



INVITATION TO PARTICIPATE

**PLEASE EMAIL THIS DOCUMENT
BACK TO THE PURCHASING
DEPARTMENT.**

jaustin@jacksoncountyfl.com

Notice is hereby given to all interested persons or firms that Jackson County will be accepting sealed bids for the following:

BID NUMBER: 1819-32

BID NAME: Establish New Cleaning Contract for Jackson County Health Department

GENERAL INFORMATION: The Jackson County Board of County Commissioners is seeking qualified vendors to respond to this request for proposals to provide for a Fulltime (5 days a week) Facility Wide Cleaning Contract for the Jackson County Health Department

BID DEADLINE DATE: Thursday, August 1, 2019 DEADLINE TIME: 2:00 PM CST

PLEASE FILL IN THE FOLLOWING INFORMATION AND RETURN (MAIL OR FAX) THIS FORM IMMEDIATELY

PLEASE CHECK ONE OF THE FOLLOWING

WE DO INTEND TO PARTICIPATE IN THIS BID REQUEST		
We DO NOT intend to participate in this Bid request; however we would like to remain on the Jackson County Vendor listing.		
IF THIS PROJECT REQUIRES A CONTRACTOR MEETING (see page 2)		
WE WILL ATTEND		WE WILL NOT BE ATTENDING

Please indicate with a "*" if there are any changes to the following information

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Voice Telephone Number: _____ Fax Number: _____

Contact Person: _____

PRINTED NAME

SIGNATURE

Please return this Invitation to Participate immediately upon receipt.



IMPORTANT NOTICE

CONTRACTOR MEETING NOTIFICATION

Bid Number: **1819-32**

Bid Name: **Establish New Cleaning Contract for Jackson County Health Department**

MEETING DATE: **Monday, July 29, 2019**

TIME: **10:00AM, CST**

MEETING LOCATION: **Jackson County Health Department
4979 Healthy Way
Marianna, FL 32446**

SPECIAL NOTE: Additional information may be handed out at this meeting. This additional information **WILL NOT** be mailed out to any vendors not responding to this meeting.

**THIS PROJECT INVOLVES A NON-MANDATORY
CONTRACTOR MEETING**

QUESTION & RESPONSE FORM

BID NUMBER: 1819-32

BID NAME: Establish New Cleaning Contract for Jackson County Health Department

NOTE: We understand that questions may arise from this bid packet or the specifications pertaining to this project. We will make every attempt to answer your questions in a timely manner. However, all questions must be in written format and on this form. You can submit your question via Email to jaustin@jacksoncountyfl.com . Please be sure that all of the requested information has been provided. Once the question has been answered, I will return the response to you and to only those firms that have submitted the INVITATION TO PARTICIPATE to the Purchasing Dept.

FIRM REQUESTING INFORMATION: _____

PERSON MAKING REQUEST: _____

ADDRESS	PHONE #	FAX #
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QUESTION: _____

ANSWER:: _____

PERSON RESPONDING TO QUESTION: _____



BID PACKET CONTENTS

BID NUMBER: 1819-32

BID NAME: Establish New Cleaning Contract for Jackson County Health Department

THIS PACKET CONTAINS THE FOLLOWING DOCUMENTS.

NOTE: SOME OF THESE DOCUMENTS NEED TO BE RETURNED. PLEASE READ AND FOLLOW THE SUBMISSION REQUIREMENT SO THAT YOUR BID WILL NOT BE DISQUALIFIED.

<u>DESCRIPTION</u>	<u>SUBMISSION REQUIREMENT</u>
• IMPORTANT NOTICE (if a contractor meeting has been set, the information will be given on page 3.	
• INVITATION TO PARTICIPATE -----	<u>EMAIL THIS DOCUMENT BACK IMMEDIATELY</u>

BID PACKET CONTENTS	RETURN AS INDICATED
• BID DOCUMENT-----	DO NOT RETURN
• EXPLANATION & PROCEDURE-----	DO NOT RETURN
• GENERAL CONDITIONS AND SPECIFICATIONS -----	DO NOT RETURN
• PUBLIC ENTITY CRIMES FORM-----	SUBMIT ONE COPY WITH BID
• BID SPECIFICATIONS-----	DO NOT RETURN
• BID RESPONSE FORM-----	SUBMIT THREE COPIES WITH BID
• VENDOR INFORMATION-----	SUBMIT ONE COPY WITH BID
• COPY OF FORM W-9-----	SUBMIT ONE COPY WITH BID
• STATEMENT OF EXPERIENCE-----	SUBMIT ONE COPY WITH BID
• SUBCONTRACTOR LIST-----	RETURN IF SUBCONTRACTORS WILL BE USED

ADDITIONAL DOCUMENTS REQUIRED IN CONJUNCTION WITH THIS BID

Documents that are in **BOLD ARE** required for submission. Documents **NOT** in **BOLD** are **NOT** required.

