



*Serving Jefferson County Since 1917*

Hazel L. Collins

Purchasing Agent

## JEFFERSON COUNTY DEPARTMENT OF HEALTH

1400 6<sup>th</sup> Avenue South, Birmingham, AL 35233

(205) 930-1961/Fax (205) 930-1060

May 29, 2024

ITB # 24-05-11

### INVITATION TO BID

The Jefferson County Board of Health (the "Board") and the Jefferson County Department of Health (the "Department") (collectively, "JCDH") will be accepting sealed bids for **ITB# 24-05-11, Dental Supplies Bid**, which will be received by:

Purchasing Agent, Jefferson County Department of Health, General Service Annex,  
401 14<sup>th</sup> Street South, Birmingham, AL 35233,

until 2:00 p.m. CST, Wednesday, June 26, 2024 (the "Bid Period"), at which time and place they will be publicly opened and read. The Project will involve an expenditure in excess of thirty thousand dollars (\$30,000) and is subject to competitive procurement provisions of the Alabama Bid Law, Ala. Code 41-16-50 et seq.

#### **A. SCOPE OF WORK AND MATERIALS**

Prospective bidders may download the complete solicitation including the specifications and bid forms via the internet at <https://jcdh.org/SitePages/About/Bids.aspx>, or by visiting the Purchasing Office at the address shown above, or by calling (205) 930-1029, fax (205) 930-1060 and requesting a copy be mailed to you. Any addenda will be available on the JCDH website.

Bidder is responsible for checking for addenda until bid opening date. Addenda will be mailed only to those vendors who were provided a copy in person or by mail. **Bidders are strongly encouraged to read the entire solicitation.**

#### **B. BIDS**

All bids must be submitted on Bid Form in a sealed envelope indicating **"SEALED BID – ITB# 24-05-11, Dental Supplies Bid"** with opening date and bid number printed on outside of envelope.

**All bidders must** complete and provide the following:

- The notarized State of Alabama disclosure form included in the bid package;
- The Addendum to Bid Agreement Contract;
- A copy of their E-verify certificate with the assigned number from the U.S. Department of Homeland Security;
- A W-9 Form;
- The Beason-Hammon Alabama Taxpayer and Citizen Protection Act Supplemental Form; and
- All other documents listed in the enclosure.

#### **C. BONDING**

It is **required** for any contract/purchase exceeding \$10,000.00 that the bidder submits with their bid a certified check, a cashier's check or a bid bond payable to the Jefferson County Department of Health

in the amount of \$500.00. For any bid award to be considered that exceeds \$10,000, it must be accompanied by an acceptable bid bond or check. Bid bonds will be returned to all unsuccessful bidders after the formal award is made and to the successful bidder after acceptance of the award. Should the successful bidder fail to accept the award, the bid bond or check shall be forfeited.

**D. OTHER BID REGULATIONS AND REQUIREMENTS**

- No bid may be withdrawn for a period of sixty (60) days after the date of the bid opening.
- JCDH reserves the right to reject bids if such action is determined to be in the best interest of JCDH.
- JCDH reserves the right to reject any or all bids or parts of bids and to make the award either "all or none" or per line item on the merit and/or feature of method and quality, delivery, and service availability as the best interest of JCDH appears.
- JCDH is exempt from all tax. This statement in no way is to be construed as relieving a seller or contractor from paying any tax assessed to him as a seller or contractor.
- JCDH reserves the right to require documentation that each bidder is an established business and is abiding by the ordinances, regulations, and laws of their community and the State of Alabama.
- If you are required by any regulatory agency to maintain professional license or certification to provide any product and/or service solicited under this ITB, JCDH reserves the right to require documentation of current license and/or certification before considering and awarding the bid.

**E. COMMUNICATION DURING BID EVALUATION**

There shall be no communication during the evaluation period between any vendor and JCDH agency requisitioning the good or service to be procured. Any communications, written, oral, or electronic between the vendor and the requisition agency must come through the Division of Purchasing Buyer administering the ITB.

**F. QUESTION/INQUIRY**

Telephone inquiries with questions regarding clarification of all specifications of the ITB will not be accepted. All questions concerning the bid, product, and/or service specifications must be e-mailed to Hazel Collins at [hazel.collins@jcdh.org](mailto:hazel.collins@jcdh.org) and Brian Green at [brian.green@jcdh.org](mailto:brian.green@jcdh.org). Please reference the ITB number and Question/Inquiry in the e-mail subject.

**G. LETTER OF NOTIFICATION**

All bidders for this ITB are requested to reply via email to notification of Intent indicating that they intend to submit a bid. Only those bidders submitting the Notification of Intent will be advised of any clarifications, addendum, and answers to inquiries and/or questions pertaining to this ITB. The email of Notification of Intent can be emailed to [hazel.collins@jcdh.org](mailto:hazel.collins@jcdh.org) and [brian.green@jcdh.org](mailto:brian.green@jcdh.org). Please reference the ITB number and Notification of Intent in the e-mail subject.

**H. PROJECTED SCHEDULE OF EVENTS**

Jefferson County Department of Health reserves the right to adjust the following schedule of events where needed to benefit the County

Announcement of ITB	May 29, 2024
Deadline for Bidder's Questions	June 10, 2024 at 4:00 pm CST
Deadline for Notification of Intent	June 10, 2024 at 4:00 pm CST
Deadline for Bidder's Answers	June 13, 2024 at 4:00 pm CST
ITB due Date & Public Opening	June 26, 2024 at 2:00 pm CST

A handwritten signature in cursive script, reading "Hazel L. Collins". The signature is written in dark ink and is positioned above the printed name and title.

