

**DURHAM COUNTY
NORTH CAROLINA**



**REQUEST FOR PROPOSALS
JANITORIAL SERVICES FOR DURHAM COUNTY**

RFP NO. 21-011

**Proposals Due:
November 3, 2020
2:00 Eastern Time**

JANITORIAL SERVICES FOR DURHAM COUNTY
RFP No. 21-011

Table of Contents

BID SCHEDULE	2
REQUEST FOR PROPOSALS.....	3
LEGAL NOTICE.....	4
INSTRUCTIONS TO PROPOSERS	5
EQUAL EMPLOYMENT OPPORTUNITY	9
QUALIFICATIONS AND SUBMISSION REQUIREMENTS	10
Tab 1 – Signed Forms	10
Tab 2 – Executive Summary.....	11
Tab 3 – Corporate Overview.....	11
Tab 4 – Approach.....	11
Tab 5 – Organization and Staffing	11
Tab 6 – Qualifications and Experience	12
Tab 7 – Conflict of Interest	12
Tab 10 – MWBE Participation.....	13
EVALUATION AND AWARD CRITERIA.....	14
SCOPE OF SERVICES.....	15
ATTACHMENTS AND AFFIDAVITS.....	30
DETAILED JANITORIAL SERVICE FREQUENCY & SPECIFICATIONS	31
NO PROPOSAL REPLY FORM.....	35
ADDENDUM ACKNOWLEDGEMENT	36
NON-COLLUSION AFFIDAVIT.....	37
MWBE FORMS.....	38
AFFIDAVIT OF COMPLIANCE	45
BUILDING INFORMATION & PROPOSAL FORM	51
DURHAM COUNTY MEMORIAL STADIUM PROPOSAL FORM.....	73
TOTAL PROPOSAL FORM.....	74
VENDOR APPLICATION & W-9.....	75

JANITORIAL SERVICES FOR DURHAM COUNTY
RFP No. 21-011

BID SCHEDULE

(Note: The below dates are subject to change)

Advertisement Date	September 27, 2020
Pre-Proposal Conference Date	October 15, 2020 at 10:00 A.M. Eastern Time
Pre-Proposal Site Visit (immediately following Pre-Proposal Conference)	October 15, 2020 at 10:00 A.M. Eastern Time
Last Question Date	October 21, 2020 by 3:00 P.M. Eastern Time
Proposal Due Date	November 3, 2020 by 2:00 P.M. Eastern Time



REQUEST FOR PROPOSALS

JANITORIAL SERVICES FOR DURHAM COUNTY RFP No. 21-011

ISSUE DATE: September 27, 2020

ISSUING DEPARTMENT: County of Durham Purchasing Division of Finance
7th Floor / 201 East Main Street
Durham, NC 27701

Proposals will be received until 2:00 P.M., Eastern Time on November 3, 2020. The purpose and intent of the Request for Proposals (RFP) is to solicit proposals from qualified firms to provide

All inquiries concerning the Scope of Services, Proposal Submission Requirements or Procurement Procedures should be directed to:

Procurement Specialist: Candy Harmon
Purchasing Division
Email: purchasinggroup@dconc.gov
Telephone: 919-560-0741

Proposals shall be mailed and/or hand delivered to the Issuing Department shown above, and the envelope shall bear the name and number of this Request for Proposals (RFP). It is the sole responsibility of the Proposer to ensure that his/her Proposal reaches the Purchasing Division by the designated date and hour indicated above.

In compliance with this Request for Proposals and to all the terms and conditions imposed herein, the undersigned offers and agrees to furnish the goods and services described in accordance with the attached signed proposal.

Firm Name: _____

Date: _____

Address: _____

By: _____
(Name Typed/Printed)

(Signature in Ink)

Phone: _____



LEGAL NOTICE

JANITORIAL SERVICES FOR DURHAM COUNTY

RFP No. 21-011

The County of Durham will receive proposals for qualified Contractor(s) to establish a contract to provide Janitorial Services on November 3, 2020 at 2:00 P.M Eastern Time, in the Durham County Purchasing Division, 201 East Main Street, 7th Floor, Durham, North Carolina 27701. No proposals will be accepted after the official time and date.

A Pre-Proposal Conference will be held at 10:00 A.M. Eastern Time, on October 15, 2020, located in Durham County Purchasing Division's Conference Room, 201 East Main Street, 7th Floor, Durham, North Carolina 27701. Site Visits will be conducted immediately following the Pre-Proposal Conference on **Thursday, October 15, 2020** and **Friday, October 16, 2020**.

An electronic copy of this Request for Proposal (RFP) can be obtained from Durham County's eBid System located under Bid Opportunities at <http://www.dconc.gov/government/departments-f-z/finance/bid-opportunities>. Proposers can download a copy of the solicitation and all addenda without registering in the system. However, in order to **automatically** receive email notifications of solicitations and addenda issued by the Purchasing Division, Proposers **MUST** register in the eBid system.

The County reserves the right to accept or reject, in whole or in part, such proposals as appears in its judgment to be in the best interest of the County.

Publication Date: September 27, 2020

INSTRUCTIONS TO PROPOSERS

RFP No. 21-011

1. In order for a proposal to be considered, it must be based on terms, conditions and scope of services contained herein and must be a complete response to this RFP. **One (1) hard copy Original, one (1) hard “copy” of the Original, and a soft copy of your Proposal on a flash drive shall be submitted to the Issuing Department. The original Proposal should be marked “Original”. The copies must consist of all documents that are included in the “Original” Proposal.** No other distribution of the Proposal shall be made by the Proposer. Proposals shall be limited to thirty (30) double-sided pages or less and must be signed by an authorized representative. Each Proposal should be bound in a single volume with all relevant documentation. The letter of introduction, section dividers, detailed Résumés, forms and dividers are not included in this page limit. The County may elect to require oral presentations after receipt of the proposals.
2. **PRE-PROPOSAL CONFERENCE:** A Pre-Proposal Conference will be held at 10:00 A.M. Eastern Time, on October 15, 2020, located in Durham County Purchasing Division’s Conference Room, 201 East Main Street, 7th Floor, Durham, North Carolina 27701. The purpose of this Conference is to allow all potential Proposers an opportunity to present questions and obtain clarifications relative to this solicitation. While attendance at this Conference will not be a prerequisite to submitting a proposal, all potential Proposers are strongly encouraged to attend and read the entire solicitation in advance. Any changes resulting from this Conference will be issued in a written Addendum to the solicitation.
3. **SITE VISIT:** Site Visits will be conducted on Thursday, October 15, 2020 and Friday, October 16, 2020. For additional Site Visit information contact:

Project Manager: Joel Jones
Telephone: 919-560-0467
Email:jtjones@dconc.gov

See Schedule below. While attendance at site visits will not be a prerequisite to submitting a proposal, all potential Proposers are strongly encouraged to attend to determine the ability to perform the work required. As indicated herein, Contractor(s) will be responsible for the complete cleaning of all building areas listed and as such shall properly inform themselves of areas to be cleaned, size of buildings, existing conditions, existing dispensers, etc. Failure to familiarize yourself with the buildings and conditions will not relieve the Contractor of their responsibilities under any contract.

Janitorial Services-Site Visit Schedule

#	Building	Address	Time	Amt of Time
October 15, -Conducted on foot (Immediately following Pre-Proposal Conference)				
1	Admin 2	201 East. Main Street	10:30-11:00 AM	30 min
2	Admin 1	200 East Main Street	11:05-11:35 AM	30 min
3	Law Suite	120 E. Parrish St.	11:40-11:50 AM	10 min
4	Judicial Annex	201 N. Roxboro Rd.	11:55-12:25 PM	30 min
	Break/Lunch (Resume Tour at Main Library Parking Lot Entrance, 1:30)			60 min
5	Main Library	300 N. Roxboro Rd.	1:30-2:00 PM	30 min
6	CJRC	326 E. Main St.	2:10-2:40 PM	30 min
7	Human Services Complex	414 E. Main St.	2:45-3:15 PM	30 min
8	General Services	310 S. Dillard St.	3:20-3:30 PM	10 min
October 16, -Drive between				
10	North Sheriff's Station	11821 Highway 501 (Roxboro Rd.)	9:00-9:05 AM	5 min
11	North Regional Library	221 Milton Rd.	9:15-9:30 AM	15 min
12	Bragtown Library	3200 Dearborn Dr.	9:45-9:55 AM	10 min
13	Animal Control Bldg.	3005 Glenn Rd.	10:10-10:20 AM	10 min
14	Memorial Stadium	750 Stadium Drive	10:30-11:00 AM	30 min
15	Fire Marshal/Emergency Mgt.	2422 Broad St.	11:15-11:25 AM	10 min
16	Hillsborough Warehouse	4527 Hillsborough Rd.	11:40-11:55 AM	15 min
	Break – Drive to Ag Bldg./Lunch			60 min
17	Agricultural Bldg.	721 Foster St.	1:00-1:15 PM	15 min
18	Stanford Warren Library	1201 Fayetteville St.	1:30-1:50 PM	20 min
19	East Sheriff's Station	5323 Wake Forest Hwy (98)	2:05-2:15 PM	10 min
20	East Regional Library	211 Lick Creek Lane	2:25-2:40 PM	15 min
21	BOE Warehouse	2445 South Alston Ave.	2:55- 3:10 PM	15 min
22	South Regional Branch Library	4505 S. Alston Ave.	3:25- 3:40 PM	15 min
23	Southwest Regional Branch Library	3605 Shannon Dr.	3:55- 4:10 PM	15 min
<ul style="list-style-type: none"> • Site Visits are Rain or Shine. • Site visits times are approximate. Tours will start at main entrances and proceed from there. Some buildings are small, and the tours will be quick, highlighting specific areas. If you are running late, try to catch up. • Parking downtown can be a challenge. Make sure you are parked in authorized, public parking. • Park relevant to the first and last addresses we will be touring during the 1st day of site visits. 1st day of site visits will be conducted on foot, walking between locations. 2nd day of site visits will be conducted by driving between locations. • Private areas will be accessible only during scheduled site visits. • Proposers are welcome to return to any public building to view public areas only. • Do not request tours from site occupants outside these scheduled dates & times. 				

4. **PROPOSAL DUE DATE:** Proposals will be received until 2:00 P.M. Eastern Time, on November 3, 2020

Proposals must be mailed, or hand delivered to:
Durham County Purchasing Division,
Attn: Candy Harmon, Procurement Specialist
201 East Main Street, 7th Floor, Durham, NC 27701.

Proposals shall be duly marked and/or identified with Proposer name, address and RFP number.

5. **COMMUNICATION WITH PROPOSERS:** All communications between the Purchasing Division and prospective Proposers shall be in writing. E-mailed questions will be accepted and can be sent to purchasinggroup@dconc.gov. Any inquiries, requests for interpretation, technical questions, clarification, or additional information shall be directed to Candy Harmon, Procurement Specialist at the email address above. All questions concerning this RFP shall reference the RFP number, section number and paragraph. Questions and responses affecting the Scope of Services will be provided to all Proposers by issuance of an Addendum. **All questions shall be received by the Purchasing Division no later than 3:00 P.M., Eastern Time on October 21, 2020. NO EXCEPTIONS.**
6. **LATE PROPOSALS:** Proposals received after the date and time specified will not be considered for award and will be returned to the Proposer unopened.
7. **VENDOR APPLICATION:** All Proposers shall complete and submit the Vendor Application along with the W-9 Form. This information will be used to create or update the County's electronic vendor database upon award of contract.
8. **PERFORMANCE BOND:** A Performance Bond **will not** be required for this project.
9. **JANITORIAL SERVICE BOND:** A Janitorial Service Bond **will be** required for this contract and shall be filled with the executed contract documents and made part thereof within ten (10) days from the date of the contract. The successful bidder(s) shall pay for and provide a Janitorial Service Bond with protection up to \$5,000 per occurrence. The bonding cost is to be included in the proposal prices. For each term contract, the Contractor will furnish a new Bond or extend the previous Bond. This Bond will be in force and effective throughout the life of the contract. This Bond will provide that it shall not be cancelled or be materially changed without thirty (30) days prior notice thereof to the County.
10. **MWBE REQUIREMENTS:** Proposals are required to make a good faith effort to include Minority and Women Business Enterprises (MWBEs) as part of their Proposal to provide services to the County.

Durham County hereby establishes the following goals for the expenditure of funds with MWBE firms. Questions concerning MWBE should be directed to Rick Greene, Assistant Procurement Manager, at (919) 560-0059.

Categories	Construction	Architect/ Engineer	Services	Goods	MWBE Availability % (Median Availability)
Black American	14.6	9.8	10.9	2.8	10.4%
Asian American	1.3	3.0	1.1	.43	1.3%
Hispanic American	4.2	1.8	1.1	.43	1.5%
American Indian	.65	.75	1.0	.5	.70%
White Female	13.8	11.0	9.5	7.1	10.3%
Overall MWBE Participation Goal =					25.0%

MWBE is a business that is at least 51% owned and controlled by minority group members or women. MWBE is bona fide only if the minority group or female ownership interests are real and continuing and not created solely to meet the MWBE requirement. In addition, the MWBE shall itself perform satisfactory work or service or provide supplies under the contract and not act as a conduit. The contractual relationship shall be bona fide owned and controlled as: (1) a sole proprietorship legitimately owned by an individual who is a minority group member or female; (2) a partnership or joint venture controlled by minorities and/or females;; (3) a corporation or other entities controlled by minorities or females, and in which at least 51% of the voting interests and 51% of the beneficial ownership interests are legitimately held by minorities and/or females. These persons shall control the management and operations of the business on a day-to-day basis:

A person who is a citizen or lawful permanent resident of the United States and who is:

“Black American”; a person having origins in any of the black racial groups of Africa;

“Asian American”; A person having origins in any of the original peoples of the Far East, Southeast Asia, Asia, Indian continent, or Pacific islands;

“Hispanic American”; a person of Spanish culture with origins in Mexico, Central or South America, or the Caribbean, regardless of race;

“Native American Indian tribe”; a federally recognized Indian tribe means an Indian tribe, or band, nation, rancheria, pueblo, colony, or other organized group or community, including any Alaska native village, which is recognized by the Secretary of the Interior on October 1, 1985 as having special rights and is recognized as eligible for service provided by the United States to Indians because of their status as Indians, a tribe that has a pending application for Federal recognition on October 1, 1985.

11. **DISCREPANCIES AND OMISSIONS:** Should a Proposer find discrepancies in, or omissions from the documents, or should be in doubt as to their meaning, he/she should at once notify the County, and a written Addendum shall be issued. The County will not be responsible for any oral instructions. Acknowledgment of any Addendum received shall be noted on the Addendum Acknowledgement Form included in the Proposal. In closing of a contract, any Addendum issued shall become a part thereof.
12. **SECURITY OF NON-PUBLIC RECORDS:** Pursuant to N.C.G.S. § 132-1.7, entitled, “Sensitive Public Security Information”, public records, as defined in G.S. 132-1, shall not include information containing specific details of public security plans and arrangements or the detailed plans and drawings of public buildings and infrastructure facilities. Therefore, all information provided, received, gathered or obtained by BIDDER containing specific details of public security plans and arrangements or the detailed plans and drawings of public buildings and infrastructure facilities shall be held confidential and shall be used by the BIDDER only for the purpose of responding to this bid. All plans and drawings shall be returned to the County. Any breach of this paragraph by the BIDDER may result in BIDDER being barred from being awarded any contracts with the COUNTY.
13. **E-VERIFY:** As a condition of payment for services rendered under this agreement, CONTRACTOR shall comply with the requirements of Article 2 of Chapter 64 of the General Statutes. Further, if CONTRACTOR provides the services to the County utilizing a subcontractor, CONTRACTOR shall require the subcontractor to comply with the requirements of Article 2 of Chapter 64 of the General Statutes as well. CONTRACTOR shall verify, by affidavit, compliance of the terms of this section upon request by the COUNTY.

END OF INSTRUCTIONS TO PROPOSERS

EQUAL EMPLOYMENT OPPORTUNITY

During the performance of this contract, the contractor agrees as follows:

- A. The contractor will not discriminate against any employee or applicant for employment because of race, handicap, age, color, religion, sex, or national origin. The contractor will take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to race, handicap, age, color, religion, sex or national origin. Such action shall include but not be limited to the following: employment, upgrading, demotion or transfer, recruitment or recruiting advertising, layoff or termination rates of pay or other forms of compensation, and selection for training including apprenticeship. The contractor agrees to post in conspicuous places available to employees and applicants for employment notices setting forth the provisions of the nondiscrimination clause.
- B. The contractor will in all solicitations or advertisements for employees placed by or on behalf of the contractor state that all qualified applicants will receive consideration for employment without regard to race, handicap, age, color, religion, sex, or national origin.
- C. The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding a notice to be provided advising the labor union or workers' representative of the contractor's commitments under the Equal Employment Opportunity section of this contract and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- D. In the event of the contractor's noncompliance with nondiscrimination clauses of this contract or with any such rules, regulations or orders, this contract may be canceled, terminated, or suspended in whole or in part and the contractor may be declared ineligible for further County contracts.
- E. The contractor will include the provisions of this section in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Board of County Commissioners of the County of Durham, North Carolina so that such provisions will be binding such Subcontractor or Proposer.

QUALIFICATIONS AND SUBMISSION REQUIREMENTS

RFP No. 21-011

The Proposal must include all of the information set forth in this Section and other Sections of this RFP and should be organized and tabbed appropriately. Unnecessary elaborate brochures or other materials beyond those sufficient to present a complete and effective response to this solution are not desired and may be construed as an indication of the Proposer's lack of cost consciousness. Therefore, elaborate artwork, expensive paper and bindings, etc., are strongly discouraged.

One (1) Original hard copy, one (1) hard copy of the Original, and a soft copy of your proposal on a flash shall be submitted to the Issuing Department.

Tab 1 – Signed Forms

This Tab should include the following forms and information.

