MISSISSIPPI STATE DEPARTMENT OF HEALTH

May 12, 2015

INVITATION FOR BID

RFx NO 3160000430

The Mississippi State Department of Health plans to purchase the following and invites your bid:

500 Units - Nexplanon, a single nonlatex implant, containing 68 mg of the progestin only hormone etonogestrel and 15 mg of barium sulfate

Unit Price $_____ Total $_____

Nexplanon will be dispensed through the Mississippi State Department of Health as a 340B covered entity for HHS's Title X Family Planning program of the Public Health Service Act (Public Law 91-572 Population Research and Voluntary Family Planning Programs) and pricing should reflect this status. MSDH's 340B ID is FP392151.

Product delivered should have a minimum of two year expiration dating. Minimum return goods policy – the return policy must allow for credit of product at the full purchase price of each unit returned if within three months of expiration.

All bids to be f.o.b. destination. Delivery will be to MS State Department of Health, Pharmacy, 3156 Lawson Street, Jackson, MS 39213.

E-Verify Compliance - Contractor/Seller represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act, Section 71-11-1 et seq of the Mississippi Code Annotated (Supp 2008), and will register and participate in the status verification system for all newly hired employees. The term "employee" as used herein means any person that is hired to perform work within the State of Mississippi. As used herein, "status verification system" means the Illegal Immigration Reform and Immigration Responsibility Act of 1996 that is operated by the United States Department of Homeland Security, also known as the E-Verify Program, or any other successor electronic verification system replacing the E-Verify Program. Contractor/Seller agrees to maintain records of such compliance and, upon request of the State and approval of the Social Security

Administration or Department of Homeland Security, where required, to provide a copy of each such verification to the State. Contractor/Seller further represents and warrants that any person assigned to perform services hereunder meets the employment eligibility requirements of all immigration laws of the State of Mississippi. Contractor/Seller understands and agrees that any breach of these warranties may subject Contractor/Seller to the following: (a) termination of this Agreement and ineligibility for any state or public contract in Mississippi for up to three (3) years, with notice of such cancellation/termination being made public, or (b) the loss of any license, permit, certification or other document granted to Contractor/Seller by an agency, department or governmental entity for the right to do business in Mississippi for up to one (1) year, or (c) both. In the event of such termination/cancellation, Contractor/Seller would also be liable for any additional costs incurred by the State due to contract cancellation or loss of license or permit.

E-Payments – Payments by the Mississippi State Department of Health shall be made and remittance information provided electronically as directed by the State of Mississippi. These payments shall be deposited into the bank account of the Contractor' s choice. The State may, at its sole discretion, require the contractor to submit invoices and supporting documentation electronically at any time during the terms of this agreement. Contractor understands and agrees that the state is exempt from payment of taxes. All payments shall be in United States currency.

Applicable Law – This purchase shall be governed by and construed in accordance with the laws of the State of Mississippi, excluding its conflicts of law provisions, and any litigation with respect thereto shall be brought in the courts of the State of Mississippi. The vendor shall comply with applicable federal, state and local laws and regulations.

Payment Terms – MS Code Section 31-7-305(3) allows a state entity to pay invoices within 45 days without penalty.

Bid terms are welcome, however, they will not be used as criteria for awarding the bid.

Prospective bidders are to contact Johnny Nelson at 601-576-7635 or by e-mail at Johnny.Nelson@msdh.ms.gov if there are any questions regarding this bid.

Prior to the time specified for the bid opening, sealed bids along with any other documentation required must be hand delivered or mailed to Mississippi State Department of Health, Purchasing Department, Room 137A, The Underwood Building, 570 E Woodrow Wilson, Jackson, Mississippi 39216 OR Post Office Box 1700, Jackson, Mississippi 39215-1700.

Bids must be received, dated and time stamped prior to 10:30 a.m., CST/DST, Wednesday, June 3, 2015 at which time bids will be opened. No bids will be accepted after the established bid opening time. **Bids will be opened and read at 10:30 a.m., CST/DST in Suite 134 Conference Room, Underwood Building, 570 E. Woodrow Wilson, Jackson, Mississippi.**

In addition, bidders should also submit a bid on-line in the State of Mississippi electronic procurement system, MAGIC. In order to submit bids, bidders must be registered as a vendor in MAGIC system and have an I.D. number and password assigned at the time of registration. Help for registering in MAGIC can be found at www.mmrs.state.ms.us.

No facsimile (FAX) bids will be accepted. This bid must be signed by a person with authority to bind the bidder. Failure to comply with this provision, any other provision of this Invitation for Bid, or any provision of State or Federal Law or regulation regarding the submission of bids will cause the bid to be rejected.

Submitted bids/responses will be available for review at the bid opening.

An award notice, successful or unsuccessful, will be provided in written form and sent to all participants of the Invitation For Bid.

The Mississippi State Department of Health reserves the right to define equals, to reject any or all bids and to waive all informalities.

PLEASE MARK YOUR ENVELOPE: BID DUE: 10:30 a.m. CST/DST, June 3, 2015
RFx No. 3160000430

NAME OF COMPANY:_____

QUOTED BY: _____

SIGNATURE: _____

TELEPHONE: _____