



South Health District
 325 W. Savannah Avenue, Valdosta, GA 31601
 Phone: 229-333-5290 • Fax: 229-333-7822
 www.southhealthdistrict.com

Mark J. Eanes, MD, MBA
 District Health Director

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>All questions must be submitted no later than the submission deadline stated above. Answers were provided for informational purposes only and will not be considered binding unless incorporated by amendment to this bid solicitation.</p>			

SUBMISSION DELIVERY	
Delivery Address:	
Bids may also be emailed to:	

SCOPE OF WORK
<p>Provide _____ as stated in attachment A for the _____</p> <p><i>The vendor must have a business license and \$1,000,000 in personal injury insurance and \$1,000,000 in general liability for each occurrence/\$2,000,000 aggregate.</i></p> <p>For more information, please contact _____.</p>



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Attachment A

Scope of Work

Deliverables to be provided by Party A:

Party A shall assume full responsibility and liability for himself/herself and his/her employees while on the premises and shall hold the South Health District harmless for any injury or damages caused by their negligence.



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REQUEST FOR QUOTATION FOR SERVICES AND/OR PRODUCTS		
THIS IS ONLY AN INQUIRY, NOT AN ORDER		
COMPLETE ALL HIGHLIGHTED SECTIONS		
325 W. Savannah Ave. Valdosta, GA 31601 229-333-5290	Quote Submission Deadline:	
	DATE:	
	COMPANY NAME:	
	CONTACT NAME:	
Quantity/Unit	Item Description	Unit Price <i>Include Shipping</i>
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
		\$ _____
		Per Month
Signature of Company Representative: Send completed quote to the attention of {insert name here}		
<p style="color: red; font-size: small;">*Any bid not meeting all requirements will be eliminated from considerations.</p> <p style="color: red; font-size: small;">*Any bids received after the deadline must be postmarked 3 days prior to submission deadline date.</p>		



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VENDOR PROFILE & CERTIFICATION

Business Name:		
Business Owner(s) Name:		
Business Address:		
Business Telephone:		
Business Email:		
Federal Tax Identification Number:		
References – list at least 3. References must be directly related to services provided by the business.		
Customer	Main Contact Person	Telephone Number

Please attach a copy of \$1,000,000 personal injury insurance and \$1,000,000 general liability for each occurrence/\$2,000,000 aggregate, business license, and a completed W9.

 Authorized Signature

 Typed or Printed Name

 Title

 Date