Request for Quote

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
ONE CAPITOL HILL
PROVIDENCE RI 02908

CREATION DATE : 26-DEC-14
BID NUMBER: 7549229
TITLE: JANITORIAL SERVICES-CHAPIN HEALTH LAB

BUYER: Cadoret, David
PHONE #: N/A

BLANKET START : 01-MAR-15
BLANKET END : 28-FEB-18
BID CLOSING DATE AND TIME:21-JAN-2015 02:00:00

BILL TO
DOA CONTROLLER
ONE CAPITOL HILL, 4TH FLOOR
SMITH ST
PROVIDENCE, RI 02908
US

SHIP TO
DOA CENTRAL SERVICES
ONE CAPITOL HILL, 2ND FLOOR
SMITH ST
PROVIDENCE, RI 02908
US

Requistion Number: 1392252

Line	Description	Quantity	Unit	Unit Price	Total
1	3/1/15 - 6/30/15 HEALTH LAB MONTHLY PRICE FOR JANITORIAL SERVICES DESCRIBED IN ATTACHMENT "B" AS ROUTINE SERVICES	4.00	Month		
2	7/1/15 - 6/30/16 HEALTH LAB MONTHLY PRICE FOR JANITORIAL SERVICES DESCRIBED IN ATTACHMENT "B" AS ROUTINE SERVICES	12.00	Month		
3	7/1/16 - 6/30/17 HEALTH LAB MONTHLY PRICE FOR JANITORIAL SERVICES DESCRIBED IN ATTACHMENT "B" AS ROUTINE SERVICES	12.00	Month		
4	7/1/17 - 2/28/18 HEALTH LAB MONTHLY PRICE FOR JANITORIAL SERVICES DESCRIBED IN ATTACHMENT "B" AS ROUTINE SERVICES	8.00	Month		
5	3/1/15 - 6/30/15 HEALTH LAB TOTAL PRICE FOR SERVICES DESCRIBED IN ATTACHMENT "B" AS FLOOR CARE SERVICES (STRIP, SEAL & FINISH), AS REQUIRED	1.00	Total		
6	7/1/15 - 6/30/16 HEALTH LAB TOTAL PRICE FOR SERVICES DESCRIBED IN ATTACHMENT "B" AS FLOOR CARE SERVICES (STRIP, SEAL & FINISH), AS REQUIRED	1.00	Total		
7	7/1/16 - 6/30/17 HEALTH LAB TOTAL PRICE FOR SERVICES DESCRIBED IN ATTACHMENT "B" AS FLOOR CARE SERVICES (STRIP, SEAL & FINISH), AS REQUIRED	1.00	Total		
8	3/1/15 - 6/30/15 SUBMIT A SEPARATE PRICE FOR SERVICES DESCRIBED IN ATTACHMENT "B" AS FLOOR CARE SERVICES (STRIP, SEAL & FINISH), ON A PER SQ FT BASIS FOR ADDITIONAL STRIPPING AS REQUIRED BY AGENCY COORDINATOR	1.00	Square Foot		
9	7/1/15 - 6/30/16 SUBMIT A SEPARATE PRICE FOR SERVICES DESCRIBED IN ATTACHMENT "B" AS FLOOR CARE SERVICES (STRIP, SEAL & FINISH), ON A PER SQ FT BASIS FOR ADDITIONAL STRIPPING AS REQUIRED BY AGENCY COORDINATOR	1.00	Square Foot		
10	7/1/16 - 6/30/17 SUBMIT A SEPARATE PRICE FOR SERVICES DESCRIBED IN ATTACHMENT "B" AS FLOOR CARE SERVICES (STRIP, SEAL & FINISH), ON A PER SQ FT BASIS FOR ADDITIONAL STRIPPING AS REQUIRED BY AGENCY COORDINATOR	1.00	Square Foot		
11	7/1/17 - 2/28/18 SUBMIT A SEPARATE PRICE FOR SERVICES DESCRIBED IN ATTACHMENT "B" AS FLOOR CARE SERVICES (STRIP, SEAL & FINISH), ON A PER SQ FT BASIS FOR ADDITIONAL STRIPPING AS REQUIRED	1.00	Square Foot		

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer

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Requistion Number: 1392252

Line	Description	Quantity	Unit	Unit Price	Total
	BY AGENCY COORDINATOR				
12	3/1/15 - 6/30/15 SUBMIT A MONTHLY PRICE FOR DAY PORTER SERVICES DESCRIBED UNDER SPECIAL CLEANING IN ATTACHMENT "B" IF REQUIRED	4.00	Month		
13	7/1/15 - 6/30/16 SUBMIT A MONTHLY PRICE FOR DAY PORTER SERVICES DESCRIBED UNDER SPECIAL CLEANING IN ATTACHMENT "B" IF REQUIRED	12.00	Month		
14	7/1/16 - 6/30/17 SUBMIT A MONTHLY PRICE FOR DAY PORTER SERVICES DESCRIBED UNDER SPECIAL CLEANING IN ATTACHMENT "B" IF REQUIRED	12.00	Month		
15	7/1/17 - 2/28/18 SUBMIT A MONTHLY PRICE FOR DAY PORTER SERVICES DESCRIBED UNDER SPECIAL CLEANING IN ATTACHMENT "B" IF REQUIRED	8.00	Month		
16	INITIAL CLEAN UP OF BUILDING-SPECIFICATIONS TO BE PROVIDED	1.00	Total		

Delivery: _____

Terms of Payment: _____

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Contract Terms and Conditions

Table of Contents

Terms and Conditions.....XII
BID STANDARD TERMS AND CONDITIONS XII
TERMS AND CONDITIONS FOR THIS BID XII
SURETY REQUIREMENTS XII
INSURANCE REQUIREMENTS XII
MULTI YEAR AWARD XII
RIVIP INFO - BID SUBMISSION REQUIREMENTS XII
VENDOR SPECIFICATIONS XIII
AWARD XIII
DELIVERY PER AGENCY XIII

Terms and Conditions

BID STANDARD TERMS AND CONDITIONS

TERMS AND CONDITIONS FOR THIS BID

SURETY REQUIREMENTS

BIDDER IS REQUIRED TO PROVIDE A BID SURETY IN THE FORM OF A BID BOND, OR A CERTIFIED CHECK PAYABLE TO THE STATE OF RHODE ISLAND, IN THE AMOUNT OF A SUM NOT LESS THAN FIVE PERCENT (5%) OF THE BID PRICE. BID SURETY MUST BE ATTACHED TO THE BID FORM. THE SUCCESSFUL BIDDER WILL ALSO BE REQUIRED TO FURNISH PERFORMANCE AND LABOR AND PAYMENT BONDS AT TIME OF TENTATIVE CONTRACT AWARD.

