

# LEE COUNTY, FLORIDA INFORMAL TELEPHONE QUOTATION FOR JANITORIAL SERVICE TO THE SHERIFF'S SUBSTATION LOCATED AT 10520 REYNOLDS STREET, BONITA SPRINGS, FL

#### Vendors:

Lee County is requesting quotes for janitorial service to the Lee County's Sheriff's Substation located at 10520 Reynolds Street in Bonita Springs, FL. This facility consists of 1,500 square feet of space and is to be cleaned on a five (5) day per week basis.

Please fill out the following quote and fax or e-mail it to Lee County Purchasing - Attn: Chris Jeffcoat at either 239-485-5460 or cjeffcoat@leegov.com by 5:00 p.m. (eastern time) on Tuesday September 4, 2012.

Should you have questions, I may be reached at 239-533-5458.

#### REQUIRED PRODUCT

Lee County will be looking for vendors who will be willing to provide janitorial service to the Sheriff's Substation on Reynolds Street in Bonita Springs on a five (5) day per week basis.

Vendor will be required to perform the following tasks which will include, but not limited to: all floor work (vacuuming, mopping, carpet cleaning, waxing/stripping of floors, etc); daily service to restrooms, which will include providing all paper products and re-supplying soap dispensers, cleaning mirrors, dusting any ledges; daily service to kitchen area to include wiping counters, and sinks with detergent disinfectant (no cleaning of appliances); emptying trash in all locations and re-lining all trash receptacles; sweeping the sidewalks around the building and picking up trash in the parking lot daily; sweeping cobwebs and dust from around the doors, windows and eaves; cleaning outside glass on a monthly basis, inside glass on a quarterly basis; dusting and vacuuming offices two times per week, common areas are to be dusted and vacuumed everyday; dusting and damp wiping of blinds as needed; shake and sweep down any floor mats as needed; pressure cleaning sidewalk and building as needed.

#### TERM OF QUOTE

This quote shall be in effect for one year beginning September 15, 2012 through September 14, 2013, with four (4) one year renewals, upon mutual agreement between vendor and Lee County.

#### BASIS OF AWARD

All costs associated with cleaning of this facility must be included in the Total Annual Charges.

Vendor must be the low quoter for Total Annual Charges, meeting all specification requirements.

Vendor must be a Janitorial pool member.

Vendor must be a vendor in good standing and able to establish that the work provided is satisfactory.

- 1. A vendor will be deemed in good standing if any formal complaints filed with the vendor have been fully addressed within three business days from receipt of the complaint; and, the same or substantially similar issue is not the subject of a formal complaint more than twice in a six month period.
- 2. A vendor that has been the subject of removal from a County job, via the 30 day termination notice process, may not be deemed a vendor in good standing for a period of 12 months from the date the notice of termination became effective.

#### **DESIGNATED CONTACT**

The awarded vendor shall appoint a person or persons to act as a primary contact with Lee County. This person or back-up shall be readily available during normal work hours by phone or in person, and shall be knowledgeable of the terms and procedures involved in this quote. Lee County's contact for this project will be Jayne Elwell at 533-8819.

#### LICENSES AND PERMITS AND BACKGROUND CHECKS

All vendors must maintain all appropriate licenses and permits that are required. Vendors may be required to present copies of all licenses and permits.

Personnel working in this facility will be required to submit a background check to Chris Jeffcoat in Lee County Procurement Services before beginning service. If there are changes in personnel over the course of the contract, the vendor must supply a background check for those personnel before starting them in the building.

#### PRICE INCREASES

After the first year, at the County's sole discretion, the contract price quoted for this service may be increased annually on the first of October. If granted, the increase would be based on the July Consumer Price Index for U.S. City Average, Wage and Clerical Workers, All Items, as published by the Bureau of Labor Statistics, Southeastern

Regional office as of the month of July for that year. Lee County will notify the vendor of the increase amount. This increased amount will begin with the billing for the month of October.

### **Required Information**

The following information must be supplied to Lee County prior to the commencement of work under this contract:

- a. All employee background checks
- b. Material Safety Data Sheets for chemicals being used
- c. Sample employee identification badge
- d. Names and phone numbers of vendor contact personnel
- e. Annual cleaning task list, to include the two day a week dusting schedule
- f. Sample cleaning personnel sign-in sheet
- g. Statement certifying that all bathroom cleaner, general-purpose cleaners, floor care products and glass cleaners conform to Green Seal standards.
- h. Insurance certificates

#### **PRICING**

TOTAL ANNUAL CHARGES	\$
	ANNUAL COST
THE FOLLOWING FEES ARE TO BE USED, AS NE TO MODIFY THE CONTRACT PRICES THROUGH	
HOURLY RATE FOR EMERGENCY	\$ PER PERSON PER HOUR
COST TO ADD OR DELETE A DAY OF SERVICE	\$
(THIS IS TO BE ONLY ONE FIGURE)	P.S.F. PER DAY
For this project, sub-contracting for special cleaning tas cleaning and pressure washing of buildings will be allow general cleaning, no sub-contracting will be allowed for	vable; however, in regards to the day to day

