

**REQUEST FOR BIDS  
FOR JANITORIAL SERVICES FOR  
THE OKALOOSA COUNTY HEALTH DEPARTMENT  
(FT. WALTON BEACH & CRESTVIEW LOCATIONS)**



**BID #: HD 55-12**

**BID OPENS: OCTOBER 25, 2012 @ 3:00 P.M.**

## NOTICE TO BIDDERS

Notice is hereby given that the **Board of County Commissioners of Okaloosa County, FL**, will accept sealed bids until 3:00 p.m. (local time) October 25, 2012, for **Janitorial Services for the Okaloosa County Health Dept.** Pursuant to copies of bid provisions, bid forms, and specifications may be obtained from the Okaloosa County Purchasing Department, 602-C North Pearl Street, Crestview, FL 32536; 850-689-5960 or they may be downloaded from our website at [www.co.okaloosa.fl.us](http://www.co.okaloosa.fl.us) (Departments, Purchasing, Vendor Registration & Opportunities).

At 3:00 p.m. (local time), October 25, 2012, the bids will be opened and read aloud. All bids must be in sealed envelopes reflecting on the outside thereof the bidder's name and "**Bid on Janitorial Services for the Okaloosa County Health Dept to be opened at 3:00 p.m., October 25, 2012**". The Board of County Commissioners will consider all bids properly submitted at its scheduled Bid Opening in the Conference & Training Room #305 located at 302 N. Wilson St, Crestview, FL 32536. Bids may be submitted in the Conference & Training Room #305, prior to Bid Opening or delivered to the Clerk of Circuit Court, 302 N. Wilson St., #203, Crestview, FL 32536.

There is no obligation on the part of the County to award the bid to the lowest bidder, and the County reserves the right to award the bid to the bidder submitting a responsive bid with a resulting negotiated agreement which is most advantageous and in the best interest of Okaloosa County, and to waive any irregularity or technicality in bids received. Okaloosa County shall be the sole judge of the bid and the resulting negotiating agreement that is in its best interest and its decision shall be final.

Any bidder failing to mark outside of envelope as set forth herein may not be entitled to have their bid considered.

All bids should be addressed as follows:

Clerk of Circuit Court  
Attn: Gary Stanford  
Newman C. Brackin Bldg.  
302 N. Wilson St. #203  
Crestview FL 32536

//Signed// - J Jack Allen for      09/28/2012  
Richard L Brannon                              Date  
Purchasing Director

BOARD OF COUNTY COMMISSIONERS  
OKALOOSA COUNTY

Don Amunds  
Chairman

**JANITORIAL SERVICES  
Okaloosa County Health Department  
Ft Walton & Crestview**

**SECTION A  
INVITATION TO BID**

**1. Invitation to Bidders**

a. Deliver bid to:

Clerk of Circuit Court  
Attention: Gary Stanford, Finance Director  
Newman C. Brackin Bldg.  
302 N. Wilson St., #203  
Crestview, FL 32536

b. Bid opening will be:

**October 25, 2012 at 3:00 p.m. (CST)  
Newman C. Brackin Bldg.  
Conference & Training Room #305  
Crestview, FL 32536**

**2. Pre-Bid Meeting #1**

**Time: 3:00 p.m. (Local Time)  
Day of Week: Thursday  
Date: October 11, 2012  
Location: Okaloosa County Health Department  
810 E. James Lee Blvd., Crestview FL 32536**

**Pre-Bid Meeting #2**

**Time: 3:00 p.m. (Local Time)  
Day of Week: Friday  
Date: October 12, 2012  
Location: Okaloosa County Health Department  
221 Hospital Dr., NE (1<sup>st</sup> Floor Meeting Room)  
Ft. Walton Beach FL 32548**

**NOTE:** There will be a walk-through inspection of both facilities required for all bidders.

**3. Bidding Documents** - The Contract Documents for bidding may be examined and obtained at the following office or they may be downloaded from our website at [www.co.okaloosa.fl.us](http://www.co.okaloosa.fl.us) (Departments, Purchasing, Vendor Registration & Opportunities); this links you to the Florida Panhandle Purchasing Group website where our bid specifications will now be posted.

Okaloosa County Purchasing Department  
602-C North Pearl St.  
Crestview FL 32536  
850-689-5960

**4. Preparation and Submission of Proposal**

- a. All Bids must be made on Proposal Forms, included herein, properly executed and sealed in envelopes reflecting on the outside:
  - 1) "Bid for Janitorial Services – Okaloosa County Health Department"
  - 2) "Bidder's Name and Phone Number"
  - 3) "Bid Opening Date and Time"

**Bids received by FAX will not be accepted.**

- b. The County reserves the right to reject any or all bids, waive informalities in any Bid, and to make the award in the best interest of the County.
  - c. No changes in the amounts of Bids appearing on outside of Bids will be considered. Only the amounts shown inside the envelope will be considered. All changes, corrections and erasures MUST BE INITIALED by the person signing the Bid.
- 5. Bid Price** - The bid price shall include all equipment, labor, materials, permit(s), freight, taxes, required insurance, Public Liability, Property Damage and Workers' Compensation, etc., to cover the finished work called for.
- 6. Applicable Laws and Regulations** - The bidders attention is directed to the fact that all applicable state laws, county municipal ordinances, orders, rules and regulations of all authorities having jurisdiction over project shall apply to the bid throughout, and they will be deemed to be included in the contract the same as though they are written out in full herein.
- 7. Permits** - The contractor shall be responsible for obtaining any necessary permits and licensing required by City and County offices.
- 8. Project Site** - All bidders are required to visit the project site and become familiar with the scope of work before submitting a bid.

For technical information or to see job site, contact Betty Dudley, Okaloosa County Health Department, at 850-833-9233, Ext 2158 8:00 a.m. - 4:00 p.m., Monday through Friday.

- 9. Bid Information** - Questions concerning bid requirements or specifications should be directed to Richard Brannon at the Okaloosa County Purchasing Department, 602-C North Pearl Street, Crestview, Florida 32536, at 850-689-5960 or 850-729-1400, Ext. 5960. Any changes by the County to specifications shall be in writing in the form of an addendum and furnished to all bidders. Verbal information obtained otherwise will not be considered in awarding of bids.
- 10. Specification Exception** - Bidder shall clearly list any changes in the bid specifications. Bidders must explain any deviation from the bid specifications, in writing, as a footnote on the applicable bid page. Failure of the bidder to comply with these provisions will result in the bidder being held responsible for all costs required to bring the building in compliance with contract specifications.

11. **Addition/Deletion of Items** - The County reserves the right to add or delete any item from this bid or resulting contract when deemed to be in the County's best interest.
12. **Public Entity Crime Information** - A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 Florida Statute for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.
13. **Conflict of Interest** - The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All respondents must disclose with their proposal the name of any officer, director, or agent who is also a public officer or an employee of the Okaloosa Board of County Commissioners, or any of its' agencies.

Furthermore, all respondents must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches.

Furthermore, the official, prior to or at the time of submission of the proposal, must file a statement with the Clerk of Circuit Court of Okaloosa County if he is an officer or employee of the County, disclosing his or spouses or child's interest and the nature of the intended business.

**NOTE: For bidder's convenience, this certification form is enclosed and is made a part of the bid package.**

14. **Identical Tie Proposal** - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more proposals that are equal with respect to price, quality and service are received by the County for the procurement of commodities or contractual services, a proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process (see attached certification form).

Established procedures for processing tie proposals will be followed if none of the tied vendors have a drug-free workplace program.

**NOTE: For bidder's convenience, this certification form is enclosed and is made a part of the bid package.**

15. **Recycled Content Information** - In support of the Florida Waste Management Law, bidders are encouraged to supply with their bid any information available regarding recycled material content in the products bid. The County is particularly interested in the type of recycled material used (such as paper, plastic, glass, metal, etc.) and the percentage of recycled material contained in the product. The County also requests information regarding any known or potential material content in the product that may be extracted and recycled after the product has served its intended purpose.

**NOTE: For bidder's convenience, this certification form is enclosed and is made a part of the bid package.**

16. **Local Preference** - Okaloosa County reserves the right to grant a preference to in-county bidders only when bids are received from firms located in states, counties, municipalities or other political subdivisions which offer preference to bidders located in such political subdivisions. The amount of preference given to local bidders will be the same as that given by the state, county, municipality or other political subdivisions in which a bidder is located. If the political subdivision in which a bidder is located offers a preference to its local firms, that bidder must plainly state the extent of such preference to include the amount and type preference offered. Any bidder failing to indicate such preference will be removed from the County bid list and any all bids from that firm will be rejected.

**NOTE: For bidder's convenience, this certification form is enclosed and is made a part of the bid package.**

17. **Hold Harmless** - To the fullest extent permitted by law, Contractor shall indemnify and hold harmless COUNTY, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the Contractor and other persons employed or utilized by the Contractor in the performance of this contract.

**NOTE: For bidder's convenience, this certification form is enclosed and is made a part of the bid package.**

18. **Reorganization or Bankruptcy Proceedings** - Bids will not be considered from vendors who are currently involved in official financial reorganization or bankruptcy proceedings.

19. **Right to Waive and Reject**

- A. The Board, in its absolute discretion, may reject any proposal of a proposer that has failed, in the opinion of the Board, to complete or perform an Okaloosa County contracted project in a timely fashion or has failed in any other way, in the opinion of the Board, to perform a prior contract in a satisfactory manner, and has directed the Okaloosa County Purchasing Director to emphasize this condition to potential proposers.
- B. There is no obligation on the part of the County to award the proposal to the lowest proposer, and the County reserves the right to award the proposal to proposer submitting a responsive proposal with a resulting negotiated agreement which is most advantageous and in the best interest of Okaloosa county, and to reject any and all proposals or to waive any irregularity or technicality in proposals received. Okaloosa County shall be the sole judge of the proposal and the resulting negotiated agreement that is in its best interest and its decision shall be final.
- C. The Board of County Commissioners reserves the right to waive any informalities or reject any and all proposals, in whole or part, to utilize any applicable state contracts in lieu of or in addition to this proposal and to accept the proposal that in its judgment will best serve the interest of the County.

- D. The Board of County Commissioners specifically reserves the right to reject any conditional proposal and will normally reject those that made it impossible to determine the true amount of the proposal. Each item must be proposed separately and no attempt is to be made to tie any item or items to any other item or items.

**20. Disqualification of Proposers** - Any of the following reasons may be considered as sufficient for the disqualification of a proposer and the rejection of his proposal or proposals:

- A. More than one proposal for the same work from an individual, firm or corporation under the same or different name.
- B. Evidence that the proposer has a financial interest in the firm of another proposer for the same work.
- C. Evidence of collusion among proposers. Participants in such collusion will receive no recognition as proposers for any future work of the County until such participant shall have been reinstated as a qualified proposer.
- D. Uncompleted work that in the judgment of the County might hinder or prevent the prompt completion of additional work if awarded.
- E. Failure to pay or satisfactorily settle all bills due for labor and material on former contracts in force at the time of advertisement of proposals.
- F. Default under previous contract.
- G. The Board, in its absolute discretion, may reject any proposal of a proposer that has failed, in the opinion of the Board, to complete or perform an Okaloosa County contracted project in a timely fashion or has failed in any other way, in the opinion of the Board, to perform a prior contract in a satisfactory manner, and has directed the Okaloosa County Purchasing Director to emphasize this condition to potential proposers.

**21. Conditional and Incomplete Bids** - The Board of County Commissioners specifically reserves the right to reject any conditional bid and will normally reject those that make it impossible to determine the true amount of the bid.

**22. Investigation of Bidder** - The owner may make such investigations as he deems necessary to determine the stability of the bidder to perform the work and that there is no conflict of interest as it relates to the project. The bidder shall furnish to the owner any additional information and financial data for the purpose as the owner may request. The data shall include a detailed and up-to-date list of plant equipment and materials which bidder proposes to use, indicating which portions he already possesses and a detailed description of the method and program or work to be done.

**23. Preparation of Bids** - Bids must be submitted upon the prescribed forms provided herein. All blank spaces must be filled in as noted in ink or typed in both words and numbers with the amounts extended and totaled. No changes shall be made in phraseology of the form or in the items mentioned therein. In case of any discrepancy between the written amount and the figures, the written amounts shall govern. Any bid may be rejected which contains

any omissions, erasures, alterations, additions, irregularities of any kind, or items not called for or which shall in any manner fail to conform to the conditions of published notice inviting bids.

**24. Discrimination** - An entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid on a contract to provide goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not award or perform work as a contractor, supplier, subcontractor, or consultant under contract with any public entity, and may not transact business with any public entity.

**25. Final Payments** - In accordance with the provisions fully set forth in the General Conditions, and subject to additions and deductions as provided, the Owner shall pay the Contractor as follows:

Final Payment: Upon submission by the Contractor of evidence satisfactory to the Owner that all payrolls, material bills and other costs incurred by the Contractor in connection with the construction of the work have been paid in full, and also, after all guarantees that may be required in the specifications have been furnished and are found acceptable by the Owner, final payment on account of this Agreement shall be made within sixty (60) days after completion by the Contractor of all work covered by this Agreement and acceptance of such work by the Owner.

**26. Authority to Piggyback** - All bidders submitting a response to this Invitation to Bid agree that such response also constitutes a bid to all governmental agencies under the same conditions, for the same contract price, and for the same effective period as this bid, should the bidder feel it is in their best interest to do so.

Each governmental agency desiring to accept these bids and make an award thereof shall do so independently of any other governmental agency. Each agency shall be responsible for its own purchases and each shall be liable only for materials and/or services ordered and received by it, and no agency assumes any liability by virtue of this bid.