- ✓ **Proposal Form (page 40)**
- ✓ **Proposal Forms for the Building(s)**
- ✓ **No Proposal Reply Form (if applies)**
- ✓ **Addendum Acknowledgement Form**
- ✓ **Non-Collusion Affidavit Form**
- ✓ **Affidavit of Compliance (E-verify) Form**
- ✓ **Reference Form**
- ✓ **Vendor Application/W-9 Form**
- ✓ **MWBE Forms:**

Affidavit A – List of the Good Faith Efforts

DUE WITH BID

All Bidders are required to make good faith efforts and to demonstrate that they have made such efforts. Affidavit A is a tool for Bidders to use to show that they have made good faith efforts. Affidavit A is required to be submitted with your bid.

Affidavit B – Intent to Perform Contract with Own Workforce

DUE WITH BID

Affidavit B is required if your company has no opportunity to sub-contract and will complete all work with Bidder's own workforce. Even if utilizing your own workforce, Affidavit A is also required.

Affidavit C - Portion of Work to be Performed by Certified MWBE Businesses

DUE WITH BID

Bidders shall complete Affidavit C to identify the minority business that it will use on the project. Affidavit C is required to be submitted with your bid. Even if your company has MWBE participation, Affidavit A is also required.

Affidavit D – Good Faith Efforts

DUE 72 HOURS AFTER NOTIFICATION

Affidavit D is to be submitted **only** by the apparent lowest, responsible, responsive bidder within 72 hours after notification.

The apparent lowest, responsible, responsive Bidder shall file within 30 days after the award of the contract, a list of all identified subcontractors that the Contractor (Bidder) will use on the project.

IMPORTANT MWBE INSTRUCTIONS: It is mandatory for all Bidders to demonstrate their good faith efforts in seeking MWBE participation and provide supporting documentation upon request. The MWBE supporting documentation and information is still required even if using your own workforce. MWBE Prime Contractors will also be required to document good faith efforts.

The above information must be provided as required. Failure to submit these MWBE documents may be grounds for rejection of the bid.

Tab 2 – Executive Summary

Provide a brief summary the Proposer understands the Instructions to Proposer's, Special Terms and Conditions, Scope of Services, Detailed Janitorial Specifications, Qualifications and Submission Requirements, and Evaluation and Award Criteria presented in this RFP.

Tab 3 – Corporate Overview

- a. Provide an overview of your organization and include the firm's legal name, mailing address, phone number, fax number and email address and phone number of the firm's Account Manager for this Proposal.
- b. State brief history of the company. (State size of the company and type of organization).
- c. How long has company been in business?
- d. Has company ever done business with Durham County, if so how many years and which locations?
- e. How many employees does your company currently employ? Part time, Full time.
- f. What was your company's annual employee turnover rate for each of the past three years?
- g. The County is seeking to understand the wages you pay employees. Explain what your organization typically pays-entry level, mid-level, leads and supervisorial positions.
- h. The County is seeking to understand any benefits you provide employees. Explain the benefits you provide to entry level, mid-level, leads and supervisorial positions.

Tab 4 – Approach

This Tab should present the Proposer's approach to providing the services specified in this RFP. This Tab should describe the services to be provided, who will provide the services, how the services will be provided, etc. This Tab should include a description of activities, such as the service methodology and timeline for service completion, etc. The Proposer should also include in this Section its plan for managing the work requirements. (i.e. How do you intend to accomplish daily and special routines? Team Cleaning? Zone Cleaning? Do you intend to subcontract services? Supervision hierarchy and responsibilities?)

Tab 5 – Organization and Staffing

This Tab should present the Proposer's proposed organization structure and staffing chart showing specific job classifications, number of employees and full-time equivalent employees by position and reporting relationships. Résumés for all managerial and key personnel should be provided in sufficient detail to be able to determine the nature and depth of each individual's

relevant experience. This will also include résumés on the Account Manager, the On-site Supervisor, and any On-site staff. This Tab should also identify any of the required services that the Proposer intends to subcontract, if any, providing for each (i) the reasons for subcontracting, (ii) the proposed subcontractor's responsibilities, and (iii) information identifying proposed subcontractor's name, location, relevant personnel and experience. The Proposer's proposed MWBE utilization and explanation of their involvement on this project must also be included under this Tab.

Tab 6 – Qualifications and Experience

In this Tab, the Proposer should describe its track record in performing services comparable to those specified in this RFP and other information relevant to making a determination as to the ability of the Proposer to perform these services. This tab should also include a list of all similar work performed by your firm over the past five (5) years. This list should include the name of each client, a client contact and telephone number, the size and Scope of Work provided, effective dates of the contract(s) with this client, and the annual contract amount. The following questions will assist in providing the desired information:

- a. What is your company's current experience with cleaning government facilities?
- b. What is your company's current "Green" cleaning practice?
- c. Provide an outline of your employee janitorial and safety training program, and confirm that you can execute the County's safety/training requests? Include a list of your employee training requirements.
- d. Provide County's Reference Form (If sub-contracting is proposed, sub-contractor should also submit County's Reference Form).
- e. Provide a statement describing your company's employee background verification and security clearance requirements.
- f. Provide proposed M/WBE utilization and explanation of involvement in this RFP.
- g. Provide your understanding of the County's process for replacing janitorial staff, and the impact on the Customer.
- h. How do you handle situations when staff does not show up on time or at all or for assigned work? How is the work and service expectations of the County handled?
- i. Do you utilize working Supervisors, or do they monitor several cleaning locations? How often do your Supervisors check work completed by staff?

Tab 7 – Conflict of Interest

In this Tab the Proposer should describe any involvement that your firm, its employees, or its owner(s) have that may constitute a conflict of interest. Describe previous litigation or arbitration in which your company has been involved during the past five (5) years. Plus acknowledge any of your employees that are also employed by Durham Sheriff's Office, Durham County, or NC State Government.

Tab 8 – Insurance and Bonding Requirements

Provide a statement acknowledging your company's understanding and ability to obtain the insurance and performance bonding requirements of this RFP (reference insurance requirements provided in sample contract)

Tab 9 – Pre-Proposal Conference and Site Visit Attendance

While attendance at pre-proposal meeting and site visits will not be a prerequisite to submitting a proposal, all potential Proposers are strongly encouraged to attend to determine the ability to perform the work required.

- a. Did you attend Pre-Proposal Meeting?
- b. Did you attend Site Visits for all the locations you submitted a proposal for? If not, explain why.

Tab 10 – MWBE Participation

Describe the program (plan) that your firm has developed to encourage participation by MWBEs to meet or exceed the goals set by the County of Durham's MWBE Program Ordinance. If your firm has no opportunity to contract with MWBEs please explain why.

EVALUATION AND AWARD CRITERIA

RFP No. 20-011

Based on the evaluation criteria outlined below, all Proposals will be evaluated and scored by the Evaluation Committee designated by the County of Durham. Written or oral discussions may be requested to resolve issues relating to individual proposals.

1. Evaluation Criteria

Proposals will be evaluated using the following criteria:

- a) Experience in providing this type of service for this size contract.
- b) Public Sector Experience
- c) Demonstrated ability to meet commitments requested in the RFP
- d) Qualifications of staff to be assigned to this project
- e) Specific plans and methodology for providing the proposed services
- f) References from at least three (3) similar clients
- g) Compliance with Durham County MWBE requirements
- h) Financial stability
- i) Price

2. Award of Contract

The County reserves the right to award to multiple contractors deemed to be fully qualified and best suited among those submitting proposals on the basis of the evaluation factors included in the Request for Proposals. Price shall be considered but shall not be the sole determining factor. Once the proposals are ranked and the most qualified firm is determined, the County may conduct further negotiations, and/or request presentations from firm to further assist in the clarification of information and selection process.

The County reserves the right to accept or reject, in whole or in part, such proposals as appears in its judgment to be in the best interest of the County.

SCOPE OF SERVICES

RFP No. 21-011

This Scope of Services will become an integral part of the contract between the County of Durham and the Contractor. The Contractor hereby agrees to provide services and/or materials to the County pursuant to the provisions set forth below.

- 1.0 **PURPOSE:** The purpose and intent of the Request for Proposals (RFP) is to solicit proposals from qualified firms to provide Janitorial Services for approximately twenty-two (22) Durham County Buildings and the Memorial Stadium. This service will include all interior areas of the Durham County Buildings (exception of mechanical areas and other unauthorized areas) and incidental exterior tasks such as trash cans and litter.
- 2.0 **INVOICE PAYMENT:** Invoices submitted will be paid net 30 days. Invoices shall be forwarded to the County's Designated Representative for review and payment approval. To ensure receipt of timely payment, Monthly invoicing shall include the following:
 - ✓ The word "Invoice" must be stated at top of billing
 - ✓ Durham County's Funds Reservation Number (assigned each contract year)
 - ✓ Dates of Service
 - ✓ Building Name
 - ✓ Service Completed
 - ✓ Bill Rate
 - ✓ Total
 - ✓ MWBE Forms as necessary
- 3.0 **TERMS OF CONTRACT:** The initial term of the contract will be from **Date of Award** through **June 30, 2021** with the option to renew up to four (4) additional terms in one-year increments (July 1st through June 30th), for a total possible life of five terms (5 years) at the sole discretion of the County. The County shall make notice of such intent to renew approximately sixty (60) days prior to the expiration of the current term. Any renewal shall be based on satisfactory performance by the Contractor(s) during the previous years for the services provided. Other than provided herein, service rates will remain firm for the term of the contract, including any renewals.
- 4.0 **CANCELLATION OF CONTRACT:** The County of Durham reserves the right to cancel and terminate any resulting contract(s), in part or in whole, without penalty, upon 30 days written notice to the Contractor. Any contract cancellation shall not relieve the Contractor(s) of the obligation to deliver and/or perform services on all outstanding orders issued prior to the effective date of cancellation.
- 5.0 **COUNTY DESIGNATED REPRESENTATIVE:** Each facility will have a designated representative that the janitorial staff will interact with for day to day coordination purposes (i.e. facility requested services, work order placement, etc.). Quality Control &

Contract Specialist, Joel T. Jones, is identified as the County's overall designated representative for this contract:

Joel T. Jones, Quality Control & Contract Specialist

Phone: 919-560-0467 Email: jtjones@dconc.gov

6.0 **BACKGROUND:** Durham County takes pride in its facilities; therefore, it is intended that premises be maintained at a high standard of cleanliness. The Janitorial Scope of Services, and Detailed Janitorial Service Frequency & Specifications is intended to indicate the minimum required level of services. All items not specifically included but found to be necessary to properly clean the buildings and the memorial stadium, shall be included. It is understood that complete and satisfactory service will be provided as required and would extend beyond the specifications listed. Information particular to each building, which will assist you in determining proposal prices is stated in the corresponding Building Information and Proposal Form.

7.0 **WORK REQUIREMENTS:** It is the intent of the County that premises be maintained at a high standard of cleanliness. The Janitorial Scope of Services in conjunction with the attached "Detailed Janitorial Service Frequency & Specifications" and "Memorial Stadium Scope" is intended to indicate the required minimum level of services. All items not specifically included but found to be necessary to properly clean the buildings and stadium, shall be included. It is understood that complete and satisfactory service will be provided as required and extends beyond the specifications listed.

Reference the:

- DETAILED JANITORIAL SERVICE FREQUENCY & SPECIFICATIONS
- MEMORIAL STADIUM SCOPE
- Green Cleaning Policy
- HIPPA Policy
- Security Policy

8.0 **SCHEDULES/TIMELINES FOR BUILDINGS:**

- A. Evening Services: Janitorial schedules vary between the buildings. Unless otherwise noted, evening janitorial service is typically performed after the close of building operations, between the hours of 5:00 PM & 11:00 PM.
- B. Daytime Services: Due to business operations and security issues, some County locations require daytime services versus evening services. Some janitorial services (i.e. annual floor care, etc.) will still need to be scheduled for afterhours. Contractor and site contacts are to be in communication to complete janitorial services with the least amount of disruption to the general public and business operations.
- C. Day Porter Services: Day Porter Services are requested at several locations. The schedule is predetermined and is not to be adjusted by onsite or janitorial staff without written permission. Typically, the Day Porter is responsible for "tidy up" and restocking service to all public restrooms, keeping entrances clean, special clean ups, and

cleaning areas not accessible by the evening janitorial staff. Day Porter Staff must have a means of communication when needed, such as contractor provided cellular telephone or radio by which designated site representative can contact. The Day Porter is expected to return phone calls or voice mail messages in a timely manner. Cellular telephone number is to be provided to the County within 10 days of contract execution.

- D. COVID Porter Services: As a means to prevent the spread of COVID-19, high-traffic facilities will require a COVID-Porter, which is to be provided by the contractor. The COVID Porter's main responsibility is to circulate through the facility while wiping down/disinfecting commonly touched surfaces during regular hours of facility operation. The COVID Porter may also be required to address areas of concern, such as complete disinfection of individual offices following a probable or confirmed case. The COVID Porter is to be properly equipped with personal protective equipment (PPE) and sufficient tools/apparatus to perform disinfection in accordance with CDC Guidelines.

*Note: COVID-Porter services are separate/independent of normal Day-Porter services. The COVID-Porter must also have a means of communicating (radio/cellular telephone) with the designated site representative.

- E. County Holidays: Annually the County is closed for ten (10) to eleven (11) holidays. No janitorial services are required while the County is closed for holidays unless directed by the Designated Contract Representative. The exact holiday dates will be shared with the awarded Contractor(s). Often, this is an opportune time to preform additional detailed services such as floor stripping/waxing. If the contractor chooses to perform additional services during designated County holidays, it must first be approved by the Designated County Representative at no additional cost to the County.

Many of our County buildings are occupied by State employees. The State may operate on a different schedule than the County, including Holidays. The Contractor is only excused from service on the dates recognized in the County designated holiday schedule.

Some County locations/departments will be closed to the public for additional holidays or staff days. If janitorial is typically scheduled on these days, the Contractor should use these days to complete more detailed janitorial specifications such as blind cleaning, upholstery and carpet spot cleaning, etc.

- F. When Durham County is closed, has a delayed opening or closes early: If the County is closed, has a delayed opening, or closes early due to weather, building or security situation, notification will be made as soon as possible to the Janitorial Contractor. Janitorial employees are expected to make all reasonable attempts to report for duty as scheduled, and except in an emergency, stay on site until their supervisor releases them from duty. If the County or a specific building closes, and janitorial services are not provided, invoicing should be pro-rated to reflect services not performed.

Closing information is typically posted in these 3 locations:

- CALLING the Durham County Employee Message Line at (919) 560-0028
- VISITING the Durham County Government main page at www.dconc.gov

- WATCHING local news stations
- If there is no information posted in these 3 locations, janitorial service scheduling for Durham County Government services will proceed as normal.
- Evening and Day Janitorial service employees are to take direction for changes in schedule from their supervisor.
- If the County closes and Evening or Day Janitorial Staff are dismissed from the regular schedule, an invoice credit may be requested.
- When a time is selected for the County to close early, it may take several hours for a particular building to actually end its operations and close the facility (if at all).
- 24-hour County facilities typically do not close and will require service upon request during periods of emergency or inclement weather.

The Janitorial Contractor is responsible for contacting site representatives so there is no misunderstanding in the janitorial service schedule.

9.0 JANITORIAL COMMUNICATIONS LOG: A Janitorial Communication Log will be kept on site at most locations. The use of this log is encouraged by both the Contractor and Building Occupants to leave notes to each other regarding areas that require attention. The Communication Log is not to be used as a substitute for relaying important, emergency or timely information. In these cases, the Contractor, Building Contact and/or County Representative should be in verbal communication with each other.

- Response and Resolution: When requests are noted in the Communications Log, during janitorial inspections or via contact from County Representatives, response and resolution is expected by the next regularly scheduled service unless otherwise discussed.

10.0 PRODUCTS TO BE PROVIDED BY JANITORIAL CONTRACTOR: All dispensers and fixtures attached to the building are required to be filled with product provided by the janitorial contractor. This includes antibacterial soap, hand sanitizer, air freshener, toilet seat covers, toilet tissue, paper towels, urinal cartridges, trash can liners, etc. It is the Contractors' responsibility to make themselves familiar with all dispenser and fixture locations, types and counts. If dispensers are replaced due to damage or for cost savings, all efforts will be made to replace with the same type/mfg. so consistency is maintained. All necessary cleaning products and equipment shall be provided by the janitorial contractor unless otherwise noted. No product is to be "thinned out" unless it comes in concentrated form.

Exceptions

- Some County Buildings have diaper decks installed in restrooms or sanitizer wipe dispensers in other locations. The Janitorial Contractor is not required to provide diapers or sanitizer wipes.
- Many Departments purchase their own additional products for restrooms such as lotions, deodorants, etc. The Janitorial Contractor is not responsible for refilling these items, just keeping them clean and orderly on counters.

11.0 JANITORIAL SAFETY TRAINING: The Janitorial Contractor's staff is required to be trained to safely and effectively perform their work. All cleaning staff, including backup personnel, are required to receive at least 8 hours of training per year. The contractor shall provide a cumulative training log indicating the date, topic, and names of employees in attendance with each monthly invoice. Topics should vary each month, and cover standard operating procedures for cleaning different surfaces, proper toxic chemical usage and spill management, hazards of toxic chemicals, cleaning to protect vulnerable occupants, cleaning equipment maintenance, and overall general safety. Training ensures that the janitorial staff know the proper way to clean office areas, bathrooms and other publicly touched surfaces. Janitorial staff work with chemical cleaning agents and are around a host of bacteria and pathogens, therefore it is important to know how to effectively combat germs while keeping safe in the cleaning process. Sufficient janitorial training improves the overall quality of cleaning, improves the janitor's level of safety and creates fewer on-the-job accidents. The Contractor shall be responsible for all employee training and instruction in janitorial cleaning and safety measures considered appropriate.

Training can be achieved through a combination of sources including janitorial supplier training, community college courses, training manuals, watching training videos, and on-site training.