INSURANCE REQUIREMENTS

AN INSURANCE CERTIFICATE IN COMPLIANCE WITH PROVISIONS OF ITEM 31 (INSURANCE) OF THE GENERAL CONDITIONS OF PURCHASE IS REQUIRED FOR COMPREHENSIVE GENERAL LIABILITY, AUTOMOBILE LIABILITY, AND WORKERS' COMPENSATION AND MUST BE SUBMITTED BY THE SUCCESSFUL BIDDER(S) TO THE DIVISION OF PURCHASES PRIOR TO AWARD. THE INSURANCE CERTIFICATE MUST NAME THE STATE OF RHODE ISLAND AS CERTIFICATE HOLDER AND AS AN ADDITIONAL INSURED. FAILURE TO COMPLY WITH THESE PROVISIONS MAY RESULT IN REJECTION OF THE OFFEROR'S BID. ANNUAL RENEWAL CERTIFICATES MUST BE SUBMITTED TO THE AGENCY IDENTIFIED ON THE PURCHASE ORDER. FAILURE TO DO SO MAY BE GROUNDS FOR CANCELLATION OF CONTRACT.

NOTE: IF THIS BID COVERS CONSTRUCTION, SCHOOL BUSING, HAZARDOUS WASTE, OR VESSEL OPERATION, APPLICABLE COVERAGES FROM THE FOLLOWING LIST MUST ALSO BE SUBMITTED TO THE DIVISION OF PURCHASES PRIOR TO AWARD: * PROFESSIONAL LIABILITY INSURANCE (AKA ERRORS & OMISSIONS) - $1 MILLION OR 5% OF ESTIMATED PROJECT COST, WHICHEVER IS GREATER. * BUILDER'S RISK INSURANCE - COVERAGE EQUAL TO FACE AMOUNT OF CONTRACT FOR CONSTRUCTION. * SCHOOL BUSING - AUTO LIABILITY COVERAGE IN THE AMOUNT OF $5 MILLION. * ENVIRONMENTAL IMPAIRMENT (AKA POLLUTION CONTROL) - $1 MILLION OR 5% OF FACE AMOUNT OF CONTRACT, WHICHEVER IS GREATER. * VESSEL OPERATION - (MARINE OR AIRCRAFT) - PROTECTION & INDEMNITY COVERAGE REQUIRED IN THE AMOUNT OF $1 MILLION.

MULTI YEAR AWARD

THIS IS A MULTI-YEAR BID/CONTRACT. PER RHODE ISLAND STATE LAW 37-2-33, CONTRACT OBLIGATIONS BEYOND THE CURRENT FISCAL YEAR ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.

RIVIP INFO - BID SUBMISSION REQUIREMENTS

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer

may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

MAILING ADDRESS FOR BID PROPOSALS ISSUED BY THE STATE OF RHODE ISLAND, DIVISION OF PURCHASES

All Bid Proposals must be submitted by mail or hand delivered to:

- State of Rhode Island
- Department of Administrtion
- Division of Purchases, Second floor
- One Capitol Hill
- Providence, RI 02908-5855

DIVESTITURE OF INVESTMENTS IN IRAN REQUIREMENT:

No vendor engaged in investment activities in Iran as described in R.I. Gen. Laws §37-2.5-2(b) may submit a bid proposal to, or renew a contract with, the Division of Purchases. Each vendor submitting a bid proposal or entering into a renewal of a contract is required to certify that the vendor does not appear on the list maintained by the General Treasurer pursuant to R.I. Gen. Laws §37-2.5-3.

VENDOR SPECIFICATIONS

ALL VENDORS MUST INCLUDE SPECIFICATIONS WITH BID PROPOSAL (EVEN THOSE BIDDING BRAND SPECIFIED). FAILURE TO SUBMIT SPECIFICATIONS WITH BID PROPOSAL MAY RESULT IN DISQUALIFICATION OF BID. ITEMS IN CATALOGS MUST BE CLEARLY MARKED AND PAGES TABBED.

AWARD

THE STATE, AT ITS SOLE DISCRETION, SHALL RESERVE THE RIGHT TO MAKE ONE OR MULTIPLE AWARDS FOR THIS REQUIREMENT AND/OR TO REJECT ANY OR ALL BIDS.

DELIVERY PER AGENCY

DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.

State of Rhode Island
Department of Administration / Division of Purchases
One Capitol Hill, Providence, Rhode Island 02908-5855
Tel: (401) 574-8100 Fax: (401) 574-8387

BID 7549229-JANITORIAL SERVICES-CHAPIN HEALTH LAB
ADDITIONAL INFORMATION

There will be a mandatory pre-bid conference, Monday, January 12, 2015, 10am at:

Chapin Health Lab
50 Orms St
Providence, RI
Meet in Lobby

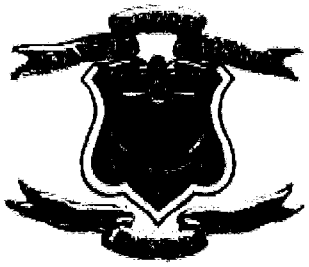
Bid all lines. If price left blank or listed as zero (0) dollars bid will be deemed non-responsive and not considered. No charge (n/c) or included (incl) is acceptable.

