JSU Bid # 26-12-08-0005 Return Original Bid To: Jacksonville State University

Issue Date: 11/19/2025 700 Pelham Road North
Description: Anti-Gravity/Microgravity Treadmill Room 324 Angle Hall
Jacksonville, AL 36265

## Bids must be received by 3:30 PM CST on Monday, December 8, 2025.

Questions regarding the bid process should be submitted in writing to Shasta Platt at purchasing@jsu.edu.

- 1. Pursuant to the provisions of the State of Alabama Competitive Bid law, Jacksonville State University will receive sealed bids for the procurement of equipment, materials, or services described/specified on the attached documents. Jacksonville State University is **exempt** from Federal Excise and State Sales Tax.
- 2. Bids should be sealed and have the bid number and opening date clearly marked on the outside of the bid package. When required, contractors must be licensed under provisions of Title 34, Chapter 8 Code of Alabama. Per Section 34-8-8 (b) All owners receiving bids pursuant to this chapter shall require the person, firm, or corporation to include his or her current license number on the bid. The owner shall reject all bids that do not contain the current license number of the general contractor submitting the bid. Bids should be typed or printed legibly in ink. Bids must be signed in ink.
- 3. Sealed bids must be received in the Office of Procurement by the date and time listed above. Bid packets should be hand delivered or sent by FedEx or UPS. Bids cannot be faxed or emailed. Bids received after the time listed above will not be accepted for any reason.
- 4. All bid prices must include shipping charges (FOB Jacksonville State University) unless bid is for services only.
- 5. References to name brands are for design, quality, and identification purposes only and are not intended to exclude vendors or restrict bidding. If a substitution is offered, please indicate any differences.
- 6. Alabama law (section 41-4-116, Code of Alabama 1975) provides that every bid submitted and contract executed shall contain a certification that the vendor, contractor, and all of its affiliates that make sales for delivery into Alabama or leases for use in Alabama are registered, collecting and remitting Alabama state and local sales, use and and/or lease tax on all taxable sales and leases into Alabama. By submitting this bid, the bidder is hereby certifying that they are in full compliance with State of Alabama Act No. 2006-557 and acknowledges that the awarding authority may declare the contract void if the certification is false. Vendor should submit documentation of registration with the Federal E Verify system with bid response. Vendor should also submit the original State of Alabama Vendor Disclosure Statement with bid response. A bid cannot be awarded without these documents.
- 7. Bidder certifies by submitting a response to this bid request that neither the company nor any of its employees who will provide or perform services under this contract have been debarred, suspended or otherwise declared ineligible from receiving Federal contracts and subcontracts.
- 8. Jacksonville State University reserves the right to waive any technicalities, if and as allowed by law.

Jacksonville State University reserves the right to accept or reject all bids or any portion thereof and unless specified by the bidder, to accept any or all items in the bid. In the event the University elects to award on an "all or "none Basis", this will be stated in the bid specifications.

By signing this contract, the contracting parties **affirm**, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the state of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

Company Name	Telephone		
Address	Fax		
City	State Zip Code		
Email Address			
Signature of Company Official			Date
			<u> </u>
Printed Name of Official			



## **Invitation to Bid**

Jacksonville State University (herein known as Jax State) is seeking proposals to purchase an Anti-Gravity/Microgravity Treadmill for Jax State student-athletes. The treadmill requirements are contained in the Specifications of the ITB. Jax State reserves the right to reject any, and all, proposals received in response to this Invitation to Bid (herein known as "ITB"). Please be advised that the information contained herein is confidential and proprietary to Jax State and is not to be disclosed to any third party without Jax State's prior written consent.