Resources for Training Organizations:

- NC Department of Labor (NCDOL) Occupational Safety and Health Act (OSHA)-Offers a wide selection of training courses and educational programs to help broaden worker and employer knowledge on the recognition, avoidance, and prevention of safety and health hazards in their workplaces. OSHA also offers training and educational materials that help businesses train their workers and comply with the Occupational Safety and Health Act.
- Cleaning Industry Management Standard (CIMS) and CIMS-Green Building (CIMS-GB)-Offers cleaning organizations a certification that is closely tailored to secure points under the LEED for Existing Buildings: Operations and Maintenance (LEED-EBOM) Green Building Rating System.
- International Janitorial Cleaning Services Association (IJCSA)-Offers Janitorial Services Master Certification, Bloodborne Certification, Biohazard Certification, Green Cleaning Company Certification, Chemical Hazards Certification and Customer Service Certification.

Training/Safety Requirements:

- The Contractor's onsite supervisor shall be fluent in the English language, and any other language spoken by its janitorial staff. If fluency is in a language other than English, then the Contractor shall provide training to staff in both/all languages.
- Contractor must ensure that all employees and representatives are trained to recognize and understand the Universal Safety Symbols.

- Contractor's employees will not place or use mops, brooms, signage or any equipment in traffic areas or other locations in such a manner as to create safety hazards.
- All unsafe working conditions brought to the Contractor's attention must be corrected immediately.
- Contractor's employees shall provide, place, and remove warning signs for wet or slippery areas.
- All liquid materials stored in County facilities must be stored in original containers and/or clearly labeled. No unmarked containers permitted.
- No unauthorized items, personal objects food or beverages can be stored in janitorial closets.
- **Bloodborne Pathogen, Bodily Fluid Guidelines and Exposure Control Plan (ECP)**-The Contractor's staff shall be trained and comply with the Blood Borne Pathogens, Bodily Fluid Guidelines and have an Exposure Control Plan (ECP) to control the hazards of occupational exposure to blood borne pathogens as they pertain to the cleaning, training, and safety for all employees engaged in janitorial services.

Janitorial staff come in contact with body fluids (e.g., feces, nasal secretions, saliva, sputum, sweat, tears, urine and vomitus), or discarded items (e.g. needles, syringes, condoms, diapers, objects, materials or fluids that may be contaminated with blood). Bodily fluids and secretions do not qualify as regulated waste under the Bloodborne Pathogens Standard, but danger could exist. The greatest risk of infection transmission is through percutaneous exposure to infected blood.

If waste is visibly contaminated with blood, the janitorial staff are required to have Personal Protective Equipment (PPE) (e.g., impervious materials for barrier precautions-gloves, masks, shoe protection, red biohazard bags) and work practices/training in place (e.g., trash technique changes for handling of sharps, trash technique for handling biohazard material) to protect themselves and safely disinfect the area.

One janitorial closet in each building should be designated by the janitorial staff to hold response supplies for the cleanup of blood borne and biohazard spills. Supplies shall meet OSHA recommendations and contain ample supply of biohazard resistant components.

The Durham County Public Health Department will accept biohazard collection at the Health & Human Services Complex from Janitorial staff completing service under this contract. Janitorial staff can dispose of properly by contacting (919) 560-7618.

Documentation of training for all janitorial staff shall be made available to the County.

- 12.0 SAFETY DATA SHEETS (SDS):** Contain facts about potential hazards of products used by the Janitorial Contractor. The sheets explain to employees and to emergency personnel the best way to use, store and handle the product, but more importantly, how to work safely with the product. The information contained on the SDS, applies to people who are exposed to these products for a prolonged period of time and are not highly pertinent to a visitor or to a person with occasional exposure to the product.

ALL spray bottles and containers are to be marked with the name of the cleaning product and their use. In the event of an emergency, County staff should be able to open the janitorial closet and find a cleaning product that is clearly marked with the SDS name and cleaning purpose.

A cover list of all chemical products used by the Janitorial Contractor, and the corresponding Safety Data Sheets (SDS) are to be provided to the County Representative and kept on-site in the primary janitorial closet within 30 days of contract.

- 13.0 ENERGY CONSERVATION:** Contractor shall instruct all employees performing work within facility to utilize methods which will maximize energy conservation. This shall include turning off light fixtures, closing open windows and reporting all water leaks to site contacts. Some County buildings utilize daylight and occupancy sensors along with dimmable ballasts/light fixtures. Mechanical controls for heating, ventilation and air conditioning systems shall not be adjusted by janitorial personnel.

- 14.0 GREEN CLEANING PROGRAM:** Durham County is committed to its Green Cleaning program for Janitorial Services. Green cleaning is defined as cleaning to protect health without harming the environment. Green cleaning is a widely accepted movement that uses procedures and products to make cleaning for the health of building occupants, janitorial staff and the environment a primary concern. Durham County's goal is to eliminate harmful cleaning toxins and minimize resource consumption through product specifications and janitorial procedures. The Janitorial Contractor shall abide by the County's Green Cleaning Program (reference attachment #__) wherever feasible.

- 15.0 SECURITY CLEARANCE:** The Contractor is responsible for performing annual criminal history checks on all janitorial staff providing services under this contract. A criminal history will not automatically disqualify janitorial staff from employment on a County contract unless explicitly mandated by law. It is expected that the Contractor will individually assess and determine the degree to which the nature of a person's criminal conduct has a direct and/or specific negative bearing on a person's fitness or ability to perform janitorial services in Durham County buildings. Additional background screening may be necessary at specific county buildings.

The Contractor shall provide names of all employees in the janitorial communications log, and to the County Representative. This information shall be reviewed and updated annually.

Reference Durham County's "Identification Badge and Facility Access and Annex 1" for additional requirements/information.

- 16.0 VISIBLE IDENTIFICATION:** Janitorial staff shall clearly identify themselves with a company uniform, vest, apron, logo, etc. While onsite, all Contractor employees (including owners and sub-contractors) will be required to display proper visible identification on their persons. County issued identification/Access badges are to be worn around the neck or attached to an employee's clothing in a way that enables the badge to be viewed between the neck and waist on the outermost garment.

Reference Durham County's "Identification Badge and Facility Access and Annex 1" for additional requirements/information.

- 17.0 PROTECTING PERSONNEL, EQUIPMENT AND FACILITIES:** The Contractor shall be responsible for the protection of their employees while working onsite and remaining in the building after hours. Janitorial staff shall not be accompanied in their work area by acquaintances, family members or any other person unless said person is an authorized employee of the Contractor providing services under this contract. No janitorial staff should be on-site after hours alone or enter the building during non-scheduled times. The contractor shall be required to compensate the County for any cost of security service required if the janitorial contractor or staff is to be found in the building during unauthorized times.

The janitorial staff shall always respond to building fire alarms and exit the building until cleared for re-entry.

The Contractor shall be responsible for the protection of all existing equipment and facilities and shall, at his/her own expense, repair or restore any damages caused by the actions or negligence of their employees. If the contractor fails or refuses to make such repairs or restorations, the County may have the work accomplished under separate contract and deduct the cost from its next payment to Contractor.

The Contractor shall instruct employees not to disturb any papers or personal property on desks, tables, or cabinets.

The use of County telephones, copiers, computers or communication equipment is strictly prohibited. The Contractor shall be responsible in the event of theft or destruction of County property or personal property of County employees.

All unclaimed articles found (i.e. keys, purse) in or about the work areas by an employee of the Contractor shall be immediately turned over to the site management or County Representative.

- 18.0 BUILDING KEYS AND CARD ACCESS:** Generally, all County buildings have card access systems. Keys and card access information required by the Contractor will be furnished by the County to a designated Contractor employee on a custody receipt and shall be returned to the County on demand. The janitorial contractor is required to follow the County's Badge and Key Policy. (To be provided to awarded Contractors). Any loss or damage of keys or card access IDs must be reported to the County's Designated Representative immediately. Keys are to be made only by the County; no duplication is permitted by outside sources. Should lost or stolen keys or card access badges jeopardize the security of the particular County facility, the Contractor shall be wholly responsible for all costs incurred by the County. By submitting a proposal, the

Contractor acknowledges that this process could be quite costly. Card Access ID badges are created by scheduling with County Representative (limited hours).

- No badge holder shall use his/her badge to allow access for another employee or person unless it is for escorting that person to a supervisor or other authorized person.
- No badge holder shall trade his/her Identification/Access badge or allow another employee or person to use their respective badge.
- Employees who report to work or an assignment without their assigned Durham County Identification/Access badge should be sent home to retrieve their badge. Continued failure to wear the Identification/ Access badge may result in disciplinary action up to and including dismissal.

A \$10.00 fee will be assessed for all lost or stolen replacement badge requests. There will be no fee assessed for badge requests that are due to documented name changes, facility transfers, a faded photograph or if the badge loses its functionality.

Reference Attachment C, County Identification Badge and Facility Access Policy for additional requirements and information.

- 19.0 SECURITY/INTRUSION SYSTEMS:** County buildings are equipped with intrusion systems. The awarded contractor(s) will be trained and provided codes by site contacts.
- 20.0 ENTRANCE DOORS:** All entrance doors are to remain secured while the Contractor is in the building. Do not hold open exterior doors for any reason. Do not assist entry of anyone.
- 21.0 PARKING:** The Contractor and their employees are required to park in legal public parking areas only. Janitorial staff do not have access to designated County employee parking spaces. The County will not be obligated to provide parking for Contractor's staff. The Contractor will be able to utilize designated loading/unloading areas but must move their vehicle to a public parking area after the vehicle has been loaded/unloaded. Parking on grass, sidewalks, curbs, driveways, or in reserved parking areas is not permitted, and subject to towing.
- 22.0 EMERGENCIES:** Emergencies involving water, power, securing exit doors, etc. should be reported immediately. An emergency "on-call" number will be shared with the awarded contractor(s). Leave a message with a return phone number if no answer is received. When your call is returned, explain the emergency in detail. The On-Call Staff will determine the necessary response. **For Emergency conditions such as Fire, call 911.**
- 23.0 REPORTING REPAIRS:** The Contractor shall report any repairs needed to the designated site representative via Janitorial Communications Log, email, or other means. (i.e. report broken dispensers, lighting, locks, slow drains etc.)

24.0 CONFIDENTIALITY: The Contractor shall protect and keep all material and information which Contractor and/or Contractor's staff may be exposed to confidential including waste materials intended for destruction or removal to a waste disposal site. Any disclosure or unauthorized removal of any information, material or property shall be cause for immediate termination of this Contract. Any liability, including but not limited to attorney fees, resulting from any action or suit brought against the County as a result of the Contractor's willful or negligent release of information, documents, or property shall be borne by the Contractor.

All DCo. Janitorial contractors (including its employees and agents that will access DCo. Facilities) must sufficiently complete Durham County's Data Privacy training. After completing this training, contractors should understand what is considered confidential information, what they should do when they encounter confidential information, and how to report any incidents involving the unauthorized use or disclosure of confidential information.

Each member of the janitorial staff must take the training within 30 days of the issue date. Any employee that fails to complete the training and pass the test with at least 70% score, within the timeframe provided above, will have his/her badge access to facilities denied or revoked.

Each contractor is responsible for informing General Services of all new employees and their anticipated start dates. Contractor must provide this training to their new employees prior to the employees starting work in DCo. Facilities. Each employee must sufficiently pass the test prior to starting work here at Durham County Government.

Each member of your staff must also sign a confidentiality agreement stating that if they are exposed to any confidential information, while carrying out their job duties, they will keep that information confidential.

25.0 PROCESS TO REQUEST REMOVAL OR REASSIGNMENT OF JANITORIAL EMPLOYEE: Removal or reassignment of a janitorial staff member may be required at the request of the County as necessary for any reason-apparent or suspected behavior, unacceptable service work, or a conflicting in loco parentis situation.

- All situations are different and may be abrupt (such as immediate removal by security).
- The contractor shall be positive and timely in handling the request.
- Conversations with janitorial employees are to be conducted by janitorial Manager/Owner.
- Conversations with county employees are to be conducted by County staff.

Step One: County and Janitorial Owner to be in communication with each other as soon as possible.

Step Two: As necessary, each party is to investigate situation and create Incident Report/Written statement.

Step Three: As necessary, determine a resolution ASAP.

Step Four: Contractor must be prepared to train replacement personnel and have control of keys and card access badges.

It is important to note that janitorial employees work and report to the Contractor, not the County. The hours each janitorial staff works is as proposed and regulated by the Contractor.

26.0 CONTRACT COMPLIANCE: The County will perform on-going contract monitoring and inspections of the Contractors adherence to the scope of services to ensure that the terms of this agreement are in compliance. The Contractor agrees to cooperate with the County in its monitoring process and shall provide documentation and/or information requested during the term of this agreement for the purpose of monitoring the services provided by Contractor.

27.0 PROPOSAL FORM(S): Each building has its own schedule and service considerations that affects pricing. Information gained during site visit and stated in Building Information will assist in completing the Proposal Form. See BUILDING INFORMATION & PROPOSAL FORM.

As indicated herein, Contractor(s) will be responsible for the complete cleaning of all buildings listed and as such shall properly inform themselves of areas to be cleaned, size of buildings, existing conditions, existing dispensers, etc. ***Failure to familiarize yourself with the buildings and conditions will not relieve the Contractor of their responsibilities under any contract.***

The Proposer is to photocopy the Proposal Forms, complete and submit for each building that the Proposer is interested in providing janitorial services for.

If a building requires Day Porter Services and/or COVID Porter Services in addition to Evening Services, the Proposer must submit pricing for all services listed in the respective form.

Each column on the proposal form is to be filled in by the Bidder (unless information is established and filled in by the County).

- Column 1
 - Determine and enter in this column (if not established and filled in by the County), the monthly labor hours required to complete janitorial specifications.
 - Contractors are expected to have staff onsite engaged in janitorial services for the labor hours indicated.
- Column 2
 - Determine and enter in this column the loaded hourly wage rate charged to the County.
- Column 3
 - Indicate the Monthly Lump Sum Cost for wages in this column (column 1 x column 2).
- Column 4
 - Indicate the Monthly Lump Sum Cost for all non-related labor costs-Supplies, equipment, uniforms, insurance, bonding and profit etc.

- This information is not needed for Day Porter Services, as these costs should be provided in evening service cost.
- Column 5
 - Total Monthly Lump Sum (column 3 + column 4).
- Column 6
 - Total Annual Lump Sum (column 5 x 12).

Failure to bid lump sum unit prices as requested may be grounds for rejection of the entire proposal as non-responsive.

28.0 **ADDITIONAL, SPECIAL, OR EMERGENCY SERVICES PROPOSAL FORM:**

There are circumstances which require additional janitorial services to be performed. The Contractor may be requested to provide janitorial staff to perform services outside of the regular schedule or contracted location(s), but within scope of services and detailed specifications. Outside of emergencies, examples of such additional/special services are to provide supplementary COVID porters at alternate/added locations (i.e. Courthouse, Community Shelter, etc.) during times of peak use.

The Contractor will make every effort to accommodate the County's requests for emergency clean up outside of normal hours within a reasonable time frame (4 hours). It is typical in these situations for the county to close or block off an area which requires emergency clean up, until the janitorial staff can address.

Note: Designated meeting rooms in county buildings are rentable to the general public. When janitorial services beyond the normal schedule are required, the janitorial contractor will be contacted by the Facilities Use Coordinator for coordination.

The cost of additional, special, or emergency janitorial services outside of regularly scheduled hours will be based on the contractor's fully loaded Man-Hour labor rate(s) requested on the respective proposal form. A minimum of two (2) hours may be invoiced to the County for additional, special or emergency Services.

Invoices resulting from Additional, Special, or Emergency Services are required to be invoiced separately from regular monthly invoices.

SPECIAL SCOPE OF SERVICES/PROVISIONS FOR DURHAM COUNTY MEMORIAL STADIUM

COUNTY'S DESIGNATED REPRESENTATIVE: The Durham County Stadium Manager shall be identified as the County's Designated Representative.

Zachary Pritchard
Department of General Services
Attn: Durham County Memorial Stadium Manager
310 S. Dillard Street
Durham, NC 27701 zpritchard@dconc.gov
Tel: (919) 560-0430 Cell: (919)201-0393

1.0 PURPOSE: To provide after event janitorial services, equipment and products for below specified areas of the Durham County Stadium-750 Stadium Drive, Durham, NC 27704

2.0 SCHEDULE OF SERVICES:

Unless otherwise noted, janitorial service is to be performed after the close of each event and completed before midnight of the same date.

No work is to be performed which may in any way interfere with the general public or the business operations and functions. Only events scheduled inside the Stadium fence will require janitorial services. Stadium Management will notify contractor of dates when services are needed. On occasion there will be a need for janitorial coverage during events, Stadium Manager will coordinate with contractor as these services are needed.

3.0 JANITORIAL AREAS:

Home-South Side

Grandstands - Includes vomitories steps, ADA seating, general seating sections

Locker Rooms (3ea) – Home, Visitors, and Officials

Exterior Concourse Areas

Ticket Booths (2ea)

Restrooms (9ea) – Including all main concourse and press box (upper level)

Elevator – Interior and Exterior including sweeping of elevator track to clear debris

Manager's Office

Visitor-North Side

Grandstands – Includes vomitories steps, ADA seating, general seating sections

Restrooms

Ticket Booths (2)

Exterior Concourse Areas

Press Box - Upper Level

Home Team, Visiting Team, VIP, Media, Scoring and Video Deck, (Open Air) boxes, and Restrooms

4.0 STADIUM SCOPE:

- Office, Press, and General Interior areas: Remove trash, arrange furniture, vacuum, dust, clean interior glass, clean & disinfect all surfaces, spot clean upholstery and carpet spots, clean elevator.
 - Locker Rooms: Full stocking, cleaning and disinfecting of all surfaces.
 - Restrooms (all): Full stocking, cleaning and disinfecting of all surfaces.
 - Concourse Areas:
 - Remove trash, clean & disinfect all surfaces, keep elevator tracks free of debris, clean cab (in/out), remove cobwebs and dirt from light fixtures, clean and sanitize drinking fountains, clean smudges and handprints from all surfaces.
 - Clean all trash containers (in/out).
 - Grandstands:
 - Remove trash, gum and any sticky substances.
 - Power wash bleachers and concrete. (Water and bib connection to be provided by the County. Contractor to supply own hoses, sprayer and pressure wash equipment)
 - Clean all trash containers (in/out).
- Facility Specific Notes:**
- A water-tight disposable plastic liner will be used in each trash container.
 - Keep extra trash liners in the bottom of each receptacle.
 - Women's sanitary containers will require paper liners.
 - Keep extra paper and soap products on site in Janitorial closet for Stadium Representatives to access when needed.
 - Restroom floors are a combination of sealed concrete, rubber (in locker rooms) and tile (in shower areas). Each requires cleaning after every event. (Additional Strip/ Buff and Wax/Seal to be priced separately).