This agreement in no way restricts or interferes with the right of any governmental agency to bid any or all items.

**27. Bid Opening Information** - Bid Opening shall be public, on the date and time specified on the bid form. It is the bidder's responsibility to assure that his bid is delivered at the proper time and place. Offers by telegram, facsimile, or telephone are NOT acceptable. **NOTE:** Crestview, Florida is "**not a next day guaranteed delivery location**" by delivery services

**28. Bid Tabulation Sheet** - Any bidder interested in receiving a copy of the bid tabulation sheet **must** enclose a stamped self-addressed envelope with their bid.

**29. Protection of Resident Workers** - The Okaloosa County Board of County Commissioners actively supports the Immigration & Nationality Act (INA) which includes provisions addressing employment eligibility, employment verification, and nondiscrimination. Under the INA, employers may hire only persons who may legally work in the United States, (i.e., citizens and nationals of the U.S.) and aliens authorized to work in the U. S. the employer must verify the identity and employment eligibility of anyone to be hired, which includes completing the Employment Eligibility Verification. The contractor shall establish



appropriate procedures and controls so no services or products under the contract documents will be performed or manufactured by any worker who is not legally eligible to perform such services or employment. Okaloosa County reserves the right to request documentation showing compliance with the requirement.

## 29. Insurance Requirements

### Contractor's Insurance

- A. The **CONTRACTOR** shall not commence any work in connection with this Agreement until he has obtained all required insurance and such insurance has been approved by the Okaloosa County Risk Management Officer.
- B. All insurance policies shall be with insurers licensed to do business in the State of Florida, and any insuring company is required to have a minimum rating of A, Class X in the Best Key Rating Guide published A. M. Best & Co., Inc.
- C. The County shall retain the right to reject all insurance contracts that do not meet the requirement of this Agreement. Further, the County reserves the right to change these insurance requirements with 60-day notice to the **CONTRACTOR**.
- D. The insurance definition of Insured or Additional Insured shall include Subcontractor, Sub-subcontractor, and any associated or subsidiary companies of the **CONTRACTOR**, which are involved, and which is a part of the contract.
- E. The County reserves the right at any time to require the **CONTRACTOR** to provide certified copies of any insurance policies to document the insurance coverage specified in this Agreement.
- F. The designation of **CONTRACTOR** shall include any associated or subsidiary company which is involved and is a part of the contract and such, if any associated or subsidiary company involved in the project must be named in the Workers' Compensation coverage.
- G. All policies shall be written so that the County will be notified of cancellation or restrictive amendments at least thirty (30) days prior to the effective date of such cancellation or amendment. Such notice shall be given directly to the County Representative.
- H. All insurance contracts, except the Workers' Compensation shall list Okaloosa County as an Additional Insured. **CONTRACTOR** shall provide the County current Certificates of Insurance for all policies at least ten days before commencing work.

### **Workers' Compensation Insurance**

- A. The **CONTRACTOR** shall secure and maintain during the life of this agreement Workers' Compensation insurance for all employees employed including supervision, administration and management personnel. In case any work is sublet with the approval of the County, the **CONTRACTOR** shall require the Subcontractor to provide Workers' Compensation insurance for all employees. Evidence of such insurance shall be furnished to the County not less than ten (10) days prior to the commencement of any and all subcontracted work.
- B. Such insurance shall comply with the Florida Workers' Compensation Law.

- C. Coverage shall include a waiver or subrogation clause in favor of Okaloosa County. Also, this endorsement must be indicated on all Certificates of Insurance.

**Business Automobile and Public Liability Insurance**

- A. The **CONTRACTOR** shall maintain Business Automobile Liability insurance coverage throughout the life of this Agreement. The insurance shall include Owned, Non-Owned, & Hired motor vehicle coverage.
- B. The **CONTRACTOR** shall carry other Public Liability insurance against all other Bodily Injury, Property Damage and Personal and Advertising Injury exposures.
- C. In addition to the required coverage in B. above, Public Liability coverage shall include the following:
  - a) On and Off Premises Operation Liability
  - b) Personal Injury Liability Insurance
  - c) Independent Contractor Liability
  - d) Completed Operations and Products Liability
- D. The **CONTRACTOR** shall agree to maintain in force Commercial General Liability Insurance including Completed Operations and Products Liability coverage for at least two years following acceptance of the project by the COUNTY.
- E. All liability insurance shall be written on an occurrence basis and shall not be written on a claim-made basis. If the insurance is issued with an aggregate limit of liability, the aggregate limit of liability shall apply only to the locations included in this Agreement. If, as the result of any claims or other reasons, the available limits of insurance reduce to less than those stated in the LIMITS OF LIABILITY, the **CONTRACTOR** shall notify the County representative in writing. The **CONTRACTOR** shall purchase additional liability insurance to maintain the requirements established in this Agreement. Umbrella or Excess Liability insurance can be purchased to meet the Limits of Liability specified in this Agreement.

**Limits of Liability**

The insurance required shall be written for not less than the following limits unless law requires higher amounts:

| <u>COVERAGE</u>                 | <u>LIMIT</u>   |
|---------------------------------|--|
| 1. Workers Compensation         |  |
| a. State                        | Statutory  |
| b. Employers Liability          | \$1 million each accident                              |
| 2. Business Automobile          | \$1 million each occurrence<br>(Combined Single Limit) |
| 3. Commercial General Insurance | \$1 million each occurrence<br>(Combined Single Limit) |
| 4. Professional Liability       | \$1 million each occurrence                            |

(Combined Single Limit)

5. Personal and Advertising Injury \$250,000

### Notice of Claims or Litigation

The **CONTRACTOR** agrees to report any incident or claim that results from performance of this Agreement. Within ten (10) days of the **CONTRACTOR's** knowledge, the County Representative shall receive written notice describing the incident or claim. In the event such incident or claim involves injury or property damage to a third party, verbal notification shall be given the same day the **CONTRACTOR** becomes aware of the incident or claim. A detailed written report is to be made within ten (10) days.

### Indemnification and Hold Harmless

To the fullest extent permitted by law, **CONTRACTOR** shall indemnify and hold harmless **COUNTY**, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the **CONTRACTOR** and other persons employed or utilized by the **CONTRACTOR** in the performance of this Agreement.

### Certificate of Insurance

- A. All insurance shall include the interest of all entities names in and its respective agents, consultants, servants and employees of each and all other interests as may be reasonably required by Okaloosa County as Additional Insured. The coverage afforded the Additional Insureds under this policy shall be primary insurance. If the Additional Insureds have other insurance that is applicable to the loss, such other insurance shall be on an excess or contingent basis. The amount of the company's liability under this policy shall not be reduced by the existence of such other insurance.
- B. Certificates of insurance, in duplicate, indicating the job site and evidencing all required coverage must be submitted to and approved by Okaloosa County prior to the commencement of any of the work. The certificate holder(s) shall be as follows:
- Okaloosa County  
602-C North Pearl Street  
Crestview, Florida 32536
- C. All policies shall expressly require 30 days written notice to Okaloosa County at the address set out above, or the cancellations of material alterations of such policies, and the Certificates of Insurance, shall so provide. The certificate, if on a Standard Accord, shall not include language such as "if any" or but failure to mail such notice shall impose on obligation or liability of any kind upon the County, its agents or representatives.
- D. All certificates shall be subject to Okaloosa County's approval of adequacy of protection and the satisfactory character of the Insurer.
- E. The Certificates of Insurance shall disclose any and all deductibles or self-insured detentions (SIRs). Deductibles or SIRs in excess of \$10,000 will not be accepted

unless specifically approved in writing by Okaloosa County. All deductibles or SIRs, whether approved by Okaloosa County or not, shall be the Contractor's full responsibility. In particular, the Contractor shall afford full coverage as specified herein to entities listed as Additional Insured.

In no way will the entities listed as Additional Insured be responsible for, pay for, be damaged by, or limited to coverage required by this schedule due to the existence of a deductible or SIR. Specific written approval from Okaloosa County will only be provided upon demonstration that the Contractor has the financial capability and funds necessary to cover the responsibilities incurred as a result of the deductible or SIR.

- F. In the event of failure of the Contractor to furnish and maintain said insurance and to furnish satisfactory evidence thereof, Okaloosa County shall have the right (but not the obligation) to take out and maintain insurance on the project. All costs for the coverage will be paid by Contractor upon presentation of a bill.

### **General Terms**

Any type of insurance or increase of limits of liability not described above which the Contractor required for its own protection or on account of statute shall be its own responsibility and at its own expense.

The carrying of the insurance described shall in no way be interpreted as relieving the Contractor of any responsibility under this contract.

Should the Contractor engage a subcontractor or sub-subcontractor, the same conditions will apply under this agreement to each subcontractor and sub-subcontractor.

The Contractor hereby waives all rights of subrogation against Okaloosa County and its consultants and other indemnities of the Contractor under all the foregoing policies of insurance.

### **Umbrella Insurance**

The Contractor shall have the right to meet the liability insurance requirements with the purchase of an umbrella insurance policy. In all instances, the combination of primary and umbrella liability coverage must equal or exceed the minimum liability insurance limits stated in this agreement.

# ATTACHMENT I

## DEFINITIONS AND STANDARDS

As used in this agreement, the following terms shall have the meaning set forth below:

**CLEAN:** Shall mean to keep and preserve health by a clean, hygienic environment and prevention of disease. Free from dirt, dust or stain. To cleanse surface area of pathogenic microorganisms. To change the mix of water and solution often to avoid cross-contamination and transfer of dirt. Do not use the same water and solution mix across areas. Do not use the same cleaning tools used in the restroom to clean any other surface in the facility.

**RESTROOM CLEANING:** Preventing cross-contamination into other areas and maintaining hygienic conditions. Cleaning and disinfecting of wall and floor tiles, interior, exterior and base of toilets/urinals, toilet seats, sinks, faucets, doors, door handles, light switches, partitions, changing tables for babies, countertops, dispensers and all other fixtures of the room. Solutions, mops, rags, sweeps and hand pads used to clean restrooms must not be used in other areas to avoid cross-contamination. Restroom cleaning will be on a continuous basis under this proposal or as noted in bid specification.

**SANITIZING:** Shall mean to keep and preserve health by a clean, hygienic environment and prevention of disease. To cleanse surface area of pathogenic microorganisms and avoid cross-contamination.

**TILE and VCT FLOORS:** These floors are HIGH traffic areas and are expected to be kept clean, shiny and in good appearance.

The following jobs and descriptions represent the tasks listed on the Service Schedule (Attachment VII):

1. **Carpet Spot Clean:** Will be construed to mean hand cleaning of small spots and stains caused by spillage of food, beverages, grease, tar, ink, mud, etc.
2. **Change Trash Bags:** Change trash bags with appropriate size bag according to container size.
3. **Clean and Sanitize Walls:** Clean walls from dust and stains. Sanitize wall tiles.
4. **Clean Bathroom Tiles and Partitions:** Clean and disinfect wall tiles and partitions. Change water often; do not use the same cleaning tools to clean other areas.
5. **Clean Fixtures:** Remove dust and stains with a treated cloth from light switches, door handles visual displays, hand rails, countertops, sinks, water fountains, chairs and tables.
6. **Clean Glass and Mirrors:** Glass and mirrors shall be washed to remove all traces of smudges, film, dirt and other foreign matter. Properly cleaned glass or mirrors are without streaks, film or deposits and will have a uniformly bright appearance.

7. **Cleaning Carpets:** Carpets will be vacuumed clean without damaging nap of rug using beater brush type mechanical type vacuum where practical. All carpets will be cleaned in place using the carpet manufacture's recommended method or hot water extraction cleaning.
8. **Empty Trash:** removal of boxes, trash bags and garbage from waste baskets throughout accessible areas and restrooms.
9. **Floor Scrubbing and Refinishing:** To maintain clean constant, shining appearance at all times. Cleaning of resilient floor by use of floor scrubbing machine and cleaning solution followed by plain water rinse. All floor surfaces are left without imbedded dirt, cleaning solution film, or standing water in all areas. After scrubbing, floors will be refinished by application of one or two coats of floor finish that dries to a high gloss without buffing. Scrub and refinish with hand pads in corners and areas where the machine cannot reach.
10. **Glass Doors and Windows:** Glass doors and windows shall be washed to remove all traces of smudges, film, dirt and other foreign matter. Properly cleaned glass or windows are without streaks, film or deposits and will have a uniformly bright appearance.
11. **Low Dusting:** Removal of dust from furnishings, pictures, desks, partitions, ledges, handrails, lamps, etc., that is within normal reach from the floor with a treated dust cloth or vacuum cleaner. A properly dusted surface is free from all dust, lint, streaks, and cobwebs. Low dusting of surfaces and in preparation for wet and damp mopping will be on a continuous basis under this proposal, or as noted in bid specification.
12. **Remove Rugs:** Remove area rugs and clean under the rugs. Reposition the area rugs.
13. **Remove Waste:** removal of boxes, trash bags and garbage from waste baskets throughout accessible areas and restrooms. Remove waste to outside dumpsters.
14. **Replenish Soap and Paper:** Replenish and ensure that soap, hand sanitizer, hand paper, toilet paper and toilet seats covers are always available in each restroom on a daily basis.
15. **Sanitize:** Shall mean to keep and preserve health by a clean, hygienic environment and prevention of disease. Sanitize wall tiles, bathrooms, surfaces of clinic areas and other areas as specified on the Service Schedule.
16. **Straighten Chairs:** Straighten and place chairs in an organized fashion in lobbies and waiting room areas.
17. **Sweeping VCT and Tiles:** Includes cloth sweeping, dust mop sweeping, hair or fiber brush sweeping fiber broom sweeping or mechanical sweeping without **damages or disfigurement of furniture, doors, base trim, walls or other structural members.** A properly swept floor is free from all dust, dust streaks, lint or debris in all areas, especially along base trim and in corners.