Hazel L. Collins, CPP, CPPM  
Purchasing Agent

HC/bg

AM: 06-01-24

Enclosures



## **SPECIFICATIONS**

### **A. STATEMENT OF PURPOSE**

The Jefferson County Department of Health is currently soliciting sealed bids for **Dental Supplies Bid**. Proposers eligible to submit an ITB must not be on the U.S. General Services Administration lists of Parties Excluded from Federal Procurement or Non-Procurement Programs. ITBs will be submitted for furnishing all labor and materials, software licenses, services, and integration, and performing all work. The successful bidders will be notified of bid award via the Jefferson County Department of Health's Notice of Award letter and the approved Standard Addendum to Bid Agreement Contract.

No Bid will be considered unless the Proposer, whether resident or non-resident of Alabama, is qualified to submit a bid. The Jefferson County Department of Health reserves the right to reject any and all Bids and to waive any formalities in the solicitation process, and to be the final authority in any conflict.

### **B. BACKGROUND**

The Jefferson County Department of Health (JCDH) seeks a provider of medical supplies to provide services to the Jefferson County, AL community. The Medical Supplies Bid looks to make conscientious use of taxpayer funds and abide by current Bid Laws.

### **C. ABOUT JCDH**

Based in Birmingham, AL, JCDH is an independent, semi-autonomous local health department in the most populous county in Alabama serving approximately 665,000 residents. JCDH's mission is to prevent disease and assure access to quality healthcare, *promote* a healthy lifestyle and a healthy environment, and *protect* against public health threats. We envision a healthier Jefferson County for all. The strategic plan of the Jefferson County Department of Health is developed with intentional focus on health equity. To us, health equity means that everyone has the opportunities needed to attain their highest level of health. We seek to examine existing programs and healthcare services within Jefferson County to assure these are accessible and sensitive to the needs of Jefferson County's populations experiencing barriers to attaining optimal health. In our ideal future, people and communities are thriving and have the power to realize their vision of health and well-being. Additionally, all sectors work together for the benefit of everyone, especially those from less resourced communities. We seek to reimagine systems of care and help build local healthcare ecosystems where communities are safe, engaged, served and healthy.

### **D. ABOUT THE HEALTHCARE SERVICES PROVIDED BY JCDH**

JCDH provides the following healthcare services:

<b>Healthcare Services</b>
Sexual Health (STI and hepatitis C prevention, diagnosis and treatment; HIV pre-exposure and post-exposure prophylaxis)
Pediatrics
Family Planning (Title X grant recipient; contraception offered)
Dental (mostly pediatrics)
Naloxone Treatment
Child and Adult Immunizations (Vaccines For Children [VFC] program participant)
Tuberculosis prevention, diagnosis, and treatment



Women, Infants and Children (WIC) supplemental nutrition program provider
International Travel (consultation, vaccines & medicines)
Rabies post-exposure prophylaxis
Healthcare Services Provided within JCDH Facilities by Partner Organizations

To assure access to quality healthcare, JCDH offers reduced fees for services through various grants and special programs for individuals who qualify. Providing services at reduced fees enhances the health of the individual and reduces the burden of disease for both the individual and the community.

#### **E. BIDDER CONTRACTS**

Successful firms will be the only contracts. Bids will not be accepted from vendors that sub-contract their work.

#### **F. AWARD**

The Award will be made in whole or in part to the lowest responsible bidders provided the bidders meets all requirements and specifications required by JCDH and the bidder meets all requirements under the Alabama Competitive Bid Law.

#### **G. TERMINATION**

The contractual agreement or addendum associated with any bid may be terminated by JCDH with a thirty (30) day written notice of cancelation to the other party regardless of reason.

Any violation of the agreement or addendum associated with any bid shall constitute a breach and default of this agreement. Such termination shall not relieve the contractor of any liability to JCDH for damages sustained by virtue of a breach by the contractor.

#### **H. PRICE**

The itemized bid price for each line item will remain firm for the entire duration of the Bid Period. The price is to include all related fees. Invoice(s) must be itemized and billed after delivery/completion.

#### **I. FREIGHT**

Prices are to include transportation, fuel, handling, service, freight charges and deliveries/pick-up as specified. JCDH will pay no additional fees unless previously agreed to in writing.

#### **J. TAX**

JCDH is exempt from all tax. Bidder shall be responsible for any tax that may be levied or assessed by reason of this transaction.

#### **K. PRE-PAY**

No pre-payments will be made.

#### **L. ADDITIONS TO CONTRACT**

JCDH has attempted to list all aspects of the Project that will be required during the term of the Agreement. However, JCDH reserves the right to purchase additional quantities and/or related items from the successful bidder.

#### **M. INTERPRETATIONS**

No modification, deviation, substitution, or other such changes will be made without the prior written approval of JCDH. JCDH reserves the right to reject any or all bids submitted and to make the award in the best interest of the Health Department.

#### **N. INSURANCE**

Bidder shall furnish to the Board upon execution of this Agreement, a certificate of insurance as evidence of adequate professional and public liability insurance insuring vendor, the Board and Board's agents, servants, and employees as additional insured.