5.0 ALTERATION OF WORK:

Special circumstances and late bookings may arise which could require services by the Contractor. The Contractor will make every effort to accommodate the County's requests.

6.0 SUBCONTRACTING:

No activities or services included as part of this proposal may be subcontracted to another firm, individual or group without the prior written approval of the County's designated representative. Such intent to subcontract should be clearly acknowledged on your proposal form. It is understood that the Contractor will remain fully liable and responsible for the satisfactory accomplishment of the service or activities provided by any subcontractor.

7.0 SPECIAL REQUIREMENTS:

The County will assign a limited amount of space available for the storage of the Contractor's supplies and equipment (Janitorial Rooms: S100 & N105). The Contractor shall keep this space in a neat and orderly

condition. The County will not be responsible in any way for damage or loss of the Contractor's stored supplies or equipment or the Contractor's employees' personal belongings brought into the building or stored in unauthorized locations.

- The Contractor and their employees *are* required to park in designated parking areas approved by the County Representative or Stadium Manager. All contractor vehicles must be parked outside the stadium gates, No Exceptions.
- Security systems shall be properly disarmed and armed each time after-hours access is made. Where applicable, the Contractor shall be charged for *alarm* response including the actual cost f or staff time, in responding to *alarms* set off by the Contractor. It is the responsibility of the Contractor to receive security codes and to be trained by the County's Representative on the security system.
- Contractor will be given instruction to turning off stadium lighting after the cleaning of grandstands.

END OF SCOPE OF SERVICES

ATTACHMENTS AND AFFIDAVITS

DETAILED JANITORIAL SERVICE FREQUENCY & SPECIFICATIONS

It is the intent of the County that premises be maintained at a high standard of cleanliness. The Janitorial Scope of Services and Detailed Janitorial Service Frequency & Specifications is intended to indicate the minimum level of services. All items not specifically included but found to be necessary to properly clean the buildings, shall be included. It is understood that complete and satisfactory service will be provided as required and would extend beyond the specifications listed. The term "Clean" means the removal from the premises of trash, dirt, dust, lint, marks, stains, spots, odors, film, grease, etc. The term "General Area" means conference rooms, lobbies, lounges, restrooms, break rooms, kitchens, and other areas outside personal offices or cubicles. The term "As Needed" refers to the service schedule required beyond the schedule of services listed.

Additional Notes: Some Durham County Buildings have a substantial amount of interior glass. All interior glass in entrances, main lobbies, sub lobbies, conference rooms and glass on routinely used doors are to be cleaned with Green cleaners to the typical height of 6' or to the closest natural glass break. Glass cleaning of individual cubicles and office windows will be the responsibility of the occupant/department.

Janitorial services do not include the sterilization of laboratories, medical devices, or cleaning of mechanical areas, storage areas and other unauthorized areas.

There are vending areas in many county buildings. The janitorial contractor is responsible for cleaning the exterior of the vending machines and the areas machines are placed.

Durham County buildings are visited by the community and inherently high volumes of janitorial supplies are used in areas accessed by the public.

Each Janitorial Service

Entrance Areas, Lobbies, All General Areas

- Clean under and vacuum all entrance mats.
- Clean glass (up to 6' or natural break) in entrances, lobbies, conference rooms, hallways and general areas.
- Clean and dust tops and sides of accessible surfaces, including all furniture, table tops, cabinets, furniture bases, arms, window ledges, moldings, wall decor, TV's, projection screens, etc. on walls up to 6' in entrances, lobbies, conference rooms, hallways, general areas, stations or desks open to general areas.
- Pull out chairs, inspect under desks for debris and vacuum.
- Organize the chair up to the desk, leaving the chair out enough to keep the arm rests from going under the desk.
- Organize lobby, conference or break room chairs.
- Organize items left on counters and tables.
- Vacuum carpets. Especially traffic lanes, lobbies and entrance mats.
- Sweep and wet mop hard floors.
- Spot clean spills or stains on carpet and upholstery.
- Remove gum, grease or scuffs from floor surfaces.

- Disinfect all commonly touched surfaces (restrooms, elevator buttons, handrails, doorknobs, fitness equipment, counters etc.)
- Wipe all clear surfaces to a streak free shine.
- Refill or replace supplies in all dispensers.
 - Hand soap-fill dispensers, hand pumps and bottles at least once a week or more frequently if the containers go below half full.
 - Hand towels-Fill dispensers every service, without packing tight.
- Disinfect all sinks, counters, back splashes, outside of cabinets and appliances, tables, chairs, trash cans and all surfaces. Use sponge scratch pad with disinfectant to get built up debris and scum off of the sinks, faucets and counters. Rinse with water to remove the left over cleaner. Wipe all surfaces to a streak free shine.
- Clean under tables, chairs, corners, behind and around trash cans.
- Remove consumer trash.

Offices and Cubicles:

- Do not disturb any papers or personal property on desks, tables or cabinets.
- Occupants in cubicles or offices are responsible for cleaning and dusting their own desk, file cabinet, bookcases, glass, computer, wall décor etc.
- Dust tops of all cubicle walls.
- Pull out chairs, inspect under desks for debris and vacuum.
- Organize the chair up to the desk, leaving the chair out enough to keep the arm rests from going under the desk.
- Spot clean spills or stains on carpet and upholstery.
- Clean under tables, chairs, corners, behind and around trash cans.
- Remove consumer trash.

Restrooms, Fitness Areas and Locker Rooms:

- Refill or replace supplies in all dispensers.
- Toilet paper-Replace all rolls in dispensers which are below half. If a dispenser has two rolls, make sure at least one roll is new. Any leftover partially used rolls may be left on site (on top of dispenser or in determined location).
- Hand soap-fill dispensers, hand pumps and bottles at least once a week or more frequently if the containers go below half full.
- Wall mounted air fresheners-Change every 60-90 days or as necessary. Contractor is to maintain a service schedule for these products, marking the refill with install dates.
- Hand towels-fill dispensers at every service, without packing tight.
- Waterless urinals require slightly different cleaning techniques. See manufacturer's guidelines.
- Waterless urinal cartridges-Require correct model cleaning products and cartridges for daily, monthly, quarterly and bi-annual service as required by manufacturer. Contractor is to maintain a service schedule for these products.
- Remove feminine liners which have been used and replace with new liner. Open up liner for easier access by patrons. Never re-use feminine liners.
- Clean mirrors.
- Disinfect all fitness equipment surfaces.
- Disinfect all sinks, showers, counters, back splashes, cabinets and all surfaces. Use sponge scratch pad with disinfectant to get built up debris and scum around faucets and soap

dispensers. Rinse with water to remove the left over cleaner. Wipe all surfaces to a streak free shine.

- Disinfect toilets using a toilet brush (bowl mop) with disinfectant cleaner on the brush and clean the inside of the toilets. Clean under and around the rim and all the way to the bottom of the inside of the bowl.
- Fixtures-Clean the exterior of all fixtures including surrounding floor and wall areas.
- Disinfect stall doors and partitions, handicap bars, door pulls/pushes, dispensers, baby stations and other commonly touched surfaces.
- Sweep and mop floors thoroughly to include behind toilets, under sinks, behind and around trash cans, doors, edges and corners. Scrubbing as necessary to remove built up dirt.
- Remove consumer trash.

Blood Draw Room and Labs (in specified buildings):

- Janitorial is responsible for all the above requirements.
- Janitorial is not responsible for daily biohazard collection.
- Janitorial is not responsible for the sterilization of medical devices.
- Remove consumer trash.

Trash Removal:

- Janitorial is responsible for the removal of all consumer trash, with the exceptions of tobacco chew or cigarette waste.
- Janitorial is not responsible for collecting recyclable materials from individual offices.
- Janitorial is responsible for moving cardboard from primary collected location(s) to exterior cardboard dumpsters in select locations.
- Janitorial must break down all of their own empty cardboard boxes from supplies, etc. and leave them at designated recycling areas or place in cardboard dumpsters in select locations.
- NEVER put your hand inside a trash container to pull out debris.
- Empty trash cans and return cans back to their original spot (replace liners which are soiled, wet, torn or do not look in perfect condition). Keep extra trash liners in bottom of each trash container.
- Trash bags must never be set on carpet or dragged across any floors. The preferred method would be to take a wheeled trash barrow to the area where the trash is to be collected. While staging trash, set any trash bags on tiled areas in anticipation of leakage. Any leaks must be immediately cleaned up. Make sure the wheels on any trash container are clean and free from debris and do not create "garbo trash trail".
- Do not put loose trash in the dumpster. All trash is to be in a bag/liner. All bags must be tied and deposited inside the dumpster. Trash left on the ground is unacceptable. If dumpster is full, put your tied bag of trash in your janitorial storage area and immediately call on site representative to report and ask for instructions.
- Trash, cardboard dumpster and compactor doors must remain closed at all times.

Entering into employee cubicles or offices:

- Employees will signal when only trash removal is required by setting their trash can outside of their office or cubicle door. If this is done by the occupant, (whether you have a key/card access or not) do not enter the office space to provide janitorial services.
- If the trash can is not set outside the door or cubicle and you have key/card access, enter to provide janitorial services.

- Some locations utilize a “red dot” system. Doors marked with a red dot on door knob indicate these doors MUST be locked after cleaning (even if the door was not locked upon entry).

Weekly (or as needed)

- Detail vacuum carpet corners, under desks and hard to reach spots in all offices and areas.
- Detail clean hard floor surfaces, corners and hard to reach spots in all offices and areas.
- Clean walls, doors, door frames, light switches etc. in all offices and areas.
- Clean elevator floors, walls, doors, (disinfect) buttons and remove debris from tracks on each floor.
- Disinfect all sinks, counters, back splashes, outside of cabinets and appliances, tables, chairs, trash cans and all surfaces. Use sponge scratch pad with disinfectant to get built up debris and scum off of the sinks, faucets and counters. Rinse with water to remove the left over cleaner.
- Wipe all surfaces to a streak free shine.
- Clean under tables, chairs, corners, behind and around trash cans.
- Additional cleaning and disinfecting of fitness rooms.
- Additional cleaning and disinfecting of locker rooms.

Monthly (or as needed)

- Clean the interior and exterior of all desk style trash containers, and the exterior of all large recycling or other trash containers.
- Blind dusting, if applicable.

Annually

Hard Floor Care

- Floor care is required for all hard floor surfaces-slate, terrazzo, tile, VCT concrete etc., including grout.
- Floors are to be “top scrubbed” removing a layer of finish, dirt and debris.
- Top scrubbing is a green preferred procedure that avoids the use of toxic strippers.
- The floor is then recoated using the manufacturers recommended floor finish sealer (sheen TBD by site).
- Floors are to be maintained with five coats of floor finish.
- Determine correct procedure and product per surface manufacturer.
- Annual services are to be scheduled and completed prior to the end of annual contract (June 30th).

END OF DETAILED JANITORIAL SERVICE FREQUENCY & SPECIFICATIONS

Attachment B

NO PROPOSAL REPLY FORM

TO: Durham County
Purchasing Division
201 East Main Street, 7th Floor
Durham, NC 27701

PROPOSAL #: 21-011

PROPOSAL TITLE: Janitorial Services

To assist us in obtaining good competition on our Request for Proposals, we ask that each firm that has received an invitation, but does not wish to submit a proposal, state their reason(s) below and return to this office. This information will not preclude receipt of future invitations unless you request removal from the Bidders' List by so indicating below, or do not return this form or bona fide proposal.

Unfortunately, we must offer a "No Proposal" at this time because:

- _____ 1. We do not wish to participate in the proposal process.
- _____ 2. We do not wish to submit a proposal under the terms and conditions of the Request for Proposal document. Our objections are:
- _____
- _____
- _____ 3. We do not feel we can be competitive.
- _____ 4. We cannot submit a Proposal because of the marketing or franchising policies of the manufacturing company.
- _____ 5. We do not wish to sell to the Durham County. Our objections are:
- _____
- _____
- _____ 6. We do not sell the items/services on which Proposals are requested.
- _____ 7. Other: _____
- _____

FIRM NAME

DATE

SIGNATURE

PHONE

_____ We wish to remain on the Bidders' List.

_____ We wish to be deleted from the Bidders' List.

ADDENDUM ACKNOWLEDGEMENT

RFP No. 21-011

Receipt of the following Addendum is acknowledged:

Addendum no. _____ Date _____

Addendum no. _____ Date _____

Addendum no. _____ Date _____

Addendum no. _____ Date _____

Addendum no. _____ Date _____

Signature: _____ Date: _____

Name of Firm

Attachment D

NON-COLLUSION AFFIDAVIT

State of North Carolina
County of Durham

_____, being first duly sworn, deposes and says that:

1. He/She is the _____ of _____ the Proposer that has submitted the attached proposal;
2. He/She is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;
3. Such Proposal is genuine and is not a **collusive** or **sham** Proposal;
4. Neither the said Proposer nor any of its officers, partners, owners agents, representatives, employees or parties of interest, including this affidavit, has in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Proposer, firm or person to submit a **collusive** or **sham** Proposal in connection with the contract for which the attached Proposal has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to fix any overhead, profit or cost element of the Proposal price of any other Proposer or to secure through collusion, conspiracy, connivance or unlawful agreement any advantage against the County of Durham or any person interested in the proposed contract; and
5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affidavit.

Signature of Proposer

Date

Subscribed and sworn before me,
this ____ day of _____, 20__

(Seal)

Notary Public

Notary Public
My Commission Expires: _____

Attachment E

MWBE FORMS

(Affidavits A-D and Appendix E)

Affidavit A

ATTACH TO BID

State of North Carolina AFFIDAVIT A - List of the Good Faith Effort

COUNTY OF DURHAM

Affidavit of _____
(Name of Bidder)

I have made a good faith effort to comply under the following areas checked:
(A minimum of 5 areas must be checked in order to have achieved a "good faith effort")

- ☐ 1-Contacted minority businesses that reasonably could have expected to submit a quote and that were known to the contractor, or available on State or local government-maintained lists, at least 10 days before the bid date and notified them of the nature and scope of the work to be performed.
- ☐ 2-Made the construction plans, specifications and requirements available for review by prospective minority businesses or providing these documents to them at least 10 days before the bids are due.
- ☐ 3-Broken down or combined elements of work into economically feasible units to facilitate minority participation.
- ☐ 4-Worked with minority trade, community, or contractor organizations identified by the Office of Historically Underutilized Businesses and included in the bid documents that provide assistance in recruitment of minority business.
- ☐ 5-Attended pre-bid meetings scheduled by the public owner.
- ☐ 6-Provided assistance in getting required bonding or insurance or provided alternatives to bonding or insurance for subcontractors.
- ☐ 7-Negotiated in good faith with interested minority businesses and did not reject them as unqualified without sound reasons based on their capabilities. Any rejection of a minority business based on lack of qualification should have the reasons documented in writing.
- ☐ 8-Provided assistance to an otherwise qualified minority business in need of equipment, loan capital, lines of credit, or joint pay agreements to secure loans, supplies, or letters of credit, including waiving credit that is ordinarily required. Assisted minority businesses in obtaining the same unit pricing with the Bidder's suppliers in order to help minority businesses in establishing credit.
- ☐ 9-Negotiated joint venture and partnership arrangements with minority businesses in order to increase opportunities for minority business participation on a public construction or repair project when possible.
- ☐ 10-Provided quick pay agreements and policies to enable minority contractors and suppliers to meet cashflow demands.

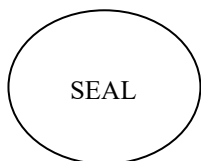
In accordance with GS 143-128.2(d) the undersigned will enter into a formal agreement with the firms listed in the Identification of Minority Business Participation schedule conditional upon execution of a contract with the Owner. Failure to abide by this statutory provision will constitute a breach of the contract.

The undersigned hereby certifies that he or she has read the terms of the minority business commitment and is authorized to bind the bidder to the commitment herein set forth.

Date: _____ Name of Authorized Officer: _____

Signature: _____

Title: _____



State of North Carolina, County of _____
Subscribed and sworn to before me this ____ day of _____ 20__
Notary Public _____
My commission expires _____

Affidavit B

ATTACH TO BID – IF YOU ARE NOT UTILIZING SUBCONTRACTORS

State of North Carolina AFFIDAVIT B - Intent to Perform Contract with Own Workforce

COUNTY OF DURHAM

Affidavit of _____
(Name of Bidder)

I hereby certify that it is our intent to perform 100% of the work required for
he _____ contract.
(Name of Project)

In making this certification, the Bidder states that the Bidder does not customarily subcontract elements of this type project, and normally performs and has the capability to perform and will perform all elements of the work on this project with his/her own current work forces; and agrees to provide any additional information or documentation requested by the owner in support of the above statement.

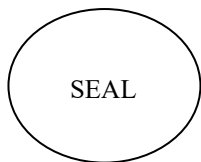
The undersigned hereby certifies that he or she has read this certification and is authorized to bind the Bidder to the commitments herein contained.