18. **Vacuum Carpets and Area Rugs:** To clean carpeted areas of floor with a commercial grade electrical appliance that draws light dirt from surfaces by means of dry suction. Heavy traffic areas require more passes than low traffic areas.
19. **VCT Floor Stripping/Dry Stripping:** Removing and cleaning old layers of floor finish, wax or other material from floors by applying solutions and by scrubbing; pick up debris and rinse the floor throughout to ensure that the stripping solution is not left to dry on the floor.
20. **VCT Spray Buffing:** Remove light soils, scuff marks, etc., and maintain shine of floor.
21. **Wet Mopping:** Cleaning of tile and hard floor surfaces, using cotton, nylon, or rayon mops, water and a cleaner, using sufficient solution to remove soil. Rinse the mop and change the solution often to ensure that the mop and the water are not saturated with dirt. A satisfactory wet mopped floor is without dirt, film, streaks, debris or standing water in all areas.
22. **Porous Tile Cleaning:** To protect, maintain, and preserve the tiles and keep them looking clean for a hygienic environment. Scrubbing and restoring the natural look of porous tiles by using acid-based solutions and sealers to avoid dirt from being reabsorbed.



# ATTACHMENT II

**LOCATIONS TO BE SERVICED: CRESTVIEW – 810 E. JAMES LEE BLVD. (US HWY. 90)  
FT. WALTON BEACH – 221 HOSPITAL DR.**

## CLEANING AREA and FLOOR MAPS

### 1. SQUARE FOOTAGE

#### Square Footage for Cleaning Area

| LOCATION          |     | Square Ft.      |                |                | NOTES   |
|-------------------|-----|-----------------|----------------|----------------|---|
|                   |     | TILE            | VCT            | CARPET         |   |
| Kielman 1st Floor | FWB | 2,037.5         |                |                |   |
| Clinic            | FWB | 5,299.0         | 342.0          | 185.8          |   |
| WIC               | FWB | 1,767.2         |                |                |   |
| Kielman 2nd Floor | FWB | 217.0           | 1,138.0        | 816.7          |   |
| Kielman 3rd Floor | FWB | 518.0           |                | 1,551.0        |   |
|                   |     | <b>9,838.7</b>  | <b>1,480.0</b> | <b>2,553.5</b> | <b>13,872.2</b> Total Cleaning Surface FWB        |
| Clinic - Main     | CV  | 213.5           | 3,591.4        | 700.0          |   |
| Clinic            | CV  | 898.5           |                | 1,464.5        |   |
| Clinic - Nurses   | CV  | 388.0           |                | 500.7          |   |
| Dental Clinic     | CV  |                 | 1,434.1        |                |   |
|                   |     | <b>1,500.0</b>  | <b>5,025.5</b> | <b>2,665.2</b> | <b>9,190.7</b> Total Cleaning Surface CV          |
|                   |     | <b>11,338.7</b> | <b>6,505.5</b> | <b>5,218.7</b> | <b>23,062.9</b> Cleaning Surface Both Facilities* |

\* Cleaning Surface Square Footage does not account for space occupied by cabinets and other furniture and fixtures placed in the different measured areas.

### 2. FLOOR MAPS

Floor maps shall become part of this contract. Each floor map represents the rooms and areas to be serviced and the type of floor. The maps are included in Attachment V

- A. Five (5) floor maps for Fort Walton Beach
- B. Four (4) floor maps for Crestview.

### 3. AREAS TO BE SERVICED

The areas to be serviced are detailed by room for both Fort Walton Beach and Crestview locations and according to Floor Maps. Attachment VI lists the areas to be serviced and the type of flooring.

#### **4. SERVICE SCHEDULES**

The periodic performance of services are divided into Daily, Weekly, Twice a Month, Monthly, Quarterly and Twice a Year schedules for both locations, and are listed in Attachment VII.

Each schedule includes the areas and rooms to be cleaned and the type of job to perform in each area.

Quarterly and Twice a Year jobs done during the weekend must be scheduled with the Okaloosa County Health Department Representative not less than two weeks prior to performing the job.

#### **5. SUPPLIES**

A. The Okaloosa County Health Department will supply the following items:

1. FOR RESTROOMS ONLY: Paper towels; toilet tissue; toilet seat covers; hand sanitizer; soap for dispensers;
2. Garbage bags in three different sizes;
3. Gloves in different sizes;
4. Disinfectant cleaning solution; fixtures sprays and foam, bleach, window cleaner.

B. Supplies will be furnished to the Contractor upon completion of a written request or form in use at the time. The form in use will be available at the Pre-Bid Meeting.

C. The Contractor will immediately order supplies when the supplies remaining for every specific item will last less than two weeks.

**6. OTHER INFORMATION** - Time of Cleaning Services: Monday through Friday, with the following schedule:

- Monday, Thursday and Friday: Any time after 5pm
- Tuesday and Wednesday: Any time after 6pm

The schedule for holidays will be provided at awarding time for the first contract year and on contract anniversary dates each year thereafter.

#### **7. REQUIRED FOR CONTRACTOR'S EMPLOYEES**

A. Gloves – Change gloves after Bathroom cleaning to avoid cross-contamination. Gloves will be provided by the Okaloosa County Health Department.

B. Hand washing – Contractor's employees are required to wash hands before and after using gloves to avoid contamination

C. Uniform and Identification - Contractor's personnel are required to wear a Uniform and Identification badge upon entering the FWB and CV facilities.

- D. Successful Level Two background screening - Contractor's Personnel that will work in both locations of the County Health Department shall be required to undergo a Level Two background screening prior to start servicing the facilities. The successful results of the background screening should be provided to the Okaloosa County Representative before said employees will start working at any facility.
  
- 8. **SECURITY SYSTEM** - The Security Systems will be armed, and disarmed daily by the Contractor according to instructions provided by the County Health Department.

**ATTACHMENT III**

**BID PROPOSAL**

**NOVEMBER 1, 2012**

**TO**

**SEPTEMBER 30, 2014**

## BID PROPOSAL

| LOCATION       | AREA   | SCHEDULE      | TASKS* |    |    |    |    |    |    |    | MEASURE OF UNIT | UNIT COST | ANNUAL COST |
|----------------|--|---------------|--------|----|----|----|----|----|----|----|-----------------|-----------|-------------|
|                |  |               |        |    |    |    |    |    |    |    |                 |           |             |
| FWB            | Garbage, Throughout  | Daily         | 2      | 8  | 13 |    |    |    |    |    |                 |           |             |
| FWB            | Restrooms (Ground Fl. 9; 2nd Fl. 2; 3rd Fl .2) (13)        | Daily         | 5      | 11 | 14 | 15 | 17 | 21 |    |    |                 |           |             |
| FWB            | Water Fountains (5)  | Daily         | 5      | 15 |    |    |    |    |    |    |                 |           |             |
| Ground/1st Fl  | Hallways, Walk Through                                     | Daily         | 17     | 21 |    |    |    |    |    |    |                 |           |             |
| FWB            | Waiting Rooms/Receptions/Lobbies                           | Daily         | 5      | 6  | 11 | 15 | 16 | 17 | 18 | 21 |                 |           |             |
| Kielman 1st Fl | Elevator   | Daily         | 5      | 17 | 21 |    |    |    |    |    |                 |           |             |
| Clinic FWB     | Room 48 - Core   | Daily         | 5      | 6  | 11 | 17 | 21 |    |    |    |                 |           |             |
| Clinic FWB     | Room 11 to 14; 18 to26; 29-30; 33, Exam Rooms              | Daily         | 5      | 6  | 11 | 15 | 17 | 21 |    |    |                 |           |             |
| WIC            | Room W14 - <u>Walkway to the restroom only</u>             | Daily         | 17     | 21 |    |    |    |    |    |    |                 |           |             |
| WIC            | Room W6 - Laboratory                                       | Daily         | 5      | 6  | 11 | 15 | 17 | 21 |    |    |                 |           |             |
| Kielman 2nd Fl | Hallways   | Daily         | 17     | 21 |    |    |    |    |    |    |                 |           |             |
| Kielman 2nd Fl | Open area around and <u>inside cubicles</u>                | Daily         | 18     |    |    |    |    |    |    |    |                 |           |             |
| Kielman 3rd Fl | Hallways outside elevator and restrooms                    | Daily         | 17     | 21 |    |    |    |    |    |    |                 |           |             |
| Kielman 3rd Fl | Hallway outside rm. 306 conference room                    | Daily         | 18     |    |    |    |    |    |    |    |                 |           |             |
| Kielman 3rd Fl | Hallways <u>outside</u> offices and <u>inside cubicles</u> | Daily         | 18     |    |    |    |    |    |    |    |                 |           |             |
| FWB            | Restrooms (13)   | Weekly        | 4      |    |    |    |    |    |    |    |                 |           |             |
| FWB            | Throughout Carpeted Areas                                  | Weekly        | 1      |    |    |    |    |    |    |    |                 |           |             |
| FWB            | Throughout - Glass Door and Windows                        | Weekly        | 10     |    |    |    |    |    |    |    |                 |           |             |
| Clinic FWB     | Room 9 - Immunization                                      | Weekly        | 17     | 21 |    |    |    |    |    |    |                 |           |             |
| Clinic FWB     | Breezeway  | Weekly        | 17     | 18 | 21 |    |    |    |    |    |                 |           |             |
| Kielman 1st Fl | Room 111 - Copier room                                     | Weekly        | 17     | 21 |    |    |    |    |    |    |                 |           |             |
| Kielman 2nd Fl | Break Room (Floor Only)                                    | Weekly        | 17     | 21 |    |    |    |    |    |    |                 |           |             |
| FWB            | VCT floor (Elevator and 2nd Floor)                         | Twice a Month | 20     |    |    |    |    |    |    |    |                 |           |             |
| FWB            | Low Dusting (Switches, Baseboards)                         | Twice a Month | 11     |    |    |    |    |    |    |    |                 |           |             |
| FWB            | Restrooms (13) – Wall Tiles                                | Monthly       | 15     |    |    |    |    |    |    |    |                 |           |             |
| FWB            | Waiting Rooms and Lobbies                                  | Monthly       | 12     | 17 | 21 |    |    |    |    |    |                 |           |             |

|     |            |           |   |   |  |  |  |  |  |  |  |  |  |
|-----|------------|-----------|---|---|--|--|--|--|--|--|--|--|--|
| FWB | Throughout | Quarterly | 3 | 9 |  |  |  |  |  |  |  |  |  |
|-----|------------|-----------|---|---|--|--|--|--|--|--|--|--|--|

| LOCATION      | AREA   | SCHEDULE      | TASKS* |    |    |    |    |    |    |    |  |  | MEASURE OF UNIT | UNIT COST | ANNUAL COST |  |
|---------------|--|---------------|--------|----|----|----|----|----|----|----|--|--|-----------------|-----------|-------------|--|
| FWB           | VCT Floor Throughout                           | Quarterly     | 19     |    |    |    |    |    |    |    |  |  |                 |           |             |  |
| FWB           | Carpeted Areas - Throughout                    | Quarterly     | 7      |    |    |    |    |    |    |    |  |  |                 |           |             |  |
| FWB           | Throughout - Porous Tile Areas                 | Twice/Year    | 22     |    |    |    |    |    |    |    |  |  |                 |           |             |  |
| CV            | Garbage, Throughout                            | Daily         | 2      | 8  | 13 |    |    |    |    |    |  |  |                 |           |             |  |
| CV            | Restrooms (10)                                 | Daily         | 5      | 11 | 14 | 15 | 17 | 21 |    |    |  |  |                 |           |             |  |
| CV            | Water Fountains (4)                            | Daily         | 5      | 15 |    |    |    |    |    |    |  |  |                 |           |             |  |
| CV            | Hallways, Walk Through                         | Daily         | 17     | 18 | 21 |    |    |    |    |    |  |  |                 |           |             |  |
| CV            | Waiting Rooms/Receptions/Lobbies               | Daily         | 5      | 6  | 11 | 15 | 16 | 17 | 18 | 21 |  |  |                 |           |             |  |
| Clinic - Main | Room WIC 5 through WIC 11, 13, 15b, 16, 17, 24 | Daily         | 17     | 21 |    |    |    |    |    |    |  |  |                 |           |             |  |
| Clinic - Main | Room 23 WIC Lab, 35 Exam Room                  | Daily         | 5      | 6  | 11 | 15 | 17 | 21 |    |    |  |  |                 |           |             |  |
| Clinic        | Rooms 33-35 to 39, 41,42 Exam Rooms            | Daily         | 5      | 6  | 11 | 15 | 17 | 21 |    |    |  |  |                 |           |             |  |
| Dental Clinic | Throughout                                     | Daily         | 5      | 6  | 11 | 15 | 17 | 21 |    |    |  |  |                 |           |             |  |
| CV            | Restrooms (10)                                 | Weekly        | 4      |    |    |    |    |    |    |    |  |  |                 |           |             |  |
| CV            | Throughout Carpeted Areas                      | Weekly        | 1      |    |    |    |    |    |    |    |  |  |                 |           |             |  |
| CV            | Throughout - Glass Door and Windows            | Weekly        | 10     |    |    |    |    |    |    |    |  |  |                 |           |             |  |
| Clinic - Main | Room 2   | Weekly        | 1      |    |    |    |    |    |    |    |  |  |                 |           |             |  |
| Clinic        | Room 27 - Kitchen <u>FLOOR ONLY</u>            | Weekly        | 17     | 21 |    |    |    |    |    |    |  |  |                 |           |             |  |
| CV            | VCT floor Throughout                           | Twice a Month | 20     |    |    |    |    |    |    |    |  |  |                 |           |             |  |
| CV            | Throughout Low Dusting                         | Twice a Month | 11     |    |    |    |    |    |    |    |  |  |                 |           |             |  |
| CV            | Restrooms (10) – Wall Tiles                    | Monthly       | 15     |    |    |    |    |    |    |    |  |  |                 |           |             |  |
| Clinic Main   | Main Entrance/Lobbies                          | Monthly       | 12     | 17 | 21 |    |    |    |    |    |  |  |                 |           |             |  |
| CV            | Throughout                                     | Quarterly     | 3      | 7  | 9  | 19 |    |    |    |    |  |  |                 |           |             |  |
| CV            | Throughout - Porous Tile Areas                 | Twice/Year    | 22     |    |    |    |    |    |    |    |  |  |                 |           |             |  |