On lines 5-6-7 of request for quote: price listed in unit price should be a total price for services described in attachment B as floor care services. If bid as per sq. ft. price, bid will be deemed non-responsive and not considered.

Lines 8-9-10-11 should be bid as per sq. ft. price.

This bid will NOT require a bid bond. HOWEVER, a performance bond will be required.

THE AWARDED VENDOR WILL BE REQUIRED TO FURNISH A 100% PAYMENT AND PERFORMANCE BOND FROM A SURETY LICENSED TO CONDUCT BUSINESS IN THE STATE OF RHODE ISLAND UPON THE TENTATIVE AWARD OF THE CONTRACT PURSUANT TO THIS LOCATION. THE BOND WILL BE IN ONE YEAR INCREMENTS, RENEWED EVERY YEAR. TOTAL COST OF BOND SHOULD BE FIGURED INTO BID PRICE. NO ADDITIONAL BILLING WILL BE ALLOWED FOR COST OF BOND.



Department of Administration / Division of Purchases
One Capitol Hill, Providence, Rhode Island 02908-5855
Web Site: www.purchasing.ri.gov

ATTACHMENT "A"

JANITORIAL SERVICES

GENERAL - This covers Janitorial Services for the location identified in the Purchase in accordance with the term and description of services contained in ATTACHMENT "B" of the referenced bid.

RESPONSIBILITIES OF THE CONTRACTOR - The contractor shall:

A. Furnish all labor, supervision, materials, and equipment to satisfactorily perform the janitorial services covered by this Request at the frequency and during the times specified in the description of work contained in ATTACHMENT "B".

B. Furnish all coordinating management, training, technical personnel, and special projects personnel as may be required during the term of the contract - these personnel shall be the direct agents and employees of the contractor, and may include, if required, a non-working resident supervisor who shall be the contractor's chief manager and agent in the performance of the services to be rendered hereunder;

C. If required for the location, furnish its personnel with suitable identical uniforms approved by the State for use in performance of their duties herein;

D. Instruct its personnel to go about their work in a quiet manner, always be respectful of the rights of the State - profanity and obscenity will not be permitted, and lunch periods, coffee breaks and smoking shall be restricted to designated areas;

E. Require all personnel to wear a name tag (supplied by the contractor during the performance of their duties;

F. Prohibit its employees from disturbing paper on desk tops and other work surfaces, opening desk drawers and cabinets, or using telephones or other office equipment. NOTE: IF WASHING OF DESK TOPS AND/OR OTHER WORK SURFACES IS REQUESTED IN ATTACHMENT "B", THE AGENCY COORDINATOR WILL DIRECT EMPLOYEES, AT THE APPROPRIATE TIME, TO REMOVE ALL PAPERS, EQUIPMENT AND PERSONAL ITEMS FROM THE AREA SO THAT THE CLEANING CAN BE ACCOMPLISHED BY THE CONTRACTOR;

G. Provide the necessary supplies and materials for the proper performance of the services described by this Request.

H. Furnish and maintain all necessary cleaning equipment, needed to adequately perform the required services as described in ATTACHMENT "B";

Equipment or supplies which, in the opinion of the State, is of improper type or design (etc.), or otherwise inadequate or inappropriate for the purpose intended shall be removed from the premises and replaced by equipment or supplies approved by the agency coordinator for the State.)

I. Assure that contractor personnel comply with the requirements of the R.I. Department of Environmental Management's State Office Recycling Program and the Regulations for Reduction and Recycling of Commercial and Non-Residential Solid Waste, which include:

1. separate collection of source separated recyclables,
2. maintaining the separation of recyclables from other rubbish,
3. placing recyclables in designated bags, or other containers,
4. any other duties necessary to maintain the recyclability of collected materials;

J. Insure that bottles and containers containing hazardous or toxic materials shall be properly marked and stored at all times; and

K. In addition to the work specified herein, the following duties shall be assumed by contractor personnel:

1. Upon arrival at the work site, provide/complete SIGN-IN SHEETS/ TIME CARDS, copies of which will be retained by both the Contractor and the Building Superintendent;

2. Report fires, hazardous conditions, and items in need of repair or replacement including but not limited to lights, faucets, toilets, etc.,

3. Close windows and turn off lights when not in use,

4. Lock rooms in security areas after cleaning, returning keys to the designated office,

5. Return personal items lost or discarded in the building to the designated office, and

6. Lock doors and otherwise secure the building upon leaving the premises.

L. 1. Vendor must provide a current list of workers. Additionally, vendor must provide a clear copy of the worker's current driver's license or R. I. identification card.

2. Vendor must provide the names of any newly hired employee forty-eight 48) hours in advance to agency.

3. All vendor employees/representatives must be cleared through BCI before being authorized to work in the building. All BCIs to be performed at the vendor's expense.

4. Vendor must notify agency upon termination of an employee.

5. Vendor must comply with all State and Federal laws.

CONTRACTOR PERSONNEL - The following requirements apply to all personnel of the contractor who may be directly involved in the work:

A. Personnel shall be physically able to perform their assigned tasks, and shall be free from any communicable disease (the State reserves the right to require that personnel be given a physical examination by a licensed physician without cost to the State, with a certificate of such examination furnished to the State's agency coordinator prior to the beginning of the employee's service);

B. Personnel shall be capable employees, thoroughly trained and qualified in the work assigned to them; and

C. All site personnel shall be subject to such security clearance as the State may require.

The contractor shall provide the agency coordinator with the name, and date of birth for all employees involved in the work.
The contractor shall agree that if any of the contractor's personnel assigned to the work prove not to be acceptable to the State for any just cause (including, but not limited to criminal conviction of any type), the State shall request the removal of the employee(s) involved, and acceptable replacements shall be provided by the contractor without dispute.

AGENCY COOPERATION - The State shall provide to the contractor:

A. Use of and access to storage space and janitors' closets on the premises all storage areas will be maintained by the contractor in a neat and orderly condition); and

B. The necessary use of all utilities, including water, sewer, electricity, and in-house telephone service - however, the contractor shall insure that telephones are reserved for business purposes only.

