September 30, 2016

RE: Enrichment Programs

The Ecorse Board of Education is desirous of receiving sealed bids on a one-year (2016-17 school year) proposal for Enrichment Programs. 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 “Enrichment Programs Bid”

All bids are to be received on or before Friday, October 7, 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. Bid Pricing Form
2. Bidder’s Qualification Form
3. Vendor Form
4. Attachments A-F

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 Gladys Stoner, School Reform Officer at 313-294-4750.

Sincerely,

Thomas E. Parker

Thomas Parker
Ecorse Public Schools
ECORSE PUBLIC SCHOOLS

Enrichment Programs
Request for Proposal

Distributed by:

Ecorse Public Schools
27225 West Outer Drive
Ecorse, MI 48229
Section 1 - Introduction
Ecorse Public School District is seeking proposals for the professional staff/instructional services for Enrichment Programs for:

Grandport Academy

Ralph J. Bunche Elementary

Section 2 – Response Format and Eligibility
All vendors must comply with all EPS Purchasing Division registration requirements. Vendors must submit 2 written copies and an electronic copy on CD in Microsoft Word format, of the responses to the RFP. Responses must be organized in the following format:

Section 1  Copy of original RFP
The copy must be completed and signed in accordance to EPS Purchasing Division requirements.

Section 2  Executive Overview
A maximum of one page single-sided may be submitted introducing your company and product(s).

Section 3  Specifications
A separate copy of the specifications and description worksheets of this RFP must be completed for each solution submitted for consideration. Each worksheet must include course offerings, staff descriptions, and supplemental material used or other requirements.

Section 4  Vendor Questionnaire
The responses to the vendor questionnaire in section 4 of this RFP must be included here. A maximum two page, single-sided, response may be submitted per question.

A separate 10 x 13 envelope may be submitted for any supplemental information the vendor may wish to submit including product brochures, white papers, case studies, etc. Vendors should be aware that such materials are optional and are not assured review as part of the RFP selection process.

Interviews for the purpose of clarifying bid responses will be granted at the sole discretion of the evaluation committee. Vendors are to submit all questions and responses to the purchasing agent in writing. Vendors must not directly contact any member of the evaluation committee, their supervisors, or managers.

Section 3 - Specifications
A maximum 1 page summary should be supplied for each solution offered. At a minimum it must address the following and anything else the vendor feels is relevant or of value to EPS.

Proposed Systems should have the following characteristics:
● **Enrichment** Program **Workshop** offerings for students during the regular school day (Monday through Friday) for the 2016-17 School year.

● Course deliverables (i.e.: projects, product and/or course certifications)

● Program Evaluation Model

● 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 B.) 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](mailto: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.

**SCOPE of Services**

Ecorse Public Schools seeks to offer **Enrichment STEAM programs** workshops during the regular school for selected students. 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>
</tr>
</thead>
<tbody>
<tr>
<td>MUSIC</td>
<td>Music Program</td>
</tr>
<tr>
<td>DANCE/SCIENCE</td>
<td>Dance Program, Chemistry, Health Services</td>
</tr>
<tr>
<td></td>
<td>(Optometry, Family Therapy, etc.)</td>
</tr>
<tr>
<td></td>
<td>Human Services (Family Therapy, etc.)</td>
</tr>
<tr>
<td></td>
<td>Automotive Engineering</td>
</tr>
<tr>
<td></td>
<td>Energy Engineering</td>
</tr>
<tr>
<td>ART/DIGITAL</td>
<td>Art Program, Coding, Website Development</td>
</tr>
<tr>
<td></td>
<td>Video Production</td>
</tr>
<tr>
<td></td>
<td>Multimedia Artistry</td>
</tr>
<tr>
<td></td>
<td>Video Game Development</td>
</tr>
<tr>
<td></td>
<td>Cisco Network Certified Associate</td>
</tr>
</tbody>
</table>

---

**Formatted:** Normal, Space After: 0 pt, No bullets or numbering, Widow/Orphan control

**Formatted:** Indent: Left: 0", Hanging: 0.01", No bullets or numbering

**Formatted:** Indent: Left: -0.02", No bullets or numbering

**Formatted:** Indent: First line: 0"
**Scope of Services Summary**

Recordkeeping and Reporting – Maintain comprehensive records, collect performance metrics and provide regular robust reports on an agreed periodic basis related to all Services to be provided by Contractor. Maintain time and attendance records for the Enrichment program being offered.

EPS shall furnish all labor, materials, and equipment required to perform the identified in this scope of work.

Contractor to provide adequate number of personnel to launch program adequately.

Contractor will provide the management of services outlined in this scope of work. It is preferred that the Contractor perform services during school hours Monday through Friday (excluding school holidays); however, the exact schedule will be determined upon selection of the Contractor(s).