**TOTAL BID PROPOSAL**

**\$**

**\*List of Tasks (As per Attachment I):**

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| <u>Task</u> | <u>Description:</u>                 | <u>Task</u> | <u>Description</u>       |
|-------------|-------------------------------------|-------------|--------------------------|
| 1           | Carpet Spot Clean                   | 12          | Remove Area Rugs         |
| 2           | Change Trash Bags                   | 13          | Remove Waste             |
| 3           | Clean and Sanitize Walls            | 14          | Replenish Soap and Paper |
| 4           | Clean Bathroom Tiles and Partitions | 15          | Sanitize                 |
| 5           | Clean Fixtures                      | 16          | Straighten Chairs        |
| 6           | Clean Glass and Mirrors             | 17          | Sweeping VCT and Tiles   |
| 7           | Cleaning Carpets                    | 18          | Vacuum Carpets and Rugs  |
| 8           | Empty Trash                         | 19          | VCT Floor Stripping      |
| 9           | Floor Scrubbing and Refinishing     | 20          | VCT Spray Buffing        |
| 10          | Glass Doors and Windows             | 21          | Wet Mopping              |
| 11          | Low Dusting                         | 22          | Porous Tile Cleaning     |

# ATTACHMENT IV

## BID PROPOSAL – JANITORIAL SERVICES

- A. The CONTRACTOR agrees to provide the foregoing services for the period of November 1, 2012 to September 30, 2014 for the total sum of \$ \_\_\_\_\_, as per the breakdown shown on Attachment III.
- B. In the event the facility adds or deletes additional square footage or type of flooring, a cost of \$ \_\_\_\_\_ (Tile), \$ \_\_\_\_\_ (VCT), \$ \_\_\_\_\_ (Carpet), \$ \_\_\_\_\_ (Luxury Vinyl) per square foot **per month** will be submitted as a bid alternative and be viable for the duration of the contract.
- C. It is the CONTRACTOR's responsibility to inspect each building for square footage, layout and for any other pertinent information needed to submit his/her bid prior to submitting his/her bid.
- 

Remarks:

**ANTI-COLLUSION STATEMENT:** The below signed bidder has not divulged to, discussed or compared his bid with other bidders and has not colluded with any other bidder or parties to bid whatever. (Note: No premiums, rebates or gratuities permitted either with, prior to or after any delivery of materials. Any such violation will result in the cancellation and/or return of material (as applicable) and the removal from bid list(s).

\_\_\_\_\_  
Bidder's Company Name

\_\_\_\_\_  
Authorized Signature – Manual

\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature – Typed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
FAX No.

\_\_\_\_\_  
Federal ID No. or SS No.



# CONTRACT

This agreement, executed in Crestview, Florida this \_\_\_\_\_ day of \_\_\_\_\_ 2012 between the County of Okaloosa, Florida, the Owner, hereinafter called the Party of the First Part, and \_\_\_\_\_ or **its** successors, executors, administrators and assigns, hereinafter called the Party of the Second Part.

## WITNESSETH:

That for and in consideration of payments, hereinafter mentioned, to be made by the Party of the First Part, the Party of the Second Part agrees to furnish all equipment, machinery, tools and labor; to furnish and deliver all materials required to be furnished and delivered in and about the improvement and to do and perform all work **associated with Janitorial Services provided to the Okaloosa County Health Department located in Ft. Walton Beach & Crestview, Florida** for an approximate total annual price of \$\_\_\_\_\_ in strict conformity with the provisions of this Contract, the Notice to Contractors, the Specifications and the Plans approved by the Owner. The said Plans, Specifications, the Notice to Contractors, and the Proposal are hereby made a part of this agreement as fully and to the same effect as if the same had been set forth at length in the body of this agreement.

In consideration of the foregoing promises, the Party of the First Part agrees to pay to the Party of the Second Part such unit prices for the work actually done as are set out in the accompanying proposal in the manner provided in the said Specifications.

This contract shall start on November 1, 2012 and shall be in effect for Two (2) years. This contract may be renewed for two (2) one (1)-year periods if in agreement by both parties.

The Contractor shall be prepared to begin work to be performed under the contract as he set forth in his proposal, but will not proceed until he receives official notice to begin.

## SERVICES:

The Contractor agrees that all Contractor's Personnel that will work in both locations of the County Health Department shall be required to undergo a Level Two background screening prior to start servicing the Owner's facility. The successful results of the background screening should be provided to the Owner before said employees will start working at any facility.

Cleaning methods and schedules vary according to the area of the facility as described on Attachment I, VI and VII. The contractor agrees to use approved EPA solutions, detergents and disinfectants for cleaning services, as provided by the Okaloosa County Health Department.

The Contractor agrees to complete daily the Checklist of Services and submit it weekly to the Okaloosa County Health Department Representative (Attachment VIII).

**TERMINATION:** The Contractor agrees that if the work completed over the next Sixty (60) days after the contract is awarded does not meet the guidelines and quality standards, the Owner will reserve the right to cancel the contract and award it to the next low bidder.

The Okaloosa County Health Department will notify the Contractor in writing if the Contractor fails to provide the services listed in Attachment VII and/or fails to provide a quality service, per Attachment I. The Okaloosa County Health Department will issue up to three (3) notices of non-compliance. If the required jobs, frequency or quality have not improved after the third notice, the Owner will reserve the right to terminate the contract within the next thirty (30) days from the date of the last non-compliance letter.

**REPRESENTATIVES:** The authorized representative of the County shall be:

**Betty Dudley**  
**Okaloosa County Health Department**  
**221 Hospital Dr.**  
**Ft. Walton Beach FL 32548**  
**850-833-9233, Ext. 2158**  
E-Mail: **Betty\_Dudley@doh.state.fl.us**

The authorized representative for \_\_\_\_\_ shall be:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
E-Mail: \_\_\_\_\_

All notices required by this agreement shall be in writing to the representative listed above with a courtesy copy to the following:

Jack Allen  
Contracts & Leases Coordinator  
Okaloosa County Purchasing Department  
602-C North Pearl Street  
Crestview, FL 32536  
850-689-5960 / 850-689-5998 (FAX)  
E-Mail: [jallen@co.okaloosa.fl.us](mailto:jallen@co.okaloosa.fl.us)

**IN WITNESS WHEREOF**, the Chairman of the Board of County Commissioners, by authority vested in him, has hereunto subscribed his name on behalf of the County of Okaloosa, Florida, the Owner, and the said \_\_\_\_\_ has hereto fixed his signature, the day and year above written.

**WITNESS:**

\_\_\_\_\_

\_\_\_\_\_

**CONTRACTOR**

BY \_\_\_\_\_

\_\_\_\_\_  
TITLE

**STATE OF FLORIDA  
COUNTY OF OKALOOSA**

This contract is accepted this \_\_\_\_ day of \_\_\_\_\_ 2012 and is effective on the \_\_\_\_ day of \_\_\_\_\_ 2012

**ATTEST:**

**COUNTY OF OKALOOSA, FLORIDA**

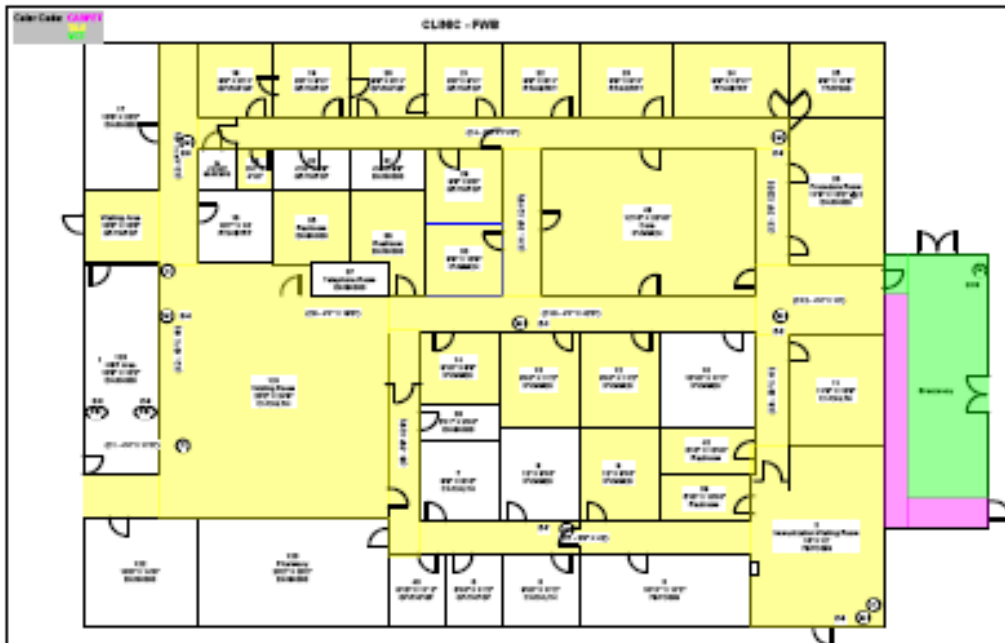
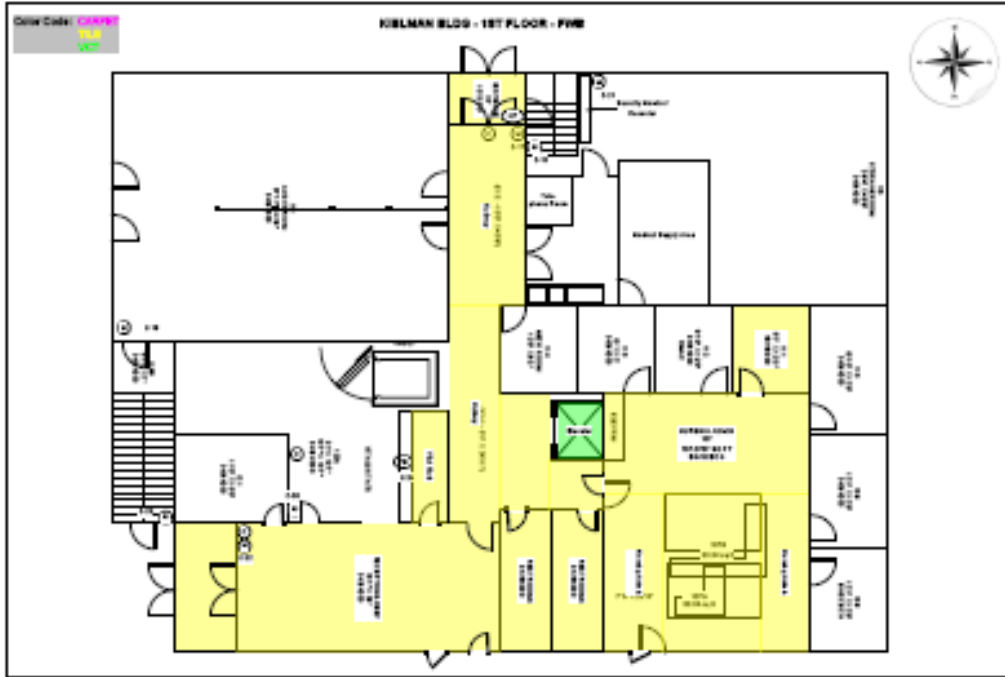
\_\_\_\_\_  
Gary Stanford  
Deputy Clerk of Court

