

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

INVITATION TO BID
BID SOLICITATION DOCUMENT

| SOLICITATION INFORMATION | |
|--------------------------|---|
| Solicitation Released: | August 16, 2021 |
| Description: | Provision of cleaning/sanitization services for the mobile trailer after each use |
| Agency: | Ware County Board of Health |
| Agency Address: | 604 Riverside Avenue Waycross, Georgia 31501 |

| SCHEDULE OF EVENTS | | | |
|--|--------------------------------------|--------------------|----------------|
| Submission Deadline: | August 21, 2021; 5:00 PM, Local Time | Services to Begin: | September 2021 |
| All questions must be submitted no later than the submission deadline stated above. Answers are provided for informational purposes only and will not be considered binding unless incorporated by amendment to this bid solicitation. | | | |


| SUBMISSION DELIVERY | |
|---|--|
| Delivery Address: | Southeast Health District Attn.: Brittany Hickox 1101 Church Street Waycross, Georgia 31501 |
| Bids may also be submitted by e-mail to brittany.hickox@dph.ga.gov | |

| AGENCY CONTACT INFORMATION | | | |
|---|--|------------------|------------------|
| Procurement Agent: | Brittany Hickox | Contact Person: | Connie Barefield |
| E-mail address: | brittany.hickox@dph.ga.gov | Agency's Number: | 855-473-4374 |
| For more information, or to schedule a time to view the property, please contact Brittany Hickox or Connie Barefield by phone or by e-mail. | | | |

| SCOPE OF WORK |
|---|
| The Ware County Board of Health is seeking a qualified contractor for the provision of cleaning/sanitization services for the mobile trailer after each use. Trailer is located at the Ware County Board of Health, 604 Riverside Avenue, Waycross, GA 31501. |
| The vendor MUST have professional liability insurance and a business license. |

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

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| REQUEST FOR QUOTATION FOR SERVICES AND/OR PRODUCTS* | | |
|--|--|---------------------------------------|
| THIS IS ONLY AN INQUIRY, NOT AN ORDER | | |
| COMPLETE ALL HIGHLIGHTED SECTIONS | | |
|  <p>Georgia Department of Public Health Southeast Health District 1101 Church Street Waycross, GA 31501 (912) 285-6002 www.sehdph.org</p> | Quote Submission Deadline: August 21, 2021; 5:00 PM, Local Time | |
| | DATE: <input type="text"/> | |
| | COMPANY NAME: <input type="text"/> | |
| | CONTACT NAME: <input type="text"/> | |
| Quantity/Unit | Item Description | Unit Price <i>Include Shipping</i> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | |
| | | |
| | | |
| Detailed Description of Services to be Performed | | Total Services |
| Provide clear, complete specifications including beginning, and ending dates; frequency performed; sample; delivery details; references, warranty and bonding information; etc. Attach additional pages, if necessary. | | |
| <input type="text"/> | | \$ <input type="text"/> |
| <input type="text"/> | | |
| <input type="text"/> | | |
| Signature of company representative: <input type="text"/> | | |
| Send completed quote to Brittany Hickox at brittany.hickox@dph.ga.gov | | |
| *Any bid not meeting all requirements will be eliminated from considerations. | | |

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PROPOSAL SIGNATURE PAGE

| PROSPECTIVE CONTRACTOR'S INFORMATION | | | | | |
|---|--|--------|--------|-----------|--|
| Company: | | | | | |
| Address: | | | | | |
| City: | | State: | | Zip Code: | |
| Federal Employer's Identification Number (FEI): | | | | | |
| PROSPECTIVE CONTRACTOR CONTACT INFORMATION | | | | | |
| Name: | | | Title: | | |
| Phone: | | | | | |
| E-mail: | | | | | |

Authorized Signature: _____ Title: _____

Printed/Typed Name: _____ Date: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

| | |
|---|--|
| 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| 2 Business name/disregarded entity name, if different from above | |
| 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small> |
| 5 Address (number, street, and apt. or suite no.) See instructions. | Requester's name and address (optional) |
| 6 City, state, and ZIP code | |
| 7 List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|
| Social security number | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| OR | | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | | |
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.