DATE SUBMITTED:	
VENDOR NAME:	·
<u>ANTI-C</u>	OLLUSION STATEMENT
	R HAS NOT DIVULGED TO, DISCUSSED OR H OTHER QUOTERS AND HAS NOT
***************************************	ER QUOTER OR PARTIES TO A QUOTE
	REMIUMS, REBATES OR GRATUITIES TO
	ARE PERMITTED EITHER WITH, PRIOR TO,
	<u>F MATERIALS.  ANY SUCH VIOLATION</u> ELLATION AND/OR RETURN OF MATERIALS
	REMOVAL FROM THE MASTER BIDDERS
LIST.	
	FIRM NAME:
	TIKWI NAIWID.
	BY (Printed):
	BY (Signature):
	TITLE:
	FEDERAL ID # OR S.S.#
	ADDRESS:
	PHONE NO.:
	FAX NO.:
CELLULAR PHON	NE/PAGER NO.:
	DUNS#:
LEE COUNTY LOCAL BUSINES	SS TAX ACCOUNT NUMBER:

E-MAIL ADDRESS:

#### STANDARD INSURANCE

Minimum Insurance Requirements: Risk Management in no way represents that the insurance required is sufficient or adequate to protect the vendors' interest or liabilities. The following are the required minimums the vendor must maintain throughout the duration of this contract. The County reserves the right to request additional documentation regarding insurance provided

a. Commercial General Liability - Coverage shall apply to premises and/or operations, products and completed operations, independent contractors, contractual liability exposures with minimum limits of:

\$500,000 per occurrence \$1,000,000 general aggregate \$500,000 products and completed operations \$500,000 personal and advertising injury

**b.** <u>Business Auto Liability</u> - The following Automobile Liability will be required and coverage shall apply to all owned, hired and non-owned vehicles use with minimum limits of:

\$500,000 combined single limit (CSL) \$300,000 bodily injury per person \$500,000 bodily injury per accident \$300,000 property damage per accident

c. <u>Workers' Compensation</u> - Statutory benefits as defined by FS 440 encompassing all operations contemplated by this contract or agreement to apply to all owners, officers, and employees regardless of the number of employees. Workers Compensation exemptions may be accepted with written proof of the State of Florida's approval of such exemption. Employers' liability will have minimum limits of:

\$100,000 per accident \$100,000 disease limit \$500,000 disease – policy limit

**d.** <u>Janitorial Service Bond</u> – Providing protection from losses incurred by dishonest acts of the vendors employees. Coverage shall not be less than \$100,000.

\*The required minimum limit of liability shown in a and b may be provided in the form of "Excess Insurance" or "Commercial Umbrella Policies." In which case, a "Following

Form Endorsement" will be required on the "Excess Insurance Policy" or "Commercial Umbrella Policy."

#### Verification of Coverage:

- 1. Coverage shall be in place prior to the commencement of any work and throughout the duration of the contract. A certificate of insurance will be provided to the Risk Manager for review and approval. The certificate shall provide for the following:
  - a. The certificate holder shall read as follows:

Lee County Board of County Commissioners P.O. Box 398 Fort Myers, Florida 33902

- b. "Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials" will be named as an "Additional Insured" on the General Liability policy, including Products and Completed Operations coverage.
  - **c.** Lee County will be given thirty (30) days notice prior to cancellation or modification of any stipulated insurance. Such notification will be in writing by registered mail, return receipt requested and addressed to the Risk Manager (P.O. BOX 398 Ft. Myers, FL 33902).

#### **Special Requirements:**

- 1. An appropriate "Indemnification" clause shall be made a provision of the contract.
- 2. It is the responsibility of the general contractor to insure that all subcontractors comply with all insurance requirements.

## AFFIDAVIT CERTIFICATION IMMIGRATION LAWS

SOLICITATION NO.:	PROJECT NAME:		
KNOWINGLY EMPLOY EMPLOYMENT PROVIS IMMIGRATION AND NA LEE COUNTY MAY C	T INTENTIONALLY AWARD COUNS UNAUTHORIZED ALIEN WORKSIONS CONTAINED IN 8 U.S.C. SATIONALITY ACT ("INA").	ERS, CONSTITUTING A VIO ECTION 1324 a(e) {SECTION Y ANY CONTRACTOR OF	LATION OF THE 274A(e) OF THE UNAUTHORIZED
THE EMPLOYMENT	OF SECTION 274A(e) OF THE INA. PROVISIONS CONTAINED IN S TERAL CANCELLATION OF THE	SECTION 274A(e) OF THE	INA SHALL BE
	T THEY ARE FULLY COMPLIANT E 1986 IMMIGRATION ACT AND SU		IGRATION LAWS
Company Name:	<u> </u>		
Signature	Title	Date	
	STATE OF		
The foregoing instrument v	was signed and acknowledged before m	e thisday of	, 20, by
	who has produced		
(Print or Type Name)  (Type of Identification a	as identification.		
Notary Public Signature			
Printed Name of Notary Pu	iblic		
Notary Commission Numb	per/Expiration		

The signee of this Affidavit guarantees, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made. LEE COUNTY RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION, AS EVIDENCE OF SERVICES PROVIDED, AT ANY TIME.