INDEMNITY AND INSURANCE

The successful bidder(s) shall indemnify and save and keep the State harmless against any and all losses, costs of damages, claim expenses, or claims arising from the damage of the property of others occurring as a result of the work covered by this Request.

Additionally, the successful bidder(s) shall show evidence of coverage with a company or companies licensed to provide business insurance in the State, with minimum coverage as follows:

COMPREHENSIVE GENERAL LIABILITY INSURANCE

Bodily Injury	$1,000,000 each occurrence $1,000,000 annual aggregate
Property Damage	$500,000 each occurrence $500,000 annual aggregate

WORKERS' COMPENSATION INSURANCE

Coverage B	$100,000

or evidence of self-insurance or other representations of financial responsibility satisfactory to the State, at the discretion of the Purchasing Agent. Evidence of coverage must be provided by successful bidder(s) within 48 hours of request. It is a mandatory requirement for award.

INSPECTION OF WORK - The contractor is expected to be self-monitoring with respect to the performance of work against this contract and its quality. Additionally:

A. The contractor shall submit a DAILY REPORT to the State's agency coordinator identifying areas cleaned and services performed, and

B. Once each week (or on such other schedule as may be acceptable to the State), the agency coordinator and the contractor's supervisor shall make an inspection tour of the building to identify any deficiencies in performance, and to define any corrective action as may be required. The State also reserves the right to make inspections without the contractor when deemed necessary. THE SUBMISSION/COMPLETION OF THE ABOVE DESCRIBED REPORTS WILL BE STRICTLY ENFORCED.

(NOTE: Documentation of such inspections shall constitute due notice to the Contractor of discrepancies or deficiencies. Failure to respond to such notice and to permanently remedy the discrepancies or deficiencies in a prompt and timely manner shall constitute breach, and form grounds for termination, at the discretion of the State, within thirty (30) days of written notice issued by the Division of Purchases.)

Copies of the Daily Reports of the quality of performance will be retained by the agency coordinator and the contractor. Daily Reports will be distributed to the Division of Purchases as a "back-up" to Complaint Reports (DP-65), when necessary.

PENALTIES - All Contracts must be complaint free within 60 days of inception or they are subject to immediate cancellation and possible suspension of the Vendor. Poor performance or lack of performance after the first 60 days will be addressed in the same manner.

MODIFICATION AND TERMINATION - The State reserves the right to modify the level(s) of service required for any location/building covered by this Request and to make equitable adjustment to rates or fees as a result, or to suspend or terminate services in their entirety at any time during performance, thirty (30) days following written notice to the Contractor.

SUBMISSIONS MUST INCLUDE THE FOLLOWING IN ORDER TO BE CONSIDERED RESPONSIVE:

A. The Certification Cover Form (3 pages) signed by an owner, or authorized agent of the owner, of the firm making the offer.

B. A price offer, Request for Quote, complete in all aspects.

C. ATTACHMENT "A" is for vendor information and does not need to be submitted with proposal.

D. ATTACHMENT "B" is for vendor information and does not need to be submitted with proposal.

E. A technical proposal, ATTACHMENT "C", for each location for which a price offer has been made, complete in all respects.

F. There is no ATTACHMENT "D".

G. Attachment "E" is for vendor information and does not need to be submitted with proposal.

H. Costing page worksheet, ATTACHMENT "F", complete in all respects.

RI DIVISION OF PURCHASES

REQUESTS FOR BIDS – JANITORIAL SERVICES

ATTACHMENT "B" – AGENCY WORKSHEET

GENERAL INFORMATION/SPECIFICATIONS

DATE: December 15, 2014

AGENCY: DOA

LOCATION: Chapin Health Lab

AGENCY COORDINATOR: John Fernandes PHONE # 222-5558

STATE "ESTIMATED SQUARE FOOTAGE OF ALL AREAS TO BE CLEANED": 68000
(SUPPLY FLOOR PLAN, IF AVAILABLE) BREAKDOWN –TILE 2000
CARPET 2400
VCT 63600

A. IS AN "INITIAL CLEANUP" FOR A THIRTY (30) DAY PERIOD NECESSARY BASED ON THE CURRENT CONDITION OF THIS BUILDING?

YES ☒ NO ☐

B. CONTRACT PERIOD – FROM: March 1, 2015 TO: February 28, 2018

ROUTINE CLEANING

C. SPECIFY TIME FRAME WITHIN WHICH WORK MUST BE DONE: (indicate AM or PM)
FROM: 12pm TO: 4pm

D. DAYS OF WEEK WORK TO BE PERFORMED:

MON ☒ TUE ☒ WED ☒ THU ☒ FRI ☒ SAT ☐ SUN ☐

NOTE: SCHEDULED WORK DAYS/WORK HOURS THAT ARE NOT WORKED FOR ANY REASON, INCLUDING, BUT NOT LIMITED TO, HOLIDAYS, BAD WEATHER, POWER FAILURES, VENDOR EMPLOYEE ABSENCE, ETC., MUST BE DEDUCTED FROM VENDOR'S INVOICE BEFORE SUBMITTING IT TO THE STATE. THE DEDUCTION SHALL BE CALCULATED BY DIVIDING THE MONTHLY RATE BY EITHER THE MONTHLY SERVICE DAYS OR MONTHLY SERVICE HOURS, AS MAY BE APPLICABLE TO THE INSTANCE.

SPECIAL CLEANING

E. REGULAR SERVICE OF DAY PORTER DURING THE DAYTIME HOURS FOR THE PURPOSE OF CONTINUAL CLEANING OF BATHROOM, BREAK ROOMS, OR WHATEVER IS REQUIRED – A DAY PORTER IS IN ADDITION TO REGULAR CLEANING (indicate AM or PM):
FROM: 8:00 AM TO: 4:00 PM
DAYS OF WEEK WORK FOR DAY PORTER:

MON ☒ TUE ☒ WED ☒ THU ☒ FRI ☒ SAT ☐ SUN ☐

F. DEPOSIT WASTE IN OUR RECEPTACLES (DUMPSTERS): YES ☒ NO ☐

NOTE: ALL PLASTIC BAGS MUST BE SUPPLIED BY THE VENDOR – NO EXCEPTIONS ALLOWED.

