

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

INVITATION TO BID
BID SOLICITATION DOCUMENT

SOLICITATION INFORMATION	
Solicitation Released:	1/10/2025
Description:	Service generators twice per year - 1 Major/1 Minor
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 Michelle.hatcher@dph.ga.gov
	Jeremy Fuller 855-473-4375 Jeremy.fuller1@dph.ga.gov

SCHEDULE OF EVENTS			
Submission Deadline:	February 7, 2025; 5:00 PM, Local Time	Services to Begin:	April 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
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.</p> <p>Provide service on generators twice per year</p> <p>For more information, please contact Michelle Hatcher or Jeremy Fuller by e-mail.</p>

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ATTACHMENT A
REQUIRED SCOPE OF WORK

Seeking a qualified contractor to provide generator service twice per year for Ware County Board of Health dba Southeast Health District.

District locations/generator types are as follows:

Appling	Kohler 30 30REQZK	Fuel: Diesel
Atkinson	Generac 10KW Model #7171	Fuel: LP
Bacon	Generac 10KW Model #7171	Fuel: LP
Brantley	Generac 35	Fuel: LP
Bulloch (has two)	Cat. D125-6	Fuel: Diesel
	Generac 0055260 Generac	Fuel: LP
Candler	10KW Model #7171 Generac	Fuel: LP
Charlton	10KW Model #7171 Generac	Fuel: LP
Clinch	10KW Model #7171 Generac	Fuel: LP
Coffee	10KW Model #7171 Generac	Fuel: LP
Coffee Wellness	RG03624ANAX Generac	Fuel: Natural Gas
Evans	55260	Fuel: LP
Jeff Davis	Generac 10KW Model #7171	Fuel: LP
Pierce	Generac SG050 50KW	Fuel: LP
Tattnall – Glennville	Generac 10KW Model #7171	Fuel: LP
Tattnall – Reidsville	Generac 10KW Model #7171	Fuel: LP
Toombs	Generac 10KW Model #7171	Fuel: LP
Ware	Cat. D150-8	Fuel: Diesel
Ware Wellness	Generac RG045	Fuel: Natural Gas
Wayne	Generac 10KW Model #7171	Fuel: LP
District Building Annex A	Cat. D100-6S (C4.4)	Fuel: Diesel
	Generac 8KW	Fuel: LP

Contractor MUST note:

- Labor per hour outside of the regularly scheduled service agreement
- Cost per mile outside of the regularly scheduled service agreement
- Home office / Location from which service tech(s) will be traveling from. If multiple locations, please list the furthest from our area. For example; if you have an office in Douglas, GA but service may come from Atlanta, GA, list Atlanta, GA.

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

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REQUEST FOR QUOTATION FOR SERVICES AND/OR PRODUCTS*		
<p>THIS IS ONLY AN INQUIRY, NOT AN ORDER</p> <p>COMPLETE ALL HIGHLIGHTED SECTIONS</p>		
 Georgia Department of Public Health Southeast Health District 1101 Church Street Waycross, GA 31501 (912) 285-6002 www.sehdph.org	Quote Submission Deadline: February 7, 2025; 5:00 PM, Local Time	
	DATE: _____	
	COMPANY NAME: _____	
CONTACT NAME: _____		
Quantity/Unit	Item Description	Unit Price <i>Include Shipping</i>
_____	_____	_____
Detailed Description of Services to be Performed 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
_____		\$ _____

Signature of company representative: _____		
Send completed quote to the attention of <u>Michelle Hatcher</u> at <u>1101 Church Street, Waycross, GA. 31501</u>		
<p>*Any bid not meeting all requirements will be eliminated from considerations.</p> <p>*Any bids received after the deadline must be postmarked 3 days prior to submission deadline date.</p>		

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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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