

BID RESPONSE PACKET
710-25-064

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	ABC SOLUTIONS LLC			
Address:	500 AMITY RD 5B #162			
City:	CONWAY	State:	AR	Zip Code: 72032
Business Designation:	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit			
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service-Disabled Veteran <input checked="" type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American			
AR Certification #: _____ * See Minority and Women-Owned Business Policy				
PROSPECTIVE CONTRACTOR CONTACT INFORMATION				
Provide contact information to be used for bid solicitation related matters.				
Contact Person:	CORY ALEXANDER	Title:	OWNER	
Phone:	(501) 504-9992	Alternate Phone:		
Email:	CORYA@ABC SOLUTIONS OF CONWAY. COM			
CONFIRMATION OF REDACTED COPY				
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided in the Bid Response Packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>				
COMBINED CERTIFICATIONS FORM				
Prospective Contractor has included, in this <i>Bid Response Packet</i> , the signed Attachment H - Combined Certifications for Contracting with the State of Arkansas.				

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature: C. Alexander Title: OWNER
 Printed/Typed Name: CORY ALEXANDER Date: 4/1/2025

SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-MANDATORY **must** be declared below or as an attachment to this page. Vendor must clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements shall cause Vendor's proposal to be disqualified.

By signature below, Vendor agrees to and **shall** fully comply with all requirements as shown in the *bid solicitation*.

Vendor Name:	ABC SOLUTIONS LLC	Date:	4/1/2025
Signature:	C. Alexander	Title:	OWNER
Printed Name:	CORY ALEXANDER		

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information:

Subcontractor's Company Name	Street Address	City, State, ZIP

☒ PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

MINIMUM QUALIFICATIONS

- In accordance with Section 2.3.B, provide the name, address, and telephone number of the supervisor who will inspect the building for each location being bid at least once a week to ensure compliance with all contract requirements:

County	Name	Address	Phone Number
Scott			
Stone			
Washington	SHERLY SCHOLL	500 AMITY SB #162 CONWAY AR. 72032	(501) 504-4566
Woodruff			
Howard			
Lincoln			
Little River			
Perry			

DOCUMENTATION CHECKLIST

As outlined in section 2.3 Minimum Qualifications in the solicitation document, please provide the following:

- ✓• Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- ✓• Official Bid Price Sheet
- ✓• All documents provided in the Bid Response Packet
- ✓• Copy of Vendor's Equal Opportunity Policy
- ✓• Signed Addenda, if applicable
- ✓• EO 98-04 Disclosure Form (Attachment A)
- ✓• Combined Certifications (Attachment H)
- ✓• Client History Form (Attachment F)
- ✓• Mandatory Site Visit Verification Form (Attachment B)



**Arkansas Secretary of State
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show


ABC SOLUTIONS LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office October 17, 2018.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 14th day of May 2024.


John Thurston
Secretary of State
Online Certificate Authorization Code: bf0f369edc39e93
To verify the Authorization Code, visit sos.arkansas.gov

EQUAL OPPORTUNITIES POLICY

Introduction:

Abc Solutions is committed to promoting equal opportunities in employment and to providing a working environment that is free from discrimination, harassment and victimization. This policy applies to all aspects of employment including recruitment, training, promotion, pay and conditions of work and termination of employment.

The aim of this policy is to ensure that all job applicants and employees are treated fairly and with respect, and that employment decisions are based on merit and ability.

Policy Statement:

Abc Solutions is committed to equal opportunities and will not discriminate on the grounds of race, colour, nationality, ethnic or nation origin, gender, marital status, sexual orientation, disability, age, religion or belief, political belief or membership, or trade union membership.

Abc Solutions will take positive steps to ensure that individuals are treated equally and not disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Abc Solutions will monitor its employment practices to ensure that it complies with its equal opportunities policy and to identify and remove any barriers to equal opportunities.

Responsibilities:

Abc Solutions will ensure that all employees are aware of the equal opportunities policy and are expected to comply with it in their daily working lives.

Abc Solutions will provide training to managers and employees on equal opportunities, to help ensure that they understand the policy and how it should be applied.

Abc Solutions will ensure that any allegations of discrimination, harassment or victimization are taken seriously and will be dealt with promptly and fairly in accordance with the company's grievance procedure.

Abc Solutions will regularly review its equal opportunities policy to ensure that it remains relevant and up-to-date.

Implementation:

Abc Solutions will implement this policy by:

- Ensuring that job advertisements and recruitment procedures do not contain any discriminatory language or requirements.
- Ensuring that all employees are made aware of the equal opportunities policy.

