



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:	4/22/2024						
Description:	Lawn Care Services						
Agency:	Pierce County Board of Health						
Agency Address:	715 Ware Street						
	Blackshear, Georgia 31516						
Contact Information:	Michelle Hatcher Candi Lee						
	912-285-6002 855-473-4374						
	michelle.hatcher@dph.ga.gov candice.lee@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 hid 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 lawn care services as stated in Attachment A for the Pierce County Health Department located at 715 Ware Street, Blackshear, Georgia 31516

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.





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## 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**

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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 PN  DATE:  COMPANY NAME:  CONTACT NAME:	Л, Local Time					
			Unit Price					
Quantity/Unit		Item Description	Include Shipping					
Provide clear, of frequency pe	complete erformed	Description of Services to be Performed e specifications including beginning, and ending dates; l; sample; delivery details; references, warranty and attion; etc. Attach additional pages, if necessary.	Total Services					
			<u>\$</u>					
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.							

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### **Vendor Profile & Certification**

1. Business Name:						
2. Business Owner(s) Name: ——						
5. Business Telephone:	Email : _					
6. Federal Tax Identification Num	ber (FEIN) :		—			
7. References – list at least 3						
Customer	Main Contact Person	Telephone Number				
			_			
Please attach a conv of profession	nal liability insurance, business licens	se, and a completed WQ				
r lease attach a copy of profession	ial liability insurance, business neems	se, and a completed ws				
AUTHORIZED SIGNATURE:		TYPED OR PRINTED NAME:				
TITLE:	TLE:					

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# Department of the Treasury

#### **Request for Taxpayer Identification Number and Certification**

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

interna	nevenue Service		Go to www.irs	.gov/rorm	W9 for instri	ucuons a	na the late	est intor	mau	on.		- 1			
	1 Name (as shown	on your income t	ax return). Name	is required or	n this line; do r	not leave th	is line blank.								
Print or type. Specific Instructions on page 3.	2 Business name/	disregarded entity	name, if different	t from above				<del>,</del>							
	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.  □ Individual/sole proprietor or □ C Corporation □ S Corporation □ Partnership □ Trust/estate							4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):							
	single-member LLC								Exen	npt payee	code	(if any)_			
₹ <del>5</del>		Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶													
Print or type. c Instructions	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.							and the and							
ecif.	Other (see instructions)								(Applie	(Applies to accounts maintained outside the U.S.)					
See Sp							Reques	ester's name and address (optional)							
Ø	6 City, state, and ZIP code														
	7 List account num	tber(s) here (option	nal)					<u> </u>	<u>-</u>						
Par	t I Taxpa	yer Identific	ation Numb	er (TIN)								-			
Enter	your TIN in the ap	propriate box. T	he TIN provide	d must mat	ch the name	given on	line 1 to av	oid	Soc	cial se	curity number				
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 <i>How to get a</i>		<b>]</b> -		]-[											
TIN, la	ater.	•	,	,		,			or						
Note: If the account is in more than one name, see the instructions for line 1. A		Also see M	/hat Name	ne and Employer i				identification number							
Number To Give the Requester for guidelines on whose number to enter.						-									
Par	t II Certific	cation							<u> </u>						<del></del>
Under	penalties of perju	ry, I certify that:												-	
2. I an Ser	number shown on n not subject to ba vice (IRS) that I an longer subject to b	ackup withholdir n subject to bac	ng because: (a) kup withholding	I am exemp	ot from back	up withho	lding, or (b)	I have i	not b	een r	otified	d by the	Interr	nal Rev d me ti	enue nat I am
3. I an	n a U.S. citizen or	other U.S. perso	on (defined belo	ow); and											
4. The	FATCA code(s) e	ntered on this fo	rm (if any) indic	cating that I	am exempt	from FAT	CA reportin	g is con	rect.						
you ha acquis	cation instruction we failed to report a ition or abandonme han interest and di	all interest and di ent of secured pr	ividends on you operty, cancella	r tax return. i ation of debt,	For real estat contribution	te transact is to an inc	ions, item 2 lividual retir	does no ement a	ot ap mano	ply. Fo	or mor	tgage int	terest nerailv	paid, v. pavm	ents
Sign Here	Signature of U.S. person ▶	•					1	Date ►							
Ger	neral Instr	uctions				• Form 10	99-DIV (di	vidends.	, incl	udina	those	from st	tocks	or mut	ual

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)

- 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.