

INVITATION TO BID
BID SOLICITATION DOCUMENT

SOLICITATION INFORMATION	
Solicitation Released:	October 5, 2021 (REPOSTED- EXTENDED DEADLINE)
Description:	The Southeast Health District is seeking firms that are capable of providing complete scanning, digitizing, and indexing services for two of our Wellness Center locations.
Agency:	Bulloch County Wellness Center Coffee County Wellness Center
Agency Address:	3 West Altman Street 310 West Bryan Street Statesboro, Georgia 30458 Douglas, Georgia 31533

SCHEDULE OF EVENTS			
Submission Deadline:	October 18, 2021; 5:00 PM, Local Time	Services to Begin:	October 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
Bid packaging must be sealed and should be properly marked with the following indicated on the exterior of the package: "PROFESSIONAL SERVICES FOR SCANNING, DIGITIZING AND INDEXING SERVICES"	

AGENCY CONTACT INFORMATION			
Contact Name(s):	Brittany Hickox Regina Renfroe	Phone Number(s):	912-285-6136 1-800-796-6213
E-mail address(s):	brittany.hickox@dph.ga.gov regina.renfroe@dph.ga.gov		
For more information, or to schedule a time to view the property, please contact Brittany Hickox or Regina Renfroe.			

SCOPE OF WORK
The Southeast Health District is seeking firms that are capable of providing complete scanning, digitizing, and indexing services for two of our Wellness Center locations: Bulloch County Wellness Center and Coffee County Wellness Center. See attachments A and B 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*

ATTACHMENT A

Objective:

The Southeast Health District is soliciting proposals from interested professional services/consulting firms that provide high quality scanning, digitizing and indexing services. The Proposers are invited to submit Proposals describing their technical qualifications and experience to perform the identified services. The Proposer shall identify their qualifications in scanning, digitizing and indexing a range of documents including plans with the capability to upload documents as defined in the Scope of Work. The Proposers will be evaluated based on our organization's guidelines of procurement. Upon approval, the Southeast Health District will enter into a contract with the qualified and selected Proposer to render services described herein.

Scope of Work:

The Southeast Health District is seeking firms that are capable of providing complete scanning, digitizing and indexing services for two of our Wellness Center locations:

1. Bulloch County Wellness Center
3 West Altman Street
Statesboro, GA 30458
2. Coffee County Wellness Center
310 West Bryan Street
Douglas, GA 31533

These services will include, but are not limited to, removal of all fasteners and bindings, flattening bent corners, document orientation, making minor repairs, repositioning of smaller documents, inserting applicable separator sheets, etc. The files will need to be picked up from each location. The Nurse Manager will provide instruction on what to do with the files once they have been digitized.

The Wellness Centers have 200 boxes, with approximately 2,700 medical records inside. The number of pages in each record varies.

General Qualifications:

- Proposers are expected to demonstrate excellent abilities to communicate with staff on both technical and coordination issues related to tasks performed.
- Proposer must have a business license, liability insurance, and provide at least two (2) references.
- Follow indexing guidelines provided by the Nurse Manager.
- Proposers must be HIPAA compliant.
- Must have transportation insurance.



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

ATTACHMENT B

Questions:

Questions regarding any aspect of this solicitation should be directed to:

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

Submission Requirements:

Bid packaging must be sealed and should be properly marked with the following indicated on the exterior of the package: "PROFESSIONAL SERVICES FOR SCANNING, DIGITIZING AND INDEXING SERVICES".

The Southeast Health District reserves the right to reject any and all proposals that do not meet submission requirements.



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

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 Southeast Health District 1101 Church Street Waycross, GA 31501 (912) 285-6002 www.sehdph.org	Quote Submission Deadline: October 18, 2021; 5:00 PM, Local Time	
	DATE: _____	
	COMPANY NAME: _____	
	CONTACT NAME: _____	
Quantity/Unit	Item Description	Unit Price <i>Include Shipping</i>
_____	_____	_____
Detailed Description of Services to be Performed 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.		Total Services
_____		\$ _____

Signature of company representative: _____		
Send completed quote to the attention of <u>Brittany Hickox</u> at <u>1101 Church Street, Waycross, GA. 31501</u>		
*Any bid not meeting all requirements will be eliminated from considerations.		

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

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

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.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

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.

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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (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

OR

Employer identification number

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-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)

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- 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.