



CITY OF GREATER SUDBURY

**EXPRESSION OF INTEREST / PREQUALIFICATION
TO PROVIDE ERGONOMIC EQUIPMENT /
OFFICE FURNITURE
FOR THE CITY OF GREATER SUDBURY**

**Issued by the
Supplies & Services Section
Finance Division
on behalf of
Human Resources and Organizational Development
Administrative Services Department**

**Darryl Mathé
Manager of Supplies & Services/Purchasing Agent**

Charge for Document:

Non-refundable Deposit = \$10.50
(\$10.00 plus GST)



2008-07-11

To: ALL PROPONENTS

SUBJECT: EXPRESSION OF INTEREST / PREQUALIFICATION FOR ERGONOMIC EQUIPMENT /OFFICE FURNITURE

The City of Greater Sudbury is seeking expressions of interest (EOI's) from suppliers to provide ergonomic related equipment and/or office furniture to meet the needs arising from an extensive ergonomic assessment project.

EOI's must be submitted in a sealed envelope, using the address label-sheet provided to the City of Greater Sudbury, Supplies & Services Section, Main Floor, Tom Davies Square, 200 Brady Street, Sudbury **NO LATER THAN 11:00 a.m. (our time), Wednesday, July 23rd, 2008.**

Please note that this expression of interest does not guarantee that equipment / office furniture will be purchased. Vendors will be prequalified for the chairs only and the end user department will choose the chairs that best fit their needs from the prequalified list.

Also note that the forms have been provided in an adobe form fill in format. Proponents may complete their forms electronically. You must have the Adobe Standard program in order to save them into your computer.

Communications

Please direct all questions regarding this expression of interest to the undersigned at 705-674-4455, Ext. 2500.

The City reserves the right to accept or reject any or all expressions of interest at its sole discretion. The City also reserves the right to select more than one vendor.

Yours truly,

A handwritten signature in black ink, appearing to read 'Leigh Lesar'.

Leigh Lesar
Supplies & Services Co-Ordinator

cc: J. Kelly, Coordinator of Organizational Development, Safety and Wellness



CHECKLIST
EXPRESSION OF INTEREST / PREQUALIFICATION FOR ERGONOMIC
EQUIPMENT /OFFICE FURNITURE

The following checklist has been included to ensure that all of the City's requirements are met:

1. Please provide four (4) complete copies with one (1) complete copy designated as the original.
2. Return the Form(s) properly completed and signed where indicated.
3. Provide promotional literature for the equipment/furniture .
4. Vendors must have a storefront in Sudbury to provide service in order to pre-qualify.



TERMS OF REFERENCE

Background

The City of Greater Sudbury (CGS) is committed to a progressive organizational culture that promotes positive health practices for employees. To ensure proactive measures are taken to prevent ergonomic-related injuries and reduce or eliminate any risks in the workplace, the City of Greater Sudbury (CGS) is requesting bids from Companies to provide ergonomic related equipment and/or office furniture to meet the needs arising from an extensive ergonomic assessment project. In support of the proactive ergonomic assessments and education, CGS has dedicated funds to ensure over 700 computer workstations will be assessed.

The Musculoskeletal Disorder (MSD) Prevention Program for Ontario workplaces was put in place to provide information about MSD hazards in the workplace and how employees and employers can address and control these hazards.

The expected completion date for all of the assessments is November 1, 2008 with a target date of December 31, 2008 to purchase any related equipment required arising from the assessments.

The workstations are primarily computer workstations with some assessments required for large equipment and outdoor occupations.

Overview of the City of Greater Sudbury

The City of Greater Sudbury provides excellent access to quality municipal services. For more information please refer to the City's website at: <http://www.city.greatersudbury.on.ca/>.

The organization has approximately 2800 employees, including all Full-Time, Temporary, Part-Time, Casual, and Volunteer Fire Fighters. Work stations are located in approximately thirty-nine (39) different locations throughout the City of Greater Sudbury.