Date: _____

Name of Authorized Officer: _____

Signature: _____

Title: _____



State of North Carolina, County of _____

Subscribed and sworn to before me this ____ day of _____ 20__

Notary Public _____

My commission expires _____

Affidavit C**ATTACH TO BID - IF YOU HAVE MWBE PARTICIPATION****State of North Carolina AFFIDAVIT C - Portion of the Work to be Performed by Minority Firms****COUNTY OF DURHAM**

Durham County Goals for MWBE Participation in the Procurement of Goods, Services and Construction

Categories	Construction	Architect/ Engineer	Services	Goods	MWBE Availability % (Median Availability)
Black American	14.6	9.8	10.9	2.8	10.4%
Asian American	1.3	3.0	1.1	.43	1.3%
Hispanic American	4.2	1.8	1.1	.43	1.5%
American Indian	.65	.75	1.0	.5	.70%
White Female	13.8	11.0	9.5	7.1	10.3%
Overall MWBE Participation Goal =					25.0%

Affidavit of _____ I do hereby certify that on the

(Name of Bidder)

(Project Name)

Project ID No. _____ Amount of Bid \$ _____

I will expend a minimum of _____% of the total dollar amount of the contract with minority businesses enterprises. Work will be subcontracted to the following firms listed below. Attach additional sheets if needed.

Firm Name (Street Address/Zip/Telephone)	*Minority Category	Work Description	Dollar Value	Percentage of Goal

***Minority categories:** Black, African American (**B**), Hispanic (**H**), Asian American (**A**), American Indian (**I**), Female (**F**)

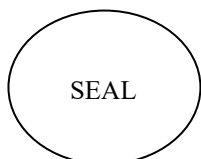
Pursuant to GS 143-128.2(d), the undersigned will enter into a formal agreement with Minority Firms for work listed in this schedule conditional upon execution of a contract with the Owner. Failure to fulfill this commitment may constitute a breach of the contract.

The undersigned hereby certifies that he or she has read the terms of this commitment and is authorized to bind the bidder to the commitment herein set forth.

Date: _____ Name of Authorized Officer: _____

Signature: _____

Title: _____



State of North Carolina, County of _____
Subscribed and sworn to before me this ____ day of _____ 20__
Notary Public _____
My commission expires _____

DO NOT SUBMIT WITH THE BID DO NOT SUBMIT WITH THE BID DO NOT SUBMIT WITH THE BID
(NOTE: This form is to be submitted only by the apparent lowest responsible, responsive bidder.)

If you do not meet the MWBE Goal, the Bidder shall provide the following documentation of his Good Faith Efforts within **72 hours** after notification of being the low bidder.

State of North Carolina AFFIDAVIT D – Good Faith Efforts
COUNTY OF DURHAM

Durham County Goals for MWBE Participation in the Procurement of goods, Services, and Construction

Categories	Construction	Architect/ Engineer	Services	Goods	MWBE Availability % (Median Availability)
Black American	14.6	9.8	10.9	2.8	10.4%
Asian American	1.3	3.0	1.1	.43	1.3%
Hispanic American	4.2	1.8	1.1	.43	1.5%
American Indian	.65	.75	1.0	.5	.70%
White Female	13.8	11.0	9.5	7.1	10.3%
Overall MWBE Participation Goal =					25.0%

Affidavit of _____
 _____ (Name of Bidder)

I do certify the attached documentation as true and accurate representation of my good faith efforts.

I will expend a minimum of ____% of the total dollar amount of the contract with minority businesses enterprises. Work will be subcontracted to the following firms listed below. Attach additional sheets if needed.

Name and Phone Number	*Minority Category	Work description	Dollar Value	Percentage of Goal

***Minority categories:** Black, African American (**B**), Hispanic (**H**), Asian American (**A**), American Indian (**I**), Female (**F**)

Documentation of the Bidder's good faith efforts to meet the goals set forth in the provisions. Examples of documentation include, but are not limited to, the following evidence:

- A. Copies of solicitation for quotes to at least three (3) minority business firms from the source list provided by the State for each subcontract to be let under this contract (if 3 or more firms are shown on the source list). Each solicitation shall contain a specific description of the work to be subcontracted, location where bid documents can be reviewed, representative of the Prime Bidder to contact, and location, date and time when quotes must be received
- B. Copies of quotes or responses received from each firm responding to the solicitation.
- C. A telephone log of follow-up calls to each firm sent a solicitation.
- D. For subcontracts where a minority business firm is not considered the lowest responsible sub-bidder, copies of quotes received from all firms submitting quotes for that particular subcontract.
- E. Documentation of any contacts or correspondence to minority business, community, or contractor organizations in an attempt to meet the goal.
- F. Copy of pre-bid roster.
- G. Letter documenting efforts to provide assistance in obtaining required bonding or insurance for minority business.
- H. Letter detailing reasons for rejection of minority business due to lack of qualification.
- I. Letter documenting proposed assistance offered to minority business in need to equipment, loan capital, lines of credit, or joint pay agreements to secure loans, supplies, or letter of credit, including waiving credit that is ordinarily required.

Failure to provide the documentation as listed in these provisions may result in rejection of the bid and award to the next lowest responsible and responsive bidder.

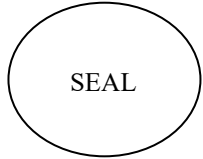
Pursuant to GS143-128.2(d), the undersigned will enter into a formal agreement with Minority firms for work listed in this schedule conditional upon execution of a contract with the Owner. Failure to fulfill this commitment may constitute a breach of the contract.

The undersigned hereby certifies that he or she has read the terms of this commitment and is authorized to bind the bidder to the commitment herein set forth.

Date: _____ Name of Authorized Officer: _____

Signature: _____

Title: _____



State of North Carolina, County of _____
Subscribed and sworn to before me this ____ day of _____ 20__
Notary Public _____
My commission expires _____

Appendix E

MWBE DOCUMENTATION FOR CONTRACT PAYMENTS

Prime Contractor/Architect: _____

Address & Phone: _____

Project Name: _____

Pay Application #: _____ Period: _____

The following is a list of payments to be made to minority business contractors on this project for the above-mentioned period.

Firm Name	*Minority Category	Total Contract Amount	Amount Paid this Period	Total Payment Amount to date	Percentage of Work Completed	Scheduled Start Date	Scheduled End Date

***Minority categories:** Black, African American (**B**), Hispanic (**H**), Asian American (**A**), American Indian (**I**), Female (**F**)

Date: _____ Approved/Certified By: _____

Name

Title

Signature

THIS DOCUMENT MUST BE SUBMITTED WITH EACH PAY REQUEST & FINAL PAYMENT

Attachment F

AFFIDAVIT OF COMPLIANCE

**STATE OF NORTH CAROLINA
COUNTY OF DURHAM**

**AFFIDAVIT OF COMPLIANCE
with N.C. E-Verify Statutes**

I, _____ (hereinafter the "Affiant"), being duly authorized by and on behalf of
_____ (hereinafter "Contractor") after first being duly sworn hereby swears or affirms as follows:

1. Contractor understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with Article 2 of Chapter 64 of the North Carolina General Statutes; and
2. Contractor understands that an "Employer", as defined in NCGS§64-25(4), is required by law to use E-Verify to verify the work authorization of its employees through E-Verify in accordance with NCGS§64-26(a). The term "Employer" does not include State agencies, counties, municipalities, or other governmental bodies.
3. Contractor is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in the state of North Carolina. (mark Yes or No)
 - a. YES ____
 - b. NO ____
4. Contractor will ensure compliance with E-Verify to the extent applicable and will ensure compliance by any subcontractors subsequently hired by Contractor to perform work under Contractor's contract with Durham County.

This ____ day of _____, 202__.

Signature of Affiant

Print or Type Name: _____

State of _____

County of _____

Signed and sworn to (or affirmed) before me, this the ____

day of _____, 202__.

My Commission Expires:

Notary Public

(Affix Official/Notarial Seal)

**NORTH CAROLINA
DURHAM COUNTY**

SERVICE CONTRACT

THIS CONTRACT is made, and entered into this the _____ day of _____, 20XX, by and between the **COUNTY of DURHAM**, a political subdivision of the State of North Carolina, (hereinafter referred to as "COUNTY"), and _____ a corporation duly authorized to do business in the state of North Carolina, (hereinafter referred to as "CONTRACTOR").

For and in consideration of mutual promises to each as herein after set forth, the parties hereto do mutually agree as follows:

1. **SCOPE OF SERVICES.** CONTRACTOR hereby agrees to provide the services and/or materials under this contract pursuant to the provisions and specifications identified in "Attachment 1" (hereinafter collectively referred to as "Services"). Attachment 1 is hereby incorporated herein and made a part of this contract. Time is of the essence with respect to all provisions of this contract that specify a time for performance.

The COUNTY will perform on-going contract monitoring to ensure that the terms of this contract are complied with. CONTRACTOR agrees to cooperate with the COUNTY in its monitoring process and provide documentation and/or information requested during the term of this Agreement for the purpose of monitoring the services provided by CONTRACTOR.

2. **TERM OF CONTRACT.** The Term of this contract for services is from _____ to _____ unless sooner terminated as provided herein.

3. **PAYMENT TO CONTRACTOR.** CONTRACTOR shall receive from COUNTY an amount not to exceed _____ Dollars (\$ _____) as full compensation for the provision of Services. COUNTY agrees to pay CONTRACTOR at the rates specified for Services performed to the satisfaction of the COUNTY, in accordance with this contract, and Attachment 1. Unless otherwise specified, CONTRACTOR shall submit an itemized invoice to COUNTY by the end of the month during which Services are performed. A Funds Reservation number may be assigned to encumber the funds associated with this contract and must appear on all invoices and correspondence mailed to Purchaser. Payment will be processed promptly upon receipt and approval of the invoice by COUNTY.

4. **INDEPENDENT CONTRACTOR.** COUNTY and CONTRACTOR agree that CONTRACTOR is an independent contractor and shall not represent itself as an agent or employee of COUNTY for any purpose in the performance of CONTRACTOR's duties under this Contract. Accordingly, CONTRACTOR shall be responsible for payment of all federal, state and local taxes as well as business license fees arising out of CONTRACTOR's activities in accordance with this Contract. For purposes of this contract taxes shall include, but not be limited to, Federal and State Income, Social Security and Unemployment Insurance taxes.

CONTRACTOR, as an independent contractor, shall perform the Services required hereunder in a professional manner and in accordance with the standards of applicable professional organizations and licensing agencies.

5. **INDEMNIFICATION.** To the fullest extent permitted by laws and regulations, CONTRACTOR shall indemnify and hold harmless the COUNTY and its officials, agents, and employees from and against all claims, damages, losses, and expenses, direct, indirect, or consequential (including but not limited to fees and charges of engineers or architects, attorneys, and other professionals and costs related to court action or mediation) arising out of or resulting from CONTRACTOR's performance of this Contract or the actions of the CONTRACTOR or its officials, employees, or subcontractors under this Contract or under contracts entered into by the CONTRACTOR in connection with this Contract. This indemnification shall survive the termination of this Contract.

In claims against any person or entity indemnified under this provision by an employee of the CONTRACTOR, a subcontractor, an employee of a subcontractor, or an agent of the CONTRACTOR or a subcontractor, the indemnification obligation under this provision shall not be limited by a limitation on amount or type of damages, compensation or benefits payable by or for the CONTRACTOR or a subcontractor under workers' or workmen's compensation acts, disability benefit acts or other employee benefit acts.

6. **INSURANCE.** CONTRACTOR shall procure and maintain for the duration of the contract the following insurance coverage from an insurance company(s) possessing a rating of A-VII or higher from the A.M. Best Company and licensed to do business in North Carolina. All of the policies required of the CONTRACTOR shall contain a waiver of subrogation provision to waive all rights of recovery under subrogation or otherwise against the COUNTY. In the event CONTRACTOR'S Insurance Policy or Certificate of Insurance conflicts with the aforesaid language concerning "waiver of subrogation" this contract shall govern. CONTRACTOR shall advise the COUNTY of any cancellation, non-renewal, or material change in any policy within ten (10) days of notification of such action and provide updated certificates of insurance evidencing renewals within fifteen (15) days of expiration. CONTRACTOR'S insurance shall be primary, and any insurance or self-funded liability programs maintained by the COUNTY shall not contribute with respect to the CONTRACTOR's insurance.

COUNTY shall not be listed as an additional insured on any Insurance Policy or Certificate of Insurance of the CONTRACTOR. In the event CONTRACTOR'S Insurance Policy or Certificate of Insurance conflicts with the aforesaid language concerning "additional insured" this contract shall govern.

6.1 Commercial General Liability: Insurance Services Office (ISO) Form CG 00 01 on an "occurrence" basis, including products and completed operations, property damage, bodily injury, and personal & advertising injury with limits no less than **\$1,000,000** per occurrence and **\$2,000,000** aggregate.

6.2 Commercial Automobile Liability: ISO Form CA 00 01 covering any auto with limit not less than **\$1,000,000** per accident for bodily injury and property damage.

6.3 Worker's Compensation and Employers Liability: as required by The State of North Carolina, with statutory limits, and Employers Liability Insurance with a limit of no less than \$1,000,000 per occurrence.

By requiring insurance herein, the COUNTY does not represent that coverage and limits will necessarily be adequate to protect CONTRACTOR, and such coverage and limits shall not be deemed as a limitation on CONTRACTOR's liability under the indemnities granted to the COUNTY in this Contract. CONTRACTOR shall provide the COUNTY a valid certificate of insurance, in advance of the performance of any work, exhibiting coverage required. CONTRACTOR shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein.

The failure of the COUNTY at any time to enforce the insurance provisions, to demand such certificates of insurance, or to identify a deficiency shall not constitute a waiver of those provisions, nor reduce obligations of the CONTRACTOR to maintain such insurance or to meet its obligations under the indemnification provisions. Notwithstanding the foregoing, nothing contained in this section shall be deemed to constitute a waiver of the governmental immunity of the COUNTY, which immunity is hereby reserved to the COUNTY.

7. TERMINATION.

7.1. EVENT OF DEFAULT. Any one or more of the following acts or omissions of the Contractor shall constitute an Event of Default hereunder:

- a. Failure to perform the Services satisfactorily or on schedule,
- b. Failure to submit any report required hereunder; and/or
- c. Failure to perform any other covenant, term, or condition of this Agreement.

Upon the occurrence of an Event of Default, the County may take one or more or all of the following actions:

1. Give Contractor written Notice of the Event of Default, specifying the Event of Default and requiring it to be remedied within, in the absence of greater or lesser specification of time, seven (7) calendar days from the date of the notice; and if the Event of Default is not timely remedied, terminate the agreement, effective two (2) days after giving the Contractor written Notice of Termination; and/or
2. Deduct any and all expenses incurred by the County for damages caused by the Contractor's Event of Default; and/or
3. Treat the agreement as breached and pursue any of its remedies at law or in equity, or both, including damages and specific performance.

7.2 TERMINATION FOR CONVENIENCE. This Contract may be terminated, without cause, by either party upon thirty (30) days written notice to the other party. This termination notice period shall begin upon receipt of the Notice of Termination.

Termination of this Contract, under either section 7.1 or 7.2, shall not form the basis of any claim for loss of anticipated profits by either party.

8. COUNTY NOT RESPONSIBLE FOR EXPENSES. COUNTY shall not be liable to CONTRACTOR for any expenses paid or incurred by CONTRACTOR, unless otherwise agreed in writing.

9. EQUIPMENT. CONTRACTOR shall supply, at its sole expense, all equipment, tools, materials, and/or supplies required to provide Services hereunder, unless otherwise agreed in writing.

10. COMPLIANCE WITH LAWS. CONTRACTOR shall abide by all statutes, rules, regulations, laws, and executive orders Federal, State and Local as they relate to, but are not limited to, (i) services in general, (ii) payment of employees, subcontractors and agents, (iii) the Fair Labor Standards Act and (iv) the Wage and Hour Division. In the event CONTRACTOR is determined by the final order of a court or appropriate agency to be in violation of any Federal, State or Local statute, rule, regulation, law or executive order or this provision, this Contract may be canceled, terminated or suspended in whole or in part by COUNTY and CONTRACTOR may be declared ineligible for further COUNTY contracts.

- 11. HEALTH AND SAFETY.** CONTRACTOR shall be responsible for initiating, maintaining and supervising all safety precautions and programs required by OSHA and all other regulatory agencies while providing Services under this Contract.
- 12. NON-DISCRIMINATION IN EMPLOYMENT.** CONTRACTOR shall not discriminate against any employee or applicant for employment because of age, sex, race, creed, national origin, or disability. CONTRACTOR shall take affirmative action to ensure that qualified applicants are employed and that employees are treated fairly and legally during employment with regard to their age, sex, race, creed, national origin, or disability. In the event CONTRACTOR is determined by the final order of an appropriate agency or court to be in violation of any non-discrimination provision of federal, state or local law or this provision, this Contract may be canceled, terminated or suspended in whole or in part by COUNTY, and CONTRACTOR may be declared ineligible for further COUNTY contracts.
- 13. EMPLOYMENT ADVERTISING REQUIREMENTS.** CONTRACTOR shall post local job openings, in connection with this contract, with the City of Durham's Office of Economic and Workforce Development, the North Carolina Department of Commerce-Division of Employment Services (formerly ESC, Employment Security Commission) and with the Durham County Department of Social Services throughout the term of this Agreement; provided that the foregoing requirement does not limit CONTRACTOR'S ability to advertise and/or otherwise post job openings with other organizations or media outlets.
- 14. E-VERIFY.** As a condition of payment for services rendered under this agreement, CONTRACTOR shall comply with the requirements of Article 2 of Chapter 64 of the North Carolina General Statutes. Further, if CONTRACTOR provides the services to the County utilizing a subcontractor, CONTRACTOR shall require the subcontractor to comply with the requirements of Article 2 of Chapter 64 of the North Carolina General Statutes as well. CONTRACTOR shall verify, by affidavit, compliance of the terms of this section upon request by the COUNTY.
- 15. AFFORDABLE CARE ACT REQUIREMENTS (Applicable Only to Staffing Agencies).** Beginning in 2015, employers with 100 or more full-time equivalent employees (50 or more beginning in 2016) must offer health insurance coverage that is affordable and provides "minimum value" to full-time employees and dependents as defined by the Patient Protection and Affordable Care Act or face penalties. Staffing companies under contract with Durham County are required to provide affordable minimum essential coverage as defined by the Patient Protection and Affordable Care Act and to indemnify Durham County against any 4980H penalties that result from their failure to provide the appropriate coverage. By signing this contract as a Staffing Company, CONTRACTOR shall comply with the aforementioned health insurance coverage requirements of the Affordable Care Act and to indemnify the County against any associated 4980H penalties. **Please complete Exhibit A and return with this contract.**
- 16. SECURITY BACKGROUND CHECKS.** The Contractor is responsible for requesting and paying for criminal history checks on all individuals providing services under this contract who will be obtaining County identification badges and allowed unescorted access to County facilities. Background checks can be provided by any vendor, or from a North Carolina State agency, providing that the criminal history check is done nationwide. The Sheriff's Office will conduct background investigations for those Contractor employees who will be working at the Courthouse or Detention Center. A criminal history will not automatically disqualify a Contractor employee from employment on a County contract unless explicitly mandated by law.

