

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

INVITATION TO BID
BID SOLICITATION DOCUMENT

SOLICITATION INFORMATION			
Solicitation Released:	1/16/2024		
Description:	Janitorial Cleaning Services		
Agency:	Coffee County Adult Health Center		
Agency Address:	310 West Bryan Street Douglas, Georgia 31533		
Contact Information:	<table border="0"> <tr> <td>Michelle Hatcher 912-287-4835 Michelle.hatcher@dph.ga.gov</td> <td>Amber Smith 855-473-4374 Amber.smith@dph.ga.gov</td> </tr> </table>	Michelle Hatcher 912-287-4835 Michelle.hatcher@dph.ga.gov	Amber Smith 855-473-4374 Amber.smith@dph.ga.gov
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SCHEDULE OF EVENTS			
Submission Deadline:	January 31, 2024; 5:00 PM, Local Time	Services to Begin:	February 15, 2024
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
<p>Provide janitorial services as stated in attachment A for the Coffee County Adult Health Center located at 310 West Bryan Street, Douglas, Georgia 31533</p> <p>The vendor MUST have professional liability insurance and a business license.</p> <p>For more information, or to schedule a time to view the property, please contact Michelle Hatcher or Amber Smith by phone or by e-mail.</p>

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ATTACHMENT A
REQUIRED SCOPE OF WORK

Clean Coffee County Adult Health Center twice per week (Tuesday and Thursday)

Labor to include:

1. Empty all trash receptacles, replace trash bags and dispose of trash in commercial dumpsters
2. Complete cleaning including sweeping (under, around, and behind furniture) mopping, vacuuming carpets, windowsills, mirrors, bleach sinks and toilets in restrooms-4, kitchen spaces, glass doors cleaned, door handles cleaned, and disinfection of entire building
3. Replenish toilet paper, paper towels, and soap dispensers as needed
4. Clean all windows weekly
5. Clean baseboards twice a year
6. Deep Clean twice a year
7. Anything else for the satisfactory appearance of the inside of the building.

Coffee County Adult Health Center will supply all janitorial supplies, including toilet tissue, paper towels, and hand soap.



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

 1101 Church Street Waycross, GA 31501 (912) 285-6002 www.sehdph.org	Quote Submission Deadline: January 31, 2024; 5:00 PM, Local Time	
	DATE:	<input type="text"/>
	COMPANY NAME:	<input type="text"/>
	CONTACT NAME:	<input type="text"/>

Quantity/Unit	Item Description	Unit Price <i>Include Shipping</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<p align="center">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>	<p>Total Services</p>
<input type="text"/>	
<input type="text"/>	\$ <input type="text"/>

Signature of company representative:

Send completed quote to the attention of Michelle Hatcher at 1115 Church Street, Waycross, GA. 31501

*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.

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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: _____

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.	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 one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<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	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ 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.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<i>(Applies to accounts maintained outside the U.S.)</i>
	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)	

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.

Social security number																				
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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-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.