

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

# INVITATION TO BID BID SOLICITATION DOCUMENT

SOLICITATION INFORMATION			
Solicitation Released:	4/18/2024		
Description:	Janitorial Cleaning Services		
Agency:	Children's Medical Services - Bulloch County		
Agency Address:	1100 Brampton Avenue		
	Statesboro, Georgia 30459		
Contact Information:	nformation: Michelle Hatcher Jill Aldridge		
	912-285-6002	855-473-4374	
	Michelle.hatcher@dph.ga.gov	Jill.aldridge@dph.ga.gov	

SCHEDULE OF EVENTS					
Submission May 3, 2024; 5:00 PM, Local Time Services to Begin: July 1, 2024					
Deadline:			-		
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 emailed to michelle.hatcher@dph.ga.gov		

#### SCOPE OF WORK

The vendor MUST have professional liability insurance and a business license. Provide janitorial services as stated in Attachment A for the Children's Medical Services - Bulloch County located at 1100 Brampton Avenue, Suite M, Statesboro, Georgia 30458 For more information, or to schedule a time to view the property, please contact Michelle Hatcher or Jill Aldridge by phone or by e-mail.

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## ATTACHMENT A REQUIRED SCOPE OF WORK

The Children's Medical Services - Bulloch County is seeking a qualified contractor to clean the Statesboro office once per week.

### Labor to include:

- Empty trash cans and remove trash throughout the office suite (including shredder).
- Clean and disinfect all restrooms.
- > Clean and polish the stainless-steel sink in the kitchen.
- Clean lobby area.
- Clean glass windows throughout the office, door, and window in the front lobby.
- Clean windowsills.
- Clean/dust countertops/desks/furniture in all offices.
- Clean kitchen including microwave and exterior of appliances.
- Vacuum all carpets and rugs.
- > Check supplies and replace them in restrooms and kitchen as needed.
- Replace fluorescent bulbs as needed.
- Sweep and mop floors in the kitchen and restrooms.
- Anything else that is necessary, e.g., cleaning spills and stains, for the satisfactory appearance of the office suite.
- > The contractor furnishes all labor during work hours.

The janitorial company will furnish all labor and janitorial supplies, as needed. Children's Medical Services - Bulloch County will provide toilet tissue, paper towels (roll and multi-fold for dispensers), hand soap, vacuum, mop, and broom.

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REQUEST FOR QUOTATION FOR SERVICES AND/OR PRODUCTS* THIS IS ONLY AN INQUIRY, NOT AN ORDER			
COMPLETE ALL HIGHLIGHTED SECTIONS Quote Submission Deadline: May 3, 2024; 5:00 PM, Local Time			
Georgia Department of Public Health Southeast Health District 1101 Church Street		DATE:	
Waycross, GA 3		COMPANY NAME:	
(912) 285-6002 www.sehdph.org		CONTACT NAME:	
Quantity/Unit		Item Description	Unit Price Include Shipping
Provide clear, c frequency pe	omplete rformed	Description of Services to be Performed specifications including beginning, and ending dates; ; sample; delivery details; references, warranty and tion; etc. Attach additional pages, if necessary.	Total Services
			<u>\$</u>
Signature of com	npany re	presentative:	
*	Any bid r	the attention of <u>Michelle Hatcher</u> at <u>1115 Church Street, W</u> not meeting all requirements will be eliminated from considera	ations.
*Any bids re	eceived af	ter the deadline must be postmarked 3 days prior to submission	on 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: \_\_

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### Request for Taxpayer Identification Number and Certification

Revenue Service Go to www.irs.gov/FormW9 for instructions and the latest information. 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		
page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Che following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
pe. Ions on	Individual/sole proprietor or L C Corporation S Corporation Partnership single-member LLC	Trust/estate	Exempt payee code (if any)
Print or type. Specific Instructions	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners Note: Check the appropriate box in the line above for the tax classification of the single-member ow LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the o another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner should check the appropriate box for the tax classification of its owner	Exemption from FATCA reporting code (if any)	
pecif	☐ Other (see instructions) ►	(Applies to accounts maintained outside the U.S.)	
See SI	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	ind address (optional)
S	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		
Par	t I Taxpayer Identification Number (TIN)	i	
backu reside entitie <i>TIN</i> , la		a or	
Note:	If the account is in more than one name, see the instructions for line 1. Also see What Name a	and   Employer	identification number

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.

#### Part II Certification

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.

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	Signature of		
Here	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.

#### **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)

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.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.