

**INVITATION TO BID
BID SOLICITATION DOCUMENT**

SOLICITATION INFORMATION	
Solicitation Released:	March 21, 2023
Description:	Janitorial Cleaning Services
Agency:	Ware County Board of Health - Adult Health Annex C
Agency Address:	1102 Plant Avenue Waycross, Georgia 31501
Contact Information:	Michelle Hatcher 912-285-6002 michelle.hatcher@dph.ga.gov

SCHEDULE OF EVENTS			
Submission Deadline:	April 20, 2023; 5:00 PM, Local Time	Services to Begin:	June 1, 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
Bids may also be submitted by e-mail to michelle.hatcher@dph.ga.gov	

SCOPE OF WORK
Provision of janitorial cleaning services for specified locations as stated in the attachments. Please see attachments for further details. The vendor MUST have professional liability insurance and a business license.
For more information, or to schedule a time to view the property, please contact Michelle Hatcher by phone or by e-mail.

Attachment A – Scope of Work

For Annex C Building

1102 Plant Avenue Waycross, Georgia 31501

- Janitorial services will be provided two days a week (Wednesday and Friday) during normal business hours (7:30 am-5:00 pm)
- Empty all trash receptacles and dispose of collected trash in commercial dumpsters on site
- Conduct complete cleaning which includes sweeping, mopping, vacuuming (if needed), and disinfecting the entire building, all rooms, and restrooms. This includes replenishing the toilet paper, paper towels, and soap dispensers as needed
- Clean all windows weekly
- Dust windows weekly
- Clean baseboards twice a year
- As well as anything necessary for the satisfactory appearance of the inside of the building

Contractor furnishes all labor and assumes full responsibility and liability while on the premises



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

REQUEST FOR QUOTATION FOR SERVICES AND/OR PRODUCTS*		
THIS IS ONLY AN INQUIRY, NOT AN ORDER		
COMPLETE ALL HIGHLIGHTED SECTIONS		
<small>Georgia Department of Public Health Southeast Health District</small> 1101 Church Street Waycross, GA 31501 (912) 285-6002 www.sehdph.org	Quote Submission Deadline: April 20, 2023; 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>Michelle Hatcher</u> at <u>1115 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*



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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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