

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

INVITATION TO BID
BID SOLICITATION DOCUMENT

SOLICITATION INFORMATION	
Solicitation Released:	8/2/2024
Description:	Purchase and installation of a new generator
Agency:	Toombs County Board of Health
Agency Address:	714 Northwest Broad Street Lyons, Georgia 30436
Contact Information:	Michelle Hatcher 912-285-6002 Michelle.hatcher@dph.ga.gov Jeremy Fuller 855-473-4374 Jeremy.fuller1@dph.ga.gov

SCHEDULE OF EVENTS			
Submission Deadline:	August 16, 2024; 5:00 PM, Local Time	Services to Begin:	September 16, 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 1101 Church Street Waycross, Georgia 31501
Bid packaging must be sealed and should be properly marked with the following indicated on the exterior of the package: Generator Proposal - Toombs County Board of Health	

SCOPE OF WORK
The vendor MUST have professional liability insurance and a business license. The Toombs County Board of Health is seeking a qualified contractor to provide the purchase and installation of a new generator. See attachment A for further details. For more information, or to schedule a time to view the property, please contact Michelle Hatcher or Jeremy Fuller by phone or by e-mail.

*Serving: Appling, Atkinson, Bacon, Brantley, Bulloch, Candler, Charlton, Clinch,
Coffee, Evans, Jeff Davis, Pierce, Tattnall, Toombs, Ware & Wayne counties*

ATTACHMENT A
REQUIRED SCOPE OF WORK

Detailed description:

- 1-10 kW Generator
- Labor
- Materials
- Switch, Wires, gas hooked up (turnkey)
- Final installation should be completed by 12-31-2024

Price must include removal of the old generator and cost of the new generator plus installation.



Southeast Health District

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

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 District Health Director

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: August 16, 2024; 5:00 PM, Local Time	
	DATE: <input style="width: 100%;" type="text"/>	
	COMPANY NAME: <input style="width: 100%;" type="text"/>	
	CONTACT NAME: <input style="width: 100%;" type="text"/>	
Quantity/Unit	Item Description	Unit Price <i>Include Shipping</i>
<input style="width: 50px;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Detailed Description of Services to be Performed		Total Services
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.		
<input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>		\$ <input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>		
Signature of company representative: <input style="width: 100%;" type="text"/>		
Send completed quote to the attention of <u>Michelle Hatcher</u> at <u>1101 Church Street, Waycross, GA. 31501</u>		
<p style="color: red;">*Any bid not meeting all requirements will be eliminated from considerations.</p> <p style="color: red;">*Any bids received after the deadline must be postmarked 3 days prior to submission deadline date.</p>		

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 Coffee, Evans, Jeff Davis, Pierce, Tattnall, Toombs, Ware & Wayne counties



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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

**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) ▶ _____	<small>(Applies to accounts maintained outside the U.S.)</small>
	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.

Social security number																									
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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.

Employer identification 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.*