**Training and Documentation**

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 is not limited to:

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

**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.

**Acceptance**

a. For final acceptance, the services must be provided to meet the prescribed deliverables, in the Owners 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 vendors declares the deliverables as having been accomplished.

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

**Section 4 – 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.

7. All contracts are required to contain the following language:

“Suspension and Debarment Certification Contractors certifies and affirms that it is not included on the federal Suspension and Debarment list of Excluded Parties list; nor is contractor affiliated with any party that is included on the federal Suspension and Debarments list or Excluded Parties List.”

RESPONSE REQUIRED

Organize the request for proposal into sections as identified in Section 2. Failure to do so will result in disqualification.
ECORSE PUBLIC SCHOOLS  
ECORSE, MICHIGAN

STEAM/STEM ENRICHMENT PROGRAM SUPPORT BID PRICING FORM

Base Pricing

Contractors pricing is to reflect an award by EPS for one or more services described in the Scopes of Work: for each facility listed, including all personnel, supplies, and equipment necessary to perform the service(s) in accordance with this RFP. Bids are to be expressed as not-to-exceed amounts and all amounts are to include wages, benefits, overhead and profit to perform all Custodial Services in a Region.

ENRICHMENT SERVICES HOURLY PRICING

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>HOURLY RATE</th>
<th># of Days</th>
<th>COST PER SEMESTER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$___________</td>
<td>85</td>
<td>$___________</td>
</tr>
<tr>
<td></td>
<td>$___________</td>
<td>85</td>
<td>$___________</td>
</tr>
</tbody>
</table>

COMPANY ____________________________
ADDRESS ____________________________
SIGNATURE __________________________
TITLE ______________________________

Page 7 of 18
ECORSE PUBLIC SCHOOLS
ENRICHMENT PROGRAM SERVICES 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?
   _______________________________________________________

Page 8 of 18
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

Page 10 of 18
8. Minority Business:  ( ) YES  ( ) NO

9. Number of employees: ___________________

A. INSURANCE REQUIREMENT AFFIDAVIT

TO BE COMPLETED BY APPROPRIATE INSURANCE AGENT.

I, the undersigned agent, certify that the insurance requirements contained in this bid document have been reviewed by me with the Contractor identified below. If the Contractor identified below is awarded this contract by the Ecorse Public Schools, I will be able, within ten (10) working days after being notified of such award, to furnish a valid insurance certificate to EPS meeting all of the requirements contained in this bid.

___________________________  ____________________________
Agent Signature                  Printed Name

___________________________
Name of Insurance Carrier

___________________________  _______  _______
Address of Agency                  City               State           Zip

___________________________  ____________________
Phone #                           Fax #                      Email Address

___________________________
Contractor Name

Acknowledgement
Subscribed ad Sworn before me by the above named________________________

On this day of____________________, 2016.

(seal)

_____________________________________________
Notary Public in and for the State of______________

NOTICE TO THE AGENT

If this time requirement is not met, the School has the right to declare this Contractor non-
responsible and award the contact the next lowest/responsible bidder meeting the specifications.
If you have any questions concerning these requirements, please contact Mr. Gerri Mann, at
gmann@ecorsec12.org.

B. REFERENCE FORM

List at least three (3) companies or governmental entities (preferably public or charter school
districts) where the same or similar services as contained in this specification package were recently
provided by Contractor:

Company #1 Name: __________________________________________________________
Contact Person: _______________________________ Title: _________________________
Address: ________________________________ City: ____________________________
State/Zip Code: _______________________________ E-mail________________________
Telephone Number: _____________________________ Fax Number: __________________
Date of Services: ____________________________________________________________
Services Provided: ____________________________________________________________

Company #2 Name: __________________________________________________________
Contact Person: _______________________________ Title: _________________________
Address: ________________________________ City: ____________________________
State/Zip Code: _______________________________ E-mail________________________
Telephone Number: _____________________________ Fax Number: __________________
Date of Services: ____________________________________________________________
Services Provided: ____________________________________________________________

Page 12 of 18
Company #3 Name: __________________________________________________________

Contact Person: __________________________ Title: __________________________

Address: __________________________________ City: _________________________

State/Zip Code: __________________________ E-mail _________________________

Telephone Number: __________________________ Fax Number: __________________

Date of Services: ___________________________________________________________

Services Provided: __________________________________________________________

C. BIDDER’S CERTIFICATION

The undersigned authorized representative of the proposing organization indicated below hereby acknowledges:

1. That he/she is authorized to enter into contractual relationships on behalf of the proposing organization indicated below, and

