

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

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

SOLICITATION INFORMATION			
Solicitation Released:	February 27, 2023		
Description:	Construction on 2 offices within District office (removal of cabinets, cap off two sinks, repair sheetrock and ceiling)		
Agency:	Coffee District Office		
Agency Address:	1003 Shirley Avenue Douglas, Georgia 31533		
Contact Information:	<table border="0"> <tr> <td>Michelle Hatcher 912-285-6002 <a href="mailto:michelle.hatcher@dph.ga.gov">michelle.hatcher@dph.ga.gov</a></td> <td>Sandee Jump 855-473-4374 <a href="mailto:sandra.jump@dph.ga.gov">sandra.jump@dph.ga.gov</a></td> </tr> </table>	Michelle Hatcher 912-285-6002 <a href="mailto:michelle.hatcher@dph.ga.gov">michelle.hatcher@dph.ga.gov</a>	Sandee Jump 855-473-4374 <a href="mailto:sandra.jump@dph.ga.gov">sandra.jump@dph.ga.gov</a>
Michelle Hatcher 912-285-6002 <a href="mailto:michelle.hatcher@dph.ga.gov">michelle.hatcher@dph.ga.gov</a>	Sandee Jump 855-473-4374 <a href="mailto:sandra.jump@dph.ga.gov">sandra.jump@dph.ga.gov</a>		

SCHEDULE OF EVENTS			
Submission Deadline:	March 27, 2023; 5:00 PM, Local Time	Services to Begin:	April 10, 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 ATTN: Michelle Hatcher 1115 Church Street Waycross, Georgia 31501
<b>Bids may also be submitted by e-mail to <a href="mailto:michelle.hatcher@dph.ga.gov">michelle.hatcher@dph.ga.gov</a></b>	

SCOPE OF WORK
<p align="center">Remove cabinets, cap off two sinks, repair sheetrock and ceilings <b>The vendor MUST have professional liability insurance and a business license.</b></p> <p align="center">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>

*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**

**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. Repair sheetrock and ceilings

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 Sandee Jump at 912-389-0183.

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

REQUEST FOR QUOTATION FOR SERVICES AND/OR PRODUCTS*		
<p><b>THIS IS ONLY AN INQUIRY, NOT AN ORDER</b></p> <p>COMPLETE ALL HIGHLIGHTED SECTIONS</p>		
 <p>Georgia Department of Public Health Southeast Health District</p> <p>1101 Church Street Waycross, GA 31501 (912) 285-6002 <a href="http://www.sehdph.org">www.sehdph.org</a></p>	<p><b>Quote Submission Deadline: March 27, 2023; 5:00 PM, Local Time</b></p>	
	<p>DATE: <input style="background-color: yellow;" type="text"/></p> <p>COMPANY NAME: <input style="background-color: yellow;" type="text"/></p> <p>CONTACT NAME: <input style="background-color: yellow;" type="text"/></p>	
Quantity/Unit	Item Description	Unit Price <i>Include Shipping</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Detailed Description of Services to be Performed		Total Services
<p>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.</p>		
<input style="width: 100%; height: 20px;" type="text"/>		<p>\$ <input style="background-color: yellow; width: 150px;" type="text"/></p>
<input style="width: 100%; height: 20px;" type="text"/>		
<input style="width: 100%; height: 20px;" type="text"/>		
<p>Signature of company representative: <input style="background-color: yellow;" type="text"/></p>		
<p>Send completed quote to the attention of <u>Michelle Hatcher at 1115 Church Street, Waycross, GA. 31501</u></p>		
<p>*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.</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)

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: \_\_\_\_\_

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## 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.

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 <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"/> 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) ▶ _____ <b>Note:</b> 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 <b>not</b> 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.  <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)	

<b>Part I Taxpayer Identification Number (TIN)</b>																																																
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 <i>How to get a TIN</i> , later.  <b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; padding: 2px;"><b>Social security number</b></td> </tr> <tr> <td style="width: 40%; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; 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<b>Part II Certification</b>	
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.	
<b>Certification instructions.</b> 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-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.*