

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

INVITATION TO BID
BID SOLICITATION DOCUMENT

SOLICITATION INFORMATION	
Solicitation Released:	March 28, 2022
Description:	Lawn Care Services
Agency:	Coffee County Board of Health

SCHEDULE OF EVENTS			
Submission Deadline:	April 11, 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
Bids may also be submitted by e-mail to brittany.hickox@dph.ga.gov	

SCOPE OF WORK
<p>Provision of lawn care services for Coffee County Board of Health, as stated on Attachment A. See attachment A for further details. Coffee County Board of Health is located at 1111 West Baker Highway, Douglas, GA 31533.</p> <p align="center">The vendor MUST have professional liability insurance and a business license.</p>

ATTACHMENT A
Request for Lawn Services

Coffee County Board of Health is seeking qualified lawn care professionals for the provision of general lawn care and landscaping maintenance.

Scope of Work

- A. Mowing: Contractor shall mow the grass every seven (7) days, or as weather permits, to maintain an appropriate even height and to ensure a well-manicured and healthy appearance. Mowing outside of the normal operating season shall only be conducted if necessary, to maintain a well-manicured appearance.
- B. Edging: Contractor shall edge all tree rings, plant beds, buildings, sidewalks, fences, driveways, parking lots, and any other surfaced areas bordered by grass with each mow.
- C. Trimming: Contractor shall trim weeds and/or grass around all shrubbery, trees, and any other obstructions to maintain a well-manicured appearance.
- D. Bed Maintenance: The Contractor shall provide maintenance of all plant beds continuously throughout the contract period, being kept free and clear of all weeds.
- E. Leaf Removal: Contractor shall remove leaves during the fall and winter until trees have dropped all foliage. Leaves shall be removed from the property and discarded offsite.
- F. Clean-up and Trash Removal:
 - 1. The Contractor shall ensure all sidewalks, driveways/roadways, and ground level cement/asphalt surfaces are blown free of clippings, dirt, and debris immediately after each mowing.
 - 2. The Contractor shall remove all debris associated with the lawn maintenance during each visit.
- G. Fertilization: Contractor shall fertilize grounds or use any additional chemicals needed upon notification from the Health Department.
- H. Mulching: A new layer of mulch shall be added to all mulched areas twice a year.
- I. Other Services: Pine straw is to be put out on a yearly basis, upon notification from the Health Department. Contractor shall notify the Nurse Manager of the cost prior to putting down pine straw.

Personnel and Equipment

The Contractor shall designate, hire, and dismiss the personnel and provide all equipment necessary for the performance of the contract.

Insurance and Licenses

The Contractor shall maintain Professional Liability Insurance from an insurance company to cover bodily injury and/or property damage directly due to the negligence of the contractor, his agents, or his employees. The Contractor must have a business license, which is to be provided prior to services beginning.

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

General Indemnity

The Contractor shall indemnify and hold harmless the Coffee County Health Department, from and against any liability or claims arising in connection with or resulting from the performance of any work/service.

Contract(s) and Contract(s) Period

The initial contract period shall be from July 1, 2022 through June 30, 2023. The Health Department has the option to renew the contract(s) on an annual basis for up to five (5) additional years with the Contractor.

Pricing and Payment Terms

The Contractor warrants that the pricing stated herein shall remain firm for a period of one (1) year from the first day of the contract period. Pricing shall include all charges that may be imposed in fulfilling the terms of the contract.

All payments will be made within thirty (30) days of receipt of invoice and approval of completion of services by the County Nurse Manager.

Proposal Information

Proposals will be received by the Southeast Health District (SEHD) until April 11, 2022; 5:00 PM, Local Time. Proposals may be submitted by mail, e-mail or delivered in person. SEHD must receive all proposals prior to the submission deadline. Any proposal received after the deadline shall not be considered for award.

Each bidder must submit a proposal including:

1. Complete and detailed Request for Quotation Form (Attached)
2. Completed vendor profile and certification. (Attached)
3. Proof of Professional Liability Insurance and Business License

If you wish to schedule a time to view the property, please contact Cara Taylor at 912-389-4453.



Southeast Health District

1101 Church Street, Waycross, Georgia 31501

Phone: 912-285-6002 Fax: 912-284-2980

www.sehdph.org

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Vendor Profile & Certification

1. Business Name: _____

2. Business Owner(s) Name: _____

3. Business Address: _____

5. Business Telephone: _____ Email : _____

6. Federal Tax Identification Number (FEIN) : _____

7. References – list at least 3

Customer	Main Contact Person	Telephone Number

Please attach a copy of professional liability insurance, business license, and a completed W9

AUTHORIZED SIGNATURE:

TYPED OR PRINTED NAME:

TITLE:

DATE:

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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>1101 Church Street Waycross, GA 31501 (912) 285-6002 www.sehdph.org</p>	Quote Submission Deadline: April 11, 2022; 5:00 PM, Local Time	
	DATE: <input style="width: 100%;" type="text"/>	
	COMPANY NAME: <input style="width: 100%;" type="text"/>	
	CONTACT NAME: <input style="width: 100%;" type="text"/>	
Quantity/Unit	Item Description	Unit Price <i>Include Shipping</i>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" 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: 100%; height: 100%;" type="text"/>		\$ <input style="width: 100%;" type="text"/>
Signature of company representative: <input style="width: 100%;" 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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