



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 BID SOLICITATION DOCUMENT

SOLICITATION INFORMATION						
Solicitation Released:	October 13, 2021 (REPOSTED - EXTENDED DEADLINE)					
Description:	Purchase and installation of a new alarm system					
Agency:	Coffee County Board of Health					
Agency Address: 1111 West Baker Highway						
	Douglas, Georgia 31533					

SCHEDULE OF EVENTS								
Submission	October 29, 2021; 5:00 PM, Local Time	Services to	November 2021					
Deadline:		Begin:						

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								
Bid packaging must be sealed and should be properly marked with the following indicated on the									
exterior of the nackage: New Alarm System Proposal - Coffee County Board of Health									

AGENCY CONTACT INFORMATION										
Contact Name(s):	Brittany Hickox Phone Number(s): 912-614-8996									
	Gail Cliett	Gail Cliett 855-473-4374								
E-mail address(es):	brittany.hickox@dph.ga.gov									
	gail.cliett@dph.ga.gov									
For more information, or to schedule a time to view the property, please contact Brittany Hickox or										
Gail Cliett by phone or by e-mail.										

SCOPE OF WORK

The Coffee County Board of Health, located at 1111 West Baker Highway, Douglas, GA 31533, is seeking a qualified contractor to provide the purchase and installation of a new alarm system. See attachement A for further details.

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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ATTACHMENT A REQUIRED SCOPE OF WORK

The Coffee County Board of Health is seeking a qualified contractor to provide the purchase and installation of a new alarm system. The current alarm system covers the following four areas:

- Zone 1 Fire
- Zone 2 Burglar
- Zone 3 Refrigeration
- Zone 4 Panic Button

The new system will need to be able to cover these zones as well.



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REQUEST FOR QUOTATION FOR SERVICES AND/OR PRODUCTS* THIS IS ONLY AN INQUIRY, NOT AN ORDER									
		COMPLETE ALL HIGHLIGHTED SECTIONS							
Georgia Department of Public Health		Quote Submission Deadline: October 29, 2021; 5:00 PM, Local Time							
		2.75							
Southeast Health D		DATE:							
Waycross, GA		COMPANY NAME:							
(912) 285-60		COMITAIN IVAIVIE.							
www.sehdph	.org	CONTACT NAME:							
			,						
_			Unit Price						
Quantity/Unit		Item Description	Include Shipping						
D	Detailed Description of Services to be Performed								
	•	e specifications including beginning, and ending dates;	Total Services						
		; sample; delivery details; references, warranty and tion; etc. Attach additional pages, if necessary.							
Donaing	IIIIOIIIIa	tion, etc. Attach additional pages, if necessary.							
			\$						
Signature of company representative:									
Send completed quote to the attention of <u>Brittany Hickox</u> at <u>1101 Church Street</u> , <u>Waycross</u> , <u>GA</u> . <u>31501</u>									
*	*Any bid not meeting all requirements will be eliminated from considerations.								

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Georgia Department of Public Health
Southeast Health District



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PROPOSAL SIGNATURE PAGE

	PROS	SPECTIVE	CONTRA	.CTOR'S INFOR	MATIOI	N	
Company:							
Address:							
City:			State:			Zip Code:	
Federal Emplo	oyer's Identificatio	n Number	·(FEI):				
	PROSPEC	TIVE CON	ITRACTO	R CONTACT IN	IFORMA	TION	
Name:				Title:			
Phone:							
E-mail:							
Authorized Sig	nature:				_Title:		
Printed/Typed Name:							

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

Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

unterria	Hevenue Service		Go to www.irs	.gov/rormi	W9 tor instri	ucuons a	ina the late	st intor	mau	on.					
	1 Name (as shown	n on your income to	ax return). Name	is required or	this line; do r	not leave ti	is line blank.								
Print or type. Specific Instructions on page 3.	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. ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate							certa	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):						
	almala mambari I O								Exen	npt payee	code	(if any)_			
ig t	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶														
Print or type. ic Instructions	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.							Exemption from FATCA reporting code (if any)							
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See Sp	5 Address (numbe	r, street, and apt.	or suite no.) See i	instructions.				Reques	ter's	name	and ad	dress (op	tional)	ı	
0,	6 City, state, and ZIP code														
	7 List account num	tber(s) here (option	nal)					l							
Par	t I Taxpa	yer Identifica	ation Numb	er (TIN)											
Enter	your TIN in the ap	propriate box. T	he TIN provide	d must mate	ch the name	given on	line 1 to av	oid	Soc	cial se	curity	number			
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TIN, la									or						
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3. I an	n a U.S. citizen or	other U.S. perso	on (defined belo	ow); and											
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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)

- 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.