

NORTH AMERICA PROCUREMENT COUNCIL

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Post a Solicitation

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.

Do NOT use this form to submit promotional information about your company. You may use our free classified ads for that.

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.

If you make frequent purchases contact us about using our free and easy to use e-procurement solution.

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:	North Carolina Sheriffs' Association
Contact Name:	Kaylyn Mitman
Address:	PO Box 20049
City:	Raleigh
Country	United States
State/Province	North Carolina 🗸
Zip:	27619
Phone:	(919) 459-6471
Fax:	
E-mail:	kmitman@ncsheriffs.net
Website	https://ncsheriffs.org/tire-procurement-program
Details:	- Contract Number: Bid 25-04-1024 - Contract Title: Tires & Related Services - Contract Effective Dates: November 7, 2024 - November 6, 2025 All manufacturers must register to participate. To register visit: https://ncsheriffs.org/procurement/vendor-registration The bid period will open on October 15, 2024 and will close at 12 noon EST on October 24, 2024. All electronic bid submissions and required documents must be emailed to kmitman@ncsheriffs.net by 12 noon EST on October 24, 2024 to be considered for award.



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