



# PURCHASING DEPARTMENT

TWELVE EAST 4<sup>TH</sup> AVENUE, SUITE 106 • ROME, GEORGIA 30161

PHONE: 706.291.5118 • FAX: 706.290.6099 • [www.romefloyd.com](http://www.romefloyd.com)

Date: 12 September 2016

To: To Whom It May Concern

## **Request for Quote 16-0929 JANITORIAL SERVICES**

Floyd County is requesting quotes for Janitorial Services for the Rome Floyd County Recreation Department Headquarters.

All quotes will be submitted on the attached quote sheet. Additional information may be submitted with quote. A Contract Affidavit (AKA E-Verify) is required to be submitted with this quote. If an E-Verify is not submitted Floyd County cannot consider the submission. Form is attached to this document.

Quotes are due no later than **2pm 29 September 2016**. Quotes may be submitted by Email, Fax, US Mail or hand delivered to this office. Fax 706 290-6099 – Email: [Graye@floydcountyga.org](mailto:Graye@floydcountyga.org)

A Mandatory Pre-Bid Meeting will be held at **10am on 22 September** at the Floyd County Recreation Department Headquarters, 1 Shorter Ave Rome Ga. 30161

Quotes are to remain valid for a period of 30 days from the date of quote. Awards may be for all or part of what is submitted

Questions regarding this RFQ will be faxed 706 290-6099 or Email: [Graye@floydcountyga.org](mailto:Graye@floydcountyga.org)  
All questions are due no later than **5pm 23 September 2016**.

Typically award notification will be by email. Tabulations will be posted to the Floyd County Website and the Georgia Procurement Registry in approximately 24hrs after the due date/time.

### **Payment Options, Invoicing, and Terms and Conditions**

**Payment will be made by check, Floyd County will pay invoice(s) within 30 days of receipt of a valid invoice. Floyd County is Tax Exempt. A Tax exemption can be provided upon request**

#### **BOARD OF COMMISSIONERS**

LARRY MAXEY, CHAIRMAN  
RHONDA S. WALLACE, VICE-CHAIRMAN  
IRWIN BAGWELL  
GARRY FRICKS  
SCOTTY HANCOCK

#### **ADMINISTRATION**

NANCY LAM, CPPB, CPPO, PURCHASING DIRECTOR  
EVERETT GRAY, CPPB, PURCHASING AGENT

FLOYD COUNTY GEORGIA  
RFQ 16-0929  
Janitorial Services

**Special Terms and Conditions**

The Rome Floyd County Recreation Department is seeking to contract janitorial services. This initial contract (or test phase) will be from the date of award until 31 December 2016. Janitorial Services would commence upon award. The intent to start the contract on 3 October 2016

This agreement allows an option for the awarded contractor once the initial term (test phase) has expired to contract with Floyd County for a one year period beginning in January 2017. This option if taken may roll over for an additional year provided both parties agree and all terms and conditions remain the same. Should either party wish not continue the second year of the contract; a 30 day notice in writing will be provided to the other party.

The County reserves the right to terminate the contract for lack of funding, cause, or any other reason in the best interest of Floyd County.

A Mandatory Pre-Bid Meeting will be held at **10 on 22 September** at the Rome Floyd County Recreation Department Headquarters, 1 Shorter Ave Rome Ga. 30161.

Successful bidder will be required to furnish a Certificate of Liability insurance in an amount not less than Five Hundred Thousand Dollars (\$500,000.00) per occurrence to protect the County throughout the life of the contract against **“ALL RISKS”**. Coverage to include but not limited to General Liability: Comprehensive Form, Premises/Operations, Products/Completed Operations, Broad Form Property Damage, Personal Injury, and Automobile/Vehicle Liability. Worker’s compensation and Employer’s Liability are to be statutory amounts. On all contracts for vehicle repair of any kind, the successful shall provide at least Five Hundred Thousand Dollars (\$500,000.00) of Garage Liability insurance in addition to the insurance stated above. The Certificate must be furnished within Ten (10) calendar days of a **“NOTICE OF AWARD”** being issued.