EXPRESSION OF INTEREST / PREQUALIFICATION FOR THE PURCHASE OF ERGONOMIC EQUIPMENT/FURNITURE

TERMS OF REFERENCE

Submission Requirements

Please provide the following:

- Company Profile
 - Outline of Experience (including results/successes achieved in other organizations), knowledge and expertise of company to provide equipment.
 - References from Organizations where you have provided your services, within a short time period with satisfactory results
 - Indicate company profile and confirm whether a storefront is located in the Greater Sudbury Area.

Parameters for Equipment

To ensure quality standards established by the City of Greater Sudbury are met, please provide a list of all ergonomic related equipment available by the provider. The following is a list of equipment with the minimum standard requirements:

Chairs:

- Five star base with castors
- Pneumatic seat adjustment
- Forward and infinite tilt lock
- Independent back and seat angle adjustment
- Back and lumbar height adjustment
- Seat pan adjustment – full front bar versus lever for seat pan adjustment
- Height and width adjustable arms
- Longer or Shorter Cylinder
- Available in a variety of colours (please specify)
- Available in “scaled” sizes to accommodate individuals of different sizes
- Provided with manufacturer guarantee
- Two week trial provided for chairs; ability to exchange for alternate chair of different size and/or brand

EXPRESSION OF INTEREST FOR THE PURCHASE OF ERGONOMIC EQUIPMENT/FURNITURE

Workstation Supportive Equipment

- Keyboard trays
- Articulating and retractable keyboard tray with wrist rest - Options should include full unit with available room for mouse on both sides or attachable mouse trays
- Wrist Rests (foam or gel)Foot Rests
- Wireless/Wired Head Sets
- Document Holders
- Specialized sit/stand desk
- Lamps and other lighting fixtures, including models that can be mounted under cupboards.
- Peripherals: Other workstation supports such as mouse pads, writing supports, cordless mice, etc.

In addition to the above, please outline the following:

- 1) What guarantees the Company provides for timely delivery of equipment, including timelines from date of order to date of delivery and ability to deliver to multiple locations throughout CGS.
- 2) What level of maintenance and repairs are done by the Company on equipment provided, including whether adequate replacement equipment is provided if necessary.

Cost Schedule

- 1) Provide cost for each piece of equipment and identify what if any discount is offered, including sliding scale as applicable.
- 2) Identify any other associated costs, maintenance cost schedule, etc.

Note: All pricing is FOB Delivered to various City of Greater Sudbury locations.

Storefront Location

Proponents must have a storefront within the City of Greater Sudbury.



THE CITY OF GREATER SADBURY

EXPRESSION OF INTEREST / PREQUALIFICATION

**FOR THE PURCHASE OF
ERGONOMIC EQUIPMENT/OFFICE FURNITURE**

FORMS

**EXPRESSION OF INTEREST FOR THE PURCHASE OF
ERGONOMIC EQUIPMENT/OFFICE FURNITURE EOI FORMS**

Note: Five separate forms have been provided for Chairs. Proponents are to provide information on the various options they are proposing. Use one form per proposed chair. If you require additional forms, please photocopy accordingly. Please provide as many options for ergonomic chairs, as reasonably possible.

Proponents are also to provide any promotional literature.

Option 1) ERGONOMIC CHAIRS			
Indicate chair you are proposing: Model, type, etc. and price: Indicate Discount offered : Lead time for Delivery from date of order: _____ /weeks	Brand & Model		Price:
Specifications for Chair quoted above:	Yes	No	Comments
Five Star base with castor			
Forward and infinite tilt lock			
Independent back & seat angle adjustment			
Back and lumbar height adjustment			
Seat Pan adjustment – full front bar for seat pan adjustment			
Height and width adjustable arms			
Longer or shorter cylinder available			
Indicate: Variety of colours			
Scaled sizes to accommodate individuals of different sizes			
Indicate manufacturer's warranty:			
Indicate two-week trial provided for chairs			
Indicate ability to exchange for alternate chair of different size and/or brand			

COMPANY NAME: _____

SIGNATURE: _____

"I have the authority to bind the Corporation/Company/Partnership":

