

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:	<table border="0"> <tr> <td>Michelle Hatcher 912-285-6002 Michelle.hatcher@dph.ga.gov</td> <td>Jeremy Fuller 855-473-4374 Jeremy.fuller1@dph.ga.gov</td> </tr> </table>	Michelle Hatcher 912-285-6002 Michelle.hatcher@dph.ga.gov	Jeremy Fuller 855-473-4374 Jeremy.fuller1@dph.ga.gov
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SCHEDULE OF EVENTS			
Submission Deadline:	June 21, 2024; 5:00 PM, Local Time	Services to Begin:	September 1, 2024
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: Generator Proposal - Coffee County Board of Health	

SCOPE OF WORK
<p align="center">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.</p> <p align="center">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.</p>

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.



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*		
THIS IS ONLY AN INQUIRY, NOT AN ORDER		
COMPLETE ALL HIGHLIGHTED SECTIONS		
<small>Georgia Department of Public Health Southeast Health District</small> 1101 Church Street Waycross, GA 31501 (912) 285-6002 www.sehdph.org	Quote Submission Deadline: June 21, 2024; 5:00 PM, Local Time	
DATE: <input style="width: 90%; border: 1px solid black;" type="text"/>		
COMPANY NAME: <input style="width: 90%; border: 1px solid black;" type="text"/>		
CONTACT NAME: <input style="width: 90%; 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: 95%; border: 1px solid black;" type="text"/>	<input style="width: 80%; border: 1px solid black;" type="text"/>
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
<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: 90%; 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*



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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: _____

