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## BOARD AGENDA ITEM

Information/Discussion \_\_\_\_\_

Future Action \_\_\_\_\_

Action   x  

**Item:** Natus Sensory Clinical Audiometer Purchase for Oral Deaf

**Submitted by:** Kirsten Myers 

**Date:** January 21, 2026

**Recommended by:** Alissa Hofstee

**Board Meeting Date:** February 16, 2026

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### RECOMMENDATION:

The purchase of a Clinical Audiometer from Natus Sensory for student hearing evaluations in the amount of \$36,750.86

The cost breakdown is as follows:

1	1066 MADSEN Astera 2 W/O HDA	\$12,502.80
1	1066 ACP ASTERA 2	\$1,342.80
1	SPEAKER SYSTEM 100DB, MISCO	\$1,027
1	AuDX PRO FLEX Diagnostic (DX) Tympanometry and DX DPOAE	\$12,225.60
2	XM-5000 SYS, IR OPTION	\$4,700
1	Service, One Hour	\$271
1	XM-5000, LIT DUCK LOW CNTR BOX	\$218
2	XM-5000 INSTALL KIT	\$298
1	New Product Installation	\$489.06
1	Surcharge	\$1,318.60
1	Training, Remote Clinical	\$564
1	Bio-logic, Screening Aud – Air Module	\$1,794

### BACKGROUND:

The Oral Deaf program in Center Programs is in need of the instrument quoted from Natus Sensory which includes audiometry for comprehensive student hearing evaluations and tympanometry for middle ear assessment. Otometrics is the software-based audiometry which integrates with our currently used Noah4 platform system which operates with KENT ISD PCs and is an essential educational service for our Deaf and Hard of Hearing students. The quoted instrumentation from Natus sensory is a comprehensive list of the clinical audiometer, speaker system with VRA lights, and immittance/tympanometry which includes delivery, installation in our new audiometric sound room, calibration and related support and service from their sales and technical teams for 2 years. This will be purchased with the Carls Foundation dollars already received at Kent ISD.

Below is the completed Sole Source Justification form as these units are proprietary and cannot be purchased from other vendors.

The account number to be used: 21-1-215-6420-034-9016-21430-2953-2140

## Kent ISD Sole Source Justification Form

### Overview:

This form provides a standard way to document single or sole source justifications for purchases that are above the Kent ISD Board Policy Competitive bidding threshold (\$10,000), but where a competitive bid is not possible, or the requestor/business unit is requesting that no competitive bid be executed. The completed form must be attached to the purchase requisition along with any supporting materials to support the purchase request.

### Sole Source Justification Type:

Recipients may conduct noncompetitive ("sole source") procurement through solicitation of proposals from only one source when one or more of the following circumstances apply (Please Check the Box for which circumstance applies):

- ☒ This is a new purchase of proprietary materials and services; product is available only from one source.
- ☐ The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation.
- ☐ Competition is determined inadequate after solicitation of a number of sources.
- ☐ Vendor is specified by name in an awarded contract or grant
- ☒ No substitutions available to match existing hardware/equipment that are currently at Kent ISD (provide a previous PO number if possible)

### Requested Product(s):

Vendor Name: Natus Sensory, Inc.

Estimated Value of Product(s) \$ 34,221.56

Description of Product(s)

The instrumentation quoted from Natus Sensory includes audiometry for comprehensive student hearing evaluations and tympanometry for middle ear assessment. Otometrics is the software-based audiometry which intergrets with our currently used Noah4 platform system which operates with Kent ISD PCs and is an essential educational servie for our Deaf and Hard of Hearing students in order to support their communicative needs with appropriate pediatric assessments of hearing across the educational years of attendance within our schools. The quoted instrumentation from Natus Sensory is a comprehensive list of the clinical audiometer, speaker system with VRA lights, and immittance/tympanometry which includes delivery, installation in our new audiometric soundroom, calibration, and related support and service from their sales and technical teams for 2 years.

### Vendor Justification:

Provide a detailed background explanation of proposed Vendor's unique ability to offer the requested product(s). Also identify how we came to find this Vendor and any other Vendor that offers similar product(s). Specify why the proposed Vendor is the only company that can meet the perquisite requirements for this order.

Natus Sensory is the exclusive provider of the Otometrics software based for the operation of Madsen Astera. The Astera and the AuDx Pro Flex systems are necessary for comprehensive clinical audiometric assessments, including middle and sensory functioning for hearing. We have previously obtained and are currently using instrumentation and software from Natus, which is fully compatible with the Noah4 platform is used at each site of Kent ISD's Deaf and Hard of Hearing programs. This helps ensure continuity of care and accurate assessments that drive student evaluations for Eligibility and services related to IEPs.