G. REMOVE ALL WASTE DAILY FROM BUILDING AND GROUNDS: YES ☒ NO ☐

H. RESTROOMS, TELEPHONES AND WATER FOUNTAINS MUST BE DISINFECTED PER SPECIFICATION NO. 6620-005 TYPE III, DATED 6/3/99.

I. NO PROPANE POWERED EQUIPMENT IS ALLOWED IN STATE BUILDINGS – NO EXCEPTIONS ALLOWED.

CHECKLIST FOR JANITORIAL SERVICES

SERVICE REQUIRED FREQUENCY OF SERVICE	DAILY	TIMES WEEKLY	TIMES MONTHLY	TIMES YEARLY
ROUTINE SERVICES 1. EMPTY ALL WASTEBASKETS, RECEPTACLES AND REPLACE LINERS AS NEEDED;	☒	____	____	____
2. WASH ALL WASTEBASKETS IN OFFICE(S) AS NEEDED;	☒	____		
3. WASH ALL WASTE RECEPTACLES IN LUNCHROOMS;	☐	____	1	____
4. DUST ALL OFFICE FURNITURE AND EQUIPMENT – FILES, ETC.;	☐	1	____	____
5. DUST ALL BUILDING SURFACES WITHIN REACH – WINDOW SILLS, DOOR AND WINDOW FRAMES, PANELS, WALLS, ROOM DIVIDERS, CHAIR RAILS, BASEBOARDS, MOLDINGS, HANDRAILS, LEDGES, ETC., USING A TREATED CLOTH;			4	____
6. WASH AND SANITIZE ALL DRINKING FOUNTAINS USING GERMICIDAL CLEANER;	☐	2	____	____
7. DUST ALL HIGH PARTITIONS, PIPES, VENTS, MOLDINGS, ETC.;			____	____
8. DAMP WASH AND POLISH ALL BUILDING SURFACES WITHIN REACH – WINDOW SILLS, DOOR AND WINDOW FRAMES, PANELS, WALLS, ROOM DIVIDERS, CHAIR RAILS, BASEBOARDS, MOLDINGS, HANDRAILS, LEDGES, ETC., USING A TREATED CLOTH;			2	____
9. DUST ALL BLINDS;				2
10. REMOVE FINGERPRINTS, MARKS AND SMUDGES FROM WOODWORK, WALLS AND PARTITIONS;	☐	____	1	____
11. CLEAN AND POLISH BRIGHT METAL WORK;	☐	3	____	____
12. VACUUM ALL VENTS (EXPOSED GRILL WORK);			____	____
13. WASH RUBBER FLOOR MATS;	☐	1	____	____
14. CLEAN CHALKBOARDS AND CHALK TRAYS, DRY METHOD;	☐	____	____	____
15. WASH LIGHT FIXTURES;			____	____
16. WALL WASHING: STAIRWAY HALLWAY CORRIDOR CLASSROOM OFFICE OTHER AREAS – SPECIFY: _____			2 ____ ____ ____ ____	____ ____ ____ ____ ____

CHECKLIST FOR JANITORIAL SERVICES

SERVICE REQUIRED FREQUENCY OF SERVICE	DAILY	TIMES WEEKLY	TIMES MONTHLY	TIMES YEARLY
17. WASH ALL ENTRY GLASS – DOORS (INSIDE AND OUTSIDE), PARTITIONS, DIVIDERS, ETC.;	☒	____	____	____
18. WASH ALL EXPOSED GLASS SURFACES – GLASS PARTITIONS, INTERIOR GLASS DOORS, DISPLAY CASES, DIRECTORY BOARDS, MIRRORS, GLASS DRAFT WINDOWS SHIELDS, ETC.;	☒	____	____	____
19. REPLACE BURNED OUT LIGHTS FROM AGENCY'S STOCK;	☒	____	____	____
20. SWEEP STOOPS AND SIDEWALK AREAS (ONLY AREAS LISTED); _____ _____	☒	____	____	____
21. POLICE AREA ADJACENT TO BUILDING AND REMOVE BOTTLES, PAPERS, CIGARETTE BUTTS, ETC.;	☒	____	____	____
LAVATORIES: 22. CLEAN RESTROOMS – FLOORS, URINALS, TOILET BOWLS, SEATS, COMPARTMENTS, FIXTURES AND WALLS WITH A QUARTENARY GERMICIDAL SOLUTION, WHICH IS EPA REGISTERED ACCORDING TO GSA PROCEDURES;	☒	____	____	____
FLOORS: 23. SWEEP AND/OR DUST MOP ALL FLOOR SURFACES WITH TREATED MOPS;	☒	____	____	____
24. SWEEP AND DUST STAIRS, LANDINGS AND HANDRAILS: FRONT: _____ OTHERS SPECIFY: _____	☐	____	1	____
25. WET MOP ALL TRAFFIC LANES – ENTRIES, HALLS, ETC.;	☒	____	____	____
26. WET MOP ALL OFFICES, CLASSROOMS, ETC.;	☐	3	____	____
27. WET MOP STAIRS AND LANDINGS – FRONT: _____ OTHERS, SPECIFY: _____	☐	____	1	____

CHECKLIST FOR JANITORIAL SERVICES

SERVICE REQUIRED FREQUENCY OF SERVICE	DAILY	TIMES WEEKLY	TIMES MONTHLY	TIMES YEARLY
28. VACUUM ALL CARPETING IN TRAFFIC AREAS, STAIRS, LANDINGS, CORRIDORS, ENTRANCES;	☒	____	____	____
29. VACUUM ALL CARPETING IN OFFICES, CLASSROOMS, ETC.; SPECIFY: _____	☐	1	____	____
30. SPOT CLEAN ALL CARPETING, AS NECESSARY TO REMOVE SPILLS, SMALL AREAS, ETC.;	☐	____	____	____
31. SPRAY CLEAN AND MACHINE POLISH ALL NON-CARPETED FLOORS IN TRAFFIC LANES, CORRIDORS, ENTRANCES, ETC.;	☐	3	____	____
32. SPRAY AND MACHINE POLISH ALL OTHER NON-CARPETED FLOOR AREAS: _____	☐	1	____	____

