

SINGING RIVER HEALTH SYSTEM
2809 DENNY AVENUE
PASCAGOULA, MISSISSIPPI 39581
TERMS OF BID

Singing River Health System will receive pricing until 10:00 A.M. on January 11, 2017, for the purchase of the following: **SRH Cooling Tower Equipment, Singing River Health System**

The awarding of the bids will be made subject to the following conditions:

1. **Prices shall be guaranteed through April 11, 2017.**
2. All items per the attached specifications.
3. Singing River Health System is tax exempt, and all bid prices are to be less state and federal sales tax, (This does not included the Mississippi State Contractors Tax).
4. The only substitutions that will be entertained are listed in specifications as "approved substitutions". All items which are bid on an "approved substitution" basis must have samples or documentary evidence attached to clearly document that the items are equal in every respect.
5. **NO BIDDER WILL BE ACCEPTED UNLESS QUOTED ON THE PRESCRIBED BID PROPOSAL FORM AND SIGNED BY THE BIDDER'S AUTHORIZED REPRESENTATIVE. HOWEVER, BIDDER MAY ATTACH SUBSTANTIATION AND JUSTIFICATION FOR ALTERNATIVE BIDS.**
6. Bids are to be sealed and addressed to, **Mr. Joseph Foster, Director of Materials Management, Singing River Health System, Singing River Hospital, 2809 Denny Avenue, Pascagoula, MS 39581 and must have recorded on the envelope and/or express packages: "BIDS TO BE OPENED ON JANUARY 11, 2017 at 10:00 A.M."**
7. The bidder hereby certifies that his/her company does not discriminate against any employee or applicant because of age, sex, religion, race, or creed, and that his company is in full compliance with the wage and hour laws of the United States.
8. Vendors shall be aware employees of Singing River Health System are prohibited from accepting gratuities of any value. The bidder hereby certifies that his company or any agent of his company has not and will not make any type of gratuitous gesture. Failure to comply will result in bid rejection.
9. Singing River Health System reserves the right to reject any or all bids and waive formalities.

BY:

(signature)

NAME:

(print)

NAME OF COMPANY:

MAILING ADDRESS:

(street, city, state, zip)

TELEPHONE AND FAX NO.:

fax