August 31, 2016

RE: STEAM Program Provider

The Ecorse Board of Education is desirous of receiving sealed bids on a one-year (2016-17 school year) proposal for STEAM program providers. Copies of the bid specifications and bid sheets are enclosed.

Bids must be submitted in a sealed envelope and addressed as follows:

April Ackerman-Miller, Secretary
Ecorse Board of Education
27225 W. Outer Drive
Ecorse, MI 48229

Marked “STEAM/STEM program/career exploration Bid”

All bids are to be received on or before Wednesday, September 21, 2016 at 4:00 p.m., Eastern Standard Time.

Bidding information:
The bid proposal shall be on forms provided in this packet.
THE BID PROPOSAL PACKET MUST BE SUBMITTED IN DUPLICATE.
The following Bid Proposal Packet information must be submitted in the following order:

1. Enrichment Services Proposal Form
2. Bidder's Qualification Form
3. Vendor Form

THE ECORSE PUBLIC SCHOOL DISTRICT RESERVES THE RIGHT TO REJECT ALL OR PART OF ANY BID PROPOSAL.

If you have any questions regarding this bid, please contact Geri Mann, Director of State and Federal Programs at 313-294-4750.

Sincerely,

Geri Mann

Geri Mann
Director of Business, State, and Federal Programs
STEAM/STEM Enrichment/Career exploration Program Provider
Request for Proposals

Distributed by:

Ecorse Public Schools
27225 West Outer Drive
Ecorse, MI 48229
Ecorse Community High School

STEAM
(Science, Technology, Engineering, Arts, and Math)

Enrichment/Career Exploration Program

Proposal Bid Due Date: Wednesday, September 21, 2016, 4:00 p.m.

Ecorse Public School District is seeking proposals for the professional staff/instructional services for the Ecorse Community High School STEAM Enrichment/Career Exploration Program.

Proposal includes, but is not limited to:

1. STEAM Program Course offerings for students for 1 to 2 hours per day during the regular school day and after school (Monday through Friday) for the 2016-17 School year.
2. Course deliverables (i.e.: projects, product and/or course certifications)
3. Program Evaluation Model
4. Unit Costs

The vendor shall provide pricing for meeting the outlined deliverables as outlined above. The vendor shall provide all pricing in the format of the required bid cost form (Attachment A.) The vendor is responsible for verifying the required cost sheet totals properly. Questions should be directed to G. Mann at Ecorse Public Schools via email, manng@eps.k12.mi.us until 72 business hours before due date and time. All questions will be answered in writing. Contact with other Ecorse Public School staff about this Request for Proposals (RFP) may result in the vendor being disqualified.

I. Coordination

a. The awarded vendor shall appoint a single point of contact for this project. b. The Owner will appoint a primary point of contact for this project.

II. Training and Documentation

a. The vendor shall provide all documentation to the Owner prior to final payment. The Owner will withhold final payment until documentation is acceptable to the Owner. Documentation includes but us not limited to:

i. All pre-, mid-, post-program data
ii. Final evaluation reports in hard copy and digital format.
III. Acceptance

a. For final acceptance, the services must be provided to meet the prescribed deliverables, in the Owner’s opinion, for 30 consecutive days from the date the vendor declares the deliverables as having been met.

b. The Owner may withhold any bonds and/or final payment until the deliverables prescribed in this RFP have been met, in the Owner’s opinion, for 30 consecutive days from the date the vendor declares the deliverables as having been accomplished.

Submission of a proposal shall indicate acceptance of the terms of this document.
**SCOPE of Services**

Ecorse Community HS seeks to offer STEAM/STEM program/career exploration courses during the regular school day and/or after school. The following Categories and Disciplines are areas of interest. However we are not limited to these categories and disciplines.

We do invite proposals from vendors who are able to provide the following services and/or other services they believe they can offer.

<table>
<thead>
<tr>
<th>Category</th>
<th>Discipline</th>
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<tbody>
<tr>
<td>SCIENCE</td>
<td>• Chemistry</td>
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<td>• Health Services (Optometry, etc.)</td>
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<td>• Human Services (Family Therapy, etc.)</td>
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<td>• Automotive Engineering</td>
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<td>• Energy Engineering</td>
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<td>• Video Production</td>
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<td>• Multimedia Artistry</td>
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<td>• Video Game Development</td>
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<td>• Cisco Network Certified Associate</td>
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<td>CREATIVE</td>
<td>• Drama</td>
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<td>• Dance</td>
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<td>• Visual Artistry</td>
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<td>• Blogging/Writing</td>
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<td>• Graphic Design</td>
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<td>BUSINESS</td>
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<td>• YouTube Video Production</td>
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<td>• Songwriting</td>
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<td>• Jewelry Making</td>
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<td>• Screen Printing</td>
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<th>MEDIA</th>
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<td>• Marketing</td>
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<td>• Events/Experiential Marketing</td>
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<td>• Hospitality</td>
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</tbody>
</table>

| BEAUTY/FASHION |                |
|               | • Social Media |
|               | • Journalism |
|               | • Vlogging |
|               | • Public Relations |

| BEAUTY/FASHION |                |
|               | • Make-up Artistry |
|               | • Hair Styling |
|               | • Tattoo Artistry |
|               | • Aesthetics |
|               | • Fashion Design |
|               | • Industrial Sewing |
IV – Vendor Questionnaire

**Note:** A **maximum** response of two pages, single-sided may be submitted per question.

1. Please describe the unique qualities of your company that would be of value to EPS should your company be selected to supply our school district with the infrastructure.

