

MOBILE COUNTY COMMISSION

205 Government Street 8TH Floor South
Mobile, Alabama 36644

BID INVITATION

BID NO. 39-24

June 14, 2024

In accordance with General Act No. 217, Special Session 1967, notice is hereby given that the Mobile County Commission, Mobile, Alabama, will receive bids on

The following items:

MEATS TO BE DELIVERED TO STRICKLAND YOUTH CENTER FOR THE MONTH OF JULY 2024 AS PER ATTACHED SPECIFICATIONS:

NOTE: PRICES MUST REMAIN FIRM FROM JULY 1, 2024 THROUGH JULY 31, 2024.

Any questions or comments concerning the bid requirements must be brought to the attention of Susan Holland, Chief Procurement Officer, 205 Government Street, 8th Floor S., Mobile, Alabama 36644, susan.holland@mobilecountyal.gov prior to the bid opening or will be forever waived.

All bidders shall furnish a five percent (5%) bid bond on any contract exceeding \$30,000: provided that bonding is available for services, equipment or materials. Bid bond will be accepted in the form of a certified check, cashier's check, postal money order, etc. Out of State Corporations shall furnish a Certificate of Authority to transact business in the State of Alabama. Out of State limited liability companies shall show proof of registration to transact business in this state. Alabama law requires that a successful bidder, if it has employees in the State of Alabama, provide proof of enrollment in E-Verify prior to the award of a contract. (See enclosed notice, which must be completed, signed and returned with your bid.)

If applicable to a contract resulting from this invitation, the successful bidder must comply with the Contractor Felony Investigation Policy, available in the Purchasing Department or at www.mobilecountyal.gov.

This inquiry is to establish a price and a source of supply for the above listed items by Mobile County Commission and the incorporated areas therein. Purchases by political subdivisions are optional with those agencies.

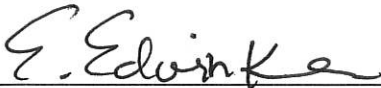
THE MOBILE COUNTY COMMISSION DOES NOT DISCRIMINATE ON THE BASIS OF RACE, AGE, SEX, NATIONAL ORIGIN, RELIGION, OR DISABILITIES.

F.O.B. Mobile DATE OF DELIVERY _____ TERMS _____ You are invited to bid on the above specifications. The restrictions contained herein are for the purpose of fixing a quality level, and any deviation therefrom must, in detail establish that it meets the quality requirements.

BIDS WILL BE RECEIVED UNTIL 10:00 A.M. June 26, _____, 2024.

ALL BIDS MUST BE SEALED, THE WORD "BID", THE BID NUMBER AND THE NAME OF THE ITEM MARKED ON THE OUTSIDE OF THE ENVELOPE. BIDS WILL BE RECEIVED BY THE RECEPTIONIST IN THE OFFICE OF THE COUNTY COMMISSION ADMINISTRATOR, 205 GOVERNMENT STREET ON THE EIGHTH FLOOR OF THE MOBILE COUNTY GOVERNMENT PLAZA. FAILURE TO OBSERVE THE ABOVE INSTRUCTIONS WILL CONSTITUTE GROUNDS FOR REJECTION OF YOUR BID. THE COMMISSION RESERVES THE RIGHT TO REJECT ANY OR ALL BIDS.

MOBILE COUNTY COMMISSION



E. EDWIN KERR, COUNTY ADMINISTRATOR

We propose to meet the above specifications for the sum

of \$ see attached list.

Delivery can be made in _____ days from receipt of order.

RESPECTFULLY

BY _____

Date: JULY 2024

BID # 39-24

MEATS TO BE DELIVERED TO STRICKLAND YOUTH CENTER FOR THE MONTH OF JULY 2024:

Name of Company: _____

Company Representative _____

(Print)

Company Representative _____

(Signature)

Address _____

Phone Number () _____

Fax Number () _____

Federal ID Number _____

Email Address _____

Company Web Address _____

PLEASE ATTACH A CURRENT W-9.

**STRICKLAND YOUTH CENTER
BID SPECIFICATIONS
MEAT BID FOR THE MONTH OF**

DELIVERY TIME: **7:00 AM TO 10:00 AM**

Supplier to provide weekly deliveries as needed.

The bid will be awarded "ALL OR NONE".

Orders will be placed as needed through the month.

Orders will be delivered to: James Strickland Youth Center
2315 Costarides Street
Mobile, AL 36617
Phone: 251-574-5275

Quantity or weight per case should be included in the column next to pricing on the attached list of meats.