- BID BOND
- PAYMENT BOND
- PERFORMANCE BOND
- **PROOF OF WORKMAN'S COMPENSATION INSURANCE**
- **PROOF OF CURRENT LIABILITY INSURANCE (County may, if necessary request an increase)**

DOCUMENTS WHICH WILL BE ISSUED UPON AWARD

1. **CONTRACT**
2. **NOTICE OF AWARD**
3. CHANGE ORDER (when necessary, requires Board approval)
4. CERTIFICATE OF FINAL COMPLETION - Must be completed and submitted to Purchasing Dept. or final payment will not be made

BID DOCUMENT
EXPLANATION & PROCEDURES CONTINUED

WARNING - THESE PROCEDURES WILL BE FOLLOWED

If an attempt to circumvent this process is made and the invoice for payment is sent directly to the Finance Department, the Finance Department will forward the invoice to the Purchasing Department. If a Notice of Final Completion is not on file with the Purchasing Department, the Contractor will immediately be notified to initiate the Final Completion process.

If the total project cost is more or less than that provided on the Bid response, the Purchasing Department will review the records for an approved Change Order form. If one does not exist, PAYMENT WILL NOT BE MADE. Any and all change orders MUST be approved by the Jackson County Board of County Commissioners or authorized representative. If in the event a Change Order was not found, the Purchasing Department will require the contractor to complete in detail a Change Order form. The Department will then present the Change Order to the Board of Commissioners at their next regular meeting. This does not guarantee that this Change Order will be approved. The Department will follow the direction that the Board of Commissioners dictates.

GENERAL The procedures listed here will be followed by everyone responding to a Bid Request. Failure to comply with these procedures **COULD RESULT IN DISQUALIFICATION**

PUBLIC ENTITY CRIMES - SWORN STATEMENT FORM - RETURN WITH BID RESPONSE PACKET

State law dictates that all individuals or firms doing business with a Governmental Agency must provide that agency with written documentation that they have not been convicted of any crimes which would prohibit them from conducting business with a Government Agency.

BID BOND – CONSTRUCTION BIDS \$50,000.00 AND OVER-RETURN WITH BID RESPONSE PACKET

Bid Bonds are insurance agreements in which a third party agrees to be liable to pay a certain amount of money in the event that a specific bidder, if the bid is accepted, fails to accept the contract as bid. NOTE: unless otherwise noted, this bid bond requirement is primarily for construction type bids and NOT for PRODUCT type bids.

ADDENDUM FORMS

Changes are made from time to time pertaining to the Bid. These changes or additional information will be provided to everyone that has returned the Invitation to Participate. If the Invitation to Participate has not been returned, the Purchasing Department will make the determination that your firm does not wish to respond to this Bid request. As a result, any Addendum's will NOT be sent to your firm.

CONTRACT The Contract provided in the Bid packet is a sample document and is representative of the actual contract.

RECIPIENT OF THE BID AWARD Failure to strictly adhere to the procedures listed here could result in delays for any or all payment requests.

NOTICE OF AWARD - RETURN THIS DOCUMENT WITHIN 15 DAYS

This document will be sent to the successful bidder as notification of the award of the bid. The contractor must return this document within 15 calendar days. Return two copies of the Contract along with the Notice of Award. No work on the project is to occur until the Contractor has received the NOTICE TO PROCEED. However Contractor may take the necessary steps to prepare for the work to begin. These steps could include but not be limited to scheduling, ordering items/equipment etc. The contractor shall also send the remainder of the required documents, Performance Bonds, Insurance requirements Etc. at this time.

PERFORMANCE BOND - BIDS \$50,000-00 A" OVER -RETURN WITH THE NOTICE OF AWARD This is a contract of guaranty executed subsequent to award by a successful bidder to protect the government from loss due to contractor inability to complete the contract as agreed.

The firm receiving the Bid award shall execute a Performance Bond for the entire amount of the bid itself and naming Jackson County Board of County Commissioners as recipient. Once this has been accomplished, the Notice of Award and Performance Bond must be sent to the Purchasing Department.

NOTE: unless otherwise noted, this bid bond requirement is primarily for construction type bids and NOT for PRODUCT type bids.