## **SPECIFICATIONS:**

- 1. Minimum footprint of 82 inches x 42 inches.
- 2. Slatbelt Treadmill
- 3. Blood Flow Restriction (BFR) Capabilities.
- 4. \*Simplified User Controls: Knob controls that allow
- 5. for quick and accurate adjusting of speed and body
- 6. weight
- 7. Speed of 18 miles per hour with a reverse of 10 miles per hour with 0.1 miles per hour increments.
- 8. User Weight Capacity: 400 pounds for walking and 800 pounds for running.
- 9. Free run mode
- 10. Incline from 0% up to 15%
- 11. WiFi-Enabled that includes pre-programmed
- 12. workouts and automatic software updates
- 13. \*Automated Lift System (4'6 to 7') making for safe, quick and easy entry/exit with 1/4" adjustments
- 14. \*Weight Reduction up to 80%, adjustable by 1% increments
- 15. FDA listed
- 16. Apparel
- 17. Shipping and Handling Expenses
- 18. Setup
- 19. Installation
- 20. Training
- 21. Customer Service
- 22. One-year standard warranty that includes parts and
- 23. labor from date of installation
- 24. Provide any extended warranty options

**CONSIDERATION OF BIDS**: Bid's will be evaluated based on the following criteria to determine the award recipient:

- 1. Bid/contract price.
- 2. Reputation of the vendor and their services.
- 3. Quality of the vendor's services.
- 4. Extent to which the services meet the University's needs.
- 5. Delivery based upon the university's needs.
- 6. Vendor's past relationship with the University.
- 7. Total long-term cost to the University for retaining the vendor's services.
- 8. Any other relevant factors provided in response to this request.

### **TERMS:**

The awarded vendor must agree to accept a purchase order as a contract for the service or equipment purchase. JSU does not agree to pre-pay or pay a deposit on equipment orders. The vendor should invoice JSU upon equipment delivery and completion of other services.

The bid submission should include the following documents, as a bid award cannot be made without them:

- 1. State of Alabama Disclosure Statement.
- 2. E-Verify Memorandum of Understanding.
- 3. W9 form.

## **Bid Submission Instructions**

One (1) original and one (1) copy of all documents must be submitted. Sealed bid packets must be received by 3:30 PM CST on Monday, December 8, 2025. The bid number, opening date and time must be listed on the outer envelope. It is the responsibility of the respondent to ensure that the bid packet arrives in the Procurement and Fixed Assets office on time. No late bids are allowed to be accepted per Alabama State Bid Law. To ensure timely receipt, the bid packet should be hand delivered or sent by commercial carrier to:

Jacksonville State University Attn: Shasta Platt Procurement and Fixed Assets 700 Pelham Rd N 324 Angle Hall Jacksonville, AL 36265

## **Documentation to be submitted with bid response:**

- 1. Original State of Alabama Disclosure Statement
- 2. Memorandum of Understanding as documentation of vendor registration with the Federal E-Verify system (contact your company's Human Resources Department or visit https://www.e-verify.gov to register)
- 3. W-9 form from IRS
- 4. Certificate of Compliance with Ala. Code 41-16-5
- 5. Certificate of Compliance with Ala. Code 31-13-1
- 6. Certificate of Compliance with Ala. Code 41-16-160

The above documents must be received prior to bid award. Vendor must agree to accept a purchase order as contract for this bid. Vendor will invoice JSU upon delivery.

Bid#26-12-08-0005	
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# CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT (Ala. Code § 31-13-1)

RE: Contract/Grant/Incentive (describe by number or subject):
by and between("Contracting Party") and Jacksonville State University.
Jacksonvine State Oniversity.
The undersigned herby certifies to Jacksonville State University as follows:
The undersigned holds the position ofwith the Contracting Party named above and is authorized to provide representations set out in this Certificate as the official and bind act of that entity and has knowledge of the provisions of Ala. Code § 31-13-1, known as The Beason-Hammon Alabama Taxpayer and Citizen Protection Act ("Act").
The Contracting Party is a business entity or employer as those terms are defined in Ala. Code §31-13-3(2) and (5).
The Contracting Party certifies that it has not knowingly employed an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ au unauthorized alien within the State of Alabama.
The Contracting Party certifies that it is enrolled in E-Verify and will continue to be enrolled in E-Verif for the duration of the contract/agreement.
Contracting Party Name (Printed)
E-Verify User Identification Number
By: Authorized Officer or Agent of Contracting Party (Signature)
Title of Authorized Officer or Agent of Contracting Party
Printed Name of Authorized Officer or Agent of Contracting Party

