

MEMPHIS-SHELBY COUNTY BOARD OF EDUCATION

PROCUREMENT SERVICES

3176 Jackson Avenue Memphis, Tennessee 38112-4892 Phone (901) 416-5550

(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 August 22, 2022 @ 11:00 A.M., CST.

The Memphis-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 Memphis-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

NUTRITION SERVICES

CENTRAL NUTRITION CENTER FOOD WAREHOUSE

1ST SEMESTER PRODUCE- "FFVP BID FRESH FRUITS & VEGETABLES "72 SCHOOLS"

1. Part IV: Scope of Services under Section 8 Delivery states "All Products are to be delivered to one of the Central Nutrition Center Food Warehouses: 3176 Jackson Ave., Memphis, TN 38112. (Refrigerated and Frozen Storage) and 2970 Jackson Ave, Bldg. 7, Memphis, TN 38112 (Dry Storage)." All products for the Fresh Fruit and Vegetable Program will be delivered to the various school sites that is listed in the bid instead of the Central Nutrition Center Food Warehouse.

ISSUED BY: A'Ishah Williams BID # 08222022ANW

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

EMAIL ADDRESS

AUTHORIZED REPRESENTATIVE NAME

NAME OF BILLING CONTACT

PHONE#

EMAIL ADDRESS

NAME OF QUALITY CONTROL MANAGER

PHONE#

EMAIL ADDRESS

CHECK HER IF YOU ARE A MINORITY VENDOR

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