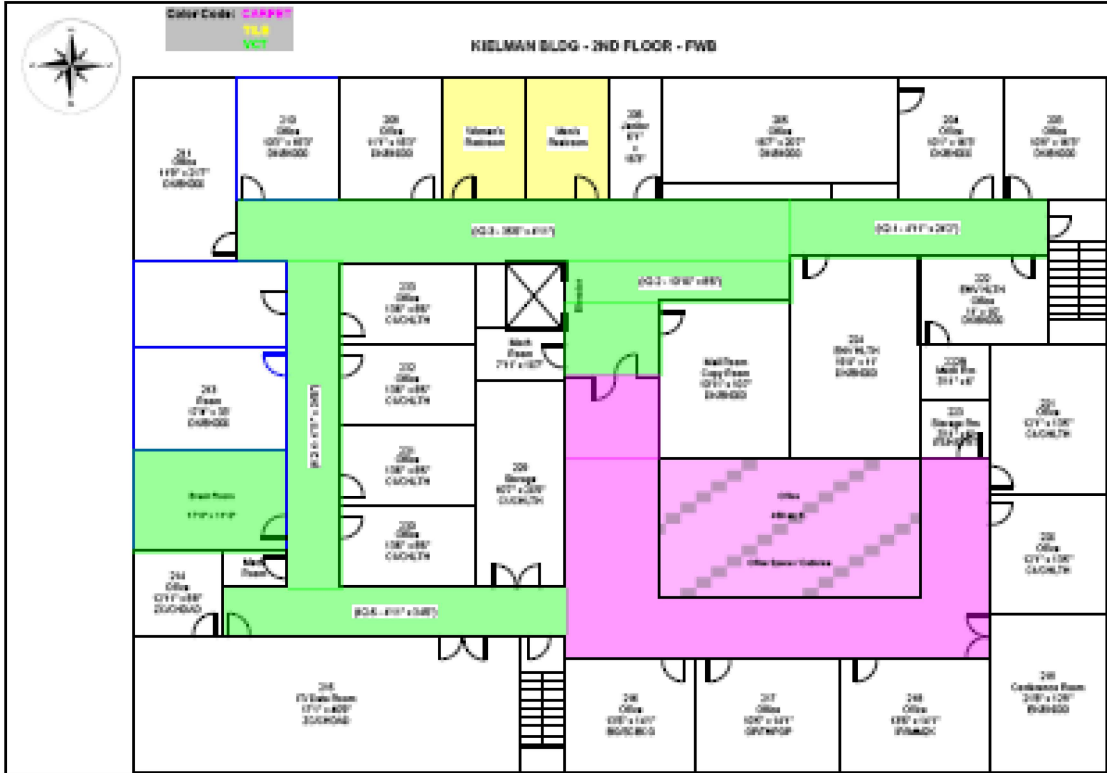
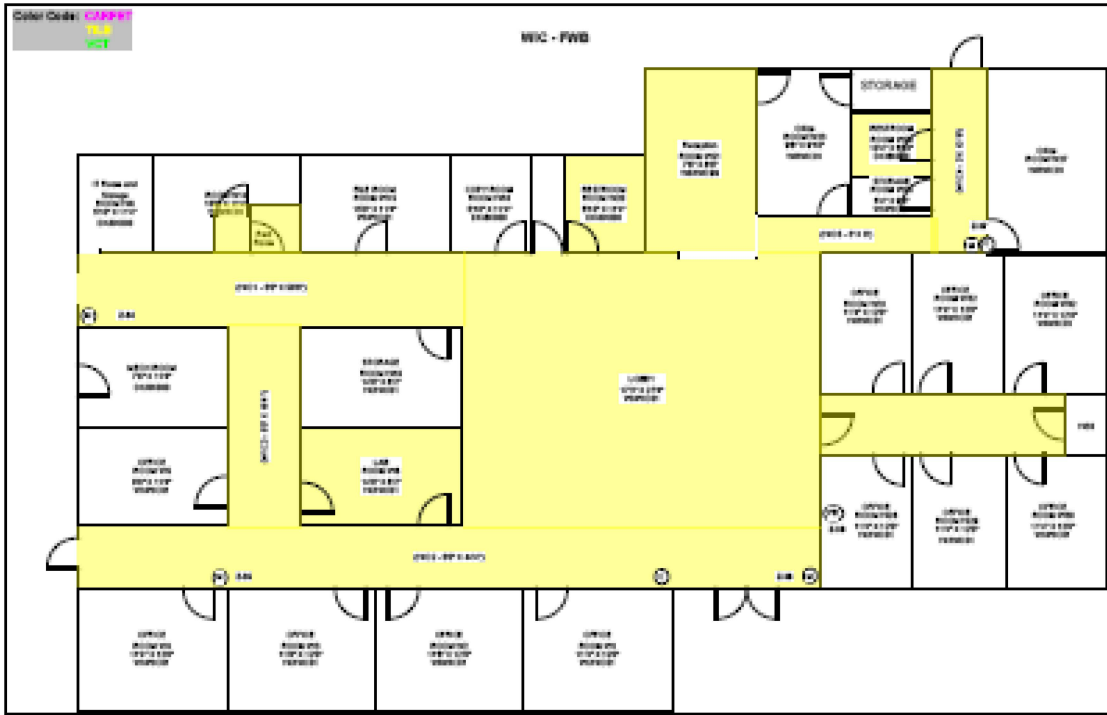
BY \_\_\_\_\_  
Don Amunds, Chairman

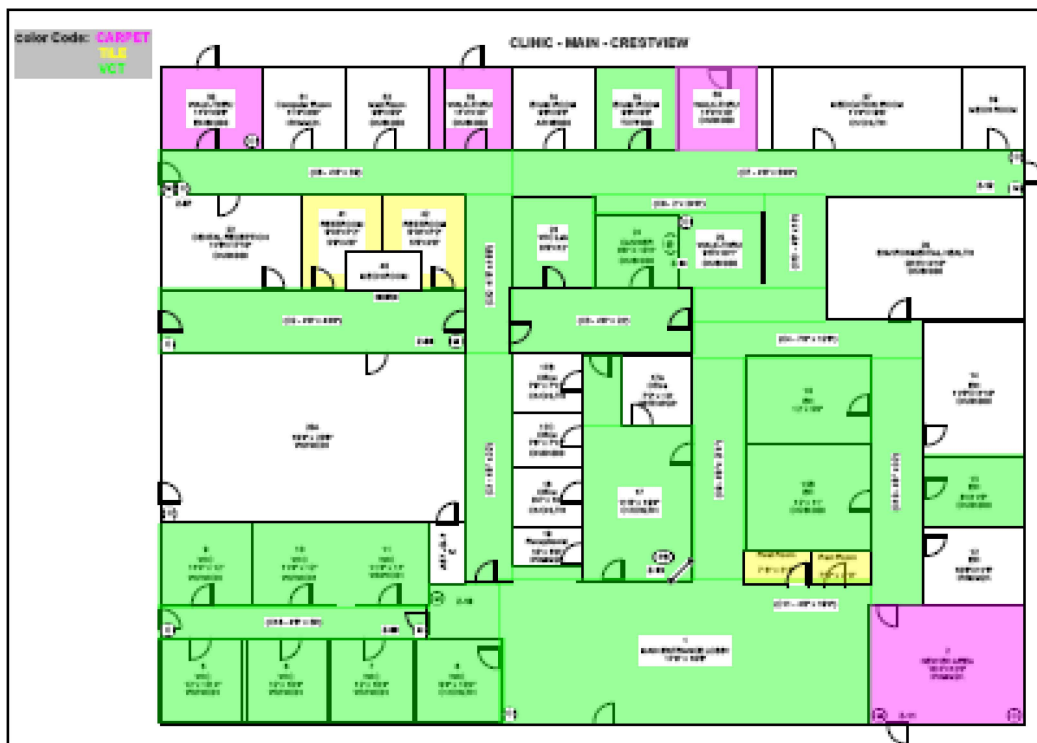
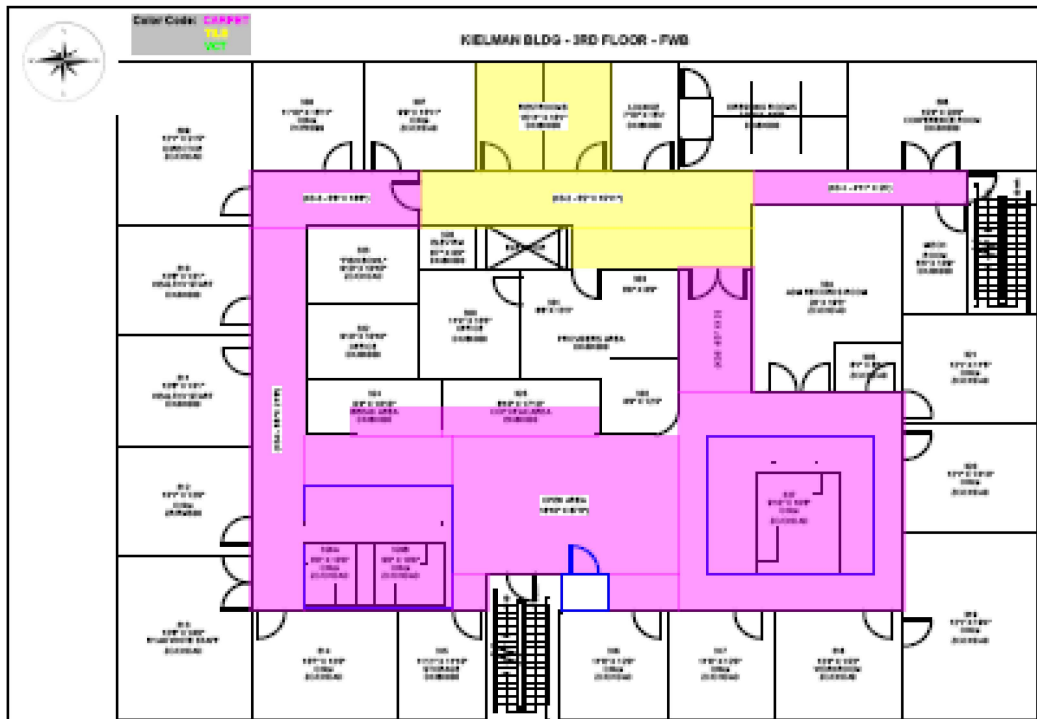
# ATTACHMENT V

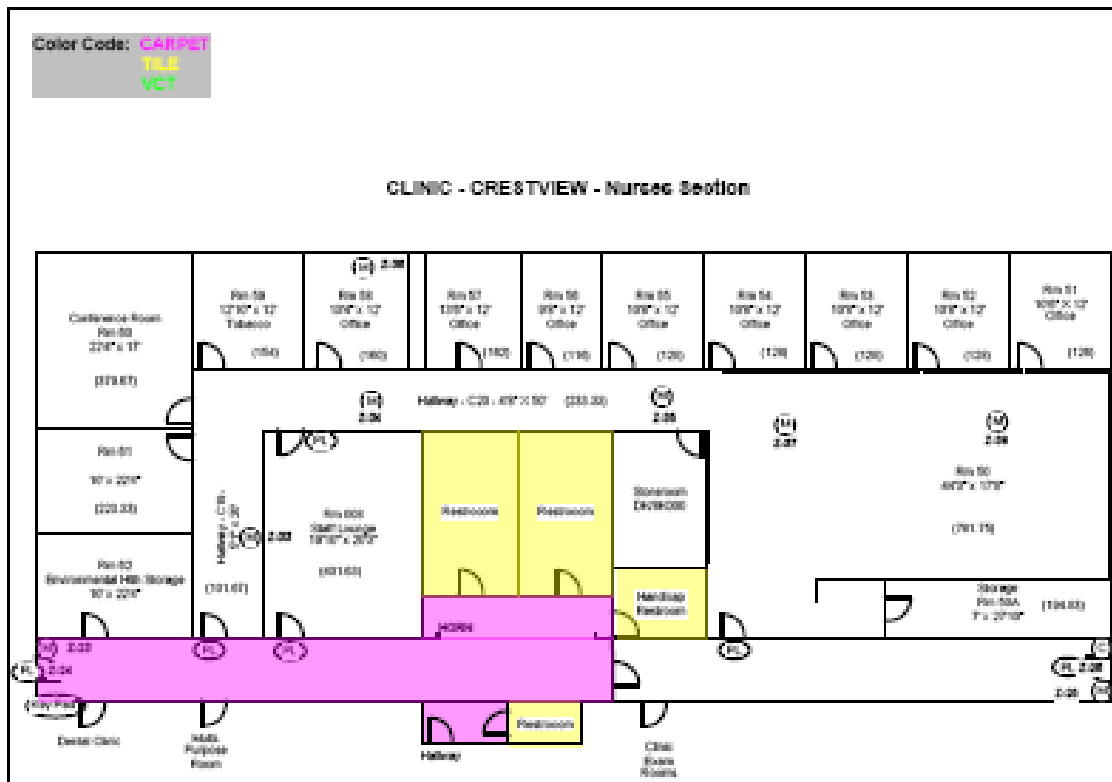
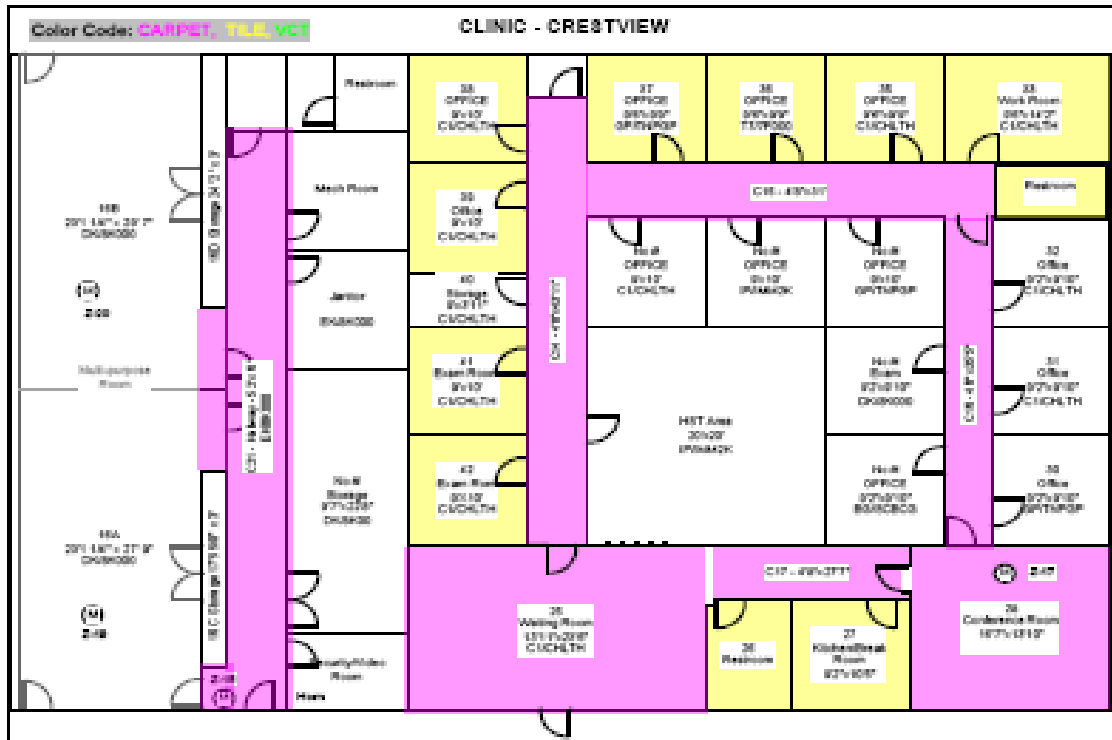
## FLOOR MAPS

