



Where Cleaning Matters!

Bid Response:
JANITORIAL SERVICES FOR THE CITY OF NORTH PORT
No# 2022-16

Created For
City of North Port



Submitted by:
Clean Space, Inc.

3764 NW 124th Ave Coral Springs, FL 33065
Matt Giunco, Operations Manager

PHONE: (954) 880-5188 | FAX: (561) 239-4072 | Email: mg@cleanspaceonline.com

Date of Submittal: May 2, 2022 @ 2:00 pm

TABLE OF CONTENTS

TABLE OF CONTENTS	2
TAB 1-EXECUTIVE SUMMARY	3
TAB 2-LICENSING & INSURANCE	4
TAB 3-QUALIFICATIONS/ EXPERIENCE	10
TAB 4-KEY PROJECT PERSONNEL	16
TAB 5-OPERATIONS APPROACH	17
TAB 6-BID SUBMITTAL FORMS	19

TAB 1—EXECUTIVE SUMMARY

May 2nd, 2022

City of North Port
Finance Department
4970 City Hall Boulevard
North Port, FL 34286

To whom it may concern,

Please consider Clean Space, Inc. submittal of Janitorial Services for The City of North Port Bid No. 2022-16.

All required and requested documents are included in this RFP package. Thank you for being so considerate.

We are not a franchise; we are locally owned and operated. Our headquarter is in Coral Springs, Florida. Clean Space is an owner-managed business committed to providing quality cleaning services while delivering an exceptional customer service experience. We will ensure to provide service in a consistent manner day after day. Clean Space's Federal Tax ID Number is 32-0338631.

We believe technology is our competitive advantage. We have invested heavily in developing custom software that keeps all aspects of our business as transparent as possible for our customers. Listed below are examples of how we can deliver quality service and an exceptional customer service experience using our technology.

- Cleaners to clock in and out through GPS-enabled geo-fenced smartphones.
- Cleaners have access to their dedicated cleaning tasks inside of our app. The cleaning tasks can also be translated into five languages and custom-made per cleaner and location.
- Supervisors are sent alerts when a cleaner is late for a shift.
- Cleaners can request supplies through our smartphone app.
- Supervisors perform inspections straight from the app receive PDF reports via email containing pictures, comments, and recommendations.
- Clients can also download our app and use the message board to relay any messages, comments, or special requests. Any requests through the app will receive a response in 10 minutes or less.

All the functionalities mentioned above are included at no additional charge. We are prepared to fulfill all your facility cleaning needs efficiently and in an accountable manner.

Sincerely,

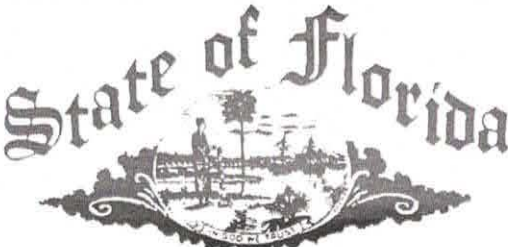


Matt Giunco
Operations Manager
Clean Space, Inc.

TAB 2—LICENSING & INSURANCE

⇒ BUSINESS LICENSES & LOCAL BUSINESS TAX RECEIPTS.....	5
⇒ LOCAL BUSINESS TAX.....	6
⇒ SUNBIZ REGISTRATION IN THE STATE OF FLORIDA.....	7
⇒ CERTIFICATE OF INSURANCE.....	8
⇒ W-9 FORM.....	9

⇒ BUSINESS LICENSE



State of Florida
Department of State

I certify from the records of this office that CLEAN SPACE, INC. is a corporation organized under the laws of the State of Florida, filed on April 20, 2011.

The document number of this corporation is P11000038467.


I further certify that said corporation has paid all fees due this office through December 31, 2011, and its status is active.


I further certify that said corporation has not filed Articles of Dissolution.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code, 311A00009720-042111-P11000038467-1/1, noted below.

Authentication Code: 311A00009720-042111-P11000038467-1/1

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the Twenty-first day of April, 2011




Kurt S. Browning
Secretary of State

⇒ **LOCAL BUSINESS TAX**



Development Services Department
Business Tax Office
9500 West Sample Road, Coral Springs, FL 33065
Mon-Thurs: 7:30AM - 5PM, Fri: 7:30AM - 2:30PM
Phone: 954-344-5964

LOCAL BUSINESS TAX RECEIPT

CLEAN SPACE INC
3764 NW 124 AVE
CORAL SPRINGS FL 33065-2410

License #:	BT-1994	Expiration Date:	September 30, 2022
Amount:	\$153.14	Payment Date	October 12, 2021
Type of Business:	BUSINESS TAX RECEIPT GENERAL BUSINESSES	Business Location:	3764 NW 124 AVE

POST THIS BUSINESS TAX RECEIPT IN A CONSPICUOUS PLACE

ALL WINDOW SIGNS SHALL COMPLY WITH LAND DEVELOPMENT CODE CHAPTER 18

CONDITIONS

(If no conditions exist, then TYPE OF BUSINESS is only condition)

⇒ **SUNBIZ REGISTRATION**



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Profit Corporation
CLEAN SPACE, INC.

Filing Information

Document Number P11000038467
FEI/EIN Number 32-0338631
Date Filed 04/20/2011
State FL
Status ACTIVE

Principal Address

3764 NW 124th Ave
Coral Springs, FL 33065

Changed: 05/01/2019

Mailing Address

PO BOX 670577
CORAL SPRINGS, FL 33067

Changed: 02/08/2012

Registered Agent Name & Address

GIUNCO, JESSICA
3764 NW 124TH AVE
Coral Springs, FL 33065

Address Changed: 10/26/2020

Officer/Director Detail

Name & Address

Title P/D

GIUNCO, JESSICA
3764 NW 124TH AVE
Coral Springs, FL 33065

⇒ CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 01/01/2