

SHELBY COUNTY BOARD OF EDUCATION

PROCUREMENT SERVICES

160 South Hollywood Street, Room 126 □ Memphis, Tennessee 38112-4892 □ Phone (901) 416-5376

(This bid will not be accepted electronically or by facsimile. All bids must be mailed to the above address.)**INVITATION FOR BID****(NOT AN ORDER)**

Please submit Bids on the item(s) listed below. The right is reserved to reject any or all Bids. If substitutions are offered, give full particulars. The Bid must be submitted no later than **March 13th @ 11:00 A.M. CST 2020.**

The Shelby County Board of Education reserves the right to accept or reject any or all Bids, or any part thereof, and to waive any minor informalities and/or technicalities that are deemed to be in the best interest of the Shelby County Board of Education. Successful Bidders shall be paid only when delivery is complete. *For the appropriate purchases, all material data safety data sheets (MSDA) must accompany all shipments covered under Tennessee Hazardous Chemical Right to Know Law- Tennessee Public Chapter #417- House Bill #731.

ADDENDUM I

CENTRAL NUTRITION CENTER FOOD WAREHOUSE
COMMODITY PROCESSING BID
2020-2021 SCHOOL YEAR

NOTE: The bid due date has been updated to the March 13, 2020. Also, the questions are now due by 11:00 a.m. CST on March 3, 2020. Only those brands specified on the bid worksheet will be accepted on this bid, except for those items where requested samples are now to be received on or before March 5, 2020 by 11:00 a.m. CST. Lastly, the posting of Q&A info has been pushed back to March 4, 2020 (by end of business). Please see the Procurement Web site for the revised, updated documents.

ISSUED BY: GREGG GORDON**BID # 030320**

We propose to furnish the item(s) and/or services outlined in the Bid at prices quoted and guarantee safe delivery **F.O.B. delivered** and as specified. Bids are submitted with a declaration that no Shelby County Board of Education Member or employee has a financial or beneficial interest in this transaction.

NAME OF FIRM

PHONE #

FAX #

ADDRESS

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

AUTHORIZED REPRESENTATIVE NAME

____ CHECK HERE IF YOU ARE A MINORITY VENDOR

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