



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

Thank you for your interest in partnering with Southeast Health District to accomplish our mission.

SCOPE OF WORK

Provide janitorial services for the Bulloch Wellness Center located at 3 W. Altman Street, Statesboro, GA 30458. Please see attachment A for details required for bid. **The vendor MUST have professional liability insurance and a business license.**

BID OF

Name: _____

Address: _____

City, State, Zip: _____

SUBMIT BID TO

Brittany Hickox
1101 Church Street
Waycross, GA, 31501
brittany.hickox@dph.ga.gov

BIDS DUE February 25, 2021; 5:00 PM, Local Time

SCHEDULE OF EVENTS

Release ITB	February 15, 2021
Deadline for Vendor Questions	February 23, 2021
Bid Due Date	February 25, 2021
Services to Begin	March 1, 2021

If you wish to tour the office prior to submitting your bid, please contact Shelby Freeman or Regina Renfro at 912-764-2402.

All questions must be submitted no later than deadline stated in the above schedule of events. Answers are provided for informational purposes only and will not be considered binding unless incorporated by amendment to this ITB. Bidder must fill out all highlighted areas on Request for Quotation for Services and/or Products form. Bids must be submitted in person at the address located above or by e-mail to brittany.hickox@dph.ga.gov.

ATTACHMENT A & B

Deliverables to be provided by Party A

Janitorial Duties at Southeast Health District:

Clean the Southeast Health District - Bulloch Wellness Center four times per week (Tuesday, Wednesday, Thursday and Friday). This will include front office area, exam rooms, all client areas, all offices, lobby, halls and conference room.

Vendor must be Bonded and Insured.

Duties will include:

- Vacuum all carpeted areas and rugs
- Sweep and mop all non-carpeted areas
- Empty and take out trash
- Dust and polish all furniture
- Clean glass surfaces at front office
- Clean and disinfect all exam rooms
- Clean and disinfect all countertops
- Monitor Hazardous Waste box; when full, seal box and take to designated disposal site.
- Clean and disinfect all bathrooms and replenish supplies
- Clean kitchen/Conference room
- Change light bulbs as needed
- Clean lobby area
- Provide all needed cleaning supplies **

Confidentiality Agreement

Contractor agrees that any information obtained in the course of performing this contract, including but not limited to personal health information, will be maintained in the strictest confidence and not disclosed to any person. This obligation shall continue after the expiration or termination of the contract.

Invoices will be submitted to:

**Southeast Health District
Attn: Janet Collins
3 W. Altman Street
Statesboro, GA 30458-5212**

Deliverables to be provided by Party B

- Pay all invoices submitted after review and approval of deliverables as specified above.
- Southeast Health District will supply toilet tissue, paper towels, bi-fold towels, hand soap, Kleenex and all biohazard waste bags/boxes.

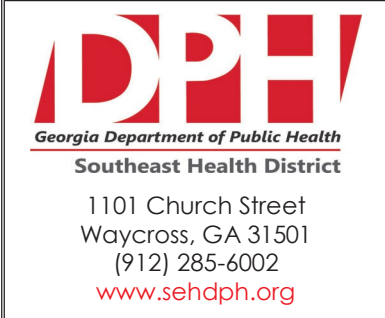
Renewal Policy for Party A and B

- This contract will have four, 1-year renewal terms unless either party provides the other party with written notice of non-renewal at least thirty (30) days prior to the date of automatic renewal. The renewal options will be exercised provided Party B has sufficient programmatic funds. Party A shall be responsible for providing an updated copy of active licensure and professional liability. Party B will send a notification letter of renewal and requirements on an annual basis. Each renewal shall be on the same terms and conditions as the original contract.

REQUEST FOR QUOTATION FOR SERVICES AND/OR PRODUCTS*

THIS IS ONLY AN INQUIRY, NOT AN ORDER.

BLUE SECTIONS COMPLETED BY SEHD/GREEN SECTIONS COMPLETED BY VENDOR.



Name of Company Submitting Quote

TO: _____

ATTENTION: _____

Company Fax Number: _____

Quote Submission Deadline: February 25, 2021 5:00 PM, Local Time

Quantity/Unit	Item Description	Unit Price Include Shipping	Total Product Extension
1	Services as stated in ITB		_____

Detailed Description of Service to be Performed Provide clear, complete specifications including beginning and ending dates; frequency performed; sample; delivery details; references, warranty & bonding information; etc. Attach additional pages, if necessary.	Price Breakdown	Total Services
As stated in Invitation to Bid	_____	_____

Enter quote grand total for *combined* products and services:
\$ _____

Expiration date of quote: _____

Signature of company representative: _____ Date: _____

Company address: _____

Phone number: _____ E-mail address: _____

Federal Employer's Identification Number (FEI): _____

Statewide contract provider? Yes No Statewide Contract #: _____

Fax completed quotation to: _____ at _____

Send completed quote in sealed envelope to the attention of: Brittany Hickox at brittany.hickox@dph.ga.gov

***Any bid not meeting all requirements will be eliminated from considerations.**