input type="checkbox"/>	
OFAC Compliance	<input type="checkbox"/>	
Vendor Conflict of Interest Disclosure Form	<input type="checkbox"/>	
Form W-9 Department of the Treasury Internal Revenue Service	<input type="checkbox"/>	
Product Substitution Information, if applicable	<input type="checkbox"/>	For all product substitutes, a pamphlet of information must be included with each item if other than the specified brand for review to ensure they meet the same standard of functionality, capabilities, and quality.
Certificate of Liability Insurance	<input type="checkbox"/>	Document must be submitted prior to starting work, if awarded the contract. Failure to submit forms below may result in project start delay.