#### **O. OTHER BID TERMS AND CONDITIONS**

- Bids will be rejected if there is reason to believe that collusion exists among the bidders. No participants in such collusion will be considered in future bids for the same work.
- Bidder must have all necessary business licenses as required by the State of Alabama, Jefferson County and the City of Birmingham.
- All items must conform strictly to the specifications and shall be subjected to evaluation upon acceptance. In the event that any item is deemed unacceptable or not in conformity with the specifications, such items will be rejected, and items of proper quality as set forth in the specifications shall be furnished in place thereof at the expense of the successful bidder.
- Failure to comply in accordance with the awarded bid as submitted, including promised delivery, will constitute sufficient grounds for cancelation of the order and the Contract at the option of JCDH.
- Use of specific names and numbers is not intended to restrict the bid of any bidder, seller and/or manufacturer but is solely for the purpose of indicating the type, size and quality, material, service, or equipment considered best adapted to the JCDH's intended use.
- Bidder will furnish a minimum of three (3) references. References will be accepted only from companies that provide similar type of scope of work as requested herein.
- No bidder shall be allowed to offer more than one bid for the said project. If said bidder should submit more than one bid for the said project described therein those bids shall be rejected.
- No bidder shall be allowed to offer more than one price on each line item. If said bidder should submit more than one price per line item, then ALL prices for that line item shall be rejected.

#### **P. INCURRING COSTS**

The Jefferson County Department of Health will not be liable for any costs incurred in preparing bid responses.

#### **Q. TABLE OF CONTENTS**

A table of contents should be provided and allow for easy access to all bid components.

#### **R. NUMBER OF BIDS**

One (1) signed original AND two (2) copies must be submitted with bid package. Bids shall be prepared in accordance with the Bid Format in the "How to Apply" section. Bids not complying with this format may be considered non-responsive and may be removed from consideration on this basis.

#### **S. APPLICABLE LAW**

A contract entered into as a result of this bid shall be governed and interpreted under the laws of the State of Alabama. The contract shall be on a standard JCDH form as modified for this particular transaction. As JCDH is a public agency, its standard contract contains provisions required by Alabama law and regulations. Those provisions include, but are not limited to, the following topics.

Ala. Code 41-4-142 provides that every bid submitted and contract executed shall contain a certification that the vendor, contractor, and all of its affiliates that make sales for delivery into Alabama, or leases for use in Alabama, are registered, collecting, and remitting Alabama state and local sales, use, and/or lease tax on all taxable sales and leases into Alabama. **BY SUBMITTING THIS BID, THE FIRM IS HEREBY CERTIFYING THAT THEY ARE IN FULL COMPLIANCE WITH ALABAMA LAW, THEY ARE NOT BARRED FROM SUBMITTING BIDS OR ENTERING INTO A CONTRACT PURSUANT TO ALA. CODE 41-4-142, AND ACKNOWLEDGE THAT THE AWARDING AUTHORITY MAY DECLARE THE CONTRACT VOID IF THE CERTIFICATION IS FALSE.**

Ala. Code 31-13-9(k) provides the following language must be included in every public contract bid in Alabama: "By signing the Agreement and this Addendum, the Board and the Contractor affirm, for the duration of this Agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Furthermore, any Contracting Party found to be in violation of this provision shall be deemed in breach of this Agreement and shall be responsible for all damages resulting therefrom."

In addition, any Contractor that employs one or more employees in the State of Alabama must provide evidence of their participation in the federal E-Verify program.

Acceptance of standard JCDH contract terms and execution of the contract are essential elements of the award. Failure to enter into the contract will result in forfeiture of the award. A copy of the form "Addendum to Bid" may be obtained upon request from the Purchasing Agent.

#### **T. GUARANTEE**

Bidder certifies by submitting a bid that bidder is fully aware of the conditions of service and purpose for which item(s) included in this bid are to be purchased, and that their bid will meet these requirements of service and purpose to the satisfaction of the Jefferson County Department of Health and its Agent.

#### **U. SCOPE OF WORK**

The Jefferson County Department of Health expects the vendor to provide medical supplies as listed on the bid form and in accordance with the specifications listed in this document.



Prospective bidders may download the complete solicitation including the specifications and bid forms via the internet at <https://jcdh.org/SitePages/About/Bids.aspx> , or by visiting the Purchasing Office at the address shown above, or by calling (205) 930-1029, fax (205) 930-1060 and requesting a copy be mailed to you. Any addenda will be available on the JCDH website.

Bidder is responsible for checking for addenda until bid opening date. Addenda will be mailed only to those vendors who were provided a copy in person or by mail. **Bidders are strongly encouraged to read the entire solicitation.**

All bids must be submitted on Bid Form in a sealed envelope indicating “**SEALED BID – ITB# 24-05-11, Dental Supplies Bid**” with opening date and bid number printed on outside of envelope.

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- A copy of their E-verify certificate with the assigned number from the U.S. Department of Homeland Security;
- A W-9 Form;
- The Beason-Hammon Alabama Taxpayer and Citizen Protection Act Supplemental Form; and all other documents listed in the enclosure.

All questions concerning the bid, product, and/or service specifications must be e-mailed to [hazel.collins@jcdh.org](mailto:hazel.collins@jcdh.org) and [brian.green@jcdh.org](mailto:brian.green@jcdh.org), referencing the ITB number and Question/Inquiry in the e-mail subject.

