



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

Thank you for your interest in partnering with Southeast Health District to accomplish our mission.

SCOPE OF WORK

The purchase and installation of the generator at Coffee Wellness Center, 310 West Bryan Street, Douglas, Georgia 31533. 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: _____

Please fill in all highlighted areas and return your bid SEALED to:

Southeast Health District
Attn.: Brittany Hickox
1101 Church Street
Waycross, GA, 31501

BIDS DUE March 5, 2021; 5:00 PM, Local Time

SCHEDULE OF EVENTS

Release ITB	February 22, 2021
Deadline for Vendor Questions	March 3, 2021
Bid Due Date	March 5, 2021
Services to Begin	March 15, 2021

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. Bids must be submitted in person at the address located above. Please call the Ware County District Office at 912-285-6002 or email brittany.hickox@dph.ga.gov if you have any questions.



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Attachment A

Southeast Health District is seeking a quotation and pricing for the installation of a generator at the following locations:

Coffee Wellness Center
310 West Bryan St
Douglas, GA 31533

- 1- 36 Kw generator
- 2-200 Amp ATS
- Pad
- Labor
- Material

Gas is the responsibility of the owner

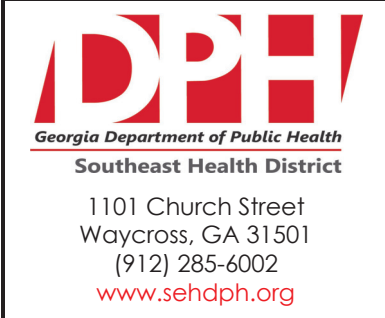
*Serving: Appling, Atkinson, Bacon, Brantley, Bulloch, Candler, Charlton, Clinch,
Coffee, Evans, Jeff Davis, Pierce, Tattnall, Toombs, Ware & Wayne counties*

An Equal Opportunity Employer

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: March 5, 2021; 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: Brittany Hickox at
1101 Church Street Waycross, GA 31501

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