## **CERTIFICATE OF COMPLIANCE WITH ALA. CODE 41-16-5**

RE Un	: Contract iversity and	("	(describe by number Contracting Party")	or subject), by and between Jacksonville State
Th	e undersigned he	reby certifies and ag	grees as follows:	
1.				with the Contracting Party named above, is authorized tentity and has knowledge of Ala. Code § 41-16-5.
2.	or operating any	trade or business in	Alabama OR is a corpora	bility company, organization or other legal entity conducting tion, organization, or other legal entity operating in Alabama the Internal Revenue Code.
3.	entity based in control blacklist, divest the religion, gender,	or doing business wi rom, or otherwise re or national origin o usiness in a jurisdict	ith a jurisdiction with whice fuse to deal with a persor of the targeted person or	ged in, and will not engage in, the boycott of a person or an h this state can enjoy open trade. Boycott is defined as "to n or business entity when the action is based on race, color, entity or is based on the fact that the boycotted person of can enjoy open trade and with which the targeted person or
Ve	rified this	day of	, 20	
			Signature of Co	ntractor's Authorized Representative
			Printed Name a	nd Title of Contractor's Authorized Representative

## **CERTIFICATE OF COMPLIANCE WITH ALA. CODE 41-16-160**

		ract y and	•	describe by number or subject), by and between Jacksonville State Party")		
Γh	e unde	rsigned hereby	certifies and agree	s as follows:		
1.			ls the position of tion as the official	with the Contracting Party named above, is authorized and binding act of that entity and has knowledge of Ala. Code § 41-16-160.		
2.		The Contracting Party is a for-profit entity, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or limited liability company with 10 or more full-time employees.				
3.	The Contracting Party, without violating controlling law or regulation, does not and will not, during the term of the contract engage in economic boycotts. Without an ordinary business purpose, the Contracting Party does not and will not refuse to deal with, terminate business activities with, or otherwise take any commercial action that is intended to penalize or inflict economic harm on a company solely because the company, without violating controlling law or regulation, does any of the following:					
	a)	Engages in the timber, mining,	•	ction, utilization, transportation, sale, or manufacturing of fossil fuel-based energy,		
	b)			ts the manufacture, import, distribution, marketing or advertising, sale, or lawful omponent parts and accessories of firearms or ammunition.		
	c)		•	meet, or does not commit to meet environmental standards or disclosure criteria, offset, or disclose greenhouse gas emissions.		
	d)		, is not expected to or disclosure criter	meet, or does not commit to meet corporate employment or board composition, ria.		
	e)			d to facilitate, or does not commit to facilitate access to abortion or sex or gender atment, or therapies.		
	Ver	ified this	day of	, 20		
				Signature of Contracting Party's Authorized Representative		
				Printed Name and Title of Contracting Party's Authorized Representative		

Form W-9
(Rev. March 2024)
Department of the Treasury

Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Before you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below,

Give form to the requester. Do not send to the IRS.

