

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

INVITATION TO BID
BID SOLICITATION DOCUMENT

SOLICITATION INFORMATION	
Solicitation Released:	March 14, 2022
Description:	Bathroom renovation for Southeast Health District
Agency:	Southeast Health District
Agency Address:	1101 Church Street Waycross, Georgia 31501

SCHEDULE OF EVENTS			
Submission Deadline:	March 31, 2022; 5:00 PM, Local Time	Services to Begin:	April 2022
<p>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.</p> <p>Any bids received after the deadline must be postmarked 3 days prior to submission deadline date.</p>			

SUBMISSION DELIVERY	
Delivery Address:	Southeast Health District Attn.: Brittany Hickox 1101 Church Street Waycross, Georgia 31501
<p>Bid packaging must be sealed and should be properly marked with the following indicated on the exterior of the package: Bathroom Renovation Proposal - Southeast Health District Office</p>	

AGENCY CONTACT INFORMATION			
Contact Name(s):	Brittany Hickox Jeremy Fuller	Phone Number(s):	912-285-6136 912-285-6002
E-mail address(es):	brittany.hickox@dph.ga.gov jeremy.fuller@dph.ga.gov		
<p>For more information, or to schedule a time to view the property, please contact Brittany Hickox or Jeremy Fuller by phone or by e-mail.</p>			

SCOPE OF WORK
<p>Bathroom renovation for Southeast Health District, located at 1101 Church Street, Waycross, GA 31501. See Attachment A for further details.</p> <p>The vendor MUST have professional liability insurance and a business license.</p>

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

Renovations for two (2) bathrooms – located in the basement

Work includes:


- Replacing two (2) toilets with raised toilets
- Two handicap accessible sinks and faucets
- Installing new porcelain tile on floors and 4' up on block walls
- Paint all walls and ceilings with eggshell paint selected by Southeast Health District
- Re-staining entry doors

Price should include demolition, disposal, permits, insurance, and all labor material



*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

REQUEST FOR QUOTATION FOR SERVICES AND/OR PRODUCTS*		
THIS IS ONLY AN INQUIRY, NOT AN ORDER		
COMPLETE ALL HIGHLIGHTED SECTIONS		
 1101 Church Street Waycross, GA 31501 (912) 285-6002 www.sehdph.org	Quote Submission Deadline: March 31, 2022; 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		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.		
_____		\$ _____

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. *Any bids received after the deadline must be postmarked 3 days prior to submission deadline date.		

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



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

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: _____

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