

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:	Jeff Davis County Board of Health		
Agency Address:	30 East Sycamore Street Hazlehurst, Georgia 31539		
Contact Information:	<table border="0"> <tr> <td>Michelle Hatcher 912-285-6002 <a href="mailto:Michelle.hatcher@dph.ga.gov">Michelle.hatcher@dph.ga.gov</a></td> <td>Jeremy Fuller 855-473-4374 <a href="mailto:Jeremy.fuller1@dph.ga.gov">Jeremy.fuller1@dph.ga.gov</a></td> </tr> </table>	Michelle Hatcher 912-285-6002 <a href="mailto:Michelle.hatcher@dph.ga.gov">Michelle.hatcher@dph.ga.gov</a>	Jeremy Fuller 855-473-4374 <a href="mailto:Jeremy.fuller1@dph.ga.gov">Jeremy.fuller1@dph.ga.gov</a>
Michelle Hatcher 912-285-6002 <a href="mailto:Michelle.hatcher@dph.ga.gov">Michelle.hatcher@dph.ga.gov</a>	Jeremy Fuller 855-473-4374 <a href="mailto:Jeremy.fuller1@dph.ga.gov">Jeremy.fuller1@dph.ga.gov</a>		

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
<b>Bid packaging must be sealed and should be properly marked with the following indicated on the exterior of the package: Generator Proposal - Jeff Davis County Board of Health</b>	

SCOPE OF WORK
<p align="center"><b>The vendor MUST have professional liability insurance and a business license.</b></p> <p align="center"><b>The Jeff Davis 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.</b></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 120/200 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 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](http://www.sehdph.org)

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District Health Director

REQUEST FOR QUOTATION FOR SERVICES AND/OR PRODUCTS*		
THIS IS ONLY AN INQUIRY, NOT AN ORDER		
COMPLETE ALL HIGHLIGHTED SECTIONS		
 Georgia Department of Public Health Southeast Health District 1101 Church Street Waycross, GA 31501 (912) 285-6002 <a href="http://www.sehdph.org">www.sehdph.org</a>	Quote Submission Deadline: June 21, 2024; 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		Total Services
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.		
_____		\$ _____
_____		
_____		
Signature of company representative: _____		
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



**Southeast Health District**

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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: \_\_\_\_\_

*Serving: Appling, Atkinson, Bacon, Brantley, Bulloch, Candler, Charlton, Clinch, Coffee, Evans, Jeff Davis, Pierce, Tattnall, Toombs, Ware & Wayne counties*