2. That he/she has carefully examined this Bid/Proposal Invitation, the accompanying Bid/Proposal Forms, and all instructions to bidders, standard terms and conditions, requirements and specifications, scopes of work, and other attachments associated with this RFP, and

3. That he/she proposes to supply any products or services submitted under this Proposal Invitation at the prices quoted and in strict compliance with the all instructions to bidders, standard terms and conditions, requirements and specifications, scopes of work, and other attachments associated with this Bid/Proposal Invitation, unless any exceptions are noted in writing with this Proposal response, and

4. That if any part of this Bid/Proposal is accepted, he/she will furnish all products or services awarded under this Proposal at the prices quoted and in strict compliance with all instructions to bidders, standard terms and conditions, scope of work, requirements and specifications, scopes of work, and other attachments associated with this Bid/Proposal Invitation, unless any exceptions are noted in writing with this Proposal response, and

5. That the proposing organization in compliance with all federal, state, and local environmental codes, laws, and statutes, and

1. Acknowledges receipt of the following addenda:

   a. Addendum #__________ dated__________

Page 13 of 18
b. Addendum # ____________ dated ____________
c. Addendum # ____________ dated ____________
d. Addendum # ____________ dated ____________

Name of Proposing Organization ________________________________
Date ________________________________
Address ______________________________________________________
Name of Authorized Representative ________________________________
Date ________________________________
Address ______________________________________________________
City, State, Zip ________________________________
Signature of Authorized Representative ________________________________
Printed Name of Authorized Representative ________________________________
Telephone Number of Authorized Representative ________________________________
Fax Number of Authorized Representative ________________________________
Tax ID No. ________________________________

* *Only required for Contractors not having conducted previous business with EPS. This is required for a Contractor to be set up in EPS’s vendor database.

D. FELONY CONVICTION NOTIFICATION FORM

Michigan Education Code Section 44.034, Notification of Criminal History, Subsection (a), states “a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony”.

Subsection (b) states a “public school” may terminate a contract with a person or business entity if the “public school” determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The “public school” must compensate the person or business entity for services performed before the termination of the contract”.

THIS NOTICE IS NOT REQUIRED OF A PUBLICLY-HELD CORPORATION

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

CONTRACTOR’S NAME:______________________________________________

AUTHORIZED COMPANY OFFICIAL’S NAME (PLEASE PRINT):__________________________

A. My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.

A. Signature of Company Official:_____________________________________

B. My firm is not owned or operated by anyone who has been convicted of a felony.

Page 14 of 18
B. Signature of Company Official: ________________________________

C. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony (additional details may be submitted with this notification on a separate document):

Name of Felon(s): ______________________________________________________

Details of Convictions(s):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Company Official: ________________________________

E. NON‐COLLUSION AFFIDAVIT

STATE OF ______________________________
COUNTY OF ____________________________

_______________________________________, of lawful age, being duly sworn, on oath says, that (s)he is the agent authorized by the proposal to submit the attached proposal. Affiant further states that the proposer has not been a party to any collusion among proposal/proposers in restraint of freedom of competition by agreement to proposal at a fixed price or to refrain from proposing; or with any Ecorse Public Schools employee, Board member, or consultant as to quantity, quality, or price in the prospective contract, or any other terms of said proposers and any Ecorse Public Schools employee, Board member, or consultant concerning exchange of money or other things of value for special consideration in the letting of this contract.

_______________________________________
Signed ________________________________
Title of Above Signature

Subscribed and sworn before me this ________day of____________________, 2016.

____________________________________________
Notary Public (or Clerk or Judge)

State of ________________________
My commission Expires: _______
E. DEBARMENT AND SUSPENSION CERTIFICATION

The undersigned certifies, to the best of his or her knowledge and belief, that both it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;

2. Have not within a three-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) transaction or contract under a public transaction, violation of federal or State antitrust statues or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

3. Are not presently indicated for or otherwise criminally or civilly charged by a government entity with commission of any of the offense enumerated in Paragraph (2) of this certification; and,

4. Have not within a three-year period preceding this contract had one or more public transactions terminated for cause or default.

5. Where the prospective recipient of federal assistance funds is unable to certify to any of the statements in this certification, such prospective recipient shall attach an explanation to this certification form.

Signature of Authorized Representative
F. AFFIDAVIT OF NON-DISCRIMINATORY EMPLOYMENT

This company, Contractor, or sub-contractor agrees to refrain from discrimination in terms and conditions of employment on the basis of race, color, religion, sex, or national origin, and agrees to take affirmative action as required by Federal Statutes and rules and regulations issued pursuant thereto in order to maintain and insure non-discriminatory employment practices.

___________________________
Signature of Authorized Representative

___________________________
Printed Name & Title Name of Organization/Firm /Company