The Contractor will send the results of the background checks to their County point of contact who will provide them to the Durham County Security Manager. The Security Manager will individually assess and determine the degree to which the nature of a person's criminal conduct has a direct and/or specific negative bearing on a person's fitness or ability to perform contract services in Durham County buildings. The Security Manager will consult the Legal Office on any negative determinations. The Security Manager will notify the Contractor's County point of contact of the results of the review. A Contractor can appeal a negative determination by the Security Manager to the County Manager for final disposition. Appeals need to be submitted in writing to the contract point of contact within 30 days of notice of a decision to remove or deny an individual from working the County contract due to adverse information in the background check.

This information will be updated annually by the Contractor, 90 days prior to the renewal or extension of the contract, and submitted to their County point of contact who will provide them to the Durham County Security Manager. Personnel without a currently approved background check will have their access to those buildings restricted.

Additional background screening may be necessary at specific county buildings. The Contractor shall provide names of all individuals in the Contractor communications log and to the County Representative. This information will be reviewed annually.

For those Contractor employees who will be working at the Courthouse or Detention Center, the Sheriff's Office will make the security determination. The Contractor will provide the results of their background check to the Major for Support Services who will conduct an additional investigation and then individually assess and determine the degree to which the nature of a person's criminal conduct has a direct and/or specific negative bearing on a person's fitness or ability to perform contract services in the Courthouse or Detention Facility. A Contractor

can appeal a negative determination to the Chief Deputy for final disposition. Appeals need to be submitted in writing to the Chief Deputy within 30 days of notice of a decision to remove or deny an individual from working the contract due to adverse information in the background check. While an appeal is pending, the employee will not be allowed access to the Courthouse or Detention Facility.

This information will be updated by the Contractor and submitted to the Sheriff’s Office annually, 90 days prior to the renewal or extension of the contract. Personnel without a currently approved background check will have their access to those buildings restricted.

17. IRAN DIVESTMENT ACT CERTIFICATION. (Applicable only to contracts/agreements valued at \$1,000.00 or more). CONTRACTOR by signing/executing this contract certifies that as of the date of this contract CONTRACTOR is not on the Final Divestment List as created by the State Treasurer pursuant to North Carolina General Statute 147-86.58 and in compliance with the requirements of the Iran Divestment Act and North Carolina General Statute 147-86.59. CONTRACTOR shall not utilize in the performance of this contract any subcontractor that is identified on the Final Divestment List.

18. AUDIT RIGHTS. For all Services being provided hereunder, COUNTY shall have the right to inspect, examine, and make copies of any and all books, accounts, invoices, records and other writings relating to the performance of the Services. Audits shall take place at times and locations mutually agreed upon by both parties. Notwithstanding the foregoing, CONTRACTOR must make the materials to be audited available within one (1) week of the request for them.

19. DISPUTE RESOLUTION PROCEDURE. To prevent disputes and litigation, it is agreed by the parties that any claim or dispute between COUNTY and the CONTRACTOR, arising from this Agreement or the services and/or materials being provided by the CONTRACTOR, shall be sent to the Durham County Manager who shall appoint a qualified mediator to address the issue. Such request shall be submitted to the County Manager in writing within ten (10) days of the claim or dispute. Upon receipt of a timely written claim, the Manager, or his designee, shall notify the Mediator who will conduct a mediation and notify the CONTRACTOR in writing of the decision within forty-five (45) calendar days from the date of the submission of the claim or dispute, unless the Mediator requires additional time to gather information or allow the parties to provide additional information. The Mediator’s orders, decisions and decrees shall be non-binding. Mediation, pursuant to this provision, shall be a pre-condition to initiating litigation concerning the dispute. During the pendency of any dispute and after a determination thereof, parties to the dispute shall act in good faith to mitigate any potential damages including utilization of schedule changes and alternate means of providing services and/or materials. The costs of mediation shall be divided equally between parties to the dispute.

The mediation session shall be private and shall be held in Durham County, North Carolina. Mediation under this provision shall not be the cause for a delay of services and/or materials being provided which is the focus of the dispute.

If the disputed issue cannot be resolved in mediation or either party disagrees with the results of the mediation, the parties may seek resolution in the General Court of Justice in the County of Durham and the State of North Carolina. If a party fails to comply in strict accordance with the requirements of this provision, the non-complying party specifically waives all of its rights provided hereunder, including its rights and remedies under State law.

20. EXISTENCE. CONTRACTOR warrants that it is a corporation or otherwise legal entity duly organized, validly existing, and in good standing under the laws of the State of _____ and is duly qualified to do business in the State of North Carolina and has full power and authority to enter into and fulfill all the terms and conditions of this contract.

21. CORPORATE AUTHORITY. By execution hereof, the person signing for CONTRACTOR below certifies that he/she has read this contract and that he/she is duly authorized to execute this contract on behalf of the CONTRACTOR.

22. SUCCESSORS AND ASSIGNS. CONTRACTOR shall not assign its interest in this Contract without the written consent of COUNTY. CONTRACTOR has no authority to enter into contracts on behalf of COUNTY.

23. NOTICES. All notices which may be required by this contract or any rule of law shall be effective when received by certified mail sent to the following addresses:

COUNTY OF DURHAM
ATTN: PURCHASING DIVISION OF FINANCE
7TH FLOOR, 201 EAST MAIN STREET
DURHAM, NORTH CAROLINA 27701

CONTRACTOR
ATTN: _____

24. HEADINGS. The subject headings of the sections are included for purposes of convenience only and shall not affect the construction or interpretation of any of its provisions. This contract shall be deemed to have been drafted by both parties and no interpretation shall be made to the contrary.

25. GOVERNING LAW. This Contract shall be governed by and in accordance with the laws of the State of North Carolina. All actions relating in any way to this Contract shall be brought in the General Court of Justice in the County of Durham and the State of North Carolina.

26. ENTIRE CONTRACT. This contract, including Attachment 1, shall constitute the entire understanding between COUNTY and CONTRACTOR and shall supersede all prior understandings and agreements relating to the subject matter hereof and may be amended only by written mutual agreement of the parties.

IN TESTIMONY WHEREOF, the parties have expressed their agreement to these terms by causing this Service Contract to be executed by their duly authorized officer or agent.

COUNTY OF DURHAM

Name and Title

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Budget Control Act.

CONTRACTOR

Susan F. Tezai, Durham County Chief Financial Officer

By: _____
Authorized Representative

Print Name/Title: _____

ATTACHMENT 1" to follow

BUILDING INFORMATION & PROPOSAL FORM

Durham County Janitorial Services

<u>Building</u>	<u>Address</u>	<u>Service Schedule(s)</u>		Janitorial <u>Sq. Ft.</u>	# of <u>Floors</u>	<u>Qty of RR/Fixtures</u> (# does not include sinks in other areas)	# Janitorial <u>Closets</u>	<u>Daily # of Emp/Guests</u>	<u>Door Mat Qty& Size. to be provided by Janitorial</u>
Administration Building (Admin -1)	200 E. Main St.	<u>Evening Service</u> 5 Nights/Week Monday – Friday		71,535	7	16 RR 75 Fixtures	7 (Contractor typically uses closet on 1st & 4th floor)	200/200	5-4x6 (Main St. Entrance-Grd & 1st Floor-both sides, & Church St. side entrance)
		<u>Day Porter Service</u> (1 Porter) 5 Days/Week Monday - Friday 4 hours; 1:00pm-5:00pm							
		<u>COVID Porter Service</u> (1 Porter) 5 Days/Week Monday - Friday 8 hours; 9:00am - 5:00pm							

There are specific duties/locations for the Day Porter.
Red dots (stickers) on doors indicate this office Must be locked after cleaning. Building has Door Codes that change as necessary.
Building has eight (8) sets of stairs. Main stairs open from ground to 2nd floor, 2 sets of stairs to BOCC viewing area, 1 set of stairs to underground parking and 4 side stairwells to departments which stay locked. (Without a key or card access you can only exit down.)
Floors are a combination of VCT, Tile, Concrete and Carpet.
Janitorial square footage includes all stairs, dock and file/storage room across from dock. Janitorial square footage does not include mechanical storage, restaurant or underground parking. Board of County Commissioners (BOCC) meet several times per month on Monday evenings in 2nd floor chambers.

Proposal Form

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
			Monthly Total Labor Hours (Proposer to determine hours needed and enter here, if not listed.)	Loaded Hourly Wage Rate (Charged to the County)	Monthly Lump Sum Cost for Wages (Column 1 x Column 2)	Monthly Lump Sum Cost for all non-related labor costs (Supplies, equipment, insurance, bonding, profit etc.)	Monthly Total Lump Sum Amount (Column 3 + Column 4)	Annual Total Lump Sum Amount (Column 5 x 12)
Administration Building (Admin -1)	200 E. Main St.	<u>Evening Service</u> 5 Nights/Week Monday – Friday						
		<u>Day Porter Service</u> (1 Porter) 5 Days/Week Monday - Friday 4 hours; 1:00pm-5:00pm	87-hours			Included in cost above		
		<u>COVID Porter Service</u> (1 Porter) 5 Days/Week Monday - Friday 8 hours; 9:00am - 5:00pm	174-hours			Included in cost above		

I agree to furnish all supervision, labor, supplies, products, materials, equipment, uniforms, insurance, bonding and benefits, direct and indirect overhead costs etc. required to provide complete and efficient indoor janitorial service as specified in the RFP. I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Company Name

Date

Authorized Signature

Name (Printed)

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Janitorial <u>Sq. Ft.</u>	<u># of Floors</u>	<u>Qty of RR/Fixtures</u> (# does not include sinks in other areas)	<u># Janitorial Closets</u>	<u>Daily # of Emp/Guests</u>	<u>Door Mat Qty & Size to be provided by Janitorial</u>
Admin 2	201 E. Main St.	<u>Evening Service</u> 5 Nights/Week Monday – Friday	138,656	8	20 RR 108 Fixtures	8 (one on each floor)	350/200	N/A
		<u>Day Porter Service</u> (1 Porter) 5 Days/Week Monday - Friday 8hours; 9:00am-5:00pm						
		<u>COVID Porter Service</u> (1 Porter) 5 Days/Week Monday - Friday 8hours; 9:00am - 5:00pm						

Floors are a combination of carpet, VCT, and ceramic tile; Building has three (3) sets of stairs; Total of four (4) elevators. All four are available to the public.
Janitorial square footage includes all stairs. Janitorial square footage does not include mechanical storage, restaurant space, or underground parking.

Proposal Form								
<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
			Monthly Total Labor Hours (Proposer to determine hours needed and enter here, if not listed.)	Loaded Hourly Wage Rate (Charged to the County)	Monthly Lump Sum Cost for Wages (Column 1 x Column 2)	Monthly Lump Sum Cost for all non-related labor costs (Supplies, equipment, insurance, bonding, profit etc.)	Monthly Total Lump Sum Amount (Column 3 + Column 4)	Annual Total Lump Sum Amount (Column 5 x 12)
Admin. 2	201 E. Main St.	<u>Evening Service</u> 5 Nights/Week Monday – Friday						
		<u>Day Porter Service</u> (1 Porter) 5 Days/Week Monday - Friday 8 hours; 9:00am-5:00pm	174-hours			Included in cost above		
		<u>COVID Porter Service</u> (1 Porter) 5 Days/Week Monday - Friday 8 hours; 9:00am - 5:00pm	174-hours			Included in cost above		

I agree to furnish all supervision, labor, supplies, products, materials, equipment, uniforms, insurance, bonding and benefits, direct and indirect overhead costs etc. required to provide complete and efficient indoor janitorial service as specified in the RFP. I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Company Name

Authorized Signature

Date

Name (Printed)

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	<u>Janitorial Sq. Ft.</u>	<u># of Floors</u>	<u>Qty of RR/Fixtures</u> (# does not include sinks in other areas)	<u># Janitorial Closets</u>	<u>Daily # of Emp/Guests</u>	<u>Door Mat Qty & Size to be provided by Janitorial</u>
Agricultural Building	721 Foster St.	<u>Evening Service</u> 3 Nights/Week Monday, Wednesday, & Friday	16,740	2	6 RR 24 Fixtures	1	~30/10-50	4 - 4x6 (2-Front entrance, side Entrances 1-Back Entrance)
		<u>COVID Porter Service</u> (1 Porter) 5 Days/Week Monday - Friday 8 hours; 9:00pm - 5:00pm						

Floors are Combination of VCT, Concrete and Carpet.
One elevator located in the building.
Building also includes a teaching kitchen and laundry area.

Proposal Form								
<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
			Monthly Total Labor Hours (Proposer to determine hours and enter here, if not listed.)	Loaded Hourly Wage Rate (Charged to the County)	Monthly Lump Sum Cost for Wages (Column 1 x Column 2)	Monthly Lump Sum Cost for all non-related labor costs (Supplies, equipment, insurance, bonding, profit etc.)	Monthly Total Lump Sum Amount (Column 3 + Column 4)	Annual Total Lump Sum Amount (Column 5 x 12)
Agricultural Building	721 Foster St.	<u>Evening Service</u> 3 Nights/Week Monday, Wednesday, & Friday						
		<u>COVID Porter Service</u> (1 Porter) 5 Days/Week Monday - Friday 8 hours; 9:00pm - 5:00pm	174-hours			Included in cost above		

I agree to furnish all supervision, labor, supplies, products, materials, equipment, uniforms, insurance, bonding and benefits, direct and indirect overhead costs etc. required to provide complete and efficient indoor janitorial service as specified in the RFP. I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Company Name

Date

Authorized Signature

Name (Printe

Attachment H

Building Information & Proposal Form Durham County Janitorial Services

(Animal Control)

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Janitorial Sq. Ft.	# of Floors	Qty of RR/Fixtures. (# does not include sinks in other areas)	# Janitorial Closets	Daily # of Emp/Guests	Door Mat Qty & Size. to be provided by Janitorial
Animal Control Building	3005 Glenn Rd.	<u>Daytime Service</u> 3 Days/Week (Between 3-5pm), Monday, Wednesday, & Friday	3,000	1	2 RR 6 Fixtures	None	20/15	None

Floors are a combination of Concrete, VCT and Carpet.

No janitorial closet/space. Only minimal supplies and equipment can be kept onsite.

Proposal Form

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
			Monthly Total Labor Hours (Proposer to determine hours and enter here, if not listed.)	Loaded Hourly Wage Rate (Charged to the County)	Monthly Lump Sum Cost for Wages (Column 1 x Column 2)	Monthly Lump Sum Cost for all non-related labor costs (Supplies, equipment, insurance, bonding, profit etc.)	Monthly Total Lump Sum Amount (Column 3 + Column 4)	Annual Total Lump Sum Amount (Column 5 x 12)
Animal Control Building	3005 Glenn Rd.	<u>Daytime Service</u> (Between 3-5pm) 3 Days/Week, Monday, Wednesday, & Friday						

I agree to furnish all supervision, labor, supplies, products, materials, equipment, uniforms, insurance, bonding and benefits, direct and indirect overhead costs etc. required to provide complete and efficient indoor janitorial service as specified in the RFP. I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

_____	_____
Company Name	Date
_____	_____
Authorized Signature	Name (Printed)

Durham County Janitorial Services

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Janitorial <u>Sq. Ft.</u>	# of <u>Floors</u>	<u>Qty of RR/Fixtures</u> . (# does not include sinks in other areas)	<u># Janitorial Closets</u>	Daily # of <u>Emp/Guests</u>	Door Mat Qty & Size to be provided by <u>Janitorial</u>
Law Building	120 Parrish St. (1st floor only)	<u>Evening Service</u> 3 Nights/Week Monday, Wednesday, & Friday	1,335	1	4 RR 9 Fixtures (1 shower)	1 Share closet near front door	16/10-20	N/A

The County only owns this 1st floor space in co-op building.

Janitorial not responsible for building entrance, elevator or stairs. Floors are a Combination of Sheet Vinyl, Ceramic Tile and Carpet.

Janitorial is responsible for placing trash in City provided containers kept in alley.

Proposal Form

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
			Monthly Total Labor Hours (Proposer to determine hours and enter here, if not listed.)	Loaded Hourly Wage Rate (Charged to the County)	Monthly Lump Sum Cost for Wages (Column 1 x Column 2)	Monthly Lump Sum Cost for all non-related labor costs (Supplies, equipment, insurance, bonding, profit etc.)	Monthly Total Lump Sum Amount (Column 3 + Column 4)	Annual Total Lump Sum Amount (Column 5 x 12)
Law Building	120 Parrish St. (1st floor only)	<u>Evening Service</u> 3 Nights/Week Monday, Wednesday, & Friday						

I agree to furnish all supervision, labor, supplies, products, materials, equipment, uniforms, insurance, bonding and benefits, direct and indirect overhead costs etc. required to provide complete and efficient indoor janitorial service as specified in the RFP. I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Company Name

Date

Authorized Signature

Name (Printed)

Attachment H

Durham County Janitorial Services

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Janitorial <u>Sq. Ft.</u>	# of <u>Floors</u>	Qty of <u>RR/Fixtures</u> (# does not include sinks in other areas)	# Janitorial <u>Closets</u>	Daily # of <u>Emp/Guests</u>	Door Mat Qty & Size to be provided by Janitorial
Fire Marshal/ Emergency Mgt.	2422 Broad St.	<u>Evening Service</u> 3 Nights/Week Monday, Wednesday, & Friday	3,868	1	6 RR 18 Fixtures	1	10/15	1-4x6 (Back, kitchen door)

Floors are a Combination of VCT (in two newer restrooms only) sheet vinyl and carpet.