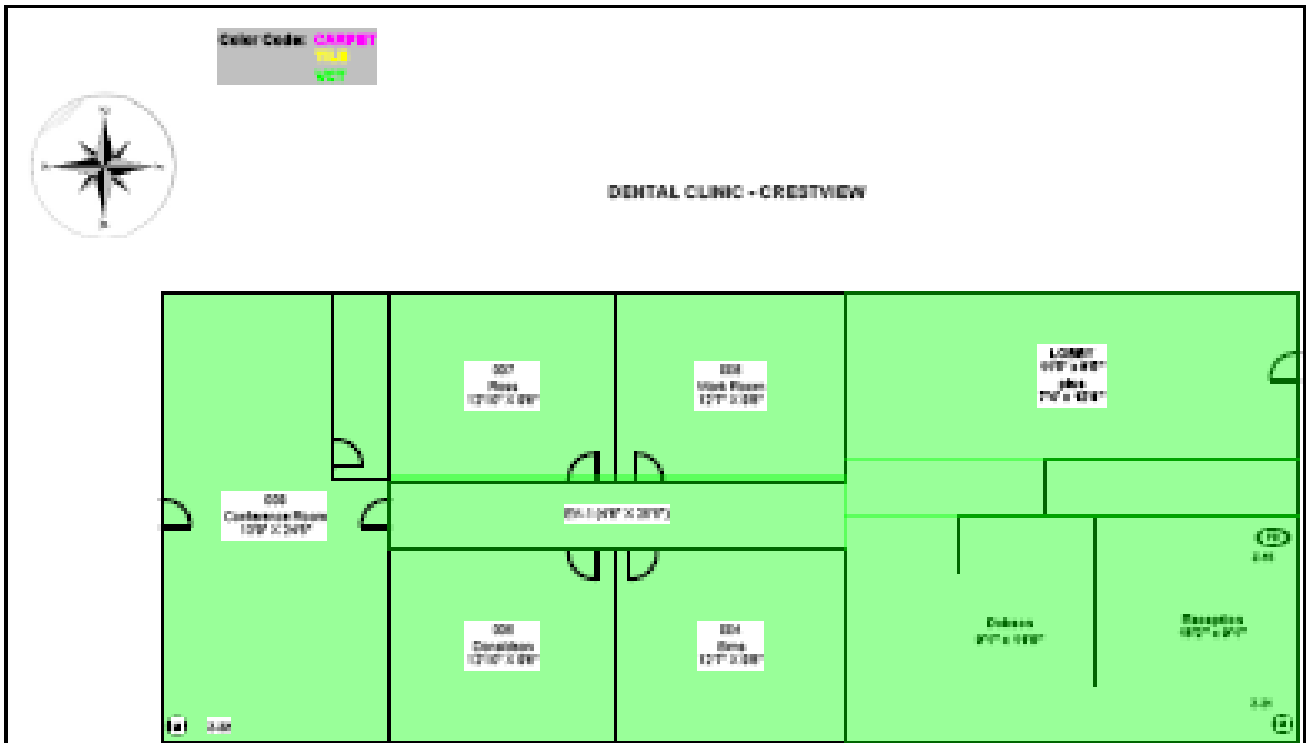
Hard copies of nine (9) Floor Maps will be provided at the Pre-Bid Meeting.













# ATTACHMENT VI

## AREAS TO BE SERVICED

### AREAS TO BE SERVICED

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#### **FORT WALTON BEACH LOCATION:**

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##### **KIELMAN BLDG 1ST FLOOR - FWB**

| AREA                          | FLOOR TYPE |
|-------------------------------|------------|
| Reception/Lobby               | Tile       |
| Vital Statistics Waiting Area | Tile       |
| Restrooms (2)                 | Tile       |
| Nursing Admin Area            | Tile       |
| Room 111 (Copier Room)        | Tile       |
| Hallways                      | Tile       |
| Elevator                      | VCT        |
| Employee entrance/Vestibule   | Tile       |

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##### **CLINIC - FWB**

| AREA                                 | FLOOR TYPE |
|--------------------------------------|------------|
| Room 124 - Waiting Room - Main       | Tile       |
| Restrooms (4)                        | Tile       |
| Hallways                             | Tile       |
| Room 9,11,12,13,14                   | Tile       |
| Room 2 - Waiting room - Immunization | Tile       |
| Room 26 - Procedure room             | Tile       |
| Room 48 - Core                       | Tile       |
| Room 18 through 25, 29, 30, 33       | Tile       |
| Hallway outside Rm 30                | Tile       |
| Hallway outside room 16              | Tile       |
| Waiting Area                         | Tile       |
| Breezeway FLOOR ONLY                 | VCT/Carpet |

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**WIC- FWB**

| AREA   | FLOOR TYPE |
|--|------------|
| Room W01 - Waiting Room/Lobby                  | Tile       |
| Hallways                                       | Tile       |
| Room W6 - Lab                                  | Tile       |
| Restrooms (3)                                  | Tile       |
| Room W14 - <u>Walkway to the restroom only</u> | Tile       |
| Room W21 - Reception                           | Tile       |

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**KIELMAN BLDG 2nd FLOOR - FWB**

| AREA                                 | FLOOR TYPE |
|--------------------------------------|------------|
| Hallways                             | VCT        |
| Restrooms (2)                        | Tile       |
| Break Room <u>FLOOR ONLY</u>         | VCT        |
| Open area around and inside cubicles | Carpet     |

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**KIELMAN BLDG 3rd FLOOR - FWB**

| AREA   | FLOOR TYPE |
|--|------------|
| Hallways                                     | Tile       |
| Hallway outside rm. 306 conference room      | Carpet     |
| Restrooms (2)                                | Tile       |
| Hallways outside offices and inside cubicles | Carpet     |
| Open Area around and inside cubicle 327      | Carpet     |

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**CRESTVIEW LOCATION:**

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**CLINIC MAIN - CV**

| AREA   | FLOOR TYPE |
|--|------------|
| Main Entrance/lobby                            | VCT        |
| Hallways                                       | VCT        |
| Restrooms (4)                                  | Tiles      |
| Room 2   | Carpet     |
| Room WIC 5 through WIC 11, 13, 15b, 16, 17, 24 | VCT        |
| Room 23 WIC Lab, 35 Exam Room                  | VCT        |
| Hallway and Walk through around Rm 24          | VCT        |
| Room 30, 33, 36 - Walk Through                 | Carpet     |
| Room 35 - Exam Room                            | VCT        |

---

| <b>CLINIC - CV</b>                  |            |
|-------------------------------------|------------|
| AREA                                | FLOOR TYPE |
| Room 25 - Waiting room              | Carpet     |
| Hallways                            | Carpet     |
| Restrooms (2)                       | Tiles      |
| Room 27 - Kitchen <u>FLOOR ONLY</u> | Tiles      |
| Room 28 Conference                  | Carpet     |
| Rooms 33-35 to 39, 41,42 Exam Rooms | Tiles      |

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| <b>CLINIC - NURSES SECTION - CV</b> |            |
|-------------------------------------|------------|
| AREA                                | FLOOR TYPE |
| Hallway                             | Carpet     |
| Restrooms (4)                       | Tiles      |

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| <b>DENTAL CLINIC - CV</b>    |            |
|------------------------------|------------|
| AREA                         | FLOOR TYPE |
| Lobby                        | VCT        |
| Hallway                      | VCT        |
| Room 9 Conference room       | VCT        |
| Room 4 through 7 - Work room | VCT        |
| Reception and Dobson Room    | VCT        |

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# ATTACHMENT VII

## SERVICE SCHEDULE

Hardcopies of Service Schedules will be provided at the Pre-Bid Meeting

| <b>SERVICE SCHEDULE FORT WALTON BEACH</b> |  |            |                  |                |                         |             |                      |              |                          |                    |                   |                    |                        |             |
|---|--|------------|------------------|----------------|-------------------------|-------------|----------------------|--------------|--------------------------|--------------------|-------------------|--------------------|------------------------|-------------|
| <b>DAILY SCHEDULE</b>                     |  |            |                  |                |                         |             |                      |              |                          |                    |                   |                    |                        |             |
| LOCATION                                  | AREA   | FLOOR TYPE | CHANGE TRASH BAG | CLEAN FIXTURES | CLEAN GLASS and MIRRORS | EMPTY TRASH | LOW DUSTING FIXTURES | REMOVE WASTE | REPLENISH SOAP and PAPER | SANITIZE           | STRAIGHTEN CHAIRS | SWEEPING VCT/TILES | VACUUM CARPET and RUGS | WET MOPPING |
|   |  | Task #     | 2                | 5              | 6                       | 8           | 11                   | 13           | 14                       | 15                 | 16                | 17                 | 18                     | 21          |
| FWB                                       | Garbage, Throughout  |            | X                |                |                         | X           |                      | X            |                          |                    |                   |                    |                        |             |
| FWB                                       | Restrooms (Ground Fl. 9; 2nd Fl. 2; 3rd Fl .2) (13)        |            |                  | X              |                         |             | X                    |              | X                        | X                  |                   | X                  |                        | X           |
| FWB                                       | Water Fountains (5)  |            |                  | X              |                         |             |                      |              |                          | X                  |                   |                    |                        |             |
| Ground/1st Fl.                            | Hallways, Walk Through                                     | Tile       |                  |                |                         |             |                      |              |                          |                    |                   | X                  |                        | X           |
| FWB                                       | Waiting Rooms/Receptions/Lobbies                           | Tile       |                  | X              | X                       |             | X                    |              |                          | CHILDREN FURNITURE | X                 | X                  | X                      | X           |
| Kielman 1st Fl                            | Elevator   | VCT        |                  | X              |                         |             |                      |              |                          |                    |                   | X                  |                        | X           |
| Clinic FWB                                | Room 48 - Core   | Tile       |                  | X              | X                       |             | X                    |              |                          |                    |                   | X                  |                        | X           |
| Clinic FWB                                | Room 11 to 14; 18 to26; 29-30; 33, Exam Rooms              | Tile       |                  | X              | X                       |             | X                    |              |                          | INCL. SINKS        |                   | X                  |                        | X           |
| WIC                                       | Room W14 - <u>Walkway to the restroom only</u>             | Tile       |                  |                |                         |             |                      |              |                          |                    |                   | X                  |                        | X           |
| WIC                                       | Room W6 - Laboratory                                       | Tile       |                  | X              | X                       |             | X                    |              |                          | INCL. SINKS        |                   | X                  |                        | X           |
| Kielman 2nd Fl                            | Hallways   | VCT        |                  |                |                         |             |                      |              |                          |                    |                   | X                  |                        | X           |
| Kielman 2nd Fl                            | Open area around and inside cubicles                       | Carpet     |                  |                |                         |             |                      |              |                          |                    |                   |                    | X                      |             |
| Kielman 3rd Fl                            | Hallways outside elevator and restrooms                    | Tile       |                  |                |                         |             |                      |              |                          |                    |                   | X                  |                        | X           |
| Kielman 3rd Fl                            | Hallway outside rm. 306 conference room                    | Carpet     |                  |                |                         |             |                      |              |                          |                    |                   |                    | X                      |             |
| Kielman 3rd Fl                            | Hallways <u>outside</u> offices and <u>inside cubicles</u> | Carpet     |                  |                |                         |             |                      |              |                          |                    |                   |                    | X                      |             |

| WEEKLY SCHEDULE |                           |            |                   |                                     |                         |                    |                        |             |
|-----------------|---------------------------|------------|-------------------|-------------------------------------|-------------------------|--------------------|------------------------|-------------|
| LOCATION        | AREA                      | FLOOR TYPE | CARPET SPOT CLEAN | CLEAN BATHROOM TILES and PARTITIONS | GLASS DOORS and WINDOWS | SWEEPING VCT/TILES | VACUUM CARPET and RUGS | WET MOPPING |
|                 |                           | Task #     | 1                 | 4                                   | 10                      | 17                 | 18                     | 21          |
| FWB             | Restrooms (13)            |            |                   | X                                   |                         |                    |                        |             |
| FWB             | Throughout Carpeted Areas |            | X                 |                                     |                         |                    |                        |             |
| FWB             | Throughout                |            |                   |                                     | X                       |                    |                        |             |
| Clinic FWB      | Room 9 - Immunization     | Tile       |                   |                                     |                         | WED.               |                        | WED.        |
| Clinic FWB      | Breezeway                 | Carpet/VCT |                   |                                     |                         | X                  | X                      | X           |
| Kielman 1st Fl  | Room 111 - Copier room    | Tile       |                   |                                     |                         | X                  |                        | X           |
| Kielman 2nd Fl  | Break Room                | VCT        |                   |                                     |                         | X                  |                        | X           |