NOTICE TO PROCEED - RETURN THIS DOCUMENT UPON EXECUTION

The Notice to Proceed will be sent only after all the required forms have been received by the Purchasing Department. The Notice to Proceed will specify a starting date on which the contractor shall start work. This document will also specify the total amount of days allowed for the completion of this project and will identify the date in which this project should conclude.

TIME ZONE

Jackson County is in the Central Time Zone. An any and all reference to time is made in the Central Time zone. Those responding to this Request for Bid are responsible for responding correctly.

CERTIFICATE OF FINAL COMPLETION

NOTE: This procedure MUST BE FOLLOWED. This document MUST be on file in the Purchasing Department or final Payment will not be processed for Payment by the Department.

The purpose of this document is a final inspection of the project. The Contractor shall notify the Purchasing Department via the Notice of Final Completion only when the Contractor has fully completed the project. The Purchasing Director will schedule a date for both the Owner and Contractor to complete a final inspection of the project. The results of this final inspection will be either a listing of items which remain to be completed or agreement between both parties as to the completeness of the project. The contractor will receive the final signed copy of the Notice of Final Completion once the work has been completed and released. Contractor should then provide the Purchasing Department with the final invoice for payment. The Purchasing Department shall process said invoice and deliver the invoice for payment to the Finance Department.



PROJECT NUMBER: : 1819-32

PROJECT NAME: Establish New Cleaning Contract for Jackson County Health Department

GENERAL CONDITIONS AND SPECIFICATIONS

GENERAL

- A. These documents constitute the complete set of specification requirements and forms. The Proposal including all sheets and attachments must be filled in, executed and submitted in a sealed envelope bearing the RFP number on the outside and mailed or presented to the Purchasing Office on or before the specified time and date. The face envelope shall contain the return address, the date of RFP opening, the RFP number and title.
- B. It is the sole responsibility of the respondent to ensure that his or her response reaches the Purchasing Office on or before the closing date and time. The County of Jackson shall in no way be responsible for delays, caused by any other occurrence. Offers by telephone, telegram or facsimile shall not be accepted unless otherwise specified.
- C. All responses must be typewritten or written in ink, and must be signed in ink by an officer or employee having authority to bind the company or firm.
- D. **Provide one original signed copy and four additional copies** of any Response pages which have to be prepared by your firm as directed in response to this request. The original copy of the RFP must contain an original, manual signature of an authorized representative of the company.
- E. Respondents shall not be allowed to modify their packets after the opening time and date. RFP files may be examined during normal working hours, after the opening, by appointment only.
- F. The RFP packets will be publicly opened by the Purchasing Department of the Board of County Commissioners of Jackson County,. This will take place at 2864 Madison Street, Marianna, Florida 32448 on the date and time indicated in RFP packet.

ALL RESPONDENTS OR THEIR REPRESENTATIVES ARE INVITED TO BE PRESENT

For information concerning this project, please contact:

Judy Austin, Purchasing Agent
COUNTY OF JACKSON
PURCHASING DEPARTMENT
COUNTY ADMINISTRATION BUILDING
2864 MADISON STREET
MARIANNA, FLORIDA 32448
VOICE—850-482-9633 FAX 850-482-9682

LEGAL REQUIREMENTS

Respondents are required to comply with all provisions of Federal, State and County laws and Ordinances, rules and regulations, that are applicable to the items being requested. Lack of knowledge by the respondent shall in no way be a cause for relief from responsibility, or constitute a cognizable defense against the legal effect thereof.

PUBLIC ENTITY CRIMES

Any person submitting a proposal in response to this invitation must execute the enclosed SWORN STATEMENT UNDER SECTION 287.133 (A), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES, including proper check(s) in the space(s) provided, and enclose it with the proposal.

No award will be executed with any person affiliate identified on the Department of General Services “Convicted Vendor” list. This list is defined as consisting of persons and affiliates who are disqualified from public contracting and purchasing process because they have been found guilty of a public entity crime. No public entity shall award any contract to, or transact any business in excess of the threshold amount provided in Section 287.017, Florida Statutes for Category Two (2) (currently \$10,000.00) with any person or affiliate on the “Convicted Vendor” list for a period of thirty-six (36) months from the date that person or affiliate was placed on the “Convicted Vendor” list unless that person or affiliate has been removed from the list pursuant to Section 287.133 (3)(f) Florida Statutes.

DRUG FREE WORKPLACE PROGRAMS

Preference shall be given to business with Drug-Free Work Place programs, whenever two or more packets which are equal with respect to quality, and service are received by the County of Jackson for the procurement of commodities or contractual services.

PROCUREMENT REGULATIONS

This request is governed by the Jackson County procurement Regulations. A copy of the Procurement Regulations is available for your review at the County Purchasing Office.

