



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 janitorial services for the Clinch County Health Department, 285 Sweet Street, Homerville, Georgia 31634. See Attachment A for details required for bid. **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 November 27, 2020; 5:00 PM, Local Time

SCHEDULE OF EVENTS

Release ITB	November 17, 2020
Deadline for Vendor Questions	November 26, 2020
Bid Due Date	November 27, 2020
Services to Begin	December 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.

ATTACHMENT A

Deliverables to be provided by Party A:

Please give detailed requirements for Party A:

Weekly

Sweep hallways and exam rooms on client wing, kitchen, exam rooms, and lobby.

Clean bathrooms (8) by

- sanitizing and cleaning toilets and sinks
- wiping down walls
- cleaning mirrors
- cleaning dispensers and metal fixtures
- cleaning doors and light switches

Check and refill all dispensers as needed

Vacuum all carpeted areas in client and staff wings

Empty containers and refill liners

Clean reception/lobby glass and front door

Wipe front customer window counters and glass

Wipe down/ sanitize all chairs and toys in front waiting area

Vacuum all rugs

Monthly

Dust all furniture including desks, chairs and tables in lobby, front office, conference room and client wing

Dust all exposed filing cabinets, bookcases and shelves in lobby, front office, conference room and client wing

Wipe clean vinyl furniture

Quarterly

Dust blinds

Remove dust and cobwebs from ceiling areas

Bi-annually

Wipe down baseboards and windows

Clean windows inside (more often if needed)

Strip, clean, wax and buff floors of hallways, lobby and exam rooms

Shampoo all carpeted areas in client and staff wing.

Strip, clean, wax and buff floors of hallways, lobby and exam rooms.

**** Change light bulbs at request of nurse manager**

Invoices for compensation shall be submitted to the following address:

Clinch County Health Department

285 Sweat Street

Homerville, GA 31634

Deliverables to be provided by Party B

Payment will be made to the payee upon receipt of a monthly invoice. Payment will be made monthly upon completion of services. Request for payment will be sent to the district office for payment by the district accounting office.

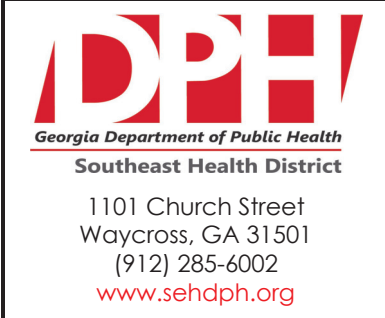
Confidentiality Agreement

Contractor agrees that any information obtained in the course of performing this contract, including but not limited to personal health information, will be maintained in the strictest confidence and not disclosed to any person. This obligation shall continue after the expiration or termination of the contract.

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: November 27, 2020; 5:00 PM, Local Time

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 rebecca.reis@dph.ga.gov

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