All bidders for this ITB are requested to reply via email to notification of Intent indicating that they intend to submit a bid. Only those bidders submitting the Notification of Intent will be advised of any clarifications, addendum, and answers to inquiries and/or questions pertaining to this ITB. The email of Notification of Intent can be sent to [hazel.collins@jcdh.org](mailto:hazel.collins@jcdh.org) and [brian.green@jcdh.org](mailto:brian.green@jcdh.org). Please reference the ITB number and Notification of Intent in the e-mail subject.

#### **V. ACTIVITY AND TIMELINE**

The bid will be from **June 28, 2024, until June 27, 2025**; however, the bid may be extended for additional one-year terms each fiscal year until 2027. The bid will become effective upon bid award (within 30 days of award notification or approval of the Jefferson County Health Officer and/or issuance of purchase order). The contract will expire at midnight on **June 27, 2025**.

#### **W. REQUIREMENTS/QUALIFICATIONS**

The following factors will be taken into consideration, but not limited to, when making a final decision:

- a) The award will be made in whole or in part to the lowest responsible bidders, provided the vendor meets all specifications and requirements of the JCDH.  
If mutually agreed upon, additional contracts may be executed, based upon this bid for the same item(s) or related items and will be furnished upon request to add. Bid proposals will be rejected if there is reason to believe that collusion exists among the bidders. No participants in such collusion will be considered in future proposals for the same work.
- b) Bidder must have all necessary business licenses as required by the State of Alabama and Jefferson County.
- c) No bidder shall be allowed to offer more than one price on each product. If said bidder should submit more than one product per line item then ALL prices for that line item shall be rejected.

#### **X. DELIVERABLES**

The key deliverables for this contract are medical supplies for each purchase order generated following the bid award. For each purchase order, the following are applicable:

- a) Delivery of all items to  
**Jefferson County Department of Health  
General Service Annex  
401 14<sup>th</sup> Street South  
Birmingham, Alabama 35233**
- b) **NO REPACKS - FULL CASES ONLY WHEN PACKED BY THE CASE**
- c) F.O.B. Destination via truck, inside delivery only
- d) Fuel surcharges are not allowed.
- e) Failure to deliver as specified and in accordance with the bid submitted, including promised delivery, will constitute sufficient grounds for cancelation of the order and contract at the option of the Jefferson County Department of Health.
- f) All bidders shall clearly stipulate the guaranteed delivery day(s).
- g) All items must conform strictly to the specifications and shall be subject to evaluation upon acceptance. In the event that any item is deemed unacceptable or not in conformity with the specifications, items will be rejected, and items of proper quality as set forth in these specifications shall be furnished in place thereof at the expense of the successful bidder.
- h) NO SUBSTITUTION will be ACCEPTABLE for the ITEMS MARKED "NO SUB".

#### **Y. HOW TO APPLY**

Your bid must be submitted on the **Bid Form** provided and address the following:

- a) Brand: Indicate your trade name and/or generic manufacturer's name.
- b) Stock Number (MFR#): Indicate full manufacturer's product number.
- c) Unit / Package Quantity: Indicate how items are packed, i.e., 10/pkg, 24/case
- d) Order: Price as indicated, i.e., 1/ea, 1/cs, 1/pk, 1/cn. (The way it is received in the stockroom)
- e) Estimate 1yr usage: The quantities shown are estimates and are not a guarantee to buy in the amount shown. Merchandise shall be ordered as needed. No bidder shall attempt to hold the quantities shown as a firm quantity under this contract.

ESTIMATE 1 YR USAGE	ITEMS 1 & 2: LATEX AWARD ALL OR NONE:		BRAND	MFR#	UNIT / PKG QTY	PRICE EA.,BOX OR CASE
30 BX	Lidocaine, HCl 2%, 2A0100, 20/CS	#	SEPTODONT	99167	50/BOX	\$ 26.97/BX
720 BX	CAVIWIPES #13-1100 (12/CS) (NO SUB)		METREX TOTAL CARE	13-1100	12/CS	\$ 7.45/CN

- f) Return original Bid form and two (2) copies.
- g) Any deviations from JCDH descriptions should be noted in appropriate blank columns provided for response.

- h) **No substitution will be acceptable for the items marked "NO SUB".**
- i) No bidder shall be allowed to offer more than one price on each product. If said bidder should submit more than one product per line item then ALL prices for that line item shall be rejected.
- j) If requested, **SAMPLES** must be sent of substitute item(s) to be considered for 'approve equal'. However, no substitution will be acceptable for the items marked "NO SUB".
- k) **Please provide samples for items indicated on bid form.**
- l) References: Provide three references who can provide insights into your relevant previous experience and work. Please list the company's name, address, contact name and number. The reference sheet is listed on page **19**.



**BID FORM FOR ITB #24-05-11**  
**DUE: Wednesday, June 26, 2024**  
**TIME: 2:00 p.m.**

**Hazel Collins**  
**Purchasing Agent**  
**Jefferson County Department of Health**  
**General Service Annex**  
**401 14<sup>th</sup> Street South**  
**Birmingham, AL 35233**

Submitted below is my firm bid for as specified in accordance with your RFP #24-05-11.