Kent ISD Account 22808  
Quote Number: 1-H639WH rev.2  
Quote Date: 12-15-2025  
Quote expires on: 12/31/2025  
Shipping Method: FOB  
Payment Terms: NET 30 DAYS  
Natus Sensory contact Michael Donlon  
michael.donlon@natus.com

### Cost Justification:

Provide evidence that due diligence has been completed to ensure that Kent ISD has received fair and reasonable pricing. This could include comparison of past product(s) or service(s) that we have procured or similar items on the market.

Due diligence includes comparison to previously purchased hearing assessment instrumentation from Natus Sensory Inc. and comparison of the other vendor available for this specific audiometric instrumentation, e3 Diagnostics in Northville, MI offer similar pricing but lack the same integration with the currently used Noah4/ Otometrics software for familiar and streamlined functionality. The Natus quote also includes installation, calibration, and extended technical support—critical for uninterrupted educational services. This cost aligns with prior Kent ISD purchases and reflects the unique needs of our student programs.

### Acknowledgement of Form Completion:

I acknowledge the requirements of Kent ISD's competitive bidding thresholds and the criteria laid out in this form for the justification of sole source purchases. Completion of this form does not guarantee the approval of the procurement request.

<b>REQUESTOR:</b>	<u>Katherine Woodburne</u> Name (Printed)	<u>Kate Woodburne</u> Digitally signed by Kate Woodburne Date: 2025.12.15 14:48:48 -05'00' Signature	<u>12/15/2025</u> Date
<b>DIRECTOR:</b>	<u>Alissa Hofstee</u> Name (Printed)	<u>Alissa Hofstee</u> 10B26D58C58664F92B60F3A7B9BC45E5 Signature	<u>12/16/2025</u> Date
<b>ASSISTANT SUPERINTENDENT/SUPERINTENDENT:</b>	<u>Kirsten Myers</u> Name (Printed)	<u>Kirsten Myers</u> E5DD6C93035CE3A1FDEF0A335B7A15 Signature	<u>12/16/2025</u> Date



<b>Quote for:</b>			
<b>Account:</b>	22808 KENT INTERMEDIATE SCHOOL DISTRICT  2930 KNAPP ST NE GRAND RAPIDS MI 49525 USA	<b>Quote Date:</b>	01/23/2026
<b>Contact:</b>	KATE WOODBURNE	<b>Quote Number:</b>	1-H639WH <b>Rev:</b> 4
<b>Phone:</b>	6168195706	<b>Quote Expiration:</b>	03/31/2026
<b>Email:</b>	katewoodburne@kentisd.org	<b>SalesRep:</b>	Michael Donlon michael.donlon@natus.com
		<b>Contract Name:</b>	Standard Pricing, United States, USD, Standard Terms and Conditions Apply
		<b>Payment Terms:</b>	NET 30

Part # / Name	Item Description	Qty.	Price	Unit Price	Discount	Total Price
8-04-13403	1066 MADSEN Astera 2, W/O HDA, US Only	1	13,892.00	13,892.00	1,389.20	12,502.80
8-49-91300-KIT	1066 CD Quicksin Material, US	1	0.00	0.00	0.00	0.00
8-49-93600	2066 Pediatric SW License	1	0.00	0.00	0.00	0.00
8-69-40800	1066, ACP ASTERA 2	1	1,492.00	1,492.00	149.20	1,342.80
8-75-81550	SPEAKER SYSTEM, 100DB, MISCO	1	1,027.00	1,027.00	0.00	1,027.00
025900	AuDX PRO FLEX Diagnostic (DX) Tympanometry and DX DPOAE	1	13,584.00	13,584.00	1,358.40	12,225.60
8-36-02318	XM-5000 SYS,IR OPTION	2	4,700.00	2,350.00	0.00	4,700.00
9-99-70001	Service, One Hour	1	271.00	271.00	0.00	271.00
2-25-08926	XM-5000,LIT DUCK LOW CNTR BOX	1	218.00	218.00	0.00	218.00
8-61-30103	XM-5000 INSTALL KIT	2	298.00	149.00	0.00	298.00
SVC99GO1	New Product Installation	1	489.06	489.06	0.00	489.06
002SURCHARGE	Surcharge	1	1,318.60	1,318.60	0.00	1,318.60
CLIN600NBC-WEB	Training, Remote, Clinical	1	564.00	564.00	0.00	564.00
8-69-45602	Bio-logic, Screening Aud - Air Module	1	1,794.00	1,794.00	0.00	1,794.00

Sub Total	USD 36,750.8
<b>Grand Total</b>	<b>USD 36,750.8</b>

## Choose your level of Care

Whether you want full coverage, partial coverage for repairs and parts or calibration only, our flexible packages provide just the level of support you need to achieve consistent quality. Most issues can be resolved in a single phone call.