ALL ITEMS MUST BE GRADE A PRODUCTS.

TOTAL: _____

Name of Company

By



Company ID Number: 477783

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Mobile County Commission	
Connie Hudson	
Name (Please Type or Print)	Title
Electronically Signed	12/21/2011
Signature	Date
Department of Homeland Security – Verification Division	
USCIS Verification Division	
Name (Please Type or Print)	Title
Electronically Signed	12/21/2011
Signature	Date

Information Required for the E-Verify Program

Information relating to your Company:

Company Name:	Mobile County Commission
Company Facility Address:	205 Government Street
	8th Floor South Tower
	Mobile, AL 36644
Company Alternate Address:	
County or Parish:	MOBILE
Employer Identification Number:	636001644

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	Requester's name and address (optional)
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

QUANTITY	ITEMS	UNITS (LB/CASE)	COST PER UNIT	TOTAL
60#	Bacon, Bulk Sliced Grade A 30# 15 lb			
80#	Bacon, Turkey 4/2.5# #30			
20#	Bacon, Crumbles #5			
60#	Beef, Nuggets CN Label 10# box 30 lb			
90#	Beef, Boneless Cubes Hand Cut 10# Pkg 10 lb			
80#	Beef, Roast 12-14# Boneless Top Round Split CWT			
10#	Bologna, #1 Grade All Meat CWT #10 Roll 10 lb			
80#	Boston Butt, 4-6# Special Trim CWT #60 80 lb			
3 cases	Burritos, 5.5 oz. CN Label			
15#	Breaded Strips Pangasius Fish 15# Box- "will not accept Pollock"			
5#	Cheese Mozzarella Sliced 5# Loaf			
5#	Cheese, Mozzarella Lite Shredded 4/5#			
22#	Cheese, Sharp Hoop 22# Average			
5#	Cheese, Sharp Shredded 4/5#			
2 cases	Cheese American Sliced 160 ct			
100#	Chicken Breast, Boneless 10# case			
40#	Chicken Breast Strips, Boneless 10# case			
30#	Chicken, Diced Ckd Frozen			
80#	Chicken Nuggets, CN Label 10# box No Trans Fats			
80#	Chicken Fingers, CN Label 10# box No Trans Fats			
80#	Chicken Patties, CN Label 3.5 oz. 10# box No Trans			
100#	Chicken, Cut 8 piece cut			
20#	Chopped Steak, 10# box (PORK)			
80#	Chicken, Breast w/o skin 3-4oz portion			
20#	Chopped Steak 10#box (Beef)			
40#	Pop Corn Chicken CN Label 10 lb			
15 cases	Fish Squares Super Crunchy CN Label 3oz 6# box			
20#	Flounder, Fillets 5# box "no Pollock fish"			
20#	Franks, Wieners All Beef 2oz 10#			

180#	Hamburger Meat 10# box CWT			
8 cases	Hamburger Patties 4 oz 10-12# box #30			
8 cases	Hams, Smoke CWT #280 #20			
60#	Hams, Buffet Only Boneless 10-12# CWT #20			
1 cases	Margarine, Individual packets			
4 cases	Margarine, Solid 30/1# case 60#			
50#	Meatballs, 10# box			
60#	Mini Ribs, CN Label 3.5oz 15# box			
20#	Pepperoni, sliced 20#			
4 cases	Pizza, 96 5oz CN Label			
60#	Pork Ribs, CWT 30# Case			
15 cases	Pork Chops Cutlet, CWT End to End #40			
10#	Salami, CWT #5			
2 cases	Sausage, Pork Links 16 to the lb.			
2 cases	Sausage, Hot 10-12# box			
10#	Sausage, Smoked 10# box			
6#	Sausage, Pork 1.5oz patties Whole Hog #6 Box			
40#	Spiced Luncheon Meat CWT 40# case			
60#	Swai Fish Filet 15#			
15 cases	Tilapia Fish Fillets "no Pollock"			
10 cases	Turkey, Breasts Raw CWT #20			
20 cases	Turkey, Breast Deli #10			
50#	Turkey, Bacon #30			
30#	Turkey, Fritters 4oz 10# box			
40#	Turkey, Ckd, Frozen diced #40			
200#	Turkey, Ground 100% Turkey with natural Skin #120			
6 each	Turkey, Whole 12-14 avg wt. CTW #30			
10#	Veal, Breaded 4oz 10# box			