

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

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

| SOLICITATION INFORMATION |  |
|--------------------------|--|
| Solicitation Released:   | January 30, 2023 (Reposted-Extended Deadline)  |
| Description:             | Renovation on two offices within Coffee District Office (cabinets, flooring, paint)                              |
| Agency:                  | Coffee District Office   |
| Agency Address:          | 1003 Shirley Avenue<br>Douglas, Georgia 31533  |
| Contact Information:     | Michelle Hatcher<br>912-285-6002<br><a href="mailto:michelle.hatcher@dph.ga.gov">michelle.hatcher@dph.ga.gov</a> |

| SCHEDULE OF EVENTS   |                                  |                          |            |
|--|----------------------------------|--------------------------|------------|
| Submission Deadline:   | February 17; 5:00 PM, Local Time | Desired Completion Date: | March 2023 |
| 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<br>ATTN: Michelle Hatcher<br>1115 Church Street<br>Waycross, Georgia 31501 |
| <b>Bid packaging must be sealed and should be properly marked with the following indicated on the exterior of the package: Renovation Proposal for Coffee District Office</b> |  |

| SCOPE OF WORK  |
|--|
| <p>The Coffee District Office, located at 1003 Shirley Avenue, Douglas, Georgia 31533, is seeking a qualified contractor for renovations as stated on Attachment A.</p> <p><b>The vendor MUST have professional liability insurance and a business license.</b></p> <p>For more information, or to schedule a time to view the property, please contact Michelle Hatcher or Sandee Jump by phone or by e-mail.</p> |

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**ATTACHMENT A**  
**REQUIRED SCOPE OF WORK**

**Scope of work**

The Coffee District Office located at 1003 Shirley Avenue, Douglas, Georgia 31533, is seeking a qualified contractor for the provision of renovations as detailed below. Provision of renovations will include **two offices**.

**Description of services to be provided**

1. Removal of cabinets
2. Cap off two sinks
3. Replace flooring
4. Repair sheetrock and ceilings
5. Paints walls and windowsills (Primer and semi-gloss paint)

Disposal of all cabinets, sinks, and waste should be included in the bid. The purchase of all supplies and labor should be included in the bid.

If you wish to schedule a time to view the property, please contact Michelle Hatcher at 912-285-6002.

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| REQUEST FOR QUOTATION FOR SERVICES AND/OR PRODUCTS*   |  |                                       |
|---|--|---------------------------------------|
| <p><b>THIS IS ONLY AN INQUIRY, NOT AN ORDER</b></p> <p><b>COMPLETE ALL HIGHLIGHTED SECTIONS</b></p>   |  |                                       |
| <br>1101 Church Street<br>Waycross, GA 31501<br>(912) 285-6002<br><a href="http://www.sehdph.org">www.sehdph.org</a>   | <b>Quote Submission Deadline: February 17, 2023; 5:00 PM, Local Time</b> |                                       |
|   | DATE: _____  |                                       |
|   | COMPANY NAME: _____  |                                       |
| CONTACT NAME: _____   |  |                                       |
| Quantity/Unit   | Item Description   | Unit Price<br><i>Include Shipping</i> |
| _____   | _____  | _____                                 |
|   |  |                                       |
|   |  |                                       |
|   |  |                                       |
| <b>Detailed Description of Services to be Performed</b><br>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. |  | <b>Total Services</b>                 |
| _____<br>_____<br>_____   |  | \$ _____                              |
| Signature of company representative: _____  |  |                                       |
| Send completed quote to the attention of <u>Michelle Hatcher</u> at <u>1115 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>  |  |                                       |

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**Southeast Health District**

1101 Church Street, Waycross, Georgia 31501

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

[www.sehdph.org](http://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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