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Option 2) ERGONOMIC CHAIRS -			
Indicate chair you are proposing: Model, type, etc. and price: Indicate Discount offered :	Brand & Model		Price:
Specifications for Chair quoted above:	Yes	No	Comments
Five Star base with castor			
Forward and infinite tilt lock			
Independent back & seat angle adjustment			
Back and lumbar height adjustment			
Seat Pan adjustment – full front bar for seat pan adjustment			
Height and width adjustable arms			
Longer or shorter cylinder available			
Indicate: Variety of colours			
Scaled sizes to accommodate individuals of different sizes			
Indicate manufacturer's warranty:			
Indicate two-week trial provided for chairs			
Indicate ability to exchange for alternate chair of different size and/or brand			

COMPANY NAME: _____

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Proponents are also to provide any promotional literature.

Option 3) ERGONOMIC CHAIRS -			
Indicate chair you are proposing: Model, type, etc. and price: Indicate Discount offered : Lead time for Delivery from date of order: _____/weeks	Brand & Model		Price:
Specifications for Chair quoted above:	Yes	No	Comments
Five Star base with castor			
Forward and infinite tilt lock			
Independent back & seat angle adjustment			
Back and lumbar height adjustment			
Seat Pan adjustment – full front bar for seat pan adjustment			
Longer or shorter cylinder available			
Height and width adjustable arms			
Indicate: Variety of colours			
Scaled sizes to accommodate individuals of different sizes			
Indicate manufacturer’s warranty:			
Indicate two-week trial provided for chairs			
Indicate ability to exchange for alternate chair of different size and/or brand			

COMPANY NAME: _____

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Proponents are also to provide any promotional literature.

Option 4) ERGONOMIC CHAIRS			
Indicate chair you are proposing: Model, type, etc. and price: Indicate Discount offered : Lead time for Delivery from date of order: _____ /weeks	Brand & Model		Price:
Specifications for Chair quoted above:	Yes	No	Comments
Five Star base with castor			
Forward and infinite tilt lock			
Independent back & seat angle adjustment			
Back and lumbar height adjustment			
Seat Pan adjustment – full front bar for seat pan adjustment			
Height and width adjustable arms			
Longer or shorter cylinder available			
Indicate: Variety of colours			
Scaled sizes to accommodate individuals of different sizes			
Indicate manufacturer's warranty:			
Indicate two-week trial provided for chairs			
Indicate ability to exchange for alternate chair of different size and/or brand			

COMPANY NAME: _____

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Proponents are also to provide any promotional literature.

Option 5) ERGONOMIC CHAIRS			
Indicate chair you are proposing: Model, type, etc. and price: Indicate Discount offered : Lead time for Delivery from date of order: _____ /weeks	Brand & Model		Price:
Specifications for Chair quoted above:	Yes	No	Comments
Five Star base with castor			
Forward and infinite tilt lock			
Independent back & seat angle adjustment			
Back and lumbar height adjustment			
Seat Pan adjustment – full front bar for seat pan adjustment			
Height and width adjustable arms			
Longer or shorter cylinder available			
Indicate: Variety of colours			
Scaled sizes to accommodate individuals of different sizes			
Indicate manufacturer’s warranty:			
Indicate two-week trial provided for chairs			
Indicate ability to exchange for alternate chair of different size and/or brand			

COMPANY NAME: _____

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Proponents are to provide information on the various options they are proposing. If you require additional forms, please photocopy accordingly. Proponents are also to provide any promotional literature.