| TWICE A MONTH |                       |            |                                     |                         |
|---------------|-----------------------|------------|-------------------------------------|-------------------------|
| LOCATION      | AREA                  | FLOOR TYPE | LOW DUSTING<br>Switches, Baseboards | VCT<br>SPRAY<br>BUFFING |
|               |                       | Task #     | 11                                  | 20                      |
| FWB           | Hallways and Elevator | VCT        |                                     | X                       |
| FWB           | Throughout            |            | X                                   |                         |

| MONTHLY SCHEDULE |                      |            |             |                     |                    |             |
|------------------|----------------------|------------|-------------|---------------------|--------------------|-------------|
| LOCATION         | AREA                 | FLOOR TYPE | REMOVE RUGS | SANITIZE WALL TILES | SWEEPING VCT/TILES | WET MOPPING |
|                  |                      | Task #     | 12          | 15                  | 17                 | 21          |
| FWB              | Restrooms (13)       | Tile       |             | X                   |                    |             |
| FWB              | Waiting Room/Lobbies | Tile       | X           |                     | Under Rugs         | Under Rugs  |

| QUARTERLY SCHEDULE (Schedule with OCHD-POC) |                             |            |  |                  |                                 |                     |
|---|-----------------------------|------------|--|------------------|---------------------------------|---------------------|
| LOCATION                                    | AREA                        | FLOOR TYPE | CLEAN and SANITIZE WALLS (Excl. Restrooms) | CLEANING CARPETS | FLOOR SCRUBBING and REFINISHING | VCT FLOOR STRIPPING |
|   |                             | Task #     | 3  | 7                | 9                               | 19                  |
|   |                             |            | FEB-MAY-AUG-NOV                            | MAR-JUN-SEP-DEC  | JAN-APR-JUL-OCT                 | JAN-APR-JUL-OCT     |
| FWB   | Throughout                  | Tile       | SAT.                                       |                  | SAT.                            |                     |
| FWB   | VCT Floor Throughout        | VCT        |  |                  |                                 | SAT.                |
| FWB   | Carpeted Areas - Throughout | Carpet     |  | SAT.             |                                 |                     |

| TWICE A YEAR SCHEDULE (Schedule with OCHD-POC) |                                |            |                      |
|--|--------------------------------|------------|----------------------|
| LOCATION                                       | AREA                           | FLOOR TYPE | POROUS TILE CLEANING |
|  |                                | Task #     | 22                   |
|  |                                |            | JAN-JUL              |
| FWB  | Throughout - Porous Tile Areas | Tile       | SAT.                 |

## SERVICE SCHEDULE CRESTVIEW

### DAILY SCHEDULE

| LOCATION      | AREA   | FLOOR TYPE | CHANGE TRASH BAG | CLEAN FIXTURES | CLEAN GLASS and MIRRORS | EMPTY TRASH | LOW DUSTING FIXTURES | REMOVE WASTE | REPLENISH SOAP and PAPER | SANITIZE           | STRAIGHTEN CHAIRS | SWEEPING VCT/TILES | VACUUM CARPET and RUGS | WET MOPPING |
|---------------|--|------------|------------------|----------------|-------------------------|-------------|----------------------|--------------|--------------------------|--------------------|-------------------|--------------------|------------------------|-------------|
|               |  |            | Task #           | 2              | 5                       | 6           | 8                    | 11           | 13                       | 14                 | 15                | 16                 | 17                     | 18          |
| CV            | Garbage, Throughout                            |            | X                |                |                         | X           |                      | X            |                          |                    |                   |                    |                        |             |
| CV            | Restrooms (10)                                 |            |                  | X              |                         |             | X                    |              | X                        | X                  |                   | X                  |                        | X           |
| CV            | Water Fountains (4)                            |            |                  | X              |                         |             |                      |              |                          | X                  |                   |                    |                        |             |
| CV            | Hallways, Walk Through                         | Carpet/VCT |                  |                |                         |             |                      |              |                          |                    |                   | X                  | X                      | X           |
| CV            | Waiting Rooms/Receptions/Lobbies               | Carpet/VCT |                  | X              | X                       |             | X                    |              |                          | CHILDERN FURNITURE | X                 | X                  | X                      | X           |
| Clinic - Main | Room WIC 5 through WIC 11, 13, 15b, 16, 17, 24 | VCT        |                  |                |                         |             |                      |              |                          |                    |                   | X                  |                        | X           |
| Clinic - Main | Room 23 WIC Lab, 35 Exam Room                  | VCT        |                  | X              | X                       |             | X                    |              |                          | INCL. SINKS        |                   | X                  |                        | X           |
| Clinic        | Rooms 33-35 to 39, 41,42 Exam Rooms            | Tile       |                  | X              | X                       |             | X                    |              |                          | INCL. SINKS        |                   | X                  |                        | X           |
| Dental Clinic | Throughout                                     | VCT        |                  | X              | X                       |             | X                    |              |                          | INCL. SINKS        |                   | X                  |                        | X           |

## WEEKLY SCHEDULE

| LOCATION      | AREA                                | FLOOR TYPE | CARPET SPOT CLEAN | CLEAN BATHROOM TILES and PARTITIONS | GLASS DOORS and WINDOWS | SWEEPING VCT/TILES | VACUUM CARPET and RUGS | WET MOPPING |
|---------------|-------------------------------------|------------|-------------------|-------------------------------------|-------------------------|--------------------|------------------------|-------------|
|               |                                     | Task #     | 1                 | 4                                   | 10                      | 17                 | 18                     | 21          |
| CV            | Restrooms (10)                      |            |                   | X                                   |                         |                    |                        |             |
| CV            | Throughout Carpeted Areas           |            | X                 |                                     |                         |                    |                        |             |
| CV            | Throughout - Glass Door and Windows |            |                   |                                     | X                       |                    |                        |             |
| Clinic - Main | Room 2                              | Carpet     | FRIDAY            |                                     |                         |                    |                        |             |
| Clinic        | Room 27 - Kitchen <u>FLOOR ONLY</u> | Tiles      |                   |                                     |                         | X                  |                        | X           |

## TWICE A MONTH SCHEDULE

| LOCATION | AREA                 | FLOOR TYPE | LOW DUSTING<br>Switches, Baseboards | VCT<br>SPRAY<br>BUFFING |
|----------|----------------------|------------|-------------------------------------|-------------------------|
|          |                      | Task #     | 11                                  | 20                      |
| CV       | VCT floor Throughout | VCT        |                                     | X                       |
| CV       | Throughout           |            | X                                   |                         |



### MONTHLY SCHEDULE

| LOCATION    | AREA                        | FLOOR TYPE    | REMOVE RUGS | SANITIZE WALL TILES | SWEEPING VCT/TILES | WET MOPPING |
|-------------|-----------------------------|---------------|-------------|---------------------|--------------------|-------------|
|             |                             | <b>Task #</b> | <b>12</b>   | <b>15</b>           | <b>17</b>          | <b>21</b>   |
| CV          | Restrooms (10) – Wall Tiles | Tile          |             | X                   |                    |             |
| Clinic Main | Main Entrance/Lobbies       | VCT           | X           |                     | Under Rugs         | Under Rugs  |

### QUARTERLY SCHEDULE (Schedule with OCHD-POC)

| LOCATION | AREA       | FLOOR TYPE      | CLEAN and SANITIZE WALLS (Excl. Restrooms) | CLEANING CARPETS | FLOOR SCRUBBING and REFINISHING | VCT FLOOR STRIPPING |
|----------|------------|-----------------|--|------------------|---------------------------------|---------------------|
|          |            | <b>Task #</b>   | <b>3</b>                                   | <b>7</b>         | <b>9</b>                        | <b>19</b>           |
|          |            |                 | FEB-MAY-AUG-NOV                            | MAR-JUN-SEP-DEC  | JAN-APR-JUL-OCT                 | JAN-APR-JUL-OCT     |
| CV       | Throughout | Carpet/Tile/VCT | X  | X                | X                               | X                   |

### TWICE-A-YEAR SCHEDULE (Schedule with OCHD-POC)

| LOCATION | AREA                           | FLOOR TYPE    | POROUS TILE CLEANING |
|----------|--------------------------------|---------------|----------------------|
|          |                                | <b>Task #</b> | <b>22</b>            |
|          |                                |               | JAN-JUL              |
| CV       | Throughout - Porous Tile Areas | Tile          | SAT.                 |

# ATTACHMENT VIII

## DAILY CHECK LIST

Hardcopies of the Daily Checklist will be provided at the Pre-Bid Meeting

### Daily Checklist Fort Walton Beach

| LOCATION       | AREA  | SCHEDULE      | TASKS |    |    |    |    |    |    |    | M | T | W | T | F | S | S |
|----------------|---|---------------|-------|----|----|----|----|----|----|----|---|---|---|---|---|---|---|
|                |   |               |       |    |    |    |    |    |    |    |   |   |   |   |   |   |   |
| FWB            | Garbage, Throughout                                 | Daily         | 2     | 8  | 13 |    |    |    |    |    |   |   |   |   |   |   |   |
| FWB            | Restrooms (Ground Fl. 9; 2nd Fl. 2; 3rd Fl .2) (13) | Daily         | 5     | 11 | 14 | 15 | 17 | 21 |    |    |   |   |   |   |   |   |   |
| FWB            | Water Fountains (5)                                 | Daily         | 5     | 15 |    |    |    |    |    |    |   |   |   |   |   |   |   |
| Ground/1st Fl. | Hallways, Walk Through                              | Daily         | 17    | 21 |    |    |    |    |    |    |   |   |   |   |   |   |   |
| FWB            | Waiting Rooms/Receptions/Lobbies                    | Daily         | 5     | 6  | 11 | 15 | 16 | 17 | 18 | 21 |   |   |   |   |   |   |   |
| Kielman 1st Fl | Elevator  | Daily         | 5     | 17 | 21 |    |    |    |    |    |   |   |   |   |   |   |   |
| Clinic FWB     | Room 48 - Core                                      | Daily         | 5     | 6  | 11 | 17 | 21 |    |    |    |   |   |   |   |   |   |   |
| Clinic FWB     | Room 11 to 14; 18 to26; 29-30; 33, Exam Rooms       | Daily         | 5     | 6  | 11 | 15 | 17 | 21 |    |    |   |   |   |   |   |   |   |
| WIC            | Room W14 - <u>Walkway to the restroom only</u>      | Daily         | 17    | 21 |    |    |    |    |    |    |   |   |   |   |   |   |   |
| WIC            | Room W6 - Laboratory                                | Daily         | 5     | 6  | 11 | 15 | 17 | 21 |    |    |   |   |   |   |   |   |   |
| Kielman 2nd Fl | Hallways  | Daily         | 17    | 21 |    |    |    |    |    |    |   |   |   |   |   |   |   |
| Kielman 2nd Fl | Open area around and inside cubicles                | Daily         | 18    |    |    |    |    |    |    |    |   |   |   |   |   |   |   |
| Kielman 3rd Fl | Hallways outside elevator and restrooms             | Daily         | 17    | 21 |    |    |    |    |    |    |   |   |   |   |   |   |   |
| Kielman 3rd Fl | Hallway outside rm. 306 conference room             | Daily         | 18    |    |    |    |    |    |    |    |   |   |   |   |   |   |   |
| Kielman 3rd Fl | Hallways <u>outside</u> offices and inside cubicles | Daily         | 18    |    |    |    |    |    |    |    |   |   |   |   |   |   |   |
| FWB            | Restrooms (13)                                      | Weekly        | 4     |    |    |    |    |    |    |    |   |   |   |   |   |   |   |
| FWB            | Throughout Carpeted Areas                           | Weekly        | 1     |    |    |    |    |    |    |    |   |   |   |   |   |   |   |
| FWB            | Throughout - Glass Door and Windows                 | Weekly        | 10    |    |    |    |    |    |    |    |   |   |   |   |   |   |   |
| Clinic FWB     | Room 9 - Immunization                               | Weekly        | 17    | 21 |    |    |    |    |    |    |   |   |   |   |   |   |   |
| Clinic FWB     | Breezeway   | Weekly        | 17    | 18 | 21 |    |    |    |    |    |   |   |   |   |   |   |   |
| Kielman 1st Fl | Room 111 - Copier room                              | Weekly        | 17    | 21 |    |    |    |    |    |    |   |   |   |   |   |   |   |
| Kielman 2nd Fl | Break Room (Floor Only)                             | Weekly        | 17    | 21 |    |    |    |    |    |    |   |   |   |   |   |   |   |
| FWB            | VCT floor (Elevator and 2nd Floor)                  | Twice a Month | 20    |    |    |    |    |    |    |    |   |   |   |   |   |   |   |

|                 |                                    |                 |              |    |    |  |  |  |  |  |  |  |          |          |          |          |          |          |          |
|-----------------|------------------------------------|-----------------|--------------|----|----|--|--|--|--|--|--|--|----------|----------|----------|----------|----------|----------|----------|
| FWB             | Low Dusting (Switches, Baseboards) | Twice a Month   | 11           |    |    |  |  |  |  |  |  |  |          |          |          |          |          |          |          |
| FWB             | Restrooms (13) – Wall Tiles        | Monthly         | 15           |    |    |  |  |  |  |  |  |  |          |          |          |          |          |          |          |
| FWB             | Waiting Rooms and Lobbies          | Monthly         | 12           | 17 | 21 |  |  |  |  |  |  |  |          |          |          |          |          |          |          |
| <b>LOCATION</b> | <b>AREA</b>                        | <b>SCHEDULE</b> | <b>TASKS</b> |    |    |  |  |  |  |  |  |  | <b>M</b> | <b>T</b> | <b>W</b> | <b>T</b> | <b>F</b> | <b>S</b> | <b>S</b> |
| FWB             | Throughout                         | Quarterly       | 3            | 9  |    |  |  |  |  |  |  |  |          |          |          |          |          |          |          |
| FWB             | VCT Floor Throughout               | Quarterly       | 19           |    |    |  |  |  |  |  |  |  |          |          |          |          |          |          |          |
| FWB             | Carpeted Areas - Throughout        | Quarterly       | 7            |    |    |  |  |  |  |  |  |  |          |          |          |          |          |          |          |
| FWB             | Throughout - Porous Tile Cleaning  | Twice/Year      | 22           |    |    |  |  |  |  |  |  |  |          |          |          |          |          |          |          |