Contract Number _____
Attachment Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Action Number _____
Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: _____
☐ Yes ☒ No

SUBCONTRACTOR NAME: _____

TAXPAYER ID NAME: ABC SOLUTIONS LLC

IS THIS FOR:

Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: ALEXANDER

FIRST NAME

CONY

M.I.: _____

ADDRESS: 500 AMITY RD. 56 #162

STATE:

AL

ZIP CODE:

72032

COUNTRY:

U.S.

CITY: CONWAY

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☒ None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☒ None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature C Alexander Title OWNER Date 4/1/2025

Vendor Contact Person Corey Alexander Title OWNER Phone No. (507) 504-9992

Agency use only

Agency 0710 Agency Name Department of Human Services Agency Contact Person _____ Contract _____
Phone No. _____ or Grant No. _____



Department of Transformation and Shared Services

Governor Sarah Huckabee Sanders

Secretary Leslie Fiskien

COMBINED CERTIFICATIONS FOR CONTRACTING WITH THE STATE OF ARKANSAS

Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

- 1. Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.
A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. See Arkansas Code Annotated § 25-1-503.
- 2. Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater.
No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-11-105.
- 3. Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:** For contracts valued at \$75,000 or greater.
A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. See Arkansas Code Annotated § 25-1-1102.
- 4. Scrutinized Company Restriction:** Required with bid or proposal submission.
A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. See Arkansas Code Annotated § 25-1-1203.

By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of any resultant contract:

- Boycott Israel.
- Knowingly employ or contract with illegal immigrants.
- Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- Employ a Scrutinized Company as a subcontractor.

Contract Number: _____ Description: _____

Agency Name: _____

Vendor Number: _____ Vendor Name: ABC SOLUTIONS LLC

C. Alex
Vendor Signature

4/1/2025
Date

Attachment F
Client History Form
Janitorial Services
710-25-064

Attachment F

Janitorial Services

Instructions: This form is intended to help the State gain a more complete understanding of each Respondent's experience. This form **must** be completed completely and accurately.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this IFB, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required) provide the contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts clients listed on this form, the State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the Response Signature Page.

1. Please list clients where you (the prime contractor only) served as the prime contractor or subcontractor for providing janitorial services for at least two (2) years. For each client, please specify the organization/agency/division. Please specify the duration of services for each. If there are no contracts which meet this definition, please state "none."

<u>HOSPICE</u>	<u>C.S.I</u>	<u>CUMULUS MEDIA</u> 5 YRS
CONWAY 5 YRS	RUSSELLVILLE 5 YRS	
SEARCY 2 YRS	CLINTON 5 YRS	
	MORRISTON 3 YRS	<u>THE STUDIO</u> 6 YRS
<u>PBS</u> 5 YRS	CONWAY 6 YRS	
<u>CONWAY PULMONOLOGY</u> 4 YRS	<u>READERS THERAPY</u> 7 YRS	
<u>SEARCY KIDS & MORE</u> 5 YRS	<u>JSI METAL</u> 5 YRS	
<u>THINKWORKS</u> 4 YRS	<u>AAT WALK</u> 2 YRS	

Authorized Signature: C. Alexander Title: OWNER

Printed/Typed Name: CORY ALEXANDER Date: 4/1/2025

ATTACHMENT B - SITE VISIT VERIFICATION FORM

- Present this Site Visit Verification Form to the County Administrator or Designee for signature upon completion of the site visit for each location being bid.
- Submit the signed Site Visit Verification Form with the Bid Response Packet at bid submission.

This signed Site Visit Verification Form serves as verification that the Prospective Contractor or representative named below was present and participated in the site visit as required by Invitation for Bid 710-25-064 for Janitorial Services.

PROSPECTIVE CONTRACTOR'S REPRESENTATIVE INFORMATION	
Company Name:	ABC SOLUTIONS LLC
Representative's Printed Name:	COLY ALEXANDER
Signature:	C. Alexander
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – SCOTT CO.	
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – STONE CO.	
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – WASHINGTON CO. MAIN OFFICE	
Printed Name:	SALOME GRAHAM
Signature:	Salome Graham
Date of Site Visit:	03/28/25
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – WASHINGTON CO. ANNEX OFFICE	
Printed Name:	SALOME GRAHAM
Signature:	Salome Graham
Date of Site Visit:	03/28/25

COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – WOODRUFF CO.	
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – HOWARD CO.	
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – LINCOLN CO.	
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – LITTLE RIVER CO.	
Printed Name:	
Signature:	
Date of Site Visit:	
COUNTY ADMINISTRATOR or DESIGNEE INFORMATION – PERRY CO.	
Printed Name:	
Signature:	
Date of Site Visit:	

5/15/2024

Re: Abc Solutions Cleaning Services
 Letter of Recommendation

To Whom it may concern:

Abc Solutions has contracted with Cumulus Media since June 2021. Our facility is around 21,000 square ft. As a audio-first Media company, we recognize the importance of conducting our business in the most professional manner which shows our potential clients we are clean & well organized. Our reputation not only depends on how well we sale but that we conduct our meetings in a well maintained office setting. Our building must always look clean and polished, and Abc Solutions has been reliable in helping us meet that goal.

