



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:	06/10/2024 - REPOST						
Description:	Purchase and installation of a new generator						
Agency:	Coffee County Board of Health						
Agency Address:	1111 West Baker Highway						
	Douglas, Georgia 31533						
Contact Information:	Michelle Hatcher	Jeremy Fuller					
	912-285-6002	855-473-4374					
	Michelle.hatcher@dph.ga.gov	Jeremy.fuller1@dph.ga.gov					

SCHEDULE OF EVENTS								
Submission	June 21, 2024; 5:00 PM, Local Time	Services to Begin:	September 1, 2024					
Deadline:			_					
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:	dress: 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 - Coffee County Board of Health					

SCOPE OF WORK

The vendor MUST have professional liability insurance and a business license.

The Coffee 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



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ATTACHMENT A REQUIRED SCOPE OF WORK

Detailed description:

- 1-25 Kw 120/208 1P
- 1-400 AMP 120/208 1Phase 3R
- Concrete pad (not pavers)
- Labor
- Material
- Wired, 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.



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REQUEST FOR QUOTATION FOR SERVICES AND/OR PRODUCTS* THIS IS ONLY AN INQUIRY, NOT AN ORDER COMPLETE ALL HIGHLIGHTED SECTIONS Quote Submission Deadline: June 21, 2024; 5:00 PM, Local Time DATE: Southeast Health District 1101 Church Street Wavcross, GA 31501 COMPANY NAME: (912) 285-6002 www.sehdph.org CONTACT NAME: Unit Price Include Shipping Quantity/Unit **Item Description Detailed Description of Services to be Performed** Provide clear, complete specifications including beginning, and ending dates; **Total Services** frequency performed; sample; delivery details; references, warranty and bonding information; etc. Attach additional pages, if necessary. Signature of company representative: Send completed quote to the attention of Michelle Hatcher at 1101 Church Street, Waycross, GA. 31501

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*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.



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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	er (FEIN) :					
7. References – list at least 3						
Customer	Main Contact Person	Telephone Number				
Please attach a copy of professiona	ıl liability insurance, business licer	nse, and a completed W9				
AUTHORIZED SIGNATURE:		TYPED OR PRINTED NAME:				
TITLE:	— DATE: ————					

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Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

unterria	Hevenue Service		Go to www.irs	.gov/rormi	W9 tor instri	ucuons a	ina the late	st intor	mau	on.					
	1 Name (as shown	n on your income to	ax return). Name	is required or	this line; do r	not leave ti	is line blank.								
n page 3.	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 □ C Corporation □ S Corporation □ Partnership □ Trust/estate						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):								
e.		single-member LLC								Exempt payee code (if any)					
ig t		Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶													
Print or type. Specific Instructions on page	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.						and the and								
ecif	Other (see ins					· Olaboliloa:					(Applie	(Applies to accounts maintained outside the U.S.)			
See Sp	5 Address (number, street, and apt. or suite no.) See instructions. Reques						ster's name and address (optional)								
0,	6 City, state, and ZIP code														
	7 List account num	tber(s) here (option	nal)					l							
Par	t I Taxpa	yer Identifica	ation Numb	er (TIN)											
Enter	your TIN in the ap	propriate box. T	he TIN provide	d must mate	ch the name	given on	line 1 to av	oid	Soc	cial se	curity number				
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 <i>How to get a</i>				_] -]-[
	TIN, later.			r identification number											
Note: Numb	if the account is ii er To Give the Red	n more than one auester for auid	name, see the elines on whos	instructions a number to	s for line 1. A enter.	Also see V	Vhat Name	and	Em	ploye	rident	fication	numbe	<u>}r</u>	_
Number To Give the Requester for guidelines on whose number to enter.					-										
Par	II Certific	cation													
	penalties of perju	•													
2. I an Ser	number shown on n not subject to ba vice (IRS) that I an longer subject to b	ackup withholdin n subject to bac	ng because: (a) kup withholding	I am exemp	t from back	up withho	lding, or (b)	I have i	not b	een r	notifie	bv the	Interr	nal Rev	enue nat I am
3. I an	n a U.S. citizen or	other U.S. perso	on (defined belo	ow); and											
	FATCA code(s) e														
you ha acquis	cation instruction ave failed to report a lition or abandonme han interest and di	all interest and di ent of secured pr	ividends on your operty, cancella	r tax return. I ition of debt.	For real estat contribution	te transac is to an inc	tions, item 2 dividual retir	does no ement a	ot ap mano	ply. Fo	or mor	tgage int . and ge	terest nerally	paid, /. pavm	ents
Sign Here		Signature of U.S. person ► Date ►													
Ger	neral Instr	uctions				• Form 1	099-DIV (di	vidends.	, incl	udina	those	from st	ocks	or mut	ual

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)

- 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.