

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:	Tattnall County Board of Health - Reidsville
Agency Address:	200 B South Main Street Reidsville, Georgia 30453
Contact Information:	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 - Tattnall County Board of Health - Reidsville</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 Tattnall County Board of Health - Reidsville 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 120/208 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](http://www.sehdph.org)

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

<b>REQUEST FOR QUOTATION FOR SERVICES AND/OR PRODUCTS*</b> <small>THIS IS ONLY AN INQUIRY, NOT AN ORDER</small> <b>COMPLETE ALL HIGHLIGHTED SECTIONS</b>		
 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>	<b>Quote Submission Deadline: June 21, 2024; 5:00 PM, Local Time</b>	
<b>DATE:</b> <input style="width: 80%; border: 1px solid black;" type="text"/>		
<b>COMPANY NAME:</b> <input style="width: 80%; border: 1px solid black;" type="text"/>		
<b>CONTACT NAME:</b> <input style="width: 80%; border: 1px solid black;" type="text"/>		
Quantity/Unit	Item Description	Unit Price <i>Include Shipping</i>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Detailed Description of Services to be Performed</b> 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.		<b>Total Services</b>
<input style="width: 100%; height: 20px;" type="text"/>  <input style="width: 100%; height: 20px;" type="text"/>  <input style="width: 100%; height: 20px;" type="text"/>		\$ <input style="width: 80%; border: 1px solid black;" type="text"/>
<b>Signature of company representative:</b> <input style="width: 80%; 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>		
<small>*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.</small>		

*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](http://www.sehdph.org)

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

**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*

