

(e) conviction of a criminal offense or other violation of other state, local, or federal law, as determined by a court of competent jurisdiction or an administrative proceeding, which in the opinion of the City indicates that the bidder is unable to perform responsibility or which reflects a lack of integrity that could negatively impact or reflect upon the City of Traverse City, including but not limited to, any of the following offenses or violations of:

- i. The Natural Resources and Environmental Protection Act.
- ii. A persistent and knowing violation of the Michigan Consumer Protection Act.
- iii. Willful or persistent violations of the Michigan Occupational Health and Safety Act.
- iv. A violation of federal, local, or state civil rights, equal rights, or non-discrimination laws, rules, or regulations.
- v. Repeated or flagrant violations of laws related to the payment of wages and fringe benefits.

(f) the loss of a license or the right to do business or practice a profession, the loss or suspension of which indicates dishonesty, a lack of integrity, or a failure or refusal to perform in accordance with the ethical standards of the business or profession in question.

Bidder understands that the City reserves the right to accept any or all bids in whole or part and to waive irregularities in any bid in the best interest of the City. The bid will be evaluated and awarded on the basis of the best value to the City. The criteria used by the City may include, but will not be limited to: ability, qualifications, timeframe, experience, price, type and amount of equipment, accessories, options, insurance, permits, licenses, other pertinent factors and overall capability to meet the needs of the City. The City is sales tax exempt – Government.

Bidder agrees that the bid may not be withdrawn for a period of thirty (30) days from the actual date of the opening of the bid.

Submitted by:

 Signature
 JAMES HARVEY
 Name and Title (Print)
 231-941-3100
 Phone
 647-6166
 922-0382
 Fax

GREAT LAKES PHYSICAL THERAPY
 Company Name
 1650 BARLOW
 Company Address
 TRAVERSE CITY MI 49686
 City, State, Zip
 Sole proprietorship/partnership/corporation
 MICHIGAN
 If corporation, state of corporation

REFERENCES: (include name of organization, address, contact person, daytime phone number, and length of time services have been performed).

1. ORCHARD CREEK SKILLED NURSING HOME 9731 E. CHERRY BEND RD TC
DALE CHILCOTE - ADMINISTRATOR 932-9272 8 YRS
2. NEW APPROACHES BRAIN INJURY CENTER 5103 N ROYAL DRIVE TC
GLEN JOHNSON - PRESIDENT 929-8383 2 YRS
3. MAPLE VALLEY NURSING HOME MAPLE CITY - 1086 W. BURDICK RD
JOHN KASDEN 228-5895 8 YRS

SUBCONTRACTORS: (include name of organization, address, contact person, daytime phone number, and services to be performed).

1. _____
N/A
2. _____

3. _____



Julie,

Great Lakes Physical Therapy is a locally owned and operated physical therapy business, providing excellent therapy for the past 11 years with a staff of more than 25 therapists. I am the owner (with degrees in exercise science and physical therapy) and I feel we can provide excellent low-cost fitness assessments and programs for Traverse City Firefighters. Enclosed is the fitness evaluation I have developed which I feel encompasses all testable areas of Body Composition, Cardiovascular Endurance, Muscular Development and Flexibility. To administer this assessment and follow up with health program development (and everything requested by the City listed under Contractor Responsibilities) we would charge the City \$75 per person. A description of our proposed program and how it will be scored is enclosed.

Depending on the dates selected for the assessments, we may use different physical therapists, but until that determination is made, please direct all questions or concern to me, James Harvey PT. 231-642-6166 1650 Barlow Traverse City, MI 49686

Thank you, James Harvey

CITY OF TRAVERSE CITY FITNESS EVALUATION

For the sake of brevity and not killing lots of trees, this fitness evaluation does not include detailed instructions on how the tests will be performed. These are highly standardized tests and every effort will be made to follow the tests exactly as intended. If the City wishes, a detailed description of how each test is to be specifically administered can be provided.