JANITORIAL SERVICES – FLOOR MAINTENANCE

FLOOR SERVICE: STRIP, SEAL AND FINISH

A. MACHINE STRIP AND REFINISH ALL NON-CARPETED FLOORS IN TRAFFIC AREAS, CORRIDORS, ENTRANCES, ETC.

B. MACHINE STRIP AND REFINISH ALL NON-CARPETED FLOORS IN CLASSROOMS, OFFICES, ETC.

SPECIFY: Once yearly after winter (April). Provide unit pricing for additional requests.

NOTE:

AGENCY MUST SPECIFY THE TYPE OF FLOOR CLEANING CHEMICALS AND EQUIPMENT THAT WILL BE USED AT THE SPECIFIC LOCATION. THE OFFICE OF PURCHASES RECOMMENDS A "HIGH SPEED FLOOR CARE SYSTEM". YOU CAN SPECIFY ANY ONE OF THESE "SYSTEMS" LISTED OR ANY SYSTEM EQUAL TO THOSE LISTED.

FREQUENCY OF FLOOR SERVICE WILL BE DIRECTED BY THE AGENCY COORDINATOR AND MUST BE IN ACCORDANCE WITH THE MANUFACTURER'S RECOMMENDED INSTRUCTIONS FOR PROPER MAINTENANCE.

LIST CHEMICALS:

STRIPPER:	Agency Recommended
SEALER:	Agency Recommended
FINISH:	Agency Recommended
RESTORER:	Agency Recommended
CLEANER:	Agency Provided

LIST EQUIPMENT:

MANUFACTURER BRAND:	_____
MODEL #:	_____
SIZE:	_____
RPM:	_____

State of Rhode Island
Department of Administration / Division of Purchases
One Capitol Hill, Providence, Rhode Island 02908-5855
Tel: (401) 574-8100 Fax: (401) 574-8387

ATTACHMENT C-SPECIFICATIONS (JANITORIAL SERVICES)

BIDDER_____BID NUMBER 7549229

CHAPIN HEALTH LAB, PROVIDENCE, RI

1. Labor Rate (per man-hour) Charged in this Offer: $_____

2. Certificate of Insurance enclosed: [ ] Yes [ ] No

   Name of Carrier: _____

3. Number of employees to be assigned to this requirement:

   3A. On a full-time basis: _____3B. On a part-time basis:_____

4. Total number of man-hours planned to be used for this requirement:

   _____Per Week Full Time_____ Part Time _____

5. Will you have an on site supervisor at this location at all times?

   _____

6. If Yes to 5, will this supervisor do janitorial work as well as supervise or strictly do supervisory duties?

   _____

State of Rhode Island
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One Capitol Hill, Providence, Rhode Island 02908-5855
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ATTACHMENT C-SPECIFICATIONS (JANITORIAL SERVICES)

BIDDER_____BID NUMBER 7549229

CHAPIN HEALTH LAB, PROVIDENCE, RI

7. Equipment proposed for use on this requirement - NOTE: FLOOR CLEANING EQUIPMENT AND CHEMICALS MUST BE AS SPECIFIED, OR EQUAL TO, TYPE STATED IN ATTACHMENT "B". THE OFFICE OF PURCHASES RESERVES THE RIGHT TO DECIDE EQUALITY:

Description/Model Year	Brand/Model No.	No. of Units

NOTE: EQUIPMENT OFFERED MUST BE LESS THAN FIVE (5) YEARS OLD UNLESS CONTRACTOR CAN PROVIDE PROOF THAT THE WARRANTY EXCEEDS FIVE (5) YEARS.

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Department of Administration / Division of Purchases
One Capitol Hill, Providence, Rhode Island 02908-5855
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ATTACHMENT C-SPECIFICATIONS (JANITORIAL SERVICES)
BIDDER_____BID NUMBER 7549229
CHAPIN HEALTH LAB, PROVIDENCE, RI

8. Material/supplies to be used on this requirement - NOTE: FLOOR CLEANING SUPPLIES MUST BE AS SPECIFIED, OR EQUAL TO, THOSE STATED IN ATTACHMENT "B". THE OFFICE OF PURCHASES RESERVES THE RIGHT TO DECIDE EQUALITY:

Manufacturer	Brand /Model No.	Qty/Week

9. Other (similar) Contracts Undertaken (other than for the State):

Client Contract/Year	Description	Value
Tel. #_____		
Tel. #_____		
Tel. #_____		

State of Rhode Island
Department of Administration / Division of Purchases
One Capitol Hill, Providence, Rhode Island 02908-5855
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ATTACHMENT C-SPECIFICATIONS (JANITORIAL SERVICES)
BIDDER_____BID NUMBER 7549229
CHAPIN HEALTH LAB, PROVIDENCE, RI

10. Other (similar) Contracts Undertaken (for the State):

Agency	Location	Purchase Order

11. Has your firm (Have you) been subject to suspension, debarment, or criminal conviction by the State of Rhode Island, or any other jurisdiction? YES [ ] NO [ ]

12. Has the State ever terminated contracts with your firm for cause? YES [ ] NO [ ]

13. Has your firm ever withdrawn from a contract with the State during its performance? YES [ ] NO [ ]

State of Rhode Island
Department of Administration / Division of Purchases
One Capitol Hill, Providence, Rhode Island 02908-5855
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ATTACHMENT C-SPECIFICATIONS (JANITORIAL SERVICES)
BIDDER_____BID NUMBER 7549229
CHAPIN HEALTH LAB, PROVIDENCE, RI

