NAPC
NORTH AMERICA PROCUREMENT COUNCIL

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Use this form to submit a legitimate request for bids, request for proposals, request for information or other procurement solicitation for goods and services. Provide as much detail as possible, including bid due date, specifications, quantity needed, delivery location, etc.. If you want to attach bid documents include a URL where we can download them from or ask us for an email address where you can send them.

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For assistance call us at 302-450-1923. Please allow up to 12 business hours for your solicitation to be distributed. Once your solicitation has been published we will send you via email the URL where your ad can be found.

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Please do not use this form to submit promotional information on your organization. This form is only for bid advertisements (procurement solicitations) for goods and services.

**Highlighted input fields are required.*

Organization Name:	Virginia Sheriffs' Association
Contact Name:	Kaylyn Mitman
Address:	901 East Byrd Street, Suite 1301
City:	Richmond
Country	United States
State/Province	Virginia
Zip:	23219
Phone:	(919) 459-6471
Fax:	
E-mail:	kmitman@virginiasheriffs.org
Website	https://vasheriff.org/procurement/
Details:	BID NUMBER: 26-07-0711 BID TITLE: Heavy Equipment PRE-BID CONFERENCE: This meeting will be held via Zoom on April 25, 2025 from 10:00 am EST to 12:00 noon EST. RSVP's are due to kmitman@virginiasheriffs.org by April 16, 2025. BID SUBMISSIONS DUE: July 11, 2025 at 12 noon EST BID SUBMITTALS: All pricing and required documents must be uploaded into VendorLink (www.myvendorlink.com) for the bid to be considered. Vendors must register with VendorLink and be listed as a Planholder to submit a bid for VSA Heavy Equipment Bid 26-07-0711. The official bid calendar, solicitation documents and additional bid information can be accessed within VendorLink and on the VSA website.

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Thank you for your submission.
We will contact you to confirm the submission and request additional information, if needed.

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**Highlighted input fields are required.*

Organization Name:	
Contact Name:	
Address:	
City:	
Country	United States
State/Province	Select State / Prov (required)
Zip:	
Phone:	
Fax:	
E-mail:	
Website	http://
Details:	