

Event Details

State of Indiana Request for Quotation

Event ID	Format	Type	Page
00515-0000084721	Buy	RFx	1
Event Round	Version		
1	1		
Event Name	CLEAR TICKING		
Start Time	Finish Time		
07/14/2025 13:00:00 EDT	08/14/2025 13:00:00 EDT		

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

Bidder: INTERNAL EVENT DETAILS

Submit To: Correctional Industries
ICI - Central Office
1110 S Vestal Drive
Plainfield IN 46168
United States
Contact: Jennifer K Flater - 00515

Phone:
Email: JFlater1@idoc.IN.gov

Event Description

CLEAR TICKING

General Comments

- CLEAR TICKING SPECS:
OBJECTIVE:
To provide a clear non-allergenic reinforced vinyl fabric of acceptable quality to be used in the manufacturing of mattresses.
II. REQUIREMENTS:
A. Foam Compatible Pass - loss <3.0% HTM test method
Compatible with Densified Polyester
B. Material Reinforced Vinyl Ticking
C. Composition Antibacterial, Antifungal, Flame Retardant,
Stain Resistant, Waterproof and Tear Resistant
D. Weight (oz/sq/yd) 11 minimum
E. Color Clear
F. Width See Method of Specifying
G. Substrate Description 1000 d, 9x9 polyester weft inserted warp knit
H. Trapezoid Tear Strength, (lb)
Warp 100
Filled 60
I Tensile (lb/in)
Warp 180
Filled 150
J. Adhesion (lb/in)
Warp 15
Filled 20
K Flame Resistance: NFPA 701-1999 TM2 Pass
Cal 117 Section E Pass
Cal 121 Pass
Cal Title 19-1237.1 Pass
L. Toxicity No Arsenicals or Heavy Metals
M. Standard Antimicrobial CAN/CGSB-42 M 28.2 Pass
AATCC 147-1998 Pass
III. PROCUREMENT:
A. Package/Shipping
Per purchase order
B. Method of Specifying Stock Code # Width
03906-006 86"

Event Details (cont.)

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Line Details

No Bid:

Line: 1 Item ID: Line Qty: 6000 UOM: Yards Bid Qty: 6000
Required: No Reserve Price: No

Description: 03906006]*1300027550*1|TICK,PLSTCZD,11 OZ,CLEAR,86 WD

Question	UOM	Best	Worst	Response
What is your quote/bid price?				<input type="text"/>
Required: Yes Mandatory Response: No				

Response Comments

Event Details (cont.)

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United States
Jennifer K Flater - 00515

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Phone:
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Bidder Information

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