MISSISSIPPI STATE DEPARTMENT OF HEALTH

July 27, 2015

INVITATION FOR BID

RFx NO 3160000577

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

PERSONAL PROTECTIVE EQUIPMENT

Scott Proflow 3, Self-Contained Powered Air Purifying Respirators (manufacturer number 805820-01)

Quantity 100 ea Each $_____ Total $_____

Scott FH22 Hoods (manufacturer number 200676-01)

Quantity 100 ea Each $_____ Total $_____

Scott Breathing Tubes for above listed PAPR (manufacturer number 31001207)

Quantity 100 ea Each $_____ Total $_____

All of the above items are to be Scott ProFlow brand only and all of these items will be awarded on an "all or none" basis.

Hooded Tyvek® Suites; White w/boots, M, pkg 25, Dupont TY122SWHMD002500, MicroMax TG414 M or equal

Quantity 400 ea Each $_____ Total $ _____
Product Name and Stock # _____

Hooded Tyvek® Suites; White w/boots, L, pkg 25, Dupont TY122SWHLG002500, MicroMax TG414 L or equal

Quantity 500 ea Each $_____ Total $ _____
Product Name and Stock #_____

Hooded Tyvek® Suites; White w/boots, XL, pkg 25, Dupont TY122SWHXL002500, MicroMax TG414 XL or equal

Quantity 500 ea Each $_____ Total $ _____
Product Name and Stock #_____

Hooded Tyvek® Suites; White w/boots, 2XL, pkg 25, Dupont TY122SWH2X002500, MicroMax TG414 2XL or equal

Quantity 250 ea Each $_____ Total $ _____
Product Name and Stock #_____

Hooded Tyvek® Suites; White w/boots, 3XL, pkg 25, Dupont TY122SWH3X002500, MicroMax TG414 3XL or equal

Quantity 200 ea Each $_____ Total $ _____
Product Name and Stock #_____

Hooded Tyvek® Suites; White w/boots, 4XL, pkg 25, Dupont TY122SWH4X002500, MicroMax TG414 4XL or equal

Quantity 150 ea Each $_____ Total $ _____
Product Name and Stock #_____

All of the above items (hooded tyvek suits) will be awarded on an all-or none basis.

Disposable Face Shields, Material: Polyester Film, Color: Clear Shield w/Blue Band on Top, Length: 8 ¾ in, Width 12 ½ in Pkg Qty 25

Quantity 1000 ea Each $_____ Total $ _____
Product Name and Stock #_____

Nitrile Disposable Gloves, Powder Free 8 mil, Color: Blue, Cuff: Rolled/Beaded, Glove Finish: Textured, Length, 12 in Pkg Qty 50

Quantity 5000 ea - Large Each $_____ Total $ _____
Product Name and Stock #_____

Quantity 5000 ea - Extra Large Each $ _____ Total $ _____
Product Name and Stock #_____

Single-use (disposable), Fluid Resistant or Impermeable Aprons with Sleeves

Quantity 1000 ea Each $_____ Total $ _____
Product Name and Stock #_____

All of the above items (face shields, gloves, aprons) will be awarded on an "all or none" basis.

This is a one-time purchase. All items will ship to a single location in the Jackson metropolitan area.

All bids to be f.o.b. destination.

E-Verify Compliance – Contractor/Seller represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act (Senate Bill 2988 from the 2008 Regular Legislative Session) 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 Immigrations 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 certification system replacing the E-Verify Program. Contractor/Seller agrees to maintain records of such compliance and upon request of the State, 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 Contract/Seller to the following: (a)termination of the Agreement and Ineligibility for any state or public contract in Mississippi for up to three (3) years, with notice of such (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 the 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 Jennifer Dotson at (601) 576-7627 or by e-mail at Jennifer.Dotson@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, 570E. WOODROW WILSON, JACKSON, MISSISSIPPI 39216 OR POST OFFICE BOX 1700, JACKSON, MS 39215-1700.**

Bids must be received, dated and time stamped prior to 10:30 a.m., Monday, August 17, 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.

Approval for any award of this Invitation For Bid may have to be obtained by the Mississippi State Department of Health from the State of Mississippi Public Procurement Review Board. Any 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 waive all informalities.

PLEASE MARK YOUR ENVELOPE: BID DUE 10:30 a.m., August 17, 2015
RFx # 3160000577

NAME OF COMPANY _____

QUOTED BY _____

SIGNATURE _____

TELEPHONE _____

E-MAIL _____