**DENTAL BID STOCKROOM ITEM LIST**

No.	Estimate 1Yr. Usage	ITB#24-05-11 DENTAL SUPPLIES 06-28-24 TO 06-27-25	Manf	Manf Code	Unit	Price
1	5	ALGINATE IMPRESSION MATERIAL FAST SET IN100039			1/CN	
2	10	Air/Water Sleeve Clear 2 ½"X10" #SS500 (NO SUB) IN100310	KERR	SS500	500/PK	
3	20	Barrier Envelopes – # 0 (100/BX) Plasdent #BE-000S (NO SUB) IN101900	PLASDENT	BE-000S	100/BX	
4	20	Barrier Envelopes – # 1 (100/BX) Plasdent #BE-001S (NO SUB) IN101905	PLASDENT	BE-001S	100/BX	
5	20	Barrier Envelopes – # 2 (100/BX) Plasdent #BE-002S (NO SUB) IN101906	PLASDENT	BE-002S	100/BX	
6	25	Bibs Waffle 13X18 2-ply Blue #917463 (NO SUB) IN100475	TIDI	917463	500/PK	
7	10	Bib Eze Bib Holder Disposable (250/pk) #35053 (NO SUB) IN101150	KERR	35053	250/PK	
8	5	Bur Carbide, FG. #2 (25/PKG) M.WEST ONCE #314204 (NO SUB) IN100235	M.W.O	314204	25/PK	
9	5	Bur Carbide, FG. #4 (25/PKG) M.WEST ONCE #314205 (NO SUB) IN100236	M.W.O	314205	25/PK	

10	5	Bur Carbide, FG. #6 (25/PKG) M.WEST ONCE #314206 (NO SUB) IN100237	M.W.O	314206	25/PK	
11	5	Bur Carbide, FG. #33 1/2 (25/PKG) M.WEST ONCE #314209 (NO SUB) IN100239	M.W.O	314209	25/PK	
12	5	Bur Carbide, FG. #330 (25/PKG) M.WEST ONCE #314261 (NO SUB) IN100304	M.W.O	314261	25/PK	
13	5	Bur Carbide, FG. #556 (25/PKG) M.WEST ONCE #314226 (NO SUB) IN100227	M.W.O	314226	25/PK	
14	5	Bur Carbide, FG. #557 (25/PKG) M.WEST ONCE #314227 (NO SUB) IN100244	M.W.O	314227	25/PK	
15	5	Bur Carbide, LA. #2 (25/PKG) M.WEST ONCE #314104 (NO SUB) IN100219	M.W.O	314104	25/PK	
16	5	Bur Carbide, LA. #4 (25/PKG) M.WEST ONCE #314105 (NO SUB) IN100220	M.W.O	314105	25/PK	
17	5	Bur Carbide, LA. #6 (25/PKG) M.WEST ONCE #314106 (NO SUB) IN100221	M.W.O	314106	25/PK	
18	5	Bur Carbide, LA. #8 (25/PKG) M.WEST ONCE #314107 (NO SUB) IN100222	M.W.O	314107	25/PK	
19	10	Carbocaine/Mepivacaine HCl 3%Pin/Tan 50/BX #99171 (NO SUB) IN101089	SEPTODONT	99171	50/BX	
20	600	Caviwipes #13-1100 (12 /CS) (NO SUB) IN100485	KERR	131100	160/CN	
21	360	Caviwipes 1 XL #13-5150 (12 /CS) (NO SUB) IN100914	KERR	135150	65/CN	
22	360	Caviwipes 1 #13-5100 (12 /CS) (NO SUB) IN101031	KERR	135100	160/CN	
23	10	Confirm Office Bio. Monitor Steam Refill 24 HR/25BX #CSBI25 (NO SUB) IN100761	CROSSTEX	CSBI25	25/BX	
24	8	Colors Tips Disposable Air/Water Syr. Assort. 1500/bag CT2100 (NO SUB) IN	MICRO	CT2100	1500/Bag	
25	15	DENTAL FLOSS REFILLS 200 YARDS#211896500 (NO SUB) IN100476	LGHH	211896500	200/YDS	

26	5	DENTURE BRUSH #80310196 (NO SUB) IN100517	P&G	80310196	6/PK	
27	8	Disposal-Shield Barrier (For Freedom Handpiece) #A88019 500/BX (NO SUB) IN100421	DENTSPLY	A88019	500/BX	
28	60	Drinking Cups Plastic Soz 100/sleeve White IN100452			100/sleeve	
29	36	Enzymax Ultrasonic Detergent GAL. #IMS-1226 (NO SUB) IN400533	HU-FRIEDY	IMS-1226	1/GAL	
30	12	Enzymax Spray Gel IMS-1229 (NO SUB) IN900833	HU-FRIEDY	IMS-1229	1/BT	
31	300	Face Mask, Ultra EarLoop ASTM L3 Blue (40/BX) #GCFCXU (NO SUB) IN100666	CROSSTEX	GCFCXU	40/BX	
32	400	Face mask, Surgical - Ear Loop, Ultrasensitive White (50/BX), #GCFCXS (NO SUB) IN100480	CROSSTEX	GCFCXS	50/BX	
33	40	Headrest Covers – Size must be 13 X 10, White Poly Disp. (500/CS) IN100750			500/CS	
34	50	Gloves Ultraform Cobalt X-Small Non-Sterile (NO SUB) #UF-524-XS IN	ANSELL	UF-524-XS	300/BX	
35	50	Gloves Ultraform Cobalt Small Non- Sterile (NO SUB) #UF-524-S IN	ANSELL	UF-524-S	300/BX	
36	50	Gloves Ultraform Cobalt Sm./Med. Non-Sterile (NO SUB) #UF-524-SM IN	ANSELL	UF-524-SM	300/BX	
37	50	Gloves Ultraform Cobalt Medium Non-Sterile (NO SUB) #UF-524-M IN	ANSELL	UF-524-M	300/BX	
38	50	Gloves Ultraform Cobalt Med./Lg. Non-Sterile (NO SUB) #UF-524-ML IN	ANSELL	UF-524-ML	300/BX	
39	50	Gloves Ultraform Cobalt Large Non-Sterile (NO SUB) #UF-524-L IN	ANSELL	UF-524-L	300/BX	
40	100	SS Glove Cobalt PF/LF Nitrile Glove Sm. #N191 (NO SUB) IN100091	ANSELL	N191	100/BX	
41	100	SS Glove Cobalt PF/LF Nitrile GloveMed.#N192 (NO SUB) IN100092	ANSELL	N192	100/BX	
42	100	SS Glove Cobalt PF/LF Nitrile Glove Lg. #N193 (NO SUB) IN100093	ANSELL	N193	100/BX	
43	300	Gown Dukal Isolation UNISEX Blue Knit Cuff #301BL 50/Cs (NO SUB) IN100717	DUKAL	301BL	1/CS	
44	25	Lidocaine, HCl 2% Epinephrine 1:100,000 (50/BX) IN101203			50/BX	