Each individual will undergo the following procedures on his/her fitness evaluation

1. Height, weight, blood pressure and resting heart rate will be taken
2. **Body fat** will be taken using the Jackson and Pollack three site skin fold caliper measurement. Using the subjects body weight and skin fold measurements, ideal body weight will be determined using a standardized graph.
3. **Grip Strength** will be taken using a hand dynamometer....3 trials each hand with the score being an average of the 3
4. Using a heart rate monitor and cycle ergometer, the subjects **VO2 max** will be calculated using the YMCA Sub Max test.
5. **Trunk Flexion Sit and Reach**= Subject will be allowed a short warm up and then 2 trials are allowed with the best used for scoring
6. **1 repetition max Bench Press**-Subject will be allowed a short warm up (5-10 reps of a lighter weight) and then testing occurs until the maximum weight is revealed. Scoring is based upon subject's body weight.
7. **1 repetition max Leg Press**-Same as in #6, but with the leg press
8. **Curl up** test-a curl up is performed every 3 seconds with a maximum score obtained at 75 curl ups with proper form.
9. **Bench Repetition**- Similar to the curl up test, but a standardized weight (80lb men and 35 women) and a lift every 2 seconds until failure.
10. **Shoulder Flexibility Test**- Subject tries to touch hands behind his her back (one from above and one below). A score of 1-4 is given based upon how close fingertips of opposing hands get.
11. **Blood pressure and heart rate** are again measured.

CITY OF TRAVERSE CITY HEALTH AND FITNESS EVALUATION

Name _____ Gender M/F

	Points Possible	2014 Score
Body weight		
Ideal weight		
Blood pressure	5	
Heart rate	5	
% Body Fat	10	
Grip Strength	5	
VO ₂ Max	28	
Sit and Reach	5	
Bench 1RM	10	
Leg Press 1RM	10	
Curl Up	10	
Bench Reps.	8	
Shoulder Flexibility	4	
Total	100	/100

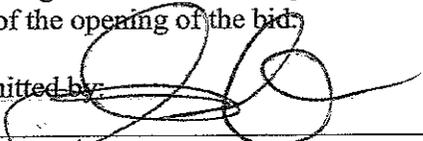
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Submitted by: 

Signature: Andrew Gorecki, owner

Name and Title (Print): Andrew Gorecki, owner

Phone: 231 649 2015 Fax: _____

Superior Physical Therapy

Company Name: Superior Physical Therapy

Company Address: 5899 W. Frad St. unit 3

Traverse city MI 49684

City, State, Zip

Sole proprietorship/partnership/corporation

If corporation, state of corporation

REFERENCES: (include name of organization, address, contact person, daytime phone number, and length of time services have been performed).

1. Chris Bosio, International Trade Manager Export Office MEDC Co NUMMCO 6
PO BOX 506, Traverse City, MI 49685 (cell: 517-348-9256)

2. Terri Jo Umlan, Springfield Commercial Roofing, 6509 M-37, Kingsley, MI
49649 Phone: 231-263-5300

3. Dr. Christina Richardson, D.O., Neuromuscular Rehabilitation
3988 W. Royal Dr., Traverse City, MI 49684 Phone: 231-935-0860

SUBCONTRACTORS: (include name of organization, address, contact person, daytime phone number, and services to be performed).

1. Keith Bawall, ATC Superior Physical Therapy
3899 W. Front Street, Unit 3, Traverse City, MI 231-944-6541

2. Andrew Gorecki, DPT Superior Physical Therapy
3899 W. Front Street Unit 3, Traverse City MI 231-944-6541

3. _____

superior

PHYSICAL THERAPY

Fire Fighter Price Bid sheet

Clients		=	<u>22</u>
Evaluation Price Per Hour		=	<u>100</u>
(based on 1.5 hours per person)	Total	=	<u>3300</u>
Includes (10 scores):			
Blood pressure			
Resting HR			
Body Fat %			
VO2 Max			
Grip Strength			
Trunk Flexion			
Abdominal Curls			
Bench Press 1-RM			
Leg Press 1-RM			
Bench Repetitions			
Clients		=	<u>22</u>
Assessment/Discussion Price		=	<u>50</u>
(based on 1/2 hour)	total	=	<u>1100</u>
Includes:			
Discussion of scores			
Goal setting			
Exercise Prescription			
Motivation			

Evaluation total price	2475
Assessment total price	1100
Grand total	4400