PROTESTS OR DISPUTES

Any protests or disputes pursuant to this request and/or contract award shall be governed by the procedures noted in the Procurement Regulations.

FEDERAL AND STATE TAX

The County of Jackson is exempt from Federal and State Taxes for tangible personal property. The Purchasing Department will supply the successful respondent with an exemption certificate if required. Vendors or contractors doing business with Jackson County shall not be exempted from paying sales tax to their suppliers for materials to fulfill contractual obligations with the County, nor shall any Vendor/Contractor be authorized to use the County Tax Exemption Number in securing such materials.

ACCEPTANCE/REJECTION

The County reserves the right to reject the response of any vendor who has previously failed in the proper performance of an award or to deliver on time contracts of a similar nature or who is not in a position to perform properly under this award. The County reserves the right to inspect all facilities of firms in order to make a determination as to the forgoing. Jackson County reserves the right to waive any irregularities and technicalities and may, at its discretion, request re-advertise this RFP.

ALTERNATIVES/APPROVED EQUAL DEVIATIONS

Unless otherwise specified, the mention of the particular manufacture's brand name or number in the specifications does not imply that this particular product is the only one that will be considered for purchase. This reference is intended solely to designate the type or quality of merchandise that will be acceptable. Alternate offers will be considered and must include descriptive literature and/or specifications. Failure to provide descriptive literature and/or specifications with alternate offers may be cause for disqualification of the response. The determination as to whether any alternate product or service is or is not equal shall be made by Jackson County and such determination shall be final and binding upon all responses.

The respondent shall be responsible for reading very carefully, and understanding completely, the requirements and the specifications of the items requested. Any deviation from specifications listed herein must be clearly indicated, otherwise it will be considered that items offered are in strict compliance with these specifications, and the successful respondent will be held responsible therefore; deviations must be explained in detail on an attached sheet(s) and itemized by number. Any item or items that do not meet County specifications upon delivery will not be accepted and if the item cannot be brought up to specifications in a reasonable time, the firm will be required to compensate the County for difference in price entailed in going to the next low firm.

NO RESPONSE

Where more than one item is listed, any items not included in the response shall be indicated by a written "NO RESPONSE" beside the item. If no items are represented, a "Statement of NO RESPONSE" should be returned, with the envelope plainly marked "NO RESPONSE" and with the RFP number. Failure to comply will be an indication that the firm does not wish to be considered for future requests.

NON-COLLUSION

Firm certifies that this response is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a response for the same materials, services, supplies, or equipment and is in all respects fair and without collusion or fraud.

No premiums, rebates or gratuities permitted; either with, prior to or after any delivery of material or provision of service. Any such violation may result in contract cancellation, return of materials or discontinuation of services and possible removal from the vendor list(s).

CONFLICT OF INTEREST

The award is subject to provisions of State Statutes and County Ordinances if any. All respondents must disclose with their response the name of any office, director, or agent who is an employee of Jackson County. Further, all firms must disclose the name of any County employee who owns, directly or indirectly, an interest of ten percent (10%) or more in the firm or any of its branches

UNIFORM COMMERCIAL CODE

The Uniform Commercial Code (Florida Statutes, Chapter 672) shall prevail as the basis for contractual obligations between the awarded contractor/vendor and the County for any terms and conditions not specifically stated in this Invitation.

AVAILABILITY OF FUNDS

The obligations of Jackson County under this award are subject to the availability of funds lawfully appropriated for its purpose by the State of Florida and Jackson County.

EEO STATEMENT

Jackson County is committed to assuring equal opportunity in the award of contracts and, therefore, complies with all laws prohibiting discrimination on the basis of race, color, religion, national origin, age and sex.

SUBCONTRACTING

If a vendor subcontracts any portion of a contract for any reason, he must submit the name and address of the subcontractor and the name of the person to be contracted. Jackson County reserves the right to accept or reject any or all responses wherein a subcontractor is named and to make the award to the firm, who, in the opinion of the County, will be in the best interest of and/or most advantageous to the County. Jackson County also reserves the right to reject a response of any firm if the response names a subcontractor who has previously failed in the proper performance of an award or failed to deliver on time contracts of a similar nature, or who is not in a position to perform properly under this award. Jackson County reserves the right to make the determination as to the foregoing.

REQUIREMENTS FOR ALL INFORMATION TECHNOLOGY HARDWARE, SOFTWARE, SERVICES, OR ELECTRONIC EQUIPMENT

All Electronic equipment shall be **YEAR 2000 COMPLIANT**. Any firm responding to this request shall supply the County with a statement that the electronic equipment being offered is in fact **YEAR 2000 COMPLIANT**.

