**BOSWELL REGIONAL CENTER**

P. O. BOX 128

1049 Simpson Highway 149

MAGEE, MS 39111

(601) 867-5000

DAIRY CONTRACT/BROOKHAVEN ICF/MR

Sealed bids will be received in the business office of Boswell Regional Center for a TWELVE MONTH DAIRY CONTRACT to be effective February 1, 2017 through January 31, 2018 for Boswell Regional Center, Magee, Mississippi. Deadline for receiving bids is 10:00 a.m., Thursday, January 06, 2017. All items must be f.o.b. institution. All items must meet the specifications. All bid prices must stand firm for the duration of the contract period. DELIVERIES WILL BE MADE TO TWO ICF/MR GROUP HOMES AT BROOKHAVEN, MISSISSIPPI.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**NOTE\_ANY\_DEVIATION\_FROM\_SPECIFICATIONS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ITEM QUAN‑ UNIT UNIT TOTAL

NO.\_\_\_TITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ITEM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PRICE\_\_\_\_\_\_PRICE\_\_\_

(1) 35 1 gal (More or Less Weekly) 2% Low-fat Milk, one $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_

gallon jugs, made from Grade A homogenized,

pasteurized milk, no flavoring added.

(2) 6 1 gal (More or Less Weekly) Skim Milk, one gallon $\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_ jugs, made from Grade A homogenized,

pasteurized milk, no flavoring added.

(3) 100 4oz (More or Less Weekly) Orange Juice, 4 oz. $\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_

carton.

GRAND TOTAL $\_\_\_\_\_\_\_\_

Purchase Orders will be written as needed by Boswell Regional Center.

APPROXIMATE DELIVERY SCHEDULE: 3 times per week (Monday, Wednesday, Friday)

Delivery MUST BE BETWEEN 7:00 am & 2:30 pm

# BID TO BE TYPEWRITTEN OR IN PEN & INK

**BID ACCEPTED ONLY WHEN SUBMITTED ON THIS FORM**

Firm\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature(Signature and Printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_