### Daily Checklist Crestview

| LOCATION      | AREA   | SCHEDULE      | TASKS |    |    |    |    |    |    |    |  |  | M | T | W | T | F | S | S |  |
|---------------|--|---------------|-------|----|----|----|----|----|----|----|--|--|---|---|---|---|---|---|---|--|
|               |  |               |       |    |    |    |    |    |    |    |  |  |   |   |   |   |   |   |   |  |
| CV            | Garbage, Throughout                            | Daily         | 2     | 8  | 13 |    |    |    |    |    |  |  |   |   |   |   |   |   |   |  |
| CV            | Restrooms (10)                                 | Daily         | 5     | 11 | 14 | 15 | 17 | 21 |    |    |  |  |   |   |   |   |   |   |   |  |
| CV            | Water Fountains (4)                            | Daily         | 5     | 15 |    |    |    |    |    |    |  |  |   |   |   |   |   |   |   |  |
| CV            | Hallways, Walk Through                         | Daily         | 17    | 18 | 21 |    |    |    |    |    |  |  |   |   |   |   |   |   |   |  |
| CV            | Waiting Rooms/Receptions/Lobbies               | Daily         | 5     | 6  | 11 | 15 | 16 | 17 | 18 | 21 |  |  |   |   |   |   |   |   |   |  |
| Clinic - Main | Room WIC 5 through WIC 11, 13, 15b, 16, 17, 24 | Daily         | 17    | 21 |    |    |    |    |    |    |  |  |   |   |   |   |   |   |   |  |
| Clinic - Main | Room 23 WIC Lab, 35 Exam Room                  | Daily         | 5     | 6  | 11 | 15 | 17 | 21 |    |    |  |  |   |   |   |   |   |   |   |  |
| Clinic        | Rooms 33-35 to 39, 41,42 Exam Rooms            | Daily         | 5     | 6  | 11 | 15 | 17 | 21 |    |    |  |  |   |   |   |   |   |   |   |  |
| Dental Clinic | Throughout                                     | Daily         | 5     | 6  | 11 | 15 | 17 | 21 |    |    |  |  |   |   |   |   |   |   |   |  |
| CV            | Restrooms (10)                                 | Weekly        | 4     |    |    |    |    |    |    |    |  |  |   |   |   |   |   |   |   |  |
| CV            | Throughout Carpeted Areas                      | Weekly        | 1     |    |    |    |    |    |    |    |  |  |   |   |   |   |   |   |   |  |
| CV            | Throughout - Glass Door and Windows            | Weekly        | 10    |    |    |    |    |    |    |    |  |  |   |   |   |   |   |   |   |  |
| Clinic - Main | Room 2   | Weekly        | 1     |    |    |    |    |    |    |    |  |  |   |   |   |   |   |   |   |  |
| Clinic        | Room 27 - Kitchen <u>FLOOR ONLY</u>            | Weekly        | 17    | 21 |    |    |    |    |    |    |  |  |   |   |   |   |   |   |   |  |
| CV            | VCT floor Throughout                           | Twice a Month | 20    |    |    |    |    |    |    |    |  |  |   |   |   |   |   |   |   |  |
| CV            | Throughout Low Dusting                         | Twice a Month | 11    |    |    |    |    |    |    |    |  |  |   |   |   |   |   |   |   |  |
| CV            | Restrooms (10) – Wall Tiles                    | Monthly       | 15    |    |    |    |    |    |    |    |  |  |   |   |   |   |   |   |   |  |
| Clinic Main   | Main Entrance/Lobbies                          | Monthly       | 12    | 17 | 21 |    |    |    |    |    |  |  |   |   |   |   |   |   |   |  |
| CV            | Throughout                                     | Quarterly     | 3     | 7  | 9  | 19 |    |    |    |    |  |  |   |   |   |   |   |   |   |  |
| CV            | Throughout - Porous Tile Cleaning              | Twice/Year    | 22    |    |    |    |    |    |    |    |  |  |   |   |   |   |   |   |   |  |

#### List of Tasks:

1 - Carpet Spot Clean; 2 - Change Trash Bags; 3 - Clean and Sanitize Walls; 4 - Clean Bathroom Tiles and Partitions; 5 - Clean Fixtures;  
6 - Clean Glass and Mirrors; 7 - Cleaning Carpets; 8 - Empty Trash; 9 - Floor Scrubbing and Refinishing; 10 - Glass Doors and Windows; 11 - Low Dusting;  
12 - Remove Area Rugs; 13 - Remove Waste; 14 - Replenish Soap and Paper; 15 - Sanitize; 16 - Straighten Chairs; 17 - Sweeping VCT and Tiles;  
18 - Vacuum Carpet and Rugs; 19 - VCT Floor Stripping; 20 - VCT Spray Buffing; 21 - Wet Mopping; 22 - Porous Tile Cleaning

# LOCAL PREFERENCE DATA SHEET

Refer to Special Bid Condition

Does the state, county, municipality or political subdivision in which your firm is located offer a preference to their local bidders? (If your firm is located in Okaloosa County, you will check "NO.") If "YES," list below the extent of such preference.

YES \_\_\_\_\_

NO \_\_\_\_\_

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\_\_\_\_\_  
Bidder's Company Name

\_\_\_\_\_  
Authorized Signature – Manual

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Authorized Signature – Typed

# RECYCLED CONTENT FORM

## RECYCLED CONTENT INFORMATION

1. Is the material in the above: Virgin\_\_\_\_\_ or Recycled\_\_\_\_\_ (Check the applicable blank). If recycled, what percentage \_\_\_\_\_%.

Product Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is your product packaged and/or shipped in material containing recycled content?

Yes\_\_\_\_\_ No\_\_\_\_\_

Specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is your product recyclable after it has reached its intended end use?

Yes\_\_\_\_\_ No\_\_\_\_\_

Specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above is not applicable if there is only a personal service involved with no product involvement.

Name of Bidder: \_\_\_\_\_

E-Mail: \_\_\_\_\_

# CONFLICT OF INTEREST DISCLOSURE FORM

For purposes of determining any possible conflict of interest, all bidders/proposers, must disclose if any Okaloosa Board of County Commissioner, employee(s), elected officials(s), of if any of its agencies is also an owner, corporate officer, agency, employee, etc., of their business.

Indicate either "yes" (a county employee, elected official, or agency is also associated with your business), or "no". If yes, give person(s) name(s) and position(s) with your business.

YES \_\_\_\_\_

NO \_\_\_\_\_

**NAME(S)**

**POSITION(S)**

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FIRM NAME: \_\_\_\_\_

BY (PRINTED): \_\_\_\_\_

BY (SIGNATURE): \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NO. \_\_\_\_\_

E-MAIL \_\_\_\_\_

# DRUG-FREE WORKPLACE CERTIFICATION

THE BELOW SIGNED BIDDER CERTIFIES that it has implemented a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under quote a copy of the statement specified in subsection 1.
4. In the statement specified in subsection 1, notify the employees that, as a condition of working on the commodities or contractual services that are under quote, the employee will abide by the terms of the statement and will notify the employer of any conviction, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in, drug abuse assistance or rehabilitation program if such is available in employee's community, by any employee who is convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

NAME: \_\_\_\_\_

(Typed or Printed)

ADDRESS: \_\_\_\_\_

TITLE: \_\_\_\_\_

\_\_\_\_\_

E-MAIL: \_\_\_\_\_

\_\_\_\_\_

PHONE NO.: \_\_\_\_\_



# INDEMNIFICATION AND HOLD HARMLESS

To the fullest extent permitted by law, CONTRACTOR shall indemnify and hold harmless COUNTY, its officers and employees from liabilities, damages, losses, and costs including but not limited to reasonable attorney fees, to the extent caused by the negligence, recklessness, or intentional wrongful conduct of the CONTRACTOR and other persons employed or utilized by the CONTRACTOR in the performance of this Agreement.

\_\_\_\_\_  
Bidder's Company Name

\_\_\_\_\_  
Authorized Signature – Manual

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Authorized Signature – Typed

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
FAX Number

\_\_\_\_\_  
Cellular Number

\_\_\_\_\_  
After-Hours Number(s)

\_\_\_\_\_  
DATE

**(REVISED: JANUARY 12, 2001)**

# “NO CONTACT CLAUSE”

The Okaloosa County Board of County Commissioners have established a solicitation silence policy (**No Contact Clause**) that prohibits oral and written communication regarding all formal solicitations for goods and services (formal bids, Request for Proposals, Requests for Qualifications) issued by the Board through the County Purchasing Department.

The period commences when the procurement document is received and terminates when the Board of County Commissioners approves an award.

When the solicitation silence period is in effect, no oral or written communication is allowed regarding the solicitation between prospective bidders/proposers and members of the Board of County Commissioners, the County Administrator or members of the Board Approved Review Committee. All questions or requests for information regarding the solicitation **must** be directed to the designated Purchasing Representative listed in the solicitation.

Any information thought to affect the committee or staff recommendation submitted after bids are due, should be directed to the Purchasing Director or his appointed representative. It shall be the Purchasing Director's decision whether to consider this information in the decision process.

Any attempt by a vendor/proposer to influence a member or members of the aforementioned shall be grounds to disqualify the proposer from consideration during the selection process.

All proposers must agree to comply with this policy by signing the following statement and including it with their submittal.

I \_\_\_\_\_ representing \_\_\_\_\_  
**Signature** **Company Name**

Hereby agree to abide by the County's "**No Contact Clause**" and understand violation of this policy shall result in disqualification of my proposal/submittal.

# NOTICE TO PROCEED

DATE: \_\_\_\_\_

TO:

PROJECT: \_\_\_\_\_

You are hereby notified to commence WORK in accordance with the Agreement dated \_\_\_\_\_, 20\_\_, on or before \_\_\_\_\_, and you are to complete the WORK within \_\_\_\_\_. The date of completion of all WORK is therefore \_\_\_\_\_.

In case of failure on the part of the CONTRACTOR to complete the work within the time(s) specified in the contract, or within such additional time(s) as may be granted by Okaloosa County, the County will suffer damage, the amount of which is difficult, if not impossible, to ascertain. Therefore the CONTRACTOR shall pay to the COUNTY, as liquidated damages, the sum of \$\_\_\_\_\_ for each calendar day of delay that actual completion extends beyond the time limit specified until such reasonable time as may be required for final completion of the work. In no way shall costs for liquidated damages be construed as penalty on the CONTRACTOR.

You are required to return an acknowledged copy of this **NOTICE TO PROCEED** to the **OWNER**: Okaloosa County Purchasing, 602-C North Pearl St, Crestview, FL 32536.

OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS

**OWNER**

BY: \_\_\_\_\_

Richard L. Brannon

TITLE: **Purchasing Director**

## ACCEPTANCE OF NOTICE

Receipt of the above **NOTICE TO PROCEED** is hereby acknowledged.

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

This the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature

By: \_\_\_\_\_  
Type or Print Name

Title: \_\_\_\_\_

# NOTICE OF AWARD

TO:

**PROJECT  
DESCRIPTION:**

The **OWNER** has considered the **BID** submitted by you for the above-described **WORK in** response to its Advertisement for Bids dated \_\_\_\_\_ and Information for Bidders.

You are hereby notified that your **BID** has been accepted for items in the amounts of \$\_\_\_\_\_.

You are required by the Instructions to Bidders to execute the Agreement and furnish the required **CONTRACTOR'S** Certificates of Insurance within fifteen (15) calendar days from the date of this notice to you.

If you fail to execute said Agreement and to furnish required documents within fifteen (15) calendar days from the date of this notice, said **OWNER** will be entitled to consider all your rights arising out of the **OWNER's** acceptance of your **BID** as abandoned and as a forfeiture of your **BID Bond**. The **OWNER** will be entitled to such other rights as may be granted by law.

You are required to return an acknowledged copy of this **NOTICE OF AWARD** to the **OWNER:** Okaloosa County Purchasing, 602-C North Pearl St., Crestview, FL 32536. If you have any questions, please call John Christopher at 850-689-5960.

Dated this \_\_\_\_ day of \_\_\_\_\_, 2012.

**OWNER – OKALOOSA COUNTY BOARD OF COUNTY COMMISSIONERS**

BY: \_\_\_\_\_ TITLE \_\_\_\_\_ Purchasing Director \_\_\_\_\_  
Richard L Brannon

**ACCEPTANCE OF NOTICE**

Receipt of the above **NOTICE OF AWARD** is hereby acknowledged.

BY: \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, 2012.

BY: \_\_\_\_\_

Title: \_\_\_\_\_