



Southeast Health District

1101 Church Street, Waycross, Georgia 31501
Phone: 912-285-6002 Fax: 912-284-2980
www.sehdph.org

Rosemarie D. Parks, M.D., M.P.H.
District Health Director

INVITATION TO BID

SCOPE OF WORK

Provide installation and materials for insertion of three windows and separations panels for check in center at the front desk of the health department. To view the location of the installation request, call Lutrenda Evans at 912-739-7614. Installation will be provided at the Evans County Health Department.

The health department is located at 4 N. Newton Street in Claxton, Ga. **The vendor MUST have professional liability insurance and a business license.**

BID OF

Name: _____

Address: _____

City, State, Zip: _____

SUBMIT BID TO

Rebecca Reis
1101 Church Street
Waycross, GA, 31501
rebecca.reis@dph.ga.gov

BIDS DUE June 25, 2020; 5:00 PM, Local Time

SCHEDULE OF EVENTS

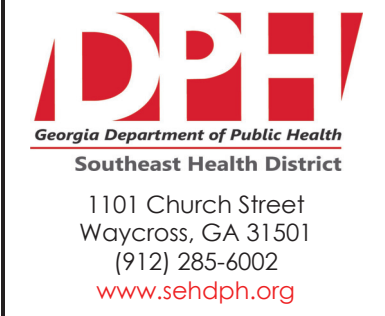
Release ITB	June 10, 2020
Deadline for Vendor Questions	June 24, 2020
Bid Due Date	June 25, 2020
Services to Begin	July 1, 2020

All questions must be submitted no later than deadline stated in the above schedule of events. Answers are provided for informational purposes only and will not be considered binding unless incorporated by amendment to this ITB. Bidder must fill out all highlighted areas on Request for Quotation for Services and/or Products form. Bids must be submitted in person at the address located above or by e-mail to rebecca.reis@dph.ga.gov.

REQUEST FOR QUOTATION FOR SERVICES AND/OR PRODUCTS*

THIS IS ONLY AN INQUIRY, NOT AN ORDER.

BLUE SECTIONS COMPLETED BY SEHD/GREEN SECTIONS COMPLETED BY VENDOR.



Name of Company Submitting Quote

TO: _____

ATTENTION: _____

Company Fax Number: _____

Quote Submission Deadline: June 25, 2020 at 5:00 p.m.

Quantity/Unit	Item Description	Unit Price Include Shipping	Total Product Extension
1	Services as stated in ITB		_____

Detailed Description of Service to be Performed Provide clear, complete specifications including beginning and ending dates; frequency performed; sample; delivery details; references, warranty & bonding information; etc. Attach additional pages, if necessary.	Price Breakdown	Total Services
As stated in Invitation to Bid	_____	_____

Enter quote grand total for *combined* products and services:
\$ _____

Expiration date of quote: _____

Signature of company representative: _____ Date: _____

Company address: _____

Phone number: _____ E-mail address: _____

Federal Employer's Identification Number (FEI): _____

Statewide contract provider? Yes No Statewide Contract #: _____

Fax completed quotation to: _____ at _____

Send completed quote in sealed envelope to the attention of: Amanda Coffee at
310 West Bryan Street, Douglas, GA, 31533

***Any bid not meeting all requirements will be eliminated from considerations.**