45	20	Midwest Plus Cleaner 8oz Handpiece#380140 (NO SUB) IN101269	M.W	380140	8 OZ	
46	25	Midwest Automate AbsorptionOilPad(6/PK) #380520 (NO SUB) IN101807	M.W	380520	6/PK	
47	200	Mint-A-Kleen Waterline Cleaner (10/CS) #MAK-OZ (NO SUB) IN100311	ANODIA	MAK-OZ	1/BTL	
48	5	Monoject Needle Plastic Hub 27ga. Yellow Long #8881400058 100/BX (NO SUB) IN101041	CARDINAL	8881400058	100/BX	
49	5	Monoject Needle Plastic Hub 30 ga. Short blue #8881400074 100/BX (NO SUB) IN101083	CARDINAL	8881400074	100/BX	
50	3	Nupro Freedom Prophyl Spiral Lavender #965670 (NO SUB) IN100053	DENTSPLY	965670	200/BX	
51	3	Nupro Freedom Prophyl Soft Lavender #965751 (NO SUB) IN100054	DENTSPLY	965751	1200/BX	
52	3	Nupro Freedom Prophyl Tapered Brush Lavender #965768 (NO SUB) IN100055	DENTSPLY	965768	100/BX	
53	3	Nupro Freedom Prophyl Firm Pink #965756 (NO SUB) IN100058	DENTSPLY	965756	200/BX	
54	3	Nupro Freedom Prophyl Pedo Lavender #965762 (NO SUB) IN100067	DENTSPLY	965762	200/BX	
55	3	Nupro Freedom Prophyl Pointed Tip Lavender #965766 (NO SUB) IN100068	DENTSPLY	965766	100/BX	
56	20	Poly Pads 3"X3" IN101295			1PD	
57	72	Prospray C-60 Solution Disinfectant 32oz bottle #PSC60/32-1 (NO SUB) IN400534	MICROCARE	PSC60/32-1	1 Bottle	
58	60	Purevac SC Cleaner Evacuation System 2.0 Liter #21132 (NO SUB) IN101315	SULTAN	21132	2 LITER	
59	40	Safe-Flo Backflow Valve Blue 100/bag #M1011SUSE (NO SUB) IN	CROSSTEX	#M1011SUSE	100/bag	

60	40	Safe-Flo Backflow Saliva Ejector Blue with White Tip 100/bag (NO SUB) #M1000WHBU IN	CROSSTEX	#M1000WHBU	100/bag	
61	30	Saliva Ejector Clear Blue Tip (100/PKG) IN101407			100/PK	
62	30	SCRUB CAP BLUE 21" BOUFFANT IN101467			100/BX	
63	12	Sure-Check Sterilization Pouch 2.25"x 4" #SCXX2 (NO SUB) IN101768	CROSSTEX	SCXX2	200/BX	
64	12	Sure-Check Sterilization Pouch 3.5"x 5.25" #SCXS2 (NO SUB) IN101772	CROSSTEX	SCXS2	200/BX	
65	12	Sure-Check Sterilization Pouch 3.5"x 9" #SCS2 (NO SUB) IN101287	CROSSTEX	SCS2	200/BX	
66	12	Sure-Check Sterilization Pouch 5.25"x 6.5" #SCW2 (NO SUB) IN101773	CROSSTEX	SCW2	200/BX	
67	16	Sure-Check Indicator Strips #SCK 100/BX (NO SUB) IN101274	CROSSTEX	SCK	100/PK	
68	30	Steam Indicator Tape 1"x60 yards IN400515			1/ROLL	
69	20	Septocaine Articaine 4% Epinephrine 1:100,000 #01A1400 IN101202			50/PK	
70	6	Tofflemire Matrix Band #1/.0015 (12/PKG) IN100199			12/PK	
71	6	Tofflemire Matrix Band #2/.0015 (12/PKG) IN100200			12/PK	
72	6	Tofflemire Matrix Band #13/.002 (12/PKG) IN100204			12/PK	
73	6	Tofflemire Matrix Band #13/.0015 (12/PKG) IN100201			12/PK	
74	60	Tooth Patient Care Bags 8x10 IN900836			100/PK	
75	12	Topical Anesthetic – 1 oz. jar Strawberry, Hurricane #0283111631 (NO SUB) IN100757	BEUTLICH	0283101631	1 OZ	
76	12	Topical Anesthetic – 1 oz. jar Cherry, Hurricane #0283087131 (NO SUB) IN100758	BEUTLICH	0283087131	1 OZ	
77	12	Topical Anesthetic – 1 oz. jar Watermelon, Hurricane #0283029331 (NO SUB) IN100760	BEUTLICH	0283029331	1 OZ	
78	8	Universal Wrap IMS -12"x12" #IMS-1217H 100/BX (NO SUB) IN101810	HU-FRIEDY	IMS-1217H	100/BX	