Keyboard trays-		
	Brand & Model	Price:
Indicate Keyboard Tray you are proposing: Model, type, etc.:		
Option 1)		\$
Indicate Discount offered :		Discount:
Option 2)		\$
Indicate Discount offered :		
Option 3)		\$
Indicate Discount offered :		
Note: Options should include full unit w/ available room for mouse on both sides or attachment mouse trays		

COMPANY NAME: _____

SIGNATURE: _____

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Wrist Rests – Foam or Gel		
	Brand & Model	Price:
Indicate Type of Wrist Rests you are proposing: Model, type, etc.: Option 1) Indicate Discount offered :		\$
Option 2) Indicate Discount offered :		\$
Option 3) Indicate Discount offered :		\$

COMPANY NAME: _____

SIGNATURE:

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WORKSTATION AND/OR SUPPORTIVE EQUIPMENT

Foot Rests		
	Brand & Model	Price:
Indicate Type of Foot Rests you are proposing: Model, type, etc.: Option 1)		\$
Indicate Discount offered : Option 2)		\$
Indicate Discount offered : Option 3)		\$
Indicate Discount offered :		

COMPANY NAME: _____

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WORKSTATION SUPPORTIVE EQUIPMENT

Wireless/Wired Head Sets		
	Brand & Model	Price:
<p>Indicate Type of Wireless/Wired Headsets you are proposing: Model, type, etc.:</p> <p>Option 1)</p> <p>Indicate Discount offered :</p>		\$
<p>Option 2)</p> <p>Indicate Discount offered :</p>		\$
<p>Option 3)</p> <p>Indicate Discount offered :</p>		\$

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WORKSTATION SUPPORTIVE EQUIPMENT

Document Holders		
	Brand & Model	Price:
Indicate Type of Document Holders you are proposing: Model, type, etc.: Option 1)		\$
Indicate Discount offered : Option 2)		\$
Indicate Discount offered : Option 3)		\$
Indicate Discount offered :		

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WORKSTATION SUPPORTIVE EQUIPMENT

Lamps and other lighting fixtures, including models that can be mounted under cupboards, if applicable		
	Brand & Model	Price:
Indicate Type of Lamps/Lighting Fixtures you are proposing: Model, type, etc.: Option 1)		\$
Indicate Discount offered :		
Option 2)		\$
Indicate Discount offered :		
Option 3)		\$
Indicate Discount offered :		

COMPANY NAME: _____

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WORKSTATION SUPPORTIVE EQUIPMENT

Specialized sit/stand desk		
	Brand & Model	Price:
Indicate Type of Lamps/Lighting Fixtures you are proposing: Model, type, etc.: Option 1)		\$
Indicate Discount offered :		
Option 2)		\$
Indicate Discount offered :		
Option 3)		\$
Indicate Discount offered :		

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PERIPHERALS

Other Workstation Supports such as Mouse Pads, Writing Supports, cordless Mice, etc.		
	Brand & Model	Price:
Indicate Peripheral you are proposing: Model, type, etc.: Option 1)		\$
Indicate Discount offered : Option 2)		\$
Indicate Discount offered : Option 3)		\$
Indicate Discount offered : Option 4)		\$
Indicate Discount offered:		

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PERIPHERALS

Other Workstation Supports such as Mouse Pads, Writing Supports, cordless Mice, etc.		
	Brand & Model	Price:
Indicate Peripheral you are proposing: Model, type, etc.:		
Option 5)		\$
Indicate Discount offered :		
Option 6)		\$
Indicate Discount offered :		
Option 7)		\$
Indicate Discount offered :		

COMPANY NAME: _____

SIGNATURE: _____

"I have the authority to bind the Corporation/Company/Partnership":

ATTACH THIS LABEL SHEET TO THE FRONT OF YOUR RFP ENVELOPE/PACKAGE SUBMISSION



**EXPRESSION OF INTEREST
TO BE RETURNED TO:**

**THE CITY OF GREATER SUDBURY
C/O SUPPLIES AND SERVICES
200 BRADY STREET,
2ND FLOOR, TOM DAVIES SQUARE
BOX 5000, STN. A
SUDBURY, ON P3A 5P3**

**EXPRESSION OF INTEREST FOR THE PURCHASE OF
ERGONOMIC EQUIPMENT/OFFICE FURNITURE EOI FORMS**

Bidder's Name:

Address:

For City Use Only:

Date and Time Received:

NOTE: This address label/sheet must be affixed to the front of your sealed proposal envelope/package submission. The Supplies & Services section will not be held responsible for envelopes or packages that are not labelled.