2. Please provide general financial background of your company including number of employees, number of years in business, annual sales, number of branch offices, nearest office to EPS, etc. EPS requires proof of Insurance and Bonding such as Accord Certificates. Please describe.

3. Please describe your business relationship with EPS. If you are selected to supply services to EPS in the future what marketing model would be used? Describe availability of State Contracts, authorized representatives or resellers, ordering process, service request process, and Refund Process.

4. Please describe the unique qualities of the System or Service offered by your company that sets it apart from the service proposed by other vendors.

5. List three organizations in which your company has provided products or services similar to what is being requested in this Request for Proposal. Provide the organization’s name, location, contact person, telephone numbers, and emails for reference checking purposes.

6. Please describe any service support your company may provide as part of any purchase.
RESPONSE REQUIRED

Organize the request for proposal into sections as identified:

1. VENDOR FORM
2. BIDDER’S QUALIFICATION QUESTIONNAIRE
3. STEAM Program Course offerings for students for 1 to 2 hours per day during the regular school day and after school (Monday through Friday) for the 2016-17 School year.
4. Course deliverables (i.e.: projects, product and/or course certifications)
5. Program Evaluation Model
6. Unit Costs (ATTACHMENT A)
7. VENDOR QUESTIONNAIRE

Failure to do so will result in disqualification.

The administrator for this project will be:

Geri Mann
Director of Business, State, and Federal Programs
Ecorse Public Schools
27225 West Outer Drive
Ecorse, MI 48229
(313) 294-4750
manng@ecorsek12.org
ECORSE PUBLIC SCHOOLS
(ATTACHMENT A)

STEAM Enrichment/Career Exploration

PROGRAM PROVIDER BID FORM

$ _______________  COST PER HOUR FOR INSTRUCTOR 1
$ _______________  COST PER HOUR FOR INSTRUCTOR 2
$ _______________  COST PER HOUR FOR INSTRUCTOR 3

COMPANY ______________________________________________________________

ADDRESS ______________________________________________________________

____________________________________________________________

SIGNATURE _____________________________________________________________

TITLE _________________________________________________________________

PHONE NO.  Area Code (___) _________________________

DATE _________________________________________________________________
ECORSE PUBLIC SCHOOLS

STEAM Enrichment/Career Exploration
PROGRAM PROVIDER BIDDER'S QUALIFICATION QUESTIONNAIRE

All questions must be answered clearly and in a comprehensive manner. Any bidder failing to answer all questions may be rejected on these grounds. It is understood that by submitting a signed bid, the bidder is certifying the correctness of all statements and is hereby under oath. If necessary, the bidder may use additional sheets to answer these questions (when complete, any additional sheets that are used must be attached to the Qualification Statement). The bidder may submit any additional information he/she desires.

1. Name of Bidder:
   ________________________________________________________________

2. Permanent Main Office Address:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. When (name of bidder) organized:
   ________________________________________________________________

4. If a corporation, where (name of bidder) incorporated?
   ________________________________________________________________

5. How many years have you been operating under the (name of bidder) name?
   ________________________________________________________________

6. What other names has/are the principals of (bidder) operated (in) under that was/is associated with (name of bidder) bidder?
   ________________________________________________________________

7. Have the principals of (bidder) filed for Chapter 11 or Chapter 13 for protection of (name of bidder) or for any other company?
   ________________________________________________________________

8. Have you (bidder and other entities identified in question 6 answers) ever failed to complete any work awarded to you? If yes, where, why?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

9. Have you (bidder and other entities identified in question 6 answers) ever defaulted on a contract awarded to you? If yes, where, why?
   ________________________________________________________________

   ________________________________________________________________
10. List major additional services and/or tools available for this contract.

________________________________________________
________________________________________________
________________________________________________

11. List your experience in work similar to this project. These references must include: names, addresses, and phone numbers of the Owners for whom projects were performed (at least three public schools in Metropolitan Detroit).

________________________________________________
________________________________________________
________________________________________________
ECORSE PUBLIC SCHOOLS - VENDOR FORM

Please fill out this form with the information requested below and return it with your bid. All information is held strictly confidential.

1. Full name of company:
   _______________________________________________________

2. Full address, telephone, fax:
   _______________________________________________________
   _______________________________________________________

3. Nearest representative to Ecorse:
   _______________________________________________________

4. Representative's full address and telephone:
   _______________________________________________________
   _______________________________________________________

5. Name of sales manager and telephone:
   _______________________________________________________
   _______________________________________________________

6. Name of President and telephone:
   _______________________________________________________
   _______________________________________________________

7. Business Organization:
   Individual: ___________________ Partnership: _____________
   Corporation: _______________ Subsidiary of: _______________
   Years in operation: ___________ Organized Under the Laws of
   ____________________ (State)

8. Minority Business: ( ) YES ( ) NO

9. Number of employees: ___________________

10. Customer References (Name, Address, Telephone)
    a. _______________________________________________________
    b. _______________________________________________________
    c. _______________________________________________________
    d. _______________________________________________________