QUESTIONS PERTAINING TO THE PROJECT

No questions regarding this project will be answered unless said question is in written form. Questions pertaining to the specifications of this project will be delivered to the Purchasing Agent via Fax, Mail or hand delivered. The original question along with the answer will be sent via Fax or Mail to every firm who has returned the Invitation to Participate.

NEGOTIATIONS

Negotiations will be conducted in accordance with Florida State Statute 11.45.



BID SPECIFICATIONS

Please, if you have any questions, please ask. Thanks

BID NUMBER: 1819-32

BID NAME: Establish New Cleaning Contract for Jackson County Health Department

Procedures for having questions answered:

1. All questions will be directed to the Purchasing Agent unless otherwise indicated.
2. All questions will be in written form utilizing the provided question form.
3. Questions can be either:
 - A. Emailed to the Purchasing Agent at jaustin@jacksoncountyfl.com or
4. All questions will be distributed along with the answer to ONLY THOSE respondents which have returned the INVITATION TO PARTICIPATE.
5. Please read ALTERNATIVES/APPROVED EQUAL DEVIATIONS regarding product specifications.

IMPORTANT INFORMATION: N/A for this contract

- **Once this project has been awarded, the contractor/vendor will have 30 days to begin providing services on the issuance of the Notice of Award”**

SPECIFICATIONS

General Scope of work

Facility Size: Approx. 46,450 Sq ft floor tile, plus 5,000 sq ft. of carpet.

Contractor shall furnish all necessary labor, materials and equipment necessary to perform cleaning of the facility, on a 5 day a week basis, including but not limited to floors, carpeting, base boards, trash removal, windows, furniture etc.

Specific Requirements

- Contractor must be knowledgeable, experienced, and responsible for determining all proper cleaning methods to use.
- Daily janitorial work shall be done by one (1) custodian.
- All Floor care including carpets, tile shall be done after normal business hours.
- Carpets shall be cleaned in a manner acceptable to the trade and accomplished with the least possible interference to County office routine.

- The contractor shall be responsible for moving chairs, trash containers, all small items, desks, file cabinets and any large or heavy items prior to cleaning of floors.

The contractor must be available and capable to perform cleaning for special emergency cleanup situations resulting from flood, wind and etc.,

- The bulk of the floor cleaning will be performed during non-business hours commencing after 5:00pm on weekdays and anytime on the weekends. Carpet cleaning may also be required to be performed during business hours. All floor cleaning shall be scheduled with the Board of Health Director. .
- The contractor will provide proof of liability insurance and workman's compensation insurance both in sufficient amounts to the County Purchasing Agent at the first meeting after award notification.
- Contractor must submit a listing of at least five (5) commercial businesses to include company name, phone number, contact person, phone number and how many years you have done business with these companies.
- Contractor must submit in written form a description of the entire janitorial process they will provide, also this description will include a listing of all chemicals to be used for all cleaning processes.

Section 1

The Jackson County Health Department [JCHD] located at 4979 Healthy Way, Marianna, FL 32446 is an approximately 48,950 square foot facility comprised of both office and medical space. However for the purpose of this contract, only 46,450 square feet will be subject to regular cleaning as the remaining 2,500 is warehouse space. The JCHD operates on a five day week (Monday – Friday) from 7:30am – 5:00pm CST.

The details of what the successful bidder will be expected to perform are as follows:

DAILY

1. All Bathrooms:
 - A. Clean toilets and basin.
 - B. Clean all urinals.
 - C. Clean all sinks.
 - D. Clean all mirrors.
 - E. Clean and refill all paper dispensers and toilet paper.
 - F. Clean and replace bag in sanitary napkin holders.
 - G. Clean door handles [entrance door and stall doors].
 - H. Sweep and mop floors.
 - I. Empty all garbage receptacles and change all bags.
 - J. Clean and sanitize baby changing tables.
 - K. Clean and fill soap dispensers.
 - L. Replace Air Fresheners, when needed.

