



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 lawn services as stated in Attachment A at the Clinch County Health Department located at 285 Sweat Street in Homerville, GA. To schedule an appointment to view the property, contact Candi Lee at 1-855-473-4374 or candice.lee@dph.ga.gov. **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 September 11th, 2020; 5:00 PM, Local Time

SCHEDULE OF EVENTS

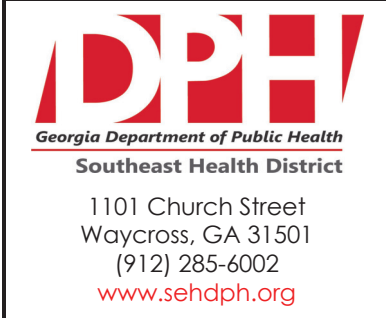
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|--------------------------------------|--------------------|
| Release ITB | September 4, 2020 |
| Deadline for Vendor Questions | September 10, 2020 |
| Bid Due Date | September 11, 2020 |
| Services to Begin | September 12, 2020 |

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: September 11, 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: Rebecca Reis _____ at
1101 Church Street, Waycross, GA 31501

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

Attachment A

Grass is to be mowed weekly or as needed during rainy season.

All Sidewalks are to be edged weekly.

Sidewalk and parking area need blown free of debris weekly.

Shrub and grass area need to be cleaned and weeded as needed.

Shrub area needs to be mulched twice a year.

Trim shrubbery as needed.

Maintain well-manicured, litter-free lawn.

Furnish all equipment needed for lawn maintenance.

Lawn work is to be done after working hours.