

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

**INVITATION TO BID**  
**BID SOLICITATION DOCUMENT**

SOLICITATION INFORMATION	
Solicitation Released:	March 14, 2022 (REPOSTED - EXTENDED DEADLINE)
Description:	Purchase and installation of new flooring for the Southeast Health District (SEHD) Office, located at 1101 Church Street, Waycross, GA 31501.
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><b>Any bids received after the deadline must be postmarked 3 days prior to submission deadline date.</b></p>			

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

AGENCY CONTACT INFORMATION			
Contact Name(s):	Brittany Hickox Jeremy Fuller	Phone Number(s):	912-285-6002 912-285-6002
E-mail address(es):	<a href="mailto:brittany.hickox@dph.ga.gov">brittany.hickox@dph.ga.gov</a> <a href="mailto:jeremy.fuller@dph.ga.gov">jeremy.fuller@dph.ga.gov</a>		
<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>The Southeast Health District Office, located at 1101 Church Street, Waycross, GA is seeking a qualified contractor for the purchase and installation of new flooring. See attachment A for further details.</p> <p><b>The vendor MUST have professional liability insurance and a business license.</b></p>

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

## ATTACHMENT A

### **Scope of Work**

Provide the purchase and installation of new flooring for the Southeast Health District Office, located at 1101 Church Street, Waycross, GA 31501. This includes:

- 6 Corridors
- 3 Restrooms
- 2 Stairwell landings
- 29 rooms -3390 square feet – Needing Vinyl Tile
- 644 square yards – Needing Carpet Tile
- 2400-foot Rubber Base

Contractor should include any floor prep, install services, materials, and labor in the quote. Moving of furniture in occupied rooms shall be the responsibility of the contractor. Removal and disposal of old carpet shall also be the responsibility of the contractor. SEHD staff will move all computers and personal items

### **Post Installation Clean-Up**

After floor installation, Contractor shall be responsible for replacing any furniture that was moved, removing any rubbish, and any other discarded materials.



*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		
 <p>Georgia Department of Public Health Southeast Health District 1101 Church Street Waycross, GA 31501 (912) 285-6002 <a href="http://www.sehdph.org">www.sehdph.org</a></p>	<b>Quote Submission Deadline: March 31, 2022; 5:00 PM, Local Time</b>	
	DATE: _____	
	COMPANY NAME: _____	
	CONTACT NAME: _____	
Quantity/Unit	Item Description	Unit Price <i>Include Shipping</i>
_____	_____	_____
<b>Detailed Description of Services to be Performed</b> 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>		
<p>*Any bid not meeting all requirements will be eliminated from considerations.</p> <p>*Any bids received after the deadline must be postmarked 3 days prior to submission deadline date.</p>		

*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](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> <b>See Specific instructions on page 3.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
<b>2</b> Business name/disregarded entity name, if different from above	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation
<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"/> S Corporation
<input type="checkbox"/> Other (see instructions) ▶ _____	<input type="checkbox"/> Partnership
<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	<b>4</b> 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>
<b>6</b> City, state, and ZIP code	<b>7</b> List account number(s) here (optional)
<b>7</b> 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.

<b>Social security number</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> </tr> </table>					-			-				
				-			-						
<b>OR</b>													
<b>Employer identification number</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> <td style="width: 10%; text-align: center;"> </td> </tr> </table>					-							
				-									

**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.

<b>Sign Here</b>	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](http://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)

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.*