2. Main Lobby/Waiting Areas:
 - A. Sweep and mop floors. No dirt shall be left in corners or near baseboards, behind doors or under furniture. This pertains to all areas of JCHD.
 - B. Vacuum all rugs. There dirt shall be left in corners or near baseboard, behind doors or under furniture. This pertains to all areas of JCHD.
 - C. Empty garbage cans and change all bags.
 - D. Pickup trash.
 - E. Clean glass entrance doors and door handles.
 - F. Clean glass windows, clean counters and dividers.
 - G. Clean and sanitize water fountains.
 - H. Clean children's table and chairs.
 - I. Wipe down waiting room chairs.
3. Offices, Intake/Interview Rooms, Medical Records and Reception Areas including Hallways:
 - A. Sweep and mop floors.
 - B. Vacuum all rugs/carpets.
 - C. Empty garbage cans and change all bags, including shred containers (taken to recycle container).
 - D. Pickup trash.
 - E. Clean door handles.
4. Nursing Stations and Labs/Treatment Rooms/Exam Rooms:
 - A. Sweep and mop floors.
 - B. Empty garbage cans and change all bags.
 - C. Clean/Disinfect sinks, counters, stools, chairs and exam room tables.
 - D. Clean/Disinfect door handles.
 - E. Fill soap dispensers and paper dispensers.
5. Break Rooms/Kitchens:
 - A. Sweep and mop floors.
 - B. Empty garbage cans and change all bags.
 - C. Clean sinks and counters.
 - D. Clean tables and wipe down chairs.
 - E. Clean door handles.
 - F. Fill soap dispensers and paper dispensers.
6. Conference Rooms:
 - A. Empty garbage cans and change all bags.
 - B. Clean door handles.
 - C. Wipe conference Tables
7. All JCHD Outside Garbage:
 - A. Empty outside garbage and change all bags.

WEEKLY

1. All Bathrooms:
 - A. Wipe down all doors.
 - B. Wipe down all walls including stalls.
 - C. Clean and sanitize garbage cans.
2. Main Lobby/Waiting Areas:
 - A. Wipe down all doors.
 - B. Wipe down all walls.
 - C. Clean and sanitize garbage cans.
 - D. Wipe down all ledges.
3. Offices, Intake/Interview Rooms and Reception Areas including Hallways:
 - A. Clean interior glass windows.
 - B. Wipe down all ledges.
 - C. Clean and sanitize garbage cans.
 - D. Dust desks, counters and window ledges without disturbing papers lying on desks.
 - E. Disinfect telephone ear and mouthpieces.
4. Nursing Stations and Labs/Treatment Rooms/Exam Rooms:
 - A. Wipe down all doors.
 - B. Wipe down all walls.
 - C. Wipe down all ledges.
 - D. Clean and sanitize garbage cans.
5. Break Rooms/Kitchens:
 - A. Wipe down all doors.
 - B. Wipe down walls.
 - C. Wipe down all ledges.
 - D. Clean and sanitize garbage cans.
6. Conference Rooms:
 - A. Vacuum carpet.
 - B. Clean sink and counter.
 - C. Wipe down tables.
 - D. Wipe down chairs.
 - E. Clean and sanitize garbage cans.
7. Courtyard:
 - A. Clean interior windows.
 - B. Pick up trash outside courtyard.
 - C. Clean and sanitize garbage cans.
 - D. Wipe down doors.
8. JCHD Outside:
 - A. Clean and sanitize garbage cans.
 - B. Empty and clean butt cans.
 - C. Sweep entrance areas.

BIWEEKLY

1. Courtyard:
 - A. Clean outside windows of courtyard.

MONTHLY

1. All JCHD Bathrooms:
 - A. Deep clean completely.
2. All tiled areas:
 - A. Apply new wax and buff floors.
3. Clean all glass areas inside and out.
4. Clean, sanitize and deodorize all garbage cans.

QUARTERLY

1. Strip all tile floors completely. Apply sealant to floors. Apply four [4] coats of new wax. Buff floors. There should be no wax build up in corners, baseboards or around furniture.
2. Clean all outside windows.
3. Clean all inside windows and blinds.

SEMI-ANNUALLY

1. Steam clean all carpeted areas.
2. Deodorize all carpeted areas.
3. Apply Scotch Guard to all carpeted areas.

Section 3

Secured Areas – Special arrangements need to be made for access

- A. Medical Records and Vital Statistics secure Storage
 - Quarterly strip tile floor completely, apply sealant, apply 4 coats of new wax and buff floors.

Section 4

Security Training is required of all contracted employees. This will be conducted by a member of the JCHD staff prior to commencement of services. The successful bidder will make their employees available to attend the security training.

Section 5

The successful bidder shall furnish all equipment and cleaning supplies to complete the terms of the contract. A bacterial disinfectant cleaner for clinical/hospital settings is required due to clinical programs. All products must be OSHA approved. A copy of the MSDS sheets must be furnished. JCHD will provide trash can liners/bags, paper towels, toilet paper, sanitary paper holders and hand soap for the dispensers.

Section 6

The successful bidder must perform a monthly quality control visit. The successful bidder will meet with a representative of the JCHD'S Administration not less than monthly, or as required to address any discrepancies that need to be addressed.