General: Rome Floyd County Recreation Department has a diverse and multifaceted mission to provide recreational services to Floyd County residences. At times the facility may be in heavy use depending on the time of year and more or less cleaning effort will be needed to ensure janitorial services maintain a high degree of cleanliness.

Payment of monthly invoices; Floyd County pays valid invoice within 30 days of presenting a valid invoice to the Recreation Department.

Resolution of any issues will be handled with the Director of the Recreation Department

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Janitorial Services

SCOPE OF WORK

**Floyd County**

- Will be responsible for providing and keeping cleaning supplies and equipment in stock.- toilet paper, paper towels, cleaning chemicals, cleaning cloths, vacuum cleaner, trash bags, etc.
- Payment will be made on a monthly basis upon receiving a valid invoice.
- Rome Floyd County Recreation Department will provide a contact person and phone numbers upon award

**Contractor**

Will provide all labor necessary to accomplish the cleaning schedule at Rome Floyd County Recreation Department Headquarters, located at 1 Shorter Ave Rome Ga. 30161  
Complete and return with quote page a Contract Affidavit Agreement (AKA E-Verify) & W-9

**Contractor**

- Will provide all labor necessary to accomplish the cleaning schedule at Rome Floyd County Recreation Department Headquarters, located at 1 Shorter Ave Rome Ga. 30161  
Complete and return with quote page a Contract Affidavit Agreement (AKA E-Verify) & W-9
- Employee must have a background check for each employee performing the Janitorial Services in the Building. Must provide a list of employees that will perform the services. Should an employee change the Recreation Department will be notified in advance. Only employees on the list will be allowed in the building.
- Employee will wear a Company photo ID while in the building. Failure to comply will be cause for contract termination.

\*\* Should the awarded Company not have Photo ID's for Employees, Floyd County will provide a Photo ID at the cost of \$10.00 each

**Initial Cleaning**

- Will perform an initial deep cleaning of the facility.
- Will include a spray buffing of the entire floors and will take an estimated 30-35 man hours to complete
- Will strip and wax VCT flooring in the entire building
- Will provide pricing separately on the bid sheet for the initial cleaning

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SCOPE OF WORK  
(Page 2)

**Routine Cleaning**

- Perform 3 regular service cleanings per week in the evening hours preferably from 7pm to 11pm.
- Conduct 2 quality control checks per month
- Semiannually Strip and Wax VCT Flooring
- Areas on the first floor include:
  - o Waiting and Reception Area
  - o Administrative Assistant Office
  - o Storage Office by Gym Lobby
  - o Gym Lobby
  - o Office in Lobby
  - o Gymnastics Operation Office
  - o Homework Room
  - o Coordinator's Office
  - o Copy Room
- Areas on the second floor include:
  - o Office
  - o Coordinator's Office
  - o Coordinator's Office
  - o Administrative Spec Office
  - o Manager's Office
  - o Public Info Coordinator's Office
  - o Executive Director's Office
  - o Conference Room
- Service for these areas include:
  - o Clean, dust and vacuum
  - o Dusting: window sills, ledges, louvered doors, blinds, picture frames, knick- knacks, ceiling fans, lamps, furniture, woodwork, shelves, and baseboards.
  - o Cleaning windows on entry ways
  - o Remove cobwebs.
  - o Wash and dry wood/tile floors.
  - o Vacuum carpets or wash floors.
  - o Vacuum furniture including under seat cushions
  - o Empty all Trash cans in dumpster.

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Janitorial Services

SCOPE OF WORK  
(Page 3)

- Service for other common areas:
  
- Areas on the first floor include
  - o Drawing Storage Room
  - o Storage Room
  - o Hallway
  - o Parent's Hallway with tables outside of Gym
  - o Party Room
  - o Hallway
  - o Storage Room
  - o Stairwell
  
- Areas on the second floor includes
  - o Storage Area
  - o Storage Room
  - o Hallway
  - o Viewing Mezzanine
  - o Elevator
  - o Stairwell
  
- Services include
  - o Clean, dust and vacuum
  - o Dusting: window sills, ledges, louvered doors, blinds, picture frames, knickknacks, ceiling fans, lamps, furniture, woodwork, shelves, and baseboards.
  - o Wiping down tables and chairs
  - o Cleaning windows in entry ways and 12 Glass Panels and two double doors leading into the gymnasium
  - o Remove cobwebs.
  - o Wash and dry wood/tile floors.
  - o Vacuum carpets or wash floors
  - o Vacuum furniture including under seat cushions.
  
- Services for Wet Room areas:
  - o Areas on first floor include:
  - o Breakroom with Kitchenette
  - o Locker Rooms
  - o Men's and Women's Restrooms
  
- Areas on second floor include:
  - o Men's and Women's Restrooms

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SCOPE OF WORK  
(Page 4)

- Services include:
  - Clean, dust and vacuum
  - Dusting: window sills, shelves, and baseboards.
  - Remove cobwebs.
  - Wash and dry wood/tile floors.
  - Vacuum carpets or wash floors.
  - Cleaning outside of any appliances
  - Restocking supplies (ie. Toilet paper, paper towels, hand soap)
  - Clean and sanitize restrooms
  - Vanities, sinks and backsplashes cleaned and sanitized
  - Clean mirrors
  - Clean and sanitize toilets
  - Wash floors and tile walls
  - Empty all trashcans in dumpster
  
- Service for Gymnasium:
  - Vacuum Gym area
  - Cleaning of any glass barriers

**Floyd County Georgia  
16-0929 JANITORIAL SERVICES  
Due 2pm 29 Sep 2016**

**QUOTE PAGE**

**We the undersigned, having attended the site visit agree to provide Janitorial Service in accordance with the scope of work, terms and conditions issued for the same.**

**Period from date of Award through 31 December 2016**

Initial Cleaning \$ \_\_\_\_\_

Monthly Regular Cleaning Charge \$ \_\_\_\_\_

**Period from January 2017 through December 2017**

Monthly Regular Cleaning Charge \$ \_\_\_\_\_

**BUSINESS INFORMATION**

Contact Person: \_\_\_\_\_ (Print or Type Name)

Telephone Number(s): P \_\_\_\_\_ F \_\_\_\_\_ C \_\_\_\_\_

Email Address \_\_\_\_\_

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please attach a current W-9 and the Contract affidavit to this page when submitting***

***Failure to provide completed E-Verify form will result in Floyd County NOT CONSIDERING your Quote***

**Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of Floyd County Georgia has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Contractor

\_\_\_\_\_  
\_\_\_\_\_  
Address of Contractor

RFQ 16-0929 Janitorial Services - Recreation  
\_\_\_\_\_  
Name of Project

FLOYD COUNTY GEORGIA  
\_\_\_\_\_  
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.  
Executed on \_\_\_\_\_, \_\_\_\_ in 201\_\_ in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_ (Notary Seal or Stamp Required)

**Request for Taxpayer  
Identification Number and Certification**

Give Form to the  
requester. Do not  
send to the IRS.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 Other (see instructions) ▶ \_\_\_\_\_

Address (number, street, and apt. or suite no.)      Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Exempt payee

Print or type  
See specific instructions on page 2.

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| Social security number         |  |   |   |  |  |  |   |  |  |  |
|--------------------------------|--|---|---|--|--|--|---|--|--|--|
|                                |  |   | - |  |  |  | - |  |  |  |
| Employer identification number |  |   |   |  |  |  |   |  |  |  |
|                                |  | - |   |  |  |  |   |  |  |  |

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here**

Signature of U.S. person ▶

Date ▶

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business.

Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.