



**INVITATION TO BID
BID SOLICITATION DOCUMENT**

| SOLICITATION INFORMATION | |
|--------------------------|--|
| Solicitation Released: | |
| Description: | |
| Agency: | |
| Agency Address: | |
| Contact Information: | |

| SCHEDULE OF EVENTS | |
|--|--------------------|
| Submission Deadline: | Services to Begin: |
| <p align="center">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.</p> | |

| SUBMISSION DELIVERY | |
|---|--|
| Delivery Address: | |
| <p align="center">Bids may also be emailed to:</p> | |

| SCOPE OF WORK |
|---|
| <p align="center">Provide janitorial services as stated in attachment A for the</p> <p>The vendor MUST have professional liability insurance of \$1,000,000/\$3,000,000/\$1,000,000 and a business license. For more information, or to schedule a time to view the property, please contact</p> |

*Serving Bryan, Camden, Chatham, Effingham,
Glynn, Liberty, Long, and McIntosh counties*



Coastal Health District

400 Mall Blvd., Suite G, Savannah, GA 31406
Phone: 912-644-5200 • Fax: 912-349-5691

150 Scranton Connector, Brunswick, GA 31425
Phone: 912-262-2300 • Fax: 912-262-2315

coastalhealthdistrict.org

Bonzo Reddick, M.D., M.P.H.
District Health Director

ATTACHMENT A Scope of Work

Deliverables to be provided by Party A:

Cleaning is to be done twice a week on **Wednesday** and **Friday**.

Following Duties to be done at **each visit**:

- Empty all trash cans, replace liners and take out, all red bag medical waste to be placed in directed location
- Sweep and mop all non-carpeted floors with approved germicidal cleanser
- Sweep front and back porches (pick up trash as needed in those areas)
- Vacuum all carpet areas and rugs
- Clean all restrooms – including cleaning bowl & stains in toilet – and replenish toilet tissue, hand soap, and paper towels as needed
- Clean counter-tops with an approved germicidal cleanser – including break room, exam rooms, sink areas, waiting rooms, etc.
- Clean all front doors, glass panels, and windows in waiting room – both inside and out
- Dust all furniture, windowsills, computers, etc.
- Straighten and “tidy” as needed

Monthly:

- Check for and remove cobwebs throughout entire building
- Wipe down all cabinets – including break rooms, board rooms, exam rooms, and offices
- Clean baseboards
- Give cleaning supply items list to Nurse Manager
- Clean blinds throughout building
- Wash out trash cans as needed

Yearly:

- Clean grout and tile

Party A shall assume full responsibility and liability for himself/herself and his/her employees while on the premises and shall hold the

harmless for any injury or damages caused by their negligence.

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| REQUEST FOR QUOTATION FOR SERVICES AND/OR PRODUCTS* <small style="color: red;">THIS IS ONLY AN INQUIRY, NOT AN ORDER</small> COMPLETE ALL HIGHLIGHTED SECTIONS | | |
|--|---|---|
| <p>150 Scranton Connector Brunswick, GA 31525 912-262-2300</p> <hr style="width: 50%; margin: 5px auto;"/> <p>400 Mall Blvd., Suite G Savannah, GA 31406 912-644-5200</p> | <p style="text-align: center; margin: 0;">Quote Submission Deadline:</p> | |
| <p>DATE: <input style="width: 90%; border: 1px solid black;" type="text"/></p> <p>COMPANY NAME: <input style="width: 90%; border: 1px solid black;" type="text"/></p> <p>CONTACT NAME: <input style="width: 90%; border: 1px solid black;" type="text"/></p> | | |
| Quantity/Unit | Item Description | Unit Price <i>Include Shipping</i> |
| | N/A | N/A |
| | | |
| | | |
| | | |
| <p style="text-align: center; margin: 0;">Detailed Description of Services to be Performed</p> <p style="font-size: small; margin: 0;">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.</p> | | Total Services |
| <hr style="border: 0.5px solid black; margin-bottom: 5px;"/> <hr style="border: 0.5px solid black; margin-bottom: 5px;"/> <hr style="border: 0.5px solid black; margin-bottom: 5px;"/> | | <p style="font-size: 1.2em; margin: 0;">\$ <input style="width: 80%; border: 1px solid black;" type="text"/></p> <p style="font-weight: bold; margin: 0;">wk/mo</p> |
| <p>Signature of company representative: _____</p> | | |
| <p>Send completed quote to the attention of</p> | | |
| <p style="text-align: center; font-size: 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.</p> | | |

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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 business references

| Customer | Main Contact Person | Telephone Number |
|----------|---------------------|------------------|
| | | |
| | | |
| | | |

To be considered, you must submit a copy of your professional liability insurance, business license, and a completed W9.

AUTHORIZED SIGNATURE: _____ TYPED OR PRINTED NAME: _____
 TITLE: _____ DATE: _____