79	8	Universal Wrap IMS -15"x15" #IMS-1215H 100/BX (NO SUB) IN101812	HU-FRIEDY	IMS-1215H	100/BX	
80	8	Universal Wrap IMS -20"x20" #IMS-1216H 100/BX (NO SUB) IN120026	HU-FRIEDY	IMS-1216H	100/BX	

## DENTAL BID OUTSIDE ORDER ITEM LIST

No	Estimate 1Yr. Usage	ITB#24-05-11 DENTAL SUPPLIES 06-25-24 TO 06-24-25	Manf	Manf Code	Unit	Price
1	8	Scotchbond Universal Adhesive Light Cure Vial Refill #41258 (NO SUB)	3M	41258	5ML/BT	
2	15	Ammonia Inhalant Wipes 15- 30% 10/BX #62022 (NO SUB)	SAFETEC	62022	10/BX	
3	8	Beautibond Bonding Agent 6ml Bottle #1781 (NO SUB)	SHOFU	1781	6ML/BT	
4	10	Beautifil Flow Plus Needle Tips 50/PK #1484 (NO SUB)	SHOFU	1484	50/PK	
5	8	Beautifil Flow Plus X F03 2.2g YN2321 A1 (NO SUB)	SHOFU	YN2321	1/PK	
6	8	Beautifil Flow Plus X F03 2.2g YN2322 A2 (NO SUB)	SHOFU	YN2322	1/PK	
7	8	Beautifil Flow Plus X F03 2.2g YN2335 BW (NO SUB)	SHOFU	YN2335	1/PK	
8	8	Beautifil Flow Plus X F00 2.2g YN2315 BW (NO SUB)	SHOFU	YN2315	1/PK	
9	8	Beautifil Flow Plus X F00 2.2g YN2301 A1 (NO SUB)	SHOFU	YN2301	1/PK	
10	8	Beautifil Flow Plus X F00 2.2g YN2302 A2 (NO SUB)	SHOFU	YN2302	2.2GM	
11	8	Beautifil Bulk Universal Restorative Composite 4.5g Syringe #2034 (NO SUB)	SHOFU	2034	4.5GM	
12	8	Beautifil Refill A2 4.5gm Syringe Giomer #1402 (NO SUB)	SHOFU	1402	4.5GM	



13	12	Barrier Finger Lift Film 4"X6" Clear #BFCL (NO SUB)	CROSSTEX	BFCL	ROLL	
14	5	Bur Carbide, FGSS 330SS (25/PKG) M.WEST ONCE #314461 (NO SUB)	M.W	314461	25/BX	
15	5	Bur Carbide, FGSS 557SS (25/PKG) M.WEST ONCE #314427 (NO SUB)	M.W	314427	25/BX	
16	10	Bur Two Striper Diamond Friction Grip Short Shank Med. 557S 5/PK #2015915 (NO SUB)	P.D.P	2015915	5/PK	
17	10	Bur Operative Diamond Crosscut Fissure FG #557 Med 5/PK #2013281 (NO SUB)	P.D.P	2013281	5/PK	
18	30	Cranberry Contour Glove (NO SUB) #CR31115	Cranberry	CR31115	10/BX	
19	6	Varnish Bulk Pk 5% Sod Fl.5ml Cherry White 1000/PK #12151C (NO SUB)	3M	12151C	1000/BX	
20	12	D-Lish Propy Paste Fine Asst.#304220 (NO SUB)	YOUNG	304220	200/PK	
21	12	D-Lish Prphy Paste Med Asst.#304120 (NO SUB)	YOUNG	304120	200/PK	
22	12	D-Lish Prphy Paste Cors Asst.#311020 (NO SUB)	YOUNG	311020	200/PK	
23	9	Dispenser Plastic Floss #200273600 (NO SUB)	LGHH	200273600	1/EA.	
24	6	Etch-Gel 4- 1.2 Syringe W/20 TIPS 40% (4/BX)			4/PK	
25	6	Etch-Gel 12- 1.2 Syringe W/60 TIPS 40% (12/BX)			12/PK	
26	9	Evacuation HVE Tips 250/Bg #ZETES (NO SUB)	E.H.P	ZETES	250/Bg	
27	6	Filtek Bulk Fill FLOW A1 2gm SYRINGE REFILL #4862A1 (NO SUB)	3M	4862A1	2GM	
28	6	3M Filtek Bulk Fill Restorative A2 4gm Syringe #4866A2 (NO SUB)	3M	4866A2	4GM	
29	6	Filtek Bulk Fill Flow Syringe A2 2gm #4862A2 (NO SUB)	3M	4862A2	2GM	
30	12	Plackers Flossers Micro Mint Individually Wrapped			1/PK	
31	36	Fun Flosser For Kids DENTEK #01008 3pk-144pk/Bx (NO SUB)	DENTEK	01008	3pk- 144pk/Bx	
32	6	Fluorodose Bubble Gum (120/PKG) #360087 (NO SUB)	CENTRIX	360087	120/PK	
33	3	Fluorodose Bubble Gum (600/PKG) #360077 (NO SUB)	CENTRIX	360077	600/PK	

