

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

**INVITATION TO BID**  
**BID SOLICITATION DOCUMENT**

SOLICITATION INFORMATION		
Solicitation Released:	10/11/2024	
Description:	Time and Labor/Payroll System Services	
Agency:	Ware County Board of Health DBA Southeast Health District	
Agency Address:	1101 Church Street Waycross, Georgia 31501	
Contact Information:	Michelle Hatcher 912-285-6002 <a href="mailto:Michelle.hatcher@dph.ga.gov">Michelle.hatcher@dph.ga.gov</a>	Wanda Gelinias 855-473-4374 <a href="mailto:Wanda.gelinias@dph.ga.gov">Wanda.gelinias@dph.ga.gov</a>

SCHEDULE OF EVENTS			
Submission Deadline:	November 11, 2024; 5:00 PM, Local Time	Services to Begin:	January 1, 2025 (negotiable)
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
<b>Bid packaging must be sealed and should be properly marked with the following indicated on the exterior of the package: Time and Labor/Payroll System Services - Ware County Board of Health DBA Southeast Health District</b>	

SCOPE OF WORK
<b>The vendor MUST have professional liability insurance and a business license.</b> The Ware County Board of Health DBA Southeast Health District is seeking a qualified contractor to provide Time and Labor/Payroll System Services. See attachment A for further details. For more information, or to schedule a time to discuss, please contact Michelle Hatcher or Wanda Gelinias 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**

The Ware County Board of Health DBA Southeast Health District is seeking a qualified contractor to provide Time and Labor/Payroll System Services.

- Human Resources / Payroll for 300 + employees
- State Government Agency
- Personal Leave, Annual Leave, Sick Leave, Educational Leave, Leave without pay, Forfeited Annual/Sick Leave
- Overtime accrual
- Full time, Part-time, % Time, Hourly
- Split funded
- Exempt/NonExempt Timekeeping
- Payroll Reports, ERS, TRS, 401/457, Health Insurances, Flexible Benefits, etc.
- DOL Reports, Federal/State Tax Reports
- Multiple Worksite Reports, ERS uploads
- Interface capabilities with existing accounting system
- Ability to generate W2's/1095C's/1099's
- Forecasting capabilities for payroll, operating expenses, and revenue
- Active Directory integration for users
- Cloud hosted
- Secure logins and elevated accounts with multi-factor access
- Disaster recovery / backup
- View paychecks electronically



**Southeast Health District**

1101 Church Street, Waycross, Georgia 31501  
 Phone: 912-285-6002 Fax: 912-284-2980  
[www.sehdph.org](http://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		
 Georgia Department of Public Health Southeast Health District 1101 Church Street Waycross, GA 31501 (912) 285-6002 <a href="http://www.sehdph.org">www.sehdph.org</a>	Quote Submission Deadline: November 11, 2024; 5:00 PM, Local Time	
DATE: <input style="width: 80%; border: 1px solid black;" type="text"/>		
COMPANY NAME: <input style="width: 80%; border: 1px solid black;" type="text"/>		
CONTACT NAME: <input style="width: 80%; border: 1px solid black;" type="text"/>		
Quantity/Unit	Item Description	Unit Price <i>Include Shipping</i>
<input style="width: 80%; border: 1px solid black;" type="text"/>	<input style="width: 80%; border: 1px solid black;" type="text"/>	<input style="width: 80%; border: 1px solid black;" type="text"/>
<b>Detailed Description of Services to be Performed</b> 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.		Total Services
<input style="width: 95%; border: 1px solid black;" type="text"/>		\$ <input style="width: 80%; border: 1px solid black;" type="text"/>
<input style="width: 95%; border: 1px solid black;" type="text"/>		
<input style="width: 95%; border: 1px solid black;" type="text"/>		
Signature of company representative: <input style="width: 80%; border: 1px solid black;" type="text"/>		
Send completed quote to the attention of <u>Michelle Hatcher</u> at <u>1101 Church Street, Waycross, GA. 31501</u>		
*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.		

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



**Southeast Health District**

1101 Church Street, Waycross, Georgia 31501

Phone: 912-285-6002 Fax: 912-284-2980

[www.sehdph.org](http://www.sehdph.org)

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

**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](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
 See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> 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) ▶ _____ <b>Note:</b> 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) ▶	(Applies to accounts maintained outside the U.S.)
<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code	
<b>7</b> 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.

<b>Social security number</b>
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]
<b>OR</b>
<b>Employer identification number</b>
[ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

### 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 Here**

Signature of  
 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](http://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.