

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

INVITATION TO BID
BID SOLICITATION DOCUMENT

SOLICITATION INFORMATION	
Solicitation Released:	March 7, 2022
Description:	Janitorial Cleaning Services
Agency:	Bulloch County Board of Health
Agency Address:	1 West Altman Street Statesboro, Georgia 30458

SCHEDULE OF EVENTS			
Submission Deadline:	March 21, 2022; 5:00 PM, Local Time	Services to Begin:	July 1, 2022
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: Janitorial Proposal - Bulloch County Health Department	

AGENCY CONTACT INFORMATION			
Contact Name(s):	Brittany Hickox Toni Flatman	Phone Number(s):	912-285-6136 855-473-4374
E-mail address(es):	brittany.hickox@dph.ga.gov toni.flatman@dph.ga.gov		
For more information, or to schedule a time to view the property, please contact Brittany Hickox or Toni Flatman by phone or by e-mail.			

SCOPE OF WORK
Provide janitorial services, as stated in attachment A, for the Bulloch County Board of Health located at 1 West Altman Street, Statesboro, Georgia 30458.
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
REQUIRED SCOPE OF WORK

Each cleaning:

- Vacuum area rugs
- Sweep and mop floors – this includes bathroom floors
- Sweep front and rear porches
- Empty and remove all trash from the building
- Dust window sills and tables in breakroom and conference room
- Clean counter tops in all areas
- Clean and polish all stainless-steel sinks and water fountains
- Clean kitchen and conference rooms including microwaves
- Clean glass windows and doors in front lobby areas
- Clean window sills
- Clean lobby areas
- Wipe down all furniture
- Clean and disinfect all bathrooms and check supplies in bathroom (toilet tissue, paper towels, and soap)
- Clean, dust, sweep, mop and vacuum file rooms with supervision
- Change clinic light bulbs as needed per the Office Coordinator or Nurse Manager (Bulloch County Board of Health will provide light bulbs)

Weekly:

- Cleaning of the building each day that staff occupy the building; which may include weekend cleaning
- Provide a monthly invoice for this service

Miscellaneous:

- Anything else necessary for a satisfactory appearance of the building and property as instructed by Nurse Manager.

Contractor will be responsible for:

- Furnishing all labor and cleaning supplies
- Assuming full responsibility and liability for him/herself while on the premises and shall hold the Bulloch County Board of Health harmless from liability for any injuries or damages caused by his/her negligent acts.
- Cleaning the records room during regular business hours and the remainder of the building after hours
- Properly arming and disarming the alarm system

Toilet tissue, paper towels, hand soap, and trash bags will be provided by the Bulloch County Board of Health.



Southeast Health District

1101 Church Street, Waycross, Georgia 31501
 Phone: 912-285-6002 Fax: 912-284-2980
www.sehdph.org

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 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: March 21, 2022; 5:00 PM, Local Time	
	DATE: <input style="width: 90%;" type="text"/>	
	COMPANY NAME: <input style="width: 90%;" type="text"/>	
	CONTACT NAME: <input style="width: 90%;" type="text"/>	
Quantity/Unit	Item Description	Unit Price <i>Include Shipping</i>
<input style="width: 100%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>
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
<input style="width: 95%;" type="text"/>		\$ <input style="width: 100%;" type="text"/>
<input style="width: 95%;" type="text"/>		
<input style="width: 95%;" type="text"/>		
Signature of company representative: <input style="width: 90%;" type="text"/>		
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.		

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 Coffee, Evans, Jeff Davis, Pierce, Tattnall, Toombs, Ware & Wayne counties

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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) ▶ _____ <small>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.</small> <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					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶
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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.