

INVITATION TO BID
BID SOLICITATION DOCUMENT

SOLICITATION INFORMATION		
Solicitation Released:	4/3/2023 - re-posted 05/15/2023	
Description:	Janitorial Cleaning Services	
Agency:	Ware County Board of Health	
Agency Address:	604 Riverside Avenue Waycross, Georgia 31501	
Contact Information:	Michelle Hatcher 912-285-6002 michelle.hatcher@dph.ga.gov	Gina Burke 855-473-4374 gina.burke@dph.ga.gov

SCHEDULE OF EVENTS			
Submission Deadline:	May 31, 2023; 5:00 PM, Local Time	Services to Begin:	July 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 email to michelle.hatcher@dph.ga.gov	

SCOPE OF WORK
Provide janitorial services as stated in attachment A for the Ware County Health Department located at 604 Riverside Avenue, Waycross, Georgia 31501 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 or Gina Burke by phone or by e-mail.

ATTACHMENT A
REQUIRED SCOPE OF WORK

Cleaning is to be done twice weekly -Tuesday and Friday or Wednesday and Saturday. (Times are negotiable)

Twice weekly:

- Sweep and mop hallways and exam rooms on Administrative, Family Health, Women’s Health, and Adult Health wings
- Vacuum all carpeted areas
- Empty and remove all trash including red bags from the building
- Clean fifteen (15) bathrooms by:
 - ❖ Sanitizing and cleaning toilets, sinks, and countertops
 - ❖ Mopping floors with a separate mop
 - ❖ Wiping down walls and partitions
 - ❖ Cleaning mirrors, dispensers, and metal fixtures
 - ❖ Cleaning doors and light switches
 - ❖ Checking the status of toilet tissue, paper towels, and hand soap – replace when needed

Monthly:

- Clean glass windows and door in the front lobby
- Wash vinyl floors with “Once and Done” – provided by Ware County Health Department; or hand buff
- Scrub bathroom floor tiles with a scrubber

Bi-Annually:

- Shampoo all carpeted areas

Annually

- Strip and wax floors in the Adult Health hall

General/Miscellaneous:

- Furnish all labor and cleaning supplies
- Report supplies as needed
- Anything else necessary for a satisfactory appearance of the building and property as instructed by the Nurse Manager

The contractor shall assume full responsibility and liability for himself/herself and his/her employees while on the premises and shall hold the Ware County Board of Health harmless for any injury or damages caused by their negligence.

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

REQUEST FOR QUOTATION FOR SERVICES AND/OR PRODUCTS*		
<p>THIS IS ONLY AN INQUIRY, NOT AN ORDER</p> <p>COMPLETE ALL HIGHLIGHTED SECTIONS</p>		
 1101 Church Street Waycross, GA 31501 (912) 285-6002 www.sehdph.org		<p>Quote Submission Deadline: May 31, 2023; 5:00 PM, Local Time</p> <p>DATE: _____</p> <p>COMPANY NAME: _____</p> <p>CONTACT NAME: _____</p>
Quantity/Unit	Item Description	Unit Price <i>Include Shipping</i>
_____	_____	_____
<p>Detailed Description of Services to be Performed</p> <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>		Total Services
_____ _____ _____		\$ _____
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>		

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

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <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 </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>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.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	Requester's name and address (optional)
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

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.

	<p>Social security number</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td> </tr> <tr> <td colspan="4">-</td> <td colspan="4">-</td> <td colspan="4"></td> </tr> </table> <p>OR</p> <p>Employer identification number</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td> </tr> <tr> <td colspan="4">-</td> <td colspan="4">-</td> <td colspan="4"></td> <td colspan="4"></td> </tr> </table>													-				-																													-				-											
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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.

Sign Here	Signature of U.S. person ▶	Date ▶
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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.

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.