Occupancy rate swells during weather and/or disaster events.

Proposal Form

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
			Monthly Total Labor Hours (Proposer to determine hours and enter here, if not listed.)	Loaded Hourly Wage Rate (Charged to the County)	Monthly Lump Sum Cost for Wages (Column 1 x Column 2)	Monthly Lump Sum Cost for all non-related labor costs (Supplies, equipment, insurance, bonding, profit etc.)	Monthly Total Lump Sum Amount (Column 3 + Column 4)	Annual Total Lump Sum Amount (Column 5 x 12)
Fire Marshal/ Emergency Mgt.	2422 Broad St.	<u>Evening Service</u> 3 Nights/Week Monday, Wednesday, & Friday						

I agree to furnish all supervision, labor, supplies, products, materials, equipment, uniforms, insurance, bonding and benefits, direct and indirect overhead costs etc. required to provide complete and efficient indoor janitorial service as specified in the RFP. I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Company Name

Date

Authorized Signature

Name (Printed)

Durham County Janitorial Services

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Janitorial <u>Sq. Ft.</u>	# of <u>Floors</u>	<u>Qty of RR/Fixtures</u> . (# does not include sinks in other areas)	# Janitorial <u>Closets</u>	Daily # of <u>Emp/Guests</u>	Door Mat Qty & Size <u>to be provided by Janitorial</u>
General Services	310 S. Dillard St.	<u>Evening Service</u> 2 Nights/Week Tuesday & Thursday	3,978	2	4 RR 12 Fixtures	2	60/5	2-4x6 (Front & Back Entrance)

Floors are a Combination of VCT and Carpet.

Evening janitorial services does not include 1st floor shop areas or offices.

Annual floor service does include VCT in 1st floor shop offices.

Proposal Form

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
			Monthly Total Labor Hours (Proposer to determine hours and enter here, if not listed.)	Loaded Hourly Wage Rate (Charged to the County)	Monthly Lump Sum Cost for Wages (Column 1 x Column 2)	Monthly Lump Sum Cost for all non-related labor costs (Supplies, equipment, insurance, bonding, profit etc.)	Monthly Total Lump Sum Amount (Column 3 + Column 4)	Annual Total Lump Sum Amount (Column 5 x 12)
General Services	310 S. Dillard St.	<u>Evening Service</u> 2 Nights/Week Tuesday & Thursday						

I agree to furnish all supervision, labor, supplies, products, materials, equipment, uniforms, insurance, bonding and benefits, direct and indirect overhead costs etc. required to provide complete and efficient indoor janitorial service as specified in the RFP. I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Company Name

Date

Authorized Signature

Name (Printed)

Durham County Janitorial Services

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	<u>Janitorial Sq. Ft.</u>	<u># of Floors</u>	<u>Qty of RR/Fixtures</u> (# does include sinks in other areas)	<u># Janitorial Closets</u>	<u>Daily # of Emp/Guests</u>	<u>Door Mat Qty& Size to be provided by Janitorial</u>
Health & Human Services Building (Dept of Social Services & Health Dept)	414 E. Main St.	<u>Evening Service</u> 5 Nights/Week Monday – Friday	242,914	3	51 RR 326 Fixtures	7	795/525	N/A: Entrance doors have built in walk off areas
		<u>Day Porter Service</u> 5 Days/Week Monday - Friday 8 hours; 9:00pm-5:00pm						
		<u>COVID Porter Service</u> 5 Days/Week Monday - Friday 8 hours; 9:00pm-5:00pm						

Floors are a Combination of Carpet Tiles, Concrete (Basement & Stairs), Slate (Public Corridors), Rubber (2 types-Break Rooms, Kitchens, Wellness Center and PH Clinic Areas), Quarry (Single Restrooms) and Porcelain Tile (Multi Restrooms).

Houses operations for the Durham County Health Department (health and dental clinics-including children's play areas, pharmacy, lab, administrative offices and support space).

Houses operations for the Department of Social Services (office areas, conference and training rooms), the Wellness Center (clinic space, exercise equipment, aerobics room and locker room), Veterans Administration and a large 500-seat multipurpose space for community-wide use.

General Services mail services and building maintenance is located on the basement level.

Proposal Form

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>	<u>Column 4</u>	<u>Column 5</u>	<u>Column 6</u>
			Monthly Total Labor Hours (Proposer to determine hours and enter here, if not listed.)	Loaded Hourly Wage Rate (Charged to the County)	Monthly Lump Sum Cost for Wages (Column 1 x Column 2)	Monthly Lump Sum Cost for all non-related labor costs (Supplies, equipment, insurance, bonding, profit etc.)	Monthly Total Lump Sum Amount (Column 3 + Column 4)	Annual Total Lump Sum Amount (Column 5 x 12)
Health & Human Services Building (Dept of Social Services & Health Dept)	414 E. Main St.	<u>Evening Service</u> 5 Nights/Week Monday – Friday						
		<u>Day Porter Service</u> (2 Porters) 5 Days/Week Monday - Friday 8 hours; 9:00pm-5:00pm	348-hours			Included in cost above		
		<u>COVID Porter Service</u> (2 Porters) 5 Days/Week Monday - Friday 8 hours; 9:00pm-5:00pm	348-hours			Included in cost above		

I agree to furnish all supervision, labor, supplies, products, materials, equipment, uniforms, insurance, bonding and benefits, direct and indirect overhead costs etc. required to provide complete and efficient indoor janitorial service as specified in the RFP. I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Company Name

Date

Authorized Signature

Name (Printed)

Durham County Janitorial Services

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	<u>Janitorial Sq. Ft.</u>	<u># of Floors</u>	<u>Qty of RR/Fixtures</u> (# does not include sinks in other areas)	<u># Janitorial Closets</u>	<u>Daily # of Emp/Guests</u>	<u>Door Mat Qty & Size to be provided by Janitorial</u>
CJRC	326 E. Main St.	<u>Evening Service</u> 5 Nights/Week, Monday – Friday	44,780	3	11 RR 39 Fixtures (1 shower)	3	60/80	2-4x6 (1 at each Public Entrance)
		<u>COVID Porter Service</u> (1 Porter) 5 Days/Week, Monday - Friday 8 hours; 9:00pm-5:00pm						

Floors are a Combination of VCT, Tile, Concrete (Stairwells) and Carpet.

Large multi-purpose room used for Narcotics Anonymous (NA) Meetings twice a week.

Proposal Form

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>	<u>Column 4</u>	<u>Column 5</u>	<u>Column 6</u>
			<u>Monthly Total Labor Hours</u> (Proposer to determine hours and enter here, if not listed.)	<u>Loaded Hourly Wage Rate</u> (Charged to the County)	<u>Monthly Lump Sum Cost for Wages</u> (Column 1 x Column 2)	<u>Monthly Lump Sum Cost for all non-related labor costs</u> (Supplies, equipment, insurance, bonding, profit etc.)	<u>Monthly Total Lump Sum Amount</u> (Column 3 + Column 4)	<u>Annual Total Lump Sum Amount</u> (Column 5 x 12)
CJRC	326 E. Main St.	<u>Evening Service</u> 5 Nights/Week, Monday – Friday						
		<u>COVID Porter Service</u> (1 Porter) 5 Days/Week, Monday - Friday 8 hours; 9:00pm-5:00pm	174-hours			Included in cost above		

I agree to furnish all supervision, labor, supplies, products, materials, equipment, uniforms, insurance, bonding and benefits, direct and indirect overhead costs etc. required to provide complete and efficient indoor janitorial service as specified in the RFP. I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Company Name

Date

Authorized Signature

Name (Printed)

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Janitorial <u>Sq. Ft.</u>	# of <u>Floors</u>	<u>Qty of RR/Fixtures</u> (# does not include sinks in other areas)	# Janitorial <u>Closets</u>	Daily # of <u>Emp/Guests</u>	Door Mat Qty & Size <u>to be provided by Janitorial</u>
North Sheriff's Station	11821 HWY 15/501 N. (North Roxboro Rd.)	<u>Daytime Service</u> Wednesdays	2,079	1	2 RR 6 Fixtures	None	20-40 / 10	1-4x6 (Main Entrance)

Floors are a Combination of VCT and Carpet.
Daytime of service to be worked out between Contractor and Site Representative,

Proposal Form								
<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
			Monthly Total Labor Hours (Proposer to determine hours and enter here, if not listed.)	Loaded Hourly Wage Rate (Charged to the County)	Monthly Lump Sum Cost for Wages (Column 1 x Column 2)	Monthly Lump Sum Cost for all non-related labor costs (Supplies, equipment, insurance, bonding, profit etc.)	Monthly Total Lump Sum Amount (Column 3 + Column 4)	Annual Total Lump Sum Amount (Column 5 x 12)
North Sheriff's Station	11821 HWY 15/501 N. (North Roxboro Rd.)	<u>Daytime Service</u> Wednesdays						

I agree to furnish all supervision, labor, supplies, products, materials, equipment, uniforms, insurance, bonding and benefits, direct and indirect overhead costs etc. required to provide complete and efficient indoor janitorial service as specified in the RFP. I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Company Name

Date

Authorized Signature

Name (Printed)

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	<u>Janitorial Sq. Ft.</u>	<u># of Floors</u>	<u>Qty of RR/Fixtures.</u> (# does not include sinks in other areas)	<u># Janitorial Closets</u>	<u>Daily # of Emp/Guests</u>	<u>Door Mat Qty & Size to be provided by Janitorial</u>
East Sheriff's Station	5323 Wake Forest Hwy. (Hwy 98)	<u>Daytime Service</u> Wednesdays	1,408	1	2 RR 4 Fixtures	None	2/5	1-4x6 (Main Entrance)

Floors are a Combination of VCT and Carpet.
 Building is not used on a daily basis. No key provided, Call for entrance (relays to Sheriff's dispatch) and wait for a Deputy to arrive to let Janitorial Contractor in.

Proposal Form								
<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
			Monthly Total Labor Hours (Proposer to determine hours and enter here, if not listed.)	Loaded Hourly Wage Rate (Charged to the County)	Monthly Lump Sum Cost for Wages (Column 1 x Column 2)	Monthly Lump Sum Cost for all non-related labor costs (Supplies, equipment, insurance, bonding, profit etc.)	Monthly Total Lump Sum Amount (Column 3 + Column 4)	Annual Total Lump Sum Amount (Column 5 x 12)
East Sheriff's Station	5323 Wake Forest Hwy. (Hwy 98)	<u>Daytime Service</u> Wednesdays						

I agree to furnish all supervision, labor, supplies, products, materials, equipment, uniforms, insurance, bonding and benefits, direct and indirect overhead costs etc. required to provide complete and efficient indoor janitorial service as specified in the RFP. I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Company Name

Date

Authorized Signature

Name (Printed)

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Janitorial <u>Sq. Ft.</u>	<u># of Floors</u>	<u>Qty of RR/Fixtures</u> . (# does not include sinks in other areas)	<u># Janitorial Closets</u>	<u>Daily # of Emp/Guests</u>	<u>Door Mat Qty & Size to be provided by Janitorial</u>
Judicial Annex	201 N. Roxboro Rd.	<u>Evening Service</u> 5 Nights/Week, Monday – Friday	22,790	4	15 RR 48 Fixtures	3	35/250	2-4x6 (At Front Entrance)
		<u>COVID Porter Service</u> (1 Porter) 5 Days/Week, Monday - Friday 8 hours; 9:00pm-5:00pm						

Floors are a Combination of VCT, Tile and Carpet.

Proposal Form								
<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>	<u>Column 4</u>	<u>Column 5</u>	<u>Column 6</u>
			Monthly Total Labor Hours (Proposer to determine hours and enter here, if not listed.)	Loaded Hourly Wage Rate (Charged to the County)	Monthly Lump Sum Cost for Wages (Column 1 x Column 2)	Monthly Lump Sum Cost for all non-related labor costs (Supplies, equipment, insurance, bonding, profit etc.)	Monthly Total Lump Sum Amount (Column 3 + Column 4)	Annual Total Lump Sum Amount (Column 5 x 12)
Judicial Annex	201 N. Roxboro Rd.	<u>Evening Service</u> 5 Nights/Week, Monday – Friday						
		<u>COVID Porter Service</u> (1 Porter) 5 Days/Week, Monday - Friday 8 hours; 9:00pm-5:00pm	174-hours			Included in cost above		

I agree to furnish all supervision, labor, supplies, products, materials, equipment, uniforms, insurance, bonding and benefits, direct and indirect overhead costs etc. required to provide complete and efficient indoor janitorial service as specified in the RFP. I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Company Name

Date

Authorized Signature

Name (Printed)

Building	Address	Service Schedule	Janitorial Sq. Ft.	# of Floors	Qty of RR/Fixtures (# does not include sinks in other areas)	# Janitorial Closets	Daily # of Emp/Guests	Door Mat Qty & Size to be provided by Janitorial
Main Library	300 N. Roxboro Rd.	<u>Evening Service</u> 7 Nights/Week, Monday – Sunday	99,986	4	15 RR 35 Fixtures	4- One on each floor	89/2800	N/A
		<u>Day Porter Service</u> 6 Days/Week Monday, Tuesday, Thursday – 9 hours; 12:00pm-9:00pm Wednesdays, Friday, Saturday - 7 hours; 12:00pm-6:00pm						
		<u>COVID Porter Service</u> (2 Porters) 7 Days/Week, Monday-Saturday 9 hours; 9:00am-6:00pm Sunday, 4 hours 2:00pm-6:00pm						

Floors are a Combination of VCT, Tile and Carpet.
 Building has 3 sets of stairs. Stair doors have alarms on them. See Main Library Staff for keys to dis-arm for cleaning.

Proposal Form								
Building	Address	Service Schedule	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
			Monthly Total Labor Hours (Proposer to determine hours and enter here, if not listed.)	Loaded Hourly Wage Rate (Charged to the County)	Monthly Lump Sum Cost for Wages (Column 1 x Column 2)	Monthly Lump Sum Cost for all non-related labor costs (Supplies, equipment, insurance, bonding, profit etc.)	Monthly Total Lump Sum Amount (Column 3 + Column 4)	Annual Total Lump Sum Amount (Column 5 x 12)
Main Library	300 N. Roxboro Rd.	<u>Evening Service</u> 7 Nights/Week, Monday-Sunday						
		<u>Day Porter Service</u> 6 Days/Week Monday, Tuesday, Thursday – 9 hours; 12:00pm-9:00pm Wednesday, Friday, Saturday - 6 hours; 12:00pm-6:00pm	195-hours			Included in cost above		
		<u>COVID Porter Service</u> (2 Porters) 7 Days/Week, Monday-Saturday 9 hours; 9:00am-6:00pm Sunday, 4 hours 2:00pm-6:00pm	502-hours			Included in cost above		

I agree to furnish all supervision, labor, supplies, products, materials, equipment, uniforms, insurance, bonding and benefits, direct and indirect overhead costs etc. required to provide complete and efficient indoor janitorial service as specified in the RFP. I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Company Name

Date

Authorized Signature

Name (Printed)

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	<u>Janitorial Sq. Ft.</u>	<u># of Floors</u>	<u>Qty of RR/Fixtures</u> (# does not include sinks in other areas)	<u># Janitorial Closets</u>	<u>Daily # of Emp/Guests</u>	<u>Door Mat Qty & Size to be provided by Janitorial</u>
East Regional Branch Library	211 Lick Creek Ln.	<u>Evening Service</u> 6 Nights/Week, Monday-Saturday	24,800	1	5 RR 29 Fixtures	1	15/580	N/A: Entrance doors have built in walk off areas
		<u>Day Porter Service</u> 5 Days/Week Monday - 4 hours; 9:00am-1:00pm Tuesday – Friday, 4 hours; 1:00pm - 5:00pm						
		<u>COVID Porter Service</u> (1 Porter) 7 Days/Week, Monday-Saturday 8 hours; 9:00am - 5:00pm Sunday, 4 hours 2:00pm-6:00pm						

Floors are a Combination of Tile, Concrete (in non-public areas) and Carpet.

Proposal Form

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>	<u>Column 4</u>	<u>Column 5</u>	<u>Column 6</u>
			Monthly Total Labor Hours (Proposer to determine hours and enter here, if not listed.)	Loaded Hourly Wage Rate (Charged to the County)	Monthly Lump Sum Cost for Wages (Column 1 x Column 2)	Monthly Lump Sum Cost for all non-related labor costs (Supplies, equipment, insurance, bonding, profit etc.)	Monthly Total Lump Sum Amount (Column 3 + Column 4)	Annual Total Lump Sum Amount (Column 5 x 12)
East Regional Branch Library	211 Lick Creek Ln.	<u>Evening Service</u> 6 Nights/Week, Monday-Saturday						
		<u>Day Porter Service</u> 5 Days/Week Monday - 4 hours; 9:00am-1:00pm Tuesday – Friday, 4 hours; 1:00pm - 5:00pm	86-hours			Included in cost above		
		<u>COVID Porter Service</u> (1 Porter) 7 Days/Week, Monday-Saturday 8 hours; 9:00am - 5:00pm Sunday, 4 hours 2:00pm-6:00pm	225-hours			Included in cost above		

I agree to furnish all supervision, labor, supplies, products, materials, equipment, uniforms, insurance, bonding and benefits, direct and indirect overhead costs etc. required to provide complete and efficient indoor janitorial service as specified in the RFP. I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Company Name

Date

Authorized Signature

Name (Printed)

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Janitorial <u>Sq. Ft.</u>	# of <u>Floors</u>	<u>Qty of RR/Fixtures</u> (# does not include sinks in other areas)	# Janitorial <u>Closets</u>	Daily # of <u>Emp/Guests</u>	<u>Door Mat Qty & Size to be provided by Janitorial</u>
North Regional Branch Library	221 Milton Rd.	<u>Evening Service</u> 6 Nights/Week, Monday-Saturday	24,800	1	5 RR 29 Fixtures	1	14/775	N/A
		<u>Day Porter Service</u> 5 Days/Week Monday - 4 hours; 9:00am-1:00pm Tuesday – Friday, 4 hours; 1:00pm - 5:00pm						
		<u>COVID Porter Service</u> (1 Porter) 7 Days/Week, Monday-Saturday 8 hours; 9:00am - 5:00pm Sunday, 4 hours 2:00pm-6:00pm						

Floors are a Combination of Concrete, VCT and Carpet.

