

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

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

| SOLICITATION INFORMATION |  |
|--------------------------|--|
| Solicitation Released:   | 12/9/2024  |
| Description:             | Washing/Detailing Bulloch County Board of Health fleet vehicles  |
| Agency:                  | Bulloch County Board of Health   |
| Agency Address:          | 1 West Altman Street<br>Statesboro, Georgia 30458  |
| Contact Information:     | Michelle Hatcher<br>912-285-6002<br><a href="mailto:Michelle.hatcher@dph.ga.gov">Michelle.hatcher@dph.ga.gov</a> |
|                          | Jeremy Fuller<br>855-473-4374<br><a href="mailto:Jeremy.fuller1@dph.ga.gov">Jeremy.fuller1@dph.ga.gov</a>        |

| SCHEDULE OF EVENTS   |                                      |                    |                  |
|--|--------------------------------------|--------------------|------------------|
| Submission Deadline:   | January 3, 2025; 5:00 PM, Local Time | Services to Begin: | January 13, 2025 |
| 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<br>Attn: Michelle Hatcher<br>1101 Church Street<br>Waycross, Georgia 31501 |
| <b>Bids may also be emailed to <a href="mailto:michelle.hatcher@dph.ga.gov">michelle.hatcher@dph.ga.gov</a></b> |  |

| SCOPE OF WORK   |
|---|
| Provide washing/detailing of 9 fleet vehicles for Bulloch County Board of Health located at 1 West Altman Street, Statesboro, Georgia 30458<br><b>The vendor MUST have professional liability insurance and a business license.</b> |
| 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.   |

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**ATTACHMENT A**  
**REQUIRED SCOPE OF WORK**

**Deliverables to be provided by bidder:**

- Wash outside and clean inside of 9 Bulloch County Board of Health fleet vehicles. The vendor must provide this service monthly and as needed. Service will be provided upon mutually agreed upon times for washing and cleaning, but not later than one week after receiving notice that washing/cleaning is needed.
- Bidder will provide a regular wash which includes hand washing, vacuuming floors, cleaning the interior and exterior windows, wiping down the dash and console, cleaning cup holders, cleaning rims, applying tire shine, and cleaning door jams.
- Bidder will provide all labor, equipment, and products to complete the detailing/cleaning work.
- Bidder will be responsible for any damage to any of the vehicles on the premises.
- Bidder will note which vehicles were washed and cleaned on each invoice.

Please include the following fee schedule breakdown when submitting your bid.

**Fees will be charged according to the following fee schedule:**

Clean and wash cars inside and out: \$ per car

Clean and wash trucks inside and out: \$ per truck

Clean and wash van/suv inside and out: \$ per vehicle

**\*\*The Bulloch County Board of Health fleet vehicles must not leave the premises\*\***



**Southeast Health District**

1101 Church Street, Waycross, Georgia 31501  
 Phone: 912-285-6002 Fax: 912-284-2980  
[www.sehdph.org](http://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   |  |  |
| <br>Georgia Department of Public Health<br>Southeast Health District<br>1101 Church Street<br>Waycross, GA 31501<br>(912) 285-6002<br><a href="http://www.sehdph.org">www.sehdph.org</a>  | <b>Quote Submission Deadline: January 3, 2025; 5:00 PM, Local Time</b> |  |
| 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<br><i>Include Shipping</i>        |
| <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/>                              | <input style="width: 100%;" type="text"/>    |
|   |  |  |
|   |  |  |
| <b>Detailed Description of Services to be Performed</b><br>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: 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>  |  |  |
| *Any bid not meeting all requirements will be eliminated from considerations.<br>*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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