Abc Solutions has a wonderful make-ready cleaning services, "Your business IS our business" and Abc Solutions has shown great diligence in their punctuality and efficiency when it comes to having our media station ready for presentations. They have done an excellent job for us, and we can confidently make this recommendation for your cleaning needs.

Sincerely,

Randy Cain
700 Wellington Hills Rd
Little Rock, Ar 72211
(501) 401-0200 ext. 4113
randy.cain@cumulus-lr.com



To Whom it may concern,

My name is Kate Carnahan and I am the owner of the Studio Downtown located in Conway Arkansas. Abc Solutions has been cleaning my business for at least the past four years flawlessly and they are still cleaning for us to date. I appreciate everything that they do and I refuse to go with any other cleaning company.

Our building is currently estimated around 10,000 sq ft. and hopefully still growing. We have expanded over the years and Abc Solutions has met every change with professionalism and we couldn't be more happy. We expanded from one small building to one large building and they continue to provide outstanding cleaning service as sometimes there can be last minute changes.

Please feel free to contact me if you need me and if I am busy please don't hesitate to leave a message and I will respond as quickly as I can.

Thank you, Sincerely Kate

The Studio Downtown
1100 Oak Street, Conway, AR 72032
kate@thestudiodowntown.com
(501) 301-4896



myarkansaspbs.org

350 S. Donaghey Ave., Conway, AR 72034

info@myarkansaspbs.org

800.662.2386

501.682.2386

May 15, 2024

To whom it may concern,

This letter of reference is regarding ABC Solutions. They have been the vendor responsible for cleaning the Arkansas PBS facility from July 2021 to present. Our facility is a multi-use facility with television studios, equipment rooms, and traditional office spaces and has 50,000 square feet to be cleaned. Corey Alexander and his team have performed well with the task. They are always on time, well dressed and mannered, and perform the required assignments. When issues arise, they are always quick to respond and adjust. Corey is great to work with in the billing and invoicing of services. All in all, we are pleased with their service and thankful to have used them during the past four years.

Sincerely,

DeWayne Wilbur

A handwritten signature in blue ink that reads "DeWayne Wilbur".

Arkansas PBS Director of Operations

501-682-4170

dwilbur@myarkansaspbs.org



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/23/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Progressive Advantage Agency 747 Alpha Drive Highland Hts OH 44143	CONTACT NAME: PHONE (A/C, No, Ext): 1-888-302-8533 FAX (A/C, No): E-MAIL ADDRESS: businessinsurance@email.progressive.com
INSURED ABC Solutions L L C 500 Amity Rd Ste 5B #162 Conway AR 72032	INSURER(S) AFFORDING COVERAGE INSURER A: Ohio Security Insurance Company INSURER B: Wesco Ins. INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		BKS63039729	3/23/2025	3/23/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	WWC3529087	3/23/2025	3/23/2026	PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Workers Compensation: Owner excluded: Cory Alexander

CERTIFICATE HOLDER**CANCELLATION**

For informational purposes only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Jessica Williams</i> Jessica Williams (Apr 23, 2021 19:43 MDT)

OFFICIAL BID PRICE SHEET **710-25-064 Janitorial Services**

All costs **must** be included in the unit price. Costs not included in the unit price below are not billable under a contract established from this solicitation. Bidder must submit a printed copy of the completed Official Bid Price Sheet with bid submission.

Quantities are estimated for bidding purposes only. Quantities may increase or decrease.

Instructions - Enter the unit price per square foot and the monthly amount for each location being bid. Pricing is not required for locations not being bid.

ITEM	DESCRIPTION	ESTIMATED QUANTITY (square feet)	UNIT PRICE (per square foot)	MONTHLY AMOUNT
1	Janitorial - Scott County	5,740		
2	Janitorial - Stone County	7,500		
3	Janitorial - Washington County	24,529	0.194	4,766.00
4	Janitorial - Woodruff County	8,100		
5	Janitorial - Howard County	3,060		
6	Janitorial - Lincoln County	3,405		
7	Janitorial - Little River County	3,654		
8	Janitorial - Perry County	5,565		

Number of hours bidder proposes to clean per day:

6-8 hrs

AUTHORIZED SIGNATURE:

C. Alexander