Proposal Form

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
			Monthly Total Labor Hours (Proposer to determine hours and enter here, if not listed.)	Loaded Hourly Wage Rate (Charged to the County)	Monthly Lump Sum Cost for Wages (Column 1 x Column 2)	Monthly Lump Sum Cost for all non-related labor costs (Supplies, equipment, insurance, bonding, profit etc.)	Monthly Total Lump Sum Amount (Column 3 + Column 4)	Annual Total Lump Sum Amount (Column 5 x 12)
North Regional Branch Library	221 Milton Rd.	<u>Evening Service</u> 6 Nights/Week, Monday-Saturday						
		<u>Day Porter Service</u> 5 Days/Week Monday - 4 hours; 9:00am-1:00pm Tuesday – Friday, 4 hours; 1:00pm - 5:00pm	86-hours			Included in cost above		
		<u>COVID Porter Service</u> (1 Porter) 7 Days/Week, Monday-Saturday 8 hours; 9:00am - 5:00pm Sunday, 4 hours 2:00pm-6:00pm	225-hours			Included in cost above		

I agree to furnish all supervision, labor, supplies, products, materials, equipment, uniforms, insurance, bonding and benefits, direct and indirect overhead costs etc. required to provide complete and efficient indoor janitorial service as specified in the RFP. I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Company Name_____
Date_____
Authorized Signature_____
Name (Printed)

Durham County Janitorial Services

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	<u>Janitorial Sq. Ft.</u>	<u># of Floors</u>	<u>Qty of RR/Fixtures</u> (# does not include sinks in other areas)	<u># Janitorial Closets</u>	<u>Daily # of Emp/Guests</u>	<u>Door Mat Qty & Size to be provided by Janitorial</u>
Bragtown Library	3200 Dearborn Drive	<u>Evening Service</u> 5 Nights/Week, Monday-Friday	1,000	1	2 RR 4 Fixtures	1 (Space provided in Mechanical Room)	2/100	N/A
		<u>COVID Porter Service</u> (1 Porter) 5 Days/Week, Monday-Friday 8 hours; 9:00am - 5:00pm						

Floors are a Combination of VCT and Carpet.

Proposal Form

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>	<u>Column 4</u>	<u>Column 5</u>	<u>Column 6</u>
			Monthly Total Labor Hours (Proposer to determine hours and enter here, if not listed.)	Loaded Hourly Wage Rate (Charged to the County)	Monthly Lump Sum Cost for Wages (Column 1 x Column 2)	Monthly Lump Sum Cost for all non-related labor costs (Supplies, equipment, insurance, bonding, profit etc.)	Monthly Total Lump Sum Amount (Column 3 + Column 4)	Annual Total Lump Sum Amount (Column 5 x 12)
Bragtown Library	3200 Dearborn Drive	<u>Evening Service</u> 5 Nights/Week, Monday-Friday						
		<u>COVID Porter Service</u> (1 Porter) 5 Days/Week, Monday-Friday 8 hours; 9:00am - 5:00pm	174-hours			Included in cost above		

I agree to furnish all supervision, labor, supplies, products, materials, equipment, uniforms, insurance, bonding and benefits, direct and indirect overhead costs etc. required to provide complete and efficient indoor janitorial service as specified in the RFP. I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

 Company Name

 Date

 Authorized Signature

 Name (Printed)

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	<u>Janitorial Sq. Ft.</u>	<u># of Floors</u>	<u>Qty of RR/Fixtures</u> (# does not include sinks in other areas)	<u># Janitorial Closets</u>	<u>Daily # of Emp/Guests</u>	<u>Door Mat Qty & Size to be provided by Janitorial</u>
South Regional Branch Library	4505 S. Alston Ave.	<u>Evening Service</u> 6 Nights/Week, Monday-Saturday	26,320	1	5 RR 24 Fixtures	1	15/800	N/A: Entrance doors have built in walk off areas
		<u>Day Porter Service</u> 5 Days/Week Monday - 4 hours; 9:00am-1:00pm Tuesday – Friday, 4 hours; 1:00pm - 5:00pm						
		<u>COVID Porter Service</u> (1 Porter) 7 Days/Week, Monday-Saturday 8 hours; 9:00am - 5:00pm Sunday, 4 hours 2:00pm-6:00pm						

Floors are a Combination of Rolled Linoleum, Concrete (High Gloss) and Carpet.

Public restrooms have combo paper towel/trash container, but site does not require paper towels to be filled. (occupants to use electric hand dryers).

Proposal Form

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>	<u>Column 4</u>	<u>Column 5</u>	<u>Column 6</u>
			Monthly Total Labor Hours (Proposer to determine hours and enter here, if not listed.)	Loaded Hourly Wage Rate (Charged to the County)	Monthly Lump Sum Cost for Wages (Column 1 x Column 2)	Monthly Lump Sum Cost for all non-related labor costs (Supplies, equipment, insurance, bonding, profit etc.)	Monthly Total Lump Sum Amount (Column 3 + Column 4)	Annual Total Lump Sum Amount (Column 5 x 12)
South Regional Branch Library	4505 S. Alston Ave.	<u>Evening Service</u> 6 Nights/Week, Monday-Saturday						
		<u>Day Porter Service</u> 5 Days/Week Monday - 4 hours; 9:00am-1:00pm Tuesday – Friday, 4 hours; 1:00pm - 5:00pm	86-hours			Included in cost above		
		<u>COVID Porter Service</u> (1 Porter) 7 Days/Week, Monday-Saturday 8 hours; 9:00am - 5:00pm Sunday, 4 hours 2:00pm-6:00pm	225-hours			Included in cost above		

I agree to furnish all supervision, labor, supplies, products, materials, equipment, uniforms, insurance, bonding and benefits, direct and indirect overhead costs etc. required to provide complete and efficient indoor janitorial service as specified in the RFP. I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Company Name

Date

Authorized Signature

Name (Printed)

Durham County Janitorial Services

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Janitorial <u>Sq. Ft.</u>	# of <u>Floors</u>	<u>Qty of RR/Fixtures</u> (# does not include sinks in other areas)	# Janitorial <u>Closets</u>	Daily # of <u>Emp/Guests</u>	Door Mat Qty & Size to be provided by Janitorial
Southwest Regional Branch Library	3605 Shannon Drive	<u>Evening Service</u> 7 Nights/Week, Monday-Sunday	24,000	1	5 RR 27 Fixtures	1	15/800	N/A: Entrance doors have built in walk off areas
		<u>Day Porter Service</u> 6 Days/Week Monday 4 hours; 10:00am-2:00pm Tuesday – Saturday 4 hours; 1:00pm - 5:00pm						
		<u>COVID Porter Service</u> (1 Porter) 7 Days/Week, Monday-Saturday 8 hours; 9:00am - 5:00pm Sunday, 4 hours 2:00pm-6:00pm						

Floors are a Combination of sheet vinyl, ceramic, cement (in storage areas), cork and carpet (mostly carpet).

Proposal Form

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
			Monthly Total Labor Hours (Proposer to determine hours and enter here, if not listed.)	Loaded Hourly Wage Rate (Charged to the County)	Monthly Lump Sum Cost for Wages (Column 1 x Column 2)	Monthly Lump Sum Cost for all non-related labor costs (Supplies, equipment, insurance, bonding, profit etc.)	Monthly Total Lump Sum Amount (Column 3 + Column 4)	Annual Total Lump Sum Amount (Column 5 x 12)
Southwest Regional Branch Library	3605 Shannon Drive	<u>Evening Service</u> 7 Nights/Week, Monday-Sunday						
		<u>Day Porter Service</u> 6 Days/Week Monday 4 hours; 10:00am-2:00pm Tuesday – Saturday 4 hours; 1:00pm - 5:00pm	104-hours			Included in cost above		
		<u>COVID Porter Service</u> (1 Porter) 7 Days/Week, Monday-Saturday 8 hours; 9:00am - 5:00pm Sunday, 4 hours 2:00pm-6:00pm	225-Hours			Included in cost above		

I agree to furnish all supervision, labor, supplies, products, materials, equipment, uniforms, insurance, bonding and benefits, direct and indirect overhead costs etc. required to provide complete and efficient indoor janitorial service as specified in the RFP. I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Company Name

Date

Authorized Signature

Name (Printed)

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Janitorial <u>Sq. Ft.</u>	# of <u>Floors</u>	<u>Qty of RR/Fixtures</u> (# does not include sinks in other areas)	# Janitorial <u>Closets</u>	Daily # of <u>Emp/Guests</u>	Door Mat Qty& Size to be provided by Janitorial
Stanford Warren Library	1201 Fayetteville St.	<u>Evening Service</u> 6 Nights/Week, Monday-Saturday	24,000	1	5 RR 27 Fixtures	1	15/800	1-4x6 (Basement/Staff Entrance)
		<u>Day Porter Service</u> 6 Days/Week Monday 4 hours; 9:00am-1:00pm Tuesday – Saturday 4 hours; 1:00pm - 5:00pm						
		<u>COVID Porter Service</u> (1 Porter) 7 Days/Week, Monday-Saturday 8 hours; 9:00am - 5:00pm Sunday, 4 hours 2:00pm-6:00pm						

Floors are a Combination of VCT, Concrete, Terrazzo and Carpet.

Proposal Form

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
			Monthly Total Labor Hours (Proposer to determine hours and enter here, if not listed.)	Loaded Hourly Wage Rate (Charged to the County)	Monthly Lump Sum Cost for Wages (Column 1 x Column 2)	Monthly Lump Sum Cost for all non-related labor costs (Supplies, equipment, insurance, bonding, profit etc.)	Monthly Total Lump Sum Amount (Column 3 + Column 4)	Annual Total Lump Sum Amount (Column 5 x 12)
Stanford Warren Library	1201 Fayetteville St.	<u>Evening Service</u> 6 Nights/Week, Monday-Saturday						
		<u>Day Porter Service</u> 6 Days/Week Monday 4 hours; 9:00am-1:00pm Tuesday – Saturday 4 hours; 1:00pm - 5:00pm	104 - hours			Included in cost above		
		<u>COVID Porter Service</u> (1 Porter) 7 Days/Week, Monday-Saturday 8 hours; 9:00am - 5:00pm Sunday, 4 hours 2:00pm-6:00pm	225-hours			Included in cost above		

I agree to furnish all supervision, labor, supplies, products, materials, equipment, uniforms, insurance, bonding and benefits, direct and indirect overhead costs etc. required to provide complete and efficient indoor janitorial service as specified in the RFP. I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Company Name

Date

Authorized Signature

Name (Printed)

Durham County Janitorial Services

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	<u>Janitorial Sq. Ft.</u>	<u># of Floors</u>	<u>Qty of RR/Fixtures</u> (# does not include sinks in other areas)	<u># Janitorial Closets</u>	<u>Daily # of Emp/Guests</u>	<u>Door Mat Qty & Size to be provided by Janitorial</u>
General Services Warehouse	4527 Hillsborough Rd.	<u>Evening Service</u> 2 Nights/Week Tuesday & Thursday	5,000	1	5/32	1	10/15	None

Floors are a Combination of VCT, Concrete and Carpet.
Office/restrooms areas only. Warehouse area not included in scope.

Proposal Form

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
			Monthly Total Labor Hours (Proposer to determine hours and enter here, if not listed.)	Loaded Hourly Wage Rate (Charged to the County)	Monthly Lump Sum Cost for Wages (Column 1 x Column 2)	Monthly Lump Sum Cost for all non-related labor costs (Supplies, equipment, insurance, bonding, profit etc.)	Monthly Total Lump Sum Amount (Column 3 + Column 4)	Annual Total Lump Sum Amount (Column 5 x 12)
General Services Warehouse	4527 Hillsborough Rd.	<u>Evening Service</u> 2 Nights/Week Tuesday & Thursday						

I agree to furnish all supervision, labor, supplies, products, materials, equipment, uniforms, insurance, bonding and benefits, direct and indirect overhead costs etc. required to provide complete and efficient indoor janitorial service as specified in the RFP. I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

 Company Name

 Date

 Authorized Signature

 Name (Printed)

Attachment H

Building Information & Proposal Form Durham County Janitorial Services

(Board of Elections Warehouse)

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	<u>Janitorial Sq. Ft.</u>	<u># of Floors</u>	<u>Qty of RR/Fixtures. (# does include sinks in other areas)</u>	<u># Janitorial Closets</u>	<u>Daily # of Emp/Guests</u>	<u>Door Mat Qty & Size to be provided by Janitorial</u>
BOE Warehouse	2445 South Alston Ave.	<u>Evening Service</u> 5 Evenings-Monday thru Friday	12,744	1	2/5	1	3/20	N/A

Warehouses Board of Elections Equipment and Files.

Floor types include the following: Carpet/VCT -Admin area of facility, Concrete – Warehouse Area.

Facility also has a large conference room in which miscellaneous trainings are held periodically.

Proposal Form

<u>Building</u>	<u>Address</u>	<u>Service Schedule</u>	<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>	<u>Column 4</u>	<u>Column 5</u>	<u>Column 6</u>
			Monthly Total Labor Hours (Proposer to determine hours and enter here, if not listed.)	Loaded Hourly Wage Rate (Charged to the County)	Monthly Lump Sum Cost for Wages (Column 1 x Column 2)	Monthly Lump Sum Cost for all non-related labor costs (Supplies, equipment, insurance, bonding, profit etc.)	Monthly Total Lump Sum Amount (Column 3 + Column 4)	Annual Total Lump Sum Amount (Column 5 x 12)
BOE Warehouse	2445 South Alston Ave.	<u>Evening Service</u> 5 Evenings-Monday thru Friday						

I agree to furnish all supervision, labor, supplies, products, materials, equipment, uniforms, insurance, bonding and benefits, direct and indirect overhead costs etc. required to provide complete and efficient indoor janitorial service as specified in the RFP. I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Company Name

Date

Authorized Signature

Name (Printed)

Attachment I

DURHAM COUNTY MEMORIAL STADIUM PROPOSAL FORM

750 Stadium Drive

RFP 21-011

North Side- Clean and Stock all Locker rooms, all restrooms, Exterior Concourses Area, and Upper Level- Home& Visitors team, VIP, Media. Scoring and Video Deck (open) Boxes identified in Scope of Services

Flat Fee Cost: (EACH SERVICE) ----- \$ _____

SOUTH Side-Clean and Stock all locker rooms, all restrooms, and Exterior Concourses Areas identified in Scope of Services

Flat Fee Cost: (EACH SERVICE) ----- \$ _____

Grandstands trash/litter service only (HOME & VISITORS Sides)

Flat Fee :(EACH SERVICE) ----- \$ _____

The County may request any of the following services as needed provide a flat rate for each service:

Concourse Restroom Service Only (Each Side): \$ _____

Power Wash: Exterior Concourse Area (North & South Side): \$ _____

Power Wash: Grandstands (Home & VisitorSides): \$ _____

Strip & Wax All Concrete Floors in All Restrooms (12): \$ _____

Strip & Wax All Tile in Locker Room (2): \$ _____

Buff & Reseal All Rubber Floors in Locker Room (2): \$ _____

Company Name

Date

Authorized Signature

Name (Printed)



TOTAL PROPOSAL FORM

RFP No. 21-011

In accordance with the attached instructions, terms, conditions, and Scope of Services we submit the following proposal to the County of Durham.

TOTAL PROPOSED COST

\$ _____

(Total Proposed Cost in Writing)

The above Total Proposed Cost should be based on being awarded the entire project.

I certify that the contents of this proposal are known to no one outside the firm, and to the best of my knowledge all requirements have been complied with.

Date: _____ Authorized Signature: _____
Name

Title

Firm Name

VENDOR APPICATION & W-9



Vendor Application

**IT IS CRITICAL TO THE COUNTY THAT YOU COMPLETE ALL DATA - PLEASE PRINT OR TYPE
(A W-9 FORM IS REQUIRED AND MUST BE SUBMITTED WITH THIS FORM)**

1. Vendor Name: _____

Do you require a 1099? Yes ____ No ____

2. Mailing address for payments:

3. Mailing address for purchase orders, proposals and bids:

4. Contact Person _____ Phone #: _____

Email: _____ Fax #: _____

5. In what City and State is your firm licensed? _____

If licensed in NC, indicate County (for tax purposes) _____

6. Indicate your firm's organizational type:

Individual ____ Partnership ____ Corporation ____ Governmental Agency ____ Other _____

7. Is your firm a large business? Yes ____ No ____

8. Is your firm a small business? Yes ____ No ____

9. Is your firm 51 percent or more owned and operated by a woman? Yes ____ No ____

If yes, with what governmental agencies are you certified? _____

10. Is your firm 51 percent or more owned and operated by a minority? Yes ____ No ____

If yes, with what governmental agencies are you certified? _____

Identify appropriate minority group:

Black American ____ Native American ____ Hispanic ____ Asian/Pacific ____ Asian Indian ____

11. Is your firm incorporated? Yes ____ No ____

12. Is your firm a not-for-profit concern? Yes ____ No ____

13. Is your firm a handicapped business concern? Yes ____ No ____

14. Give a brief description of goods or services your firm provides:

Signature: _____

Title: _____

Print name: _____

Date: _____

If you have any questions concerning this form, call Durham County Purchasing Division - (919) 560-0051.

FOR DEPARTMENT COMPLETION
(Prior to Vendor Distribution)

Email to:

or

Fax to:

Department Contact Email

Department Contact Fax No.

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
					-				

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

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

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

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

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor [*]
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.