34	6	Filtek Unv. Syringe A2 4gm Refill #6555A2 (NO SUB)	3M	6555A2	4GM	
35	6	3M IMPREGUM F DOUBLE PK #31712 (NO SUB)	3M	31712	DOUBLE PK	
36	12	Listerine – Cool Mint Gallon Pump 1/CS #42750 (NO SUB)	J & J	42750	1/GAL	
37	12	Midwest Plus Cleaner 1000ml 1Ltr#380141 (NO SUB)	M.W	380141	1 LITER	
38	10	Midwest Plus Aerosol Can 500ml #380180 (NO SUB)	M.W	380180	1/CAN	
39	60	Oxivir 1Wipes Large (NO SUB) #100850923	OXIVIR	100850923	12/Case	
40	6	Photac-Fil Aplicap A2 LIGHT 50/BX #61020 (NO SUB)	3M	61020	50/BX	
41	12	Pre-Bent Dispensing tip 25ga. Blue 100/PK			100/PK	
42	6	Spira Flo Brush Tips Red Refill (100/PKG) #321400 (NO SUB)	INTERM	21400	100/PK	
43	6	Seal-Tight Spectrum Disp. Air/Water tips 1500/BX #72500 (NO SUB)	PINNACLE	72500	1500/BX	
44	60	Sterilization Pouch 7.5x13 (NO SUB) #SCL	CROSSTEX	SCL	6/BX	
45	12	Tray Covers 8.5"X12.25"Blue Disposable(1000/BX)			1000/BX	

Name of Company \_\_\_\_\_

**REFERENCES**

Bidder will list a minimum of three (3) references. References will be accepted only from companies that provide a similar type of scope of work as requested herein.

Contact Person \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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Contact Person \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

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Contact Person \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**Please enclose your business card with your bid.**

*Bidder acknowledges receipt of \_\_\_\_\_ addenda. This page must be returned with bid.*  
*(addenda numbers)*

\_\_\_\_\_  
Date of Bid

\_\_\_\_\_  
Name (print legibly or type)

\_\_\_\_\_  
Company

\_\_\_\_\_  
Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
City                  State                  Zip

\_\_\_\_\_  
Tax ID Number

\_\_\_\_\_  
Post Office Box (Zip if different from street address)

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Terms of Payment

\_\_\_\_\_  
Delivery Date

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Alabama Law (Section 41-4-142, Code of Alabama 1975) provides that every bid submitted and contract executed shall contain a certification that the vendor, contractor, and all of its affiliates that make sales for delivery into Alabama, or leases for use in Alabama, are registered, collecting, and remitting Alabama state and local sales, use, and/or lease tax on all taxable sales and leases into Alabama.

**BY SUBMITTING THIS BID, THE BIDDER IS HEREBY CERTIFYING THAT THEY ARE IN FULL COMPLIANCE WITH ALABAMA LAW, THEY ARE NOT BARRED FROM BIDDING OR ENTERING INTO A CONTRACT PURSUANT TO 41-4-142, AND ACKNOWLEDGE THAT THE AWARDING AUTHORITY MAY DECLARE THE CONTRACT VOID IF THE CERTIFICATION IS FALSE.**





# State of Alabama

## Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

( )

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

THE JEFFERSON COUNTY DEPARTMENT OF HEALTH

ADDRESS

1400 SIXTH AVENUE SOUTH

CITY, STATE, ZIP

TELEPHONE NUMBER

BIRMINGHAM, ALABAMA 35233

(205) 930-1030

This form is provided with:

☐ Contract ☐ Proposal ☐ Request for Proposal ☐ Invitation to Bid ☐ Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services,

STATE AGENCY/DEPARTMENT

TYPE OF GOODS/SERVICES

AMOUNT RECEIVED

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

Yes

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant

STATE AGENCY/DEPARTMENT

DATE GRANT AWARDED

AMOUNT OF GRANT

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE

ADDRESS

STATE DEPARTMENT/AGENCY

NAME OF PUBLIC OFFICIAL/EMPLOYEE

OVER

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
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If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal.

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS
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By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.

---

Signature

Date

---

Notary's Signature

Date

~~Date Notary Expires~~  
Date Notary Expires

Act 2001-955 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.

# E-Verify EXAMPLE

Welcome

MENU

## Company Information

Company Name

Company ID Number

Doing Business as (DBA) Name  
DUNS Number

## Physical Location

Address 1

Address 2

City

State

Zip Code

County

## Mailing Address

Address 1

Address 2

City

State

Zip Code



## Additional Information

Employer Identification Number

Total Number of Employees

parent Organization

Administrator

## Organization Designation

Employer Category

Federal Contractor Category

Employees Being Verified

View 1 Edit

NAICS Code

View 1 Edit

Total Hiring Sites

View 1 Edit

Total Points of Contact

View 1 Edit

View Original MOU Template

View MOU

U.S. Department of Homeland Security

U.S. Citizenship and Immigration Services

Enable Permanent Tooltips

Accessibility

Download Viewers

<https://e-verify.uscis.govtweb/EmployerWizard.aspx>