### Which level of coverage meets your needs?

#### Comprehensive and prioritized support

We come to you – Receive onsite and in-house service on-demand with no need for quotes or invoices.



#### Coverage for repair and parts

Equipment will be regularly serviced and a loaner will be provided, if needed.



#### Certified technical support

Protect your investment with annual calibration by a certified technician.



	ADVANCE CARE	FLEX CARE	BASIC CARE
CERTIFIED ONSITE SUPPORT, INCLUDING LABOR, TRAVEL & EXPENSES	2 VISITS / YEAR / PER FACILITY	BILLABLE	BILLABLE
CONVENIENT ANNUAL ONSITE CALIBRATION	✓	✓	✓
DEDICATED AND CERTIFIED TECHNICAL PHONE SUPPORT	✓	✓	✓
SERVICE PARTS REPLACEMENT/REPAIR, INCLUDING OVERNIGHT SHIPPING	✓	✓	
LOANER DEVICE AVAILABLE DURING REPAIR OR REPLACEMENT	✓	✓	
PROBE REPLACEMENT INCLUDED (ADVANCE CARE – CYBACH/ATHAS 2 PROBE REPLACEMENT ONLY)	✓	1 PROBE / YEAR	
AUTOMATIC SOFTWARE UPDATES (WHEN AVAILABLE)	✓	✓	
SOFTWARE VERSION UPGRADES (WHEN AVAILABLE)	10% DISCOUNT		
TUITION DISCOUNT ON NATUS HEARING & BALANCE ACADEMY (HBA) FACILITY COURSES (WHEN AVAILABLE, IN-HOUSE AT A NATUS LOCATION)	50% DISCOUNT		

Contact your local Natus representative for more information.

One Year Contract Price			
	Advance Care	Flex Care	Basic Care
Multi-Year Discount Price			
Two Year Minimum Required			
	Advance Care	Flex Care	Basic Care
Grand Total	\$0.00	\$0.00	\$0.00



**SUBMIT THIS ORDER TO:**

**Quote number: 1-H639WH Rev: 4**

**Natus Sensory Inc.,  
50 Commerce Drive, Suite 180  
Schaumburg, IL 60173**

**Tel: 855-283-7978**

**FAX TO: 608-829-8775**

**Email SUPPLY Orders to: [customer.service@natus.com](mailto:customer.service@natus.com)**

**Email CAPITAL EQUIPMENT Orders to: [SensoryCapital@natus.com](mailto:SensoryCapital@natus.com)**

**Terms: Net 30 days unless specified above**

**FOB: Origin (Prepay Freight and Add)**

**Delivery: HARDWARE: Maximum of 4-6 Weeks After Receipt of Purchase Order**

**SUPPLIES: 7 days After Receipt of Purchase Order**

Unless specified on this quote, installation and training is not included with purchase. On-site installation and training can be purchased separately, if needed. A purchase order for additional installation or training services is required.

Applicable Tax and Freight charges, if not shown, will be applied at time of invoice.

**All taxes extra, if applicable. Include Tax Exemption documentation with purchase order.**

<b>Signature:</b>	<b>Date:</b>
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**Natus Sensory's Terms and Conditions can be found at: [Terms & Conditions - Natus Sensory](#).**

**Select Support and from the drop down select T&Cs and Product Warranties.**



Quote number: 1-H639WH Rev: 4

Upon acceptance of our proposal, we require the following information to process your order. Please complete and send to [customer.service@natus.com](mailto:customer.service@natus.com) for SUPPLY orders or [SensoryCapital@natus.com](mailto:SensoryCapital@natus.com) for CAPITAL EQUIPMENT orders or fax 847-534-2151.

Name of Organization: \_\_\_\_\_

Bill To Address: \_\_\_\_\_

Ship To Address: \_\_\_\_\_

(☐ Same As Above) \_\_\_\_\_

Is it a residential delivery? ☐ YES ☐ NO

Key Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID number required for shipping address: \_\_\_\_\_

(Customs Will Verify Prior To Releasing Order)

Accounting Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ IF EXEMPT FROM STATE SALES TAX, PLEASE ATTACH AND FORWARD A CERTIFICATE OF EXEMPTION