	_	• • • • • • • • • • • • • • • • • • • •					
	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the o entity's name on line 2.)	wner's name on line	1, and enter the	business/	/disregare	ded
	2	Business name/disregarded entity name, if different from above.					
page 3.	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered only <b>one</b> of the following seven boxes.  Individual/sole proprietor  C corporation  S corporation  Partnership	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):				
5		LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)	Trust/estate	Exempt payee	codo (if an	nd.	
Print or type.		Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check box for the tax classification of its owner.		Exemption fro Compliance A	m Foreign	Account	
rin Ins		Other (see instructions)		code (if any)			
Print or type.	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax and you are providing this form to a partnership, trust, or estate in which you have an ownership it this box if you have any foreign partners, owners, or beneficiaries. See instructions		(Applies to a outside the	accounts n he United S		d
8	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name	and address (op	tional)		
•							
	6	City, state, and ZIP code					
	7	List account number(s) here (optional)					
Par	tΙ	Taxpayer Identification Number (TIN)					
	•	r TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	old	curity number			_
reside	backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other						
TIN, la		is your employer identification number (EIN). If you do not have a number, see How to ge	or or				
	Employer identification number						
		ne account is in more than one name, see the instructions for line 1. See also What Name To Give the Requester for guidelines on whose number to enter.	and .	-			
Par	t II	Certification					
Unde	pe	nalties of perjury, I certify that:					
2. I ar Ser	n no vice	mber shown on this form is my correct taxpayer identification number (or I am waiting for of subject to backup withholding because (a) I am exempt from backup withholding, or (b) (IRS) that I am subject to backup withholding as a result of a failure to report all interest of ger subject to backup withholding; and	I have not been no	otified by the I	nternal R		
		U.S. citizen or other U.S. person (defined below); and					
4. The	FA	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	g is correct.				
		ion instructions. You must cross out item 2 above if you have been notified by the IRS that y you have failed to report all interest and dividends on your tax return. For real estate transaction				_	aid,

acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

## General Instructions

U.S. person

Section references are to the Internal Revenue Code unless otherwise noted

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### What's New

Sign Here

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



## State of Alabama Disclosure Statement

Required by Article 3B of Chapter 16 of Title 41, Code of Alabama 1975

ENTITY COMPLETING FORM	
ATTER SOME BEHING FORM	
ADDRESS	
CITY, STATE, ZIP	TELEPHONE NUMBER
STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIE	ILE FOR GRANT AWARD
ADDRESS	
OTH STATE TO	TELEPI LONG AN INDEP
CITY, STATE, ZIP	TELEPHONE NUMBER
This form is provided with:	
	I builted on to Bid
Contract Proposal Request for Proposal	Invitation to Bid Grant Proposal
Have you or any of your partners, divisions, or any related busines	ess units previously performed work or provided goods to any State
Agency/Department in the current or last fiscal year?	
Yes No	
If yes, identify below the State Agency/Department that received	the goods or services, the type(s) of goods or services previously pro-
vided, and the amount received for the provision of such goods of	r services.
STATE AGENCY/DEPARTMENT TYPE OF G	GOODS/SERVICES AMOUNT RECEIVED
	ess units previously applied and received any grants from any State
Agency/Department in the current or last fiscal year?	
Yes No	
If yes, identify the State Agency/Department that awarded the gra	ant, the date such grant was awarded, and the amount of the grant.
STATE AGENCY/DEPARTMENT DATE GR	ANT AWARDED AMOUNT OF GRANT
	ublic employees with whom you, members of your immediate family, o
	ay directly personally benefit financially from the proposed transaction
Identify the State Department/Agency for which the public office	ials/public employees work. (Attach additional sheets if necessary.)
NAME OF PUBLIC OFFICIAL/EMPLOYEE	DDRESS STATE DEPARTMENT/AGENCY

Authorized Signatory

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)
NAME OF PUBLIC OFFICIAL/ STATE DEPARTMENT/ FAMILY MEMBER ADDRESS PUBLIC EMPLOYEE AGENCY WHERE EMPLOYED
If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)
Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)
List below the name(s) and address(ss) of all paid consultants and/or labbulate utilized to obtain the contrast, proposal request for
List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:
NAME OF PAID CONSULTANT/LOBBYIST ADDRESS
By signing below, I certify under penalty of perjury (in the jurisdiction in which it is executed) that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a person who knowingly violates this article shall be subject to civil penalty in an amount of ten thousand dollars (\$10,000), or 10 percent of the amount of the contract, whichever is less, to be deposited in the State General Fund. Also, the contract or grant shall be voidable by the awarding agency.

The disclosure statement is required to be completed and filed with grant proposals in excess of \$25,000 and contracts that meet or exceed the threshold for bid or other formal solicitations under Article 5 of Chapter 4 of Title 41 or any other law that requires formal solicitation procedures for awarding public contracts.

Date

Jurisdiction in which this Disclosure Statement is executed