



**Information for Bid (IFB)
COVID-19 SANITIZING REPONSE**

**July, 07 2021 3:00 pm (CST)
Reference Number# 21-05**

LEGAL NOTICE
ADVERTISEMENT FOR BIDS

Notice is hereby given that Jackson State University (JSU) is soliciting Competitive Sealed Request for Bids (hereafter called Bid #21-05 for **COVID-19 Sanitizing Response**. **Bids shall be submitted in sealed packaging with one original and five copies to the address shown below, submitted electronically on the Mississippi Department of Finance MAGIC portal at www.dfa.gov or to purchasing@jsums.edu. Please state your firm's name, address, submittal deadline, and Bid # (21-05) "COVID-19 Sanitizing Response."**

Bids will be received at the address below and electronically by way of the Mississippi Department of Finance MAGIC portal until 3:00 P.M. (CST) July 7, 2021 at which time bids will be publicly opened and the firm's name will be read aloud at the above specified date and time.

Bids must be submitted in sufficient time to be received on or before the deadline date. Bids received after the deadline date and time cannot be considered and will not be opened. Faxed bids will not be accepted. Failure to have the Bid submitted by the deadline date and time in accordance with the official time as stated shall deem the Bid late and no consideration will be given. The time of arrival is not negotiable nor will it be discussed if any documents are declared late.

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| Bid NO: | 21-05 |
| Bid Title: | COVID-19 Sanitizing Response |
| Deadline Date & Time: | July 7, 2021 3:00 pm (CST) |
| Mail or Deliver to: | Jackson State University Paula Nelson, Purchasing Manager Office of Purchasing and Travel 1400 John R. Lynch Street, Post Office Box 170269 Administration Tower 4th Floor Jackson, MS 39217 |

Any questions related to these requirements should be emailed to Ms. Paula Nelson at paula.d.nelson@jsums.edu

RESPONDENTS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE INVITATION TO NEGOTIATE

Published: Clarion Ledger June 9th & June 16, 2021 Bid Close Date: July 7, 2021 3:00 pm (CST)

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| JACKSON STATE UNIVERSITY Department of Purchasing and Travel Attn: Paula Nelson, Purchasing Manager 1400 J R Lynch Street P. O. Box 17029 Jackson, MS 39217 (601) 979-0696 | | | DATE | | BID NUMBER | |
| | | | | | COVID-19 Sanitizing Response | |
| | | | | | 21-05 | |
| | | | RESPONSE DUE BY: | | | |
| REQUEST FOR BID | | | July 7, 2021 | | | |
| | | | 3:00PM | | | |
| | | | JACKSON STATE UNIVERSITY Department of Purchasing and Travel Attn: Paula Nelson, Purchasing Manager 1400 J R Lynch Street P. O. Box 17029 Jackson, MS 39217 (601) 979-0696 | | | |
| NO. | QUANTITY | UNIT | DESCRIPTION | UNIT PRICE | EXTENSION | |
| | | | COVID-19 Sanitation and Disinfection Scope. Contractor will render sanitation and disinfection professional services of the listed area/location. This will include sueface sanitization and thorough electrostatic cleaning of the entire area. | | | |
| | | | The Contractor shall comply with the following guidelenes and provide documentation/information (upon request), along with the submitted quote: a. Price per square foot and response time (time from notification to services rendered). b. The name(s) and accompanying fact sheet(s) of the surfactants and disinfectants being used during the project. c. Surfactants/disinfectants used during chemical application musr be EPA-registered, approved by the CDC, and safe to use on all porous surfaces, to include office furnishings and equipment. d. The contractor shall use the surfactants and disinfectants according to the manufacturer's recommendations. NO DILUTIONS ARE ACCEPTABLE UNLESS OTHERWISE INDICATED BY THE MANUFACTURER e. The contractor shall don personal protective equipment (PPE) appropriate for the specific disinfectant(s) application. f. Price per square foot and response time (time form notification to services rendered) | | | |

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| | | | The Contractor shall be prepared to provide a copy of their company's current General Liability insurance, which shall include coverage and policy limits sufficient to cover potential loss or damages related to the service. | | |
| | | | | TOTAL ➡ | |

PAGE

SIGNATURE _____

DATE _____