



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

Purchase and installation of eleven reme split halo air purifiers for the Bulloch County Health Department located at 1 West Altman St, Statesboro, GA 30458. **The vendor MUST have professional liability insurance and a business license.**

BID OF

Name: _____

Address: _____

City, State, Zip: _____

SUBMIT BID TO:

Brittany Hickox
1101 Church Street
Waycross, GA, 31501
brittany.hickox@dph.ga.gov

BIDS DUE May 3, 2021; 5:00 PM, Local Time

SCHEDULE OF EVENTS

| | |
|--------------------------|----------------|
| Release ITB | April 21, 2021 |
| Bid Due Date | May 03, 2021 |
| Services to Begin | May 2021 |

If you wish to tour the office prior to submitting your bid, please contact Brad Wiggins at 912-764-0737.

All questions must be submitted no later than the bid due date as stated in the above schedule of events. Answers are provided for informational purposes only and will not be considered bidding unless incorporated by amendment to this ITB. Bidder must fill out all highlighted areas on the Request for Quotation for Services and/or Products form. You can submit your bids to the address listed above or by email to brittany.hickox@dph.ga.gov.

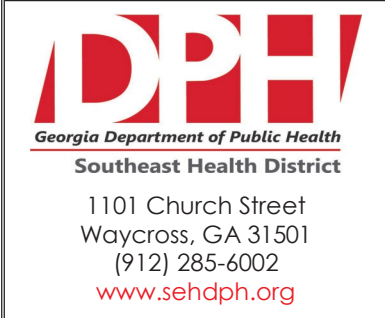
Serving: Appling, Atkinson, Bacon, Brantley, Bulloch, Candler, Charlton, Clinch, Coffee, Evans, Jeff Davis, Pierce, Tattnall, Toombs, Ware & Wayne counties

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: May 03, 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 #: _____

Email completed quotation to Brittany Hickox at brittany.hickox@dph.ga.gov

Mail completed quotation to the attention of Brittany Hickox at 1101 Church Street, Waycross, GA 31501

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