Section 7

JCHD has sharps containers and other biomedical waste bags in various locations. These will not be covered in the contract and your staff will not be responsible for them. Also, contract staff will not be responsible for cleaning autoclave/sterilizer of other medical instruments.

Section 8

The successful bidder shall insure that proper vaccinations of all employees are done and include a minimum Hepatitis A, Hepatitis B, PPD, and Tetanus for their own protection. In the event the contracted employee chooses not to be vaccinated, they do so at their own risk. Employees must have a Level II background check, fingerprinting, and be bonded prior to employment.

Section 9

The successful bidder shall provide a listing of all names of employees who will be servicing our facility on at least a quarterly basis.

Section 10

A cleaning log will be left in a designated place for the Contractor's on-site supervisor to leave minor issues for the Contract Manager (Business Manager) at JCHD. The Contract Manager at JCHD will use the log to leave minor issues for the Contractor. This shall be checked daily. Any issues other than routine should be brought to the JCHD's Contract Manager's attention by phone or in person.

Section 11

Contractor shall maintain professional liability insurance in the amounts of \$1,000,000 per incident and \$2,000,000 in the aggregate.

**BID PACKET
BID RESPONSE FORM**

BID NUMBER: 1819-32

BID NAME: Establish a new Cleaning Contract for the Jackson County Health Department

DELIVERY: Prices quoted will include delivery F.O.B. Jackson County Florida. The equipment will NOT be shipped with the BOCC, Jackson County as consignee.

DELIVERY COST/CHARGES: All delivery costs or charges must be included in the bid price.

ACCEPTANCE: Jackson County will not be responsible for any equipment until fully delivered and accepted after a complete inspection by both the purchasing department and the requesting department. The Purchasing Department **MUST** be notified immediately preferable prior to but if necessary, upon delivery. A "Certificate of Final Completion" will be issued upon such acceptance.

BID AWARD: The County reserves the right to award the contract on a split-order, lump-sum, or individual-item basis, or such combination as shall best serve the interest of the County unless otherwise specified.

EQUIPMENT PURCHASE: The vendor shall at County's discretion, Jackson County to purchase all equipment it deems necessary.

	YES	NO	IF YES – EXPLAINED?	
			YES	NO
Have exceptions or alternatives been taken for any of the specifications given in this Bid request				

	DAYS
This bid price is good for how long after bid opening	
How many days after notification of award, will installation begin	

By signing this form, you attest that all information provided by you is true and correct to the best of your knowledge.

Company name _____

Address _____

CITY STATE ZIP

Phone numbers _____
VOICE
FAX
E-MAIL

Authorized representative _____
PRINTED NAME
SIGNATURE

**SWORN STATEMENT UNDER SECTION 287.133 (3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

This SWORN statement is submitted with bid number:

1.

By: _____
(PRINT INDIVIDUALS NAME AND TITLE)

For: _____
(PRINT NAME OF ENTITY SUBMITTING SWORN STATEMENT)

whose business address is _____
CITY STATE ZIP

VOICE PHONE

and (if applicable) its Federal Employee Identification Number (FEIN) is: _____

2. I understand that a “public entity crime” as defined in Paragraph 287.133 (1)(g), Florida Statutes means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency of political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand “convicted” or “conviction” as defined in Paragraph 287.133 (a)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court or record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an “affiliate” as defined in Paragraph 287.133 (1)(a), Florida Statutes, means:
 - A. A predecessor or a successor of a person convicted of a public entity crime; or
 - B. An entity under the control of any natural person who is active in the management of the entity and who had been convicted of a public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm’s length agreement, shall be a prima facie case that no one person controls another person. A person who knowingly enters a joint venture with a person who has been convicted of a public entity crime in Florida during the proceeding 36 months shall be considered an affiliate.

I UNDERSTAND THAT A “PERSON” AS DEFINED IN Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term “person” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

1. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this SWORN statement.

**SWORN STATEMENT UNDER SECTION 287.133 (3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES - CONTINUED**

[INDICATE WHICH STATEMENT APPLIES]

_____ Neither the entity submitting this SWORN statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this SWORN statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity **HAS BEEN CHARGED WITH AND CONVICTED OF A PUBLIC ENTITY CRIME** subsequent to July 1, 1989.

_____ The entity submitting this SWORN statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or as a affiliate of the entity **HAS BEEN CHARGED WITH AND CONVICTED OF A PUBLIC ENTITY CRIME** subsequent to July 1, 1989. **HOWEVER**, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this SWORN statement on the convicted vendor list (**ATTACH A COPY OF THE FINAL ORDER**).

