Southeast Health District
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:	1/29/2026 - Re-Post	
Description:	Emergency Back Up Diesel Generator	
Agency:	Ware County Board of Health	
Agency Address:	604 Riverside Drive Waycross, Georgia 31501	
Contact Information:	Michelle Hatcher 912-285-6002 Michelle.hatcher@dph.ga.gov	Sandee Jump 855-473-4374 Sandra.Jump@dph.ga.gov

SCHEDULE OF EVENTS			
Submission Deadline:	February 11, 2026; 5:00 PM Local Time	Services to Begin:	March 2, 2026 (tentative)
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: Diesel Generator - Ware County Board of Health	

SCOPE OF WORK
The vendor MUST have professional liability insurance and a business license. **The Ware County Board of Health is seeking a qualified vendor for the purchase of an Emergency Back Up Diesel Generator. See attachment A for further details.** For more information, or to schedule a time to view the property, please contact Jeremy Fuller by phone (912-285-6002) or e-mail (jeremy.fuller1@dph.ga.gov).

Georgia Department of Public Health
Southeast Health District

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ATTACHMENT A

REQUIRED SCOPE OF WORK

The Ware County Board of Health is seeking a qualified vendor for the purchase and installation of an Emergency Back-Up Diesel Generator.

Location:
Ware County Health Department
604 Riverside Drive
Waycross, Georgia 31501

Detailed Description:

- Diesel-fueled generator, appropriately sized to support the facility's required load (site assessments welcome)
  - 14,366 sq ft building
  - Required loads (HVAC, vaccine refrigerators and freezers, computers, printers, and lighting)
  - Average daily kW usage – 1,637
  - Max monthly kW usage – 45,840
- Automatic Transfer Switch (ATS) (if needed)
- Labor
- Materials
- Equipment - switches, wires (turnkey)
- Remove and discard current on-site generator (Caterpillar D150)
- Generator shall be installed on the existing concrete slab currently supporting the on-site generator. Include necessary modifications in the bid.
- Guaranteed completion of work by **June 1, 2026,** is required, in order, to be considered.

Please include pricing **with** and **without** the removal and disposal of the old generator, pricing for the new generator, ATS (if needed), labor, installation of generator and ATS, materials, equipment, and necessary training.

Contact Jeremy Fuller at Jeremy.fuller1@dph.ga.gov or call 912-285-6002 for questions and/ or to set up a site visit.

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REQUEST FOR QUOTATION FOR SERVICES AND/OR PRODUCTS*

THIS IS ONLY AN INQUIRY, NOT AN ORDER

COMPLETE ALL HIGHLIGHTED SECTIONS

1101 Church Street
Waycross, GA 31501
(912) 285-6002
www.sehdph.org

Quote Submission Deadline: February 11, 2026; 5:00 PM Local Time

DATE: _____

COMPANY NAME: _____

CONTACT NAME: _____

Quantity/Unit	Item Description	Unit Price *Include Shipping*

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 Michelle Hatcher at 1101 Church Street, Waycross, GA. 31501

*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

An Equal Opportunity Employer

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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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An Equal Opportunity Employer

Emergency Back-Up Diesel Generator Scoring Matrix

Evaluation Criteria	Possible Score	Evaluator's Score	Comments
1. General Information/format of response	**10**		
2. Statement of Work **2.1 Diesel-Fuled generator sized to support facility's required load (site assessment welcome)** **2.2 Required Loads met according to Detailed Scope of Work**	**40**		
3. Cost for Services **3.1 Labor** **3.2 Materials/Equipment** **3.3 Removal and discard of current on-site generator** **Contract**	**40**		
4. Proposers Qualifications **4.1** W-9 **4.2 Business License** **4.3 References**	**10**		
Total Score	**100**		

Service Provider _____

Date of ___/___/___ **Date of Bid** ___/___/___ **Date of Review** ___/___/___

Review Panel _____

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

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

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.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

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.

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.

Social security number

			–			–				

or

Employer identification number

		–							

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*.

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.*