If you have answered "Yes" to any of the foregoing, please explain the circumstances below:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

CERTIFICATION BY BIDDER:

_____	_____
Authorized Representative	Signature
_____	_____
Title	Date

Attachment "E"

STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION
OFFICE OF PURCHASES
ONE CAPITOL HILL
PROVIDENCE, RI 02908

SPECIFICATION NO. 6620-005 Germicidal Detergents
Date: 6/3/99 Supersedes: 4/20/98

1. SCOPE AND CLASSIFICATION:
1 1 This specification covers Germicidal Detergents for use by all State Agencies requiring "hospital-type" disinfectants as defined by the Environmental Protection Agency (EPA) for registration under Federal Insecticide, Fungicide and Rodenticides Act and other applicable Federal Requirements

1.2 Classification:
Type I. phenolic, Liquid
Type II. Quaternary Ammonium Compound, Liquid or Dry
Type III. Quaternary Ammonium Compound, Liquid or Dry with Odor Counteractants

2 Applicable Specifications:
2.1 The following Specifications, Acts, Laws and Test Methods, of the issues in effect on date of invitation for bids, form a part of this specification

3 Requirements:
3 1 Information to be furnished:
3.1 1 Labels: The bidder shall submit two manufacturer's labels of the product, which he is offering for consideration listing the following information

a. Product name or trade name
b Manufacturer's name and address
c. Active Ingredients
d Directions for use and recommended dilutions.
e Any precautions necessary in using and handling the product
f EPA registration number
g All information pertinent to Federal and State Laws affecting the labeling of disinfectants

3.1.2 Technical Specification -- Test Reports: Bidder shall submit certified test data confirming the germicidal effectiveness at the use dilution recommended on the label of the product offered under this specification Tests shall be in accordance with the AOAC latest official test method with efficacy against:

Mycobacterium Tuberculosis var bois (BGG) - (for Type I only)
Staphylococcus Aureau -- ATCC 6538
Pseudomonas Aeruginosa – ATCC 10708
Trichophyton Mentagrophytes
Methecillin Resistant Staphylococcus Aureau (MRSA)

3 1 3 Virucidal Activities: when used in accordance with the least favorable use dilution indicated on the label, product shall be viricidal for strains of: Herpes, Vaccinia and Influenza A2, HIV-Contact time shall be ten (10) minutes

3.1.4 All biological testing shall be done in the presence of 5% (Blood) serum and 400 PPM hard water These claims shall be registered with the U S E P A

3.1.5 Descriptive Literature: The bidder shall submit (in duplicate) brochures, booklets, circulars and/or other descriptive literature outlining suggested dilutions and the complete uses of the product offered for consideration

3.1.6 Approval for use on conductive flooring: The product must be classified as to use on electrically conductive flooring by any nationally operated laboratory, recognized and equipped to perform this service and accepted as such by the Division of Purchases

3.1.7 Certification: Certified statement, furnished by the manufacturer on their standard letterhead and signed by an officer or other responsible official, stating that the product offered and proposed to be supplied meets or exceeds all the requirements of this specification

3.2 MATERIALS:
3.2.1 Type I – Shall be a combination of multi-non-selective phenolic compounds and synthetic biodegradable detergents in a concentrated form intended as a concurrent disinfecting and cleaning agent This product shall be made from uniformly high grade materials and ingredients; shall provide broad spectrum disinfection and shall not impart acrid and disagreeable odors

3.2.1.1 Use-Dilution: Confirmation at 10 minute kill The highest use dilution specified on the label shall be germicidal for both Salmonella Choleraesuis (ATCC-10708) and Staphylococcus Aureau (ATCC 6538) under the condition of the current A.O A C Use dilution method. The recommended use dilution shall be able to kill Trichophyton Mentagrophytes and the A O A C test strain Pseudomonas Aeruginosa (PRO-10) when tested according to the current A O A C. test method and shall be able to kill the virulent strain of Mycobacterium Tuberculosis Var Bois (BGG) when tested according to the method currently acceptable to the EPA The product shall be registered effective in the presence of 5% (blood) serum and 400 PPM hardwater as (CaCO3)

3.2.1 2 It is recommended that a test method demonstrate Tuberculocidal activity by using Animal Passage Methods at the use dilution specified on the label. The product shall be registered effective in the presence of 5% (blood) serum and 400 PPM hard water as (CaCO3)

3.2.2 TYPE II - Shall be a combination of surface – active quaternary ammonium germicides and detergent cleansers in a concentrated form, for use as a combination cleaning and disinfecting agent for normal cleaning and disinfection The product shall give positive germ-kill on both gram positive and gram negative organisms when diluted in accordance with the manufacturer's instructions and used as directed The product shall be registered effective in the presence of 5% (blood) serum and 400 PPM hardwater (as CaCO3)

3.2.2.1 Use-Dilution: Confirmation at 10 minute kill. The highest use dilution specified on the label shall be germicidal for Salmonella Choleraesuis (ATCC 10708) Staphylococcus Aureus (ATCC 6538) M R.S A. and Pseudomonas Aeruginosa (PRO-10) under the conditions of the current A O A C Use dilution confirmation test method The product shall be registered effective in the presence of 5% (blood) serum and 400 PPM hardwater (as CaCO3)

3.2 3. Type III – Shall be a combination of surface active quaternary ammonium germicides, non-ionic surfactants, organic chelating agent and odor counteractants, in a concentrated liquid form, intended for use as a multi-purpose disinfectant, detergent and deodorizer The product shall give positive germ kill on both gram positive and gram negative organisms when diluted in accordance with the manufacturers instructions and when used as directed

3.2 3.1 Use Dilution: Confirmation at 10-minute kill. The highest use dilution specified on the label shall be germicidal for Salmonella Choleraesuis (ATCC 10708) Staphylococcus Aureus (ATCC 6538) and Pseudomonas Aeruginosa (PRO-10) under the conditions of the current A O A C use

dilution Confirmation test method, and shall demonstrate efficacy in 5% (blood) serum and 400 PPM Hardwater