STATEMENT OF UNDERSTANDING

I understand that the submission of this form to the contracting officer for the Public Entity Identification in Paragraph one (1) above is for that Public Entity Only and, that this form is valid through December 31 of the calendar year in which it is filed. I also understand that I am required to inform the Public Entity prior to entering into a contract in excess of the threshold amount provided in Section 287.017, Florida Statutes for category two (2) of any change in the information contained in this form.

AUTHORIZED SIGNATURE

Sworn to and subscribed before me this _____ day of _____, 20_____.

Personally known _____ OR Produced identification _____
SHOW TYPE OF IDENTIFICATION
PROVIDED

Notary Public-State of _____ My commission expires _____

(PRINTED / TYPED/ OR STAMPED COMMISSIONED NAME OF NOTARY PUBLIC)

NEW VENDOR INFORMATION
If you are a new vendor with Jackson County
MUST BE COMPLETED AND RETURNED WITH THE BID RESPONSE PACKET

Bid Number: **1819-32**

Bid Name: **Establish New Cleaning Contract for Jackson County Health Department**

Please type or print neatly.

FIRM NAME:		PRINCIPAL CONTACT:		E-MAIL ADDRESS	
STREET ADDRESS (INCLUDING SUITE/BUILDING, ETC.):		VOICE PHONE:		EXT. CELL PHONE:	
MAILING ADDRESS:		CITY:		STATE: ZIP:	
MAIN PHONE:		FAX:		WEB ADDRESS:	
Is the principal contact listed above authorized to sign bids, contracts and checks? Yes: No:					
If no, list the name of the individual who has such authority:				Phone number: Ext.	
Federal I.D. :		Occupational License No.:		State Contractor's License No.:	
Primary Business:	Manufacturer Distributor Contractor	Other (Please specify)			
Product to be provided/sold:					
Firm/Company type:	Sole Proprietorship Partnership Corporation Non-Profit Corp.	Other:			
Is your company a Certified:	Woman-Owned African American Hispanic Asian American Native American Native Alaskan				
Terms of payment:					
Bonding Capability:	Don't know Under \$100,000 Over \$100,000 Other:				
Does your firm currently cover all employees with Workman's Compensation insurance: Yes No				If yes, in what amount:	
Are any officers, owners, partners, or employees (or employee family) an employee of the Jackson County Board of Commissioners:				Yes No	
If above answer is Yes, please identify that person and their position with the County.					
Certification					
I certify that the information supplied herein, including all pages attached, is correct and that neither the applicant nor any person (or concern) in any connection with the applicant is a principal officer so far as known, is now debarred or otherwise ineligible from bidding for any reason or project with the Jackson County Board of Commissioners.					
Signature:		Title:		Date:	

**EXPERIENCE STATEMENT
TO BE SUBMITTED WITH RESPONSE PACKET**

Bid Number: **1819-32**

Bid Name: **Establish New Cleaning Contract for Jackson County Health Department**

List at least three references for work of a similar nature performed within the last three years.

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

SUBCONTRACTOR LIST
TO BE SUBMITTED IF SUBCONTRACTORS WILL BE USED

Bid Number: **1819-32**

Bid Name: **Establish New Cleaning Contract for Jackson County Health Department**

COMPANY NAME:	DESCRIPTION OF WORK TO BE DONE:
ADDRESS:	
REPRESENTATIVE:	
PHONE NUMBER:	CURRENT FLORIDA LICENSE #:
FAX NUMBER:	CLASSIFICATION:

COMPANY NAME:	DESCRIPTION OF WORK TO BE DONE:
ADDRESS:	
REPRESENTATIVE:	
PHONE NUMBER:	CURRENT FLORIDA LICENSE #:
FAX NUMBER:	CLASSIFICATION:

COMPANY NAME:	DESCRIPTION OF WORK TO BE DONE:
ADDRESS:	
REPRESENTATIVE:	
PHONE NUMBER:	CURRENT FLORIDA LICENSE #:
FAX NUMBER:	CLASSIFICATION:

COMPANY NAME:	DESCRIPTION OF WORK TO BE DONE:
ADDRESS:	
REPRESENTATIVE:	
PHONE NUMBER:	CURRENT FLORIDA LICENSE #:
FAX NUMBER:	CLASSIFICATION:

COMPANY NAME:	DESCRIPTION OF WORK TO BE DONE:
ADDRESS:	
REPRESENTATIVE:	
PHONE NUMBER:	CURRENT FLORIDA LICENSE #:
FAX NUMBER:	CLASSIFICATION:

