

Event Details

State of Indiana Request for Quotation

Event ID	Format	Type	Page
00400-0000086730	Buy	RFx	1
Event Round	Version		
1	4		
Event Name			
400-26-101-BREAST PUMPS RFQ			
Start Time	Finish Time		
01/22/2026 14:07:08 EST	02/23/2026 12:00:00 EST		

Event Currency: US Dollar
Bids allowed in other currency: No

Bidder: INTERNAL EVENT DETAILS

Submit To: Indiana Dept of Health
IN Department of Health
Section 2-C
2 N MERIDIAN ST
INDIANAPOLIS IN 46204
United States

Contact: Sean Stevens - 00400
Phone:
Email: SeStevens@health.in.gov

Event Description

RFQ # 0000086730

This scope of work is for the purchase of breast pumps to support the IDOH, Fatality Review and Prevention's Lactation After Loss (LAL) Project. This project connects families who experience fetal and infant loss (Fetal-Infant Mortality Review Program) with families who experience maternal loss (Maternal Mortality Review Program).

If you are viewing this event through the Bidder Portal, please be sure to check <https://www.in.gov/idoa/procurement/current-business-opportunities/> for additional details and documents related to this event.

Questions can be emailed to Sean Stevens at SeStevens@health.in.gov.

Completed bids must be emailed to Sean Stevens at SeStevens@health.in.gov

A completed bid package MUST be submitted by the Response Due By date/time. The bid package is available for download through the Bid Documents link in the Event Name column. This bid is not eligible for electronic bid through the Supplier Portal. To allow for sufficient processing time in compliance with Indiana State law, all quoted prices offered to the State under this Event must be valid for thirty (30) calendar days after the Response Due By date/time. Pricing must include all applicable charges, fees, and shipping.

General Comments

- This scope of work is for the purchase of breast pumps to support the IDOH, Fatality Review and Prevention's Lactation After Loss (LAL) Project. This project connects families who experience fetal and infant loss (Fetal-Infant Mortality Review Program) with families who experience maternal loss (Maternal Mortality Review Program).

The recipient will be reimbursed for the total purchase amount up to a maximum amount of \$40,000. To receive this funding:

- Vendor will verify receipt of order within 48 hours.
- Orders will be placed using a shared, password protected, online order document and an email to the Vendor. The orders will include the Purchase Order, total purchase amount, and address for shipment.
- Vendor will provide personal breast pumps, as specified in the order:
 1. Cost per breast pump \$_____
 2. Quantity #_____
 3. Cost of shipping/delivery \$_____
- Pumps are shipped by pallet, please include the cost of shipping as part of the quote.
- Vendor will ship products to delivery addresses within 10 days of receiving order:
 1. IDOH shall provide delivery address locations
 2. Vendor shall provide tracking numbers for all shipments/deliveries
- Vendor will store products on site until delivery time for scheduled deliveries.
- Vendor will submit invoices to IDOH at invoices@health.in.gov with invoice copied provided to the Family Health Data and Fatality Prevention Division Director after each order is delivered.

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Line Details

							No Bid:	<input type="checkbox"/>
Line: 1	Item ID:	Line Qty: 1	UOM: Each	Weighting: 100%	Bid Qty:	<input type="text" value="1"/>		
Required: No		Reserve Price: No						
Description: FY26 - CONTRACT RFQ - FATALITY - BREAST PUMPS								
Question	UOM	Best	Worst	Weighting	Response			
What is your quote/bid price?				100%	<input type="text"/>			
Required: Yes		Mandatory Response: No						

Response Comments

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Sean Stevens - 00400

Contact:
Phone:
Email: SeStevens@health.in.gov

Bidder Information

Firm Name:		
Name:	Signature:	Date:
Phone #:	Fax #:	
Street Address:		
City & State:	Zip Code:	
Email:		