3.3 Stability -- Shall be stable and effective in hard water; shall not break down in the presence of proteinaceous material; and shall have a storage life of one year without excessive loss of antimicrobial potency and detergency or detergent activity

3.4 PH of Use Dilution – shall be within the range of 2 5 to 3 5 or 10 0 to 11 0 when prepared with distilled water at 20 c

3.5 Flash Point – Shall show a closed cup flash point of over 100F when tested by any standard flash point method

3.6 Conductivity – Shall not adversely affect the conductivity of conductive surgical and obstetrical floors

3.7 Cleaning Efficiency – the germicidal detergent at the recommended use dilution shall not be harmful to any type flooring, painted or varnished surfaces It shall be free rinsing and shall exhibit a cleaning efficiency of at lease 95% when tested in accordance with Interim Federal Specification P-D 220

3.8 Toxicity – The acute oral toxicity, LD50, of the concentrate shall not be lower than 2 5 grams per kilogram of body weight when tested by method described in Regulations of Enforcement of the Federal Insecticide, Fungicide and Rodenticides Act

3 9 Dermatitis – No recommended use dilution shall be more irritant than 1% solution of Liquid Cresolis Saponatus NF when applied to the skin of a closely clipped adult albino rabbit on a pad of cotton gauze (1 inch square, 2 layers thick) for a period of eight hours at the rate of one milliliter of solution per pad

4 PACKAGING AND DELIVERY:

4.1 Packaging: Germicidal Detergent shall be furnished in the following size factory sealed containers as requested by the Agencies in the invitation to bid The product shall neither affect, nor be affected by, the containers in which it is furnished for a period of one (1) year from date of delivery. The unit of purchase shall be U S liquid gallons One-gallon plastic jugs
Five gallon metal, plastic or combination metal and plastic cans fitted with pouring spout

4.2 Marking: Unless otherwise specified in the invitation for bids, all packages shall be marked on a side or end with the following:

a Product Name or Trade Name
b Manufacturer's name and address
c Active ingredients
d. Directions for use and recommended dilutions
e Any precautions necessary in using and handling the product
f EPA Registration Number
g. All information pertinent to Federal and State laws affecting the Labeling of Disinfectants

5 SAMPLING, INSPECTION AND TEST PROCEDURE:

5 1 Sampling: Random sampling will be made at the delivery point by taking a sample from each regular delivery to determine that markings, materials and weight comply with this specifications

5 2 Testing: This product may be tested as deemed necessary by Division of Purchases, in accordance with Section 3 In the even samples fail to meet all conditions and requirements of the specification, the cost of the testing shall be borne by the supplier

6. NOTE:
6.1 Basis of Award: Award will be made to the lowest responsible bidder meeting all of the requirements of this specification and evaluated as such by the proper authority in the Division of Purchases using a use dilution cost per gallon factor against the widest spectrum of bacteria If use dilution rate varies with each organism the least favorable to the bidder will be utilized in establishing the basis for cost

6.2 Material Safety Data Sheet: Each contractor must furnish not less than two copies of a Material Safety Data sheet (Form OSHA-20) for each substance outlined in the State Labor Laws, Chapter 28 21

6.3 FAILURE TO SUBMIT CERTIFICATIONS FOR NECESSARY INFORMATION ON THE PRODUCT BID UPON SHALL BE SUFFICIENT CAUSE FOR REJECTION OF BID

This specification shall, until revised or rescinded, apply to each future purchase and contract for the commodity described herein Copies of State of Rhode Island Specifications may be obtained from: Division of Purchases, Standards Unit, One Capitol Hill, Providence, RI 02908

Copies of Standards of the American Society for Testing and Materials may be obtained from: American Society for Testing Materials, 1916 Race Street, Philadelphia, PA 19103

Copies of AOAC Official Test Methods may be obtained from The Association of Official Analytical Chemist, Box 540 Benjamin Franklin Station, Washington, DC 20044

Copies of Federal documents may be obtained from Superintendent of Documents, U S Printing Office,
Washington, DC 20042

State of Rhode Island

Department of Administration / Division of Purchases

One Capitol Hill, Providence, Rhode Island 02908-5855

Tel: (401) 574-8100 Fax: (401) 574-8387

ATTACHMENT F-BID 7549229

JANITORIAL SERVICES-COSTING PAGE WORKSHEET-FOR THE PERIOD 3/1/15-2/29/16

ROUTINE SERVICES ONLY

VENDOR NAME_____

DIRECT LABOR

ITEM 1	CATEGORY	$/MAN HOUR	MAN HRS/WK	MAN HRS/YR	TOTAL DOLLARS/YR
1	JANITOR(S) ( )				
2	SUPERVISOR ( )				
3	DAY PORTER ( )				
	TOTAL DIRECT LABOR (SUM 1 THRU 3)				A

PAYROLL RELATED

ITEM 2	CATEGORY	PERCENTAGE			TOTAL DOLLARS/YR
1	F.I.C.A	7.65	% x A		
2	F.U.T.	0.8	% x A		
3	S.U.T.	3.6	% x A		
4	WORK COMP	10.55	% x A		
5	LIABILITY	3.45	% x A		
6	JUT	0.1	% x A		
	TOTAL PAYROLL RELATED (SUM 1 THRU 6)				B
	TOTAL "A" AND "B"				C

OTHER OPERATING COSTS

ITEM 3	CATEGORY	PERCENTAGE			TOTAL DOLLARS/YR
1	SUPPLIES		% x A		
2	EQUIPMENT		% x A		
3	EQUIP REPAIRS		% x A		
4			% x A		
5			% x A		
	TOTAL OTHER OPERATING COST (SUM 1 THRU 5)				D
	GRAND TOTAL OPERATING COST (C+D)				E
	OVERHEAD	_____	% x E		F
	GRAND TOTAL OPERATING & OVERHEAD (E + F)				G
	PROFIT	_____	% x G		H
GRAND TOTAL OPERATING, OVERHEAD & PROFIT (G + H)					I