

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

INVITATION TO BID
BID SOLICITATION DOCUMENT

SOLICITATION INFORMATION		
Solicitation Released:	4/22/2024	
Description:	Lawn Care Services	
Agency:	Pierce County Board of Health	
Agency Address:	715 Ware Street Blackshear, Georgia 31516	
Contact Information:	Michelle Hatcher 912-285-6002 michelle.hatcher@dph.ga.gov	Candi Lee 855-473-4374 candice.lee@dph.ga.gov

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

SCOPE OF WORK
<p>The vendor MUST have professional liability insurance and a business license. Provide lawn care services as stated in Attachment A for the Pierce County Health Department located at 715 Ware Street, Blackshear, Georgia 31516</p> <p>For more information, or to schedule a time to view the property, please contact Michelle Hatcher or Candi Lee by phone or by e-mail.</p>

ATTACHMENT A
REQUIRED SCOPE OF WORK

The Pierce County Health Department is seeking a qualified contractor for lawn services.

- Grass is to be mowed weekly or as needed during the rainy season.
- All Sidewalks are to be edged weekly.
- Sidewalks and parking areas need to be blown free of debris weekly.
- Shrub and grass areas need to be cleaned and weeded as needed.
- The shrub area needs to be mulched twice a year.
- Trim shrubbery as needed.
- Maintain well-manicured, litter-free lawn.
- Furnish all equipment needed for lawn maintenance.
- Lawn work is to be done after working hours.






Southeast Health District

1101 Church Street, Waycross, Georgia 31501
 Phone: 912-285-6002 Fax: 912-284-2980
www.sehdph.org

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REQUEST FOR QUOTATION FOR SERVICES AND/OR PRODUCTS*
 THIS IS ONLY AN INQUIRY, NOT AN ORDER
 COMPLETE ALL HIGHLIGHTED SECTIONS

 Georgia Department of Public Health Southeast Health District 1101 Church Street Waycross, GA 31501 (912) 285-6002 www.sehdph.org	Quote Submission Deadline: May 3, 2024; 5:00 PM, Local Time
	DATE: _____ COMPANY NAME: _____ CONTACT NAME: _____

Quantity/Unit	Item Description	Unit Price <i>Include Shipping</i>
_____	_____	_____

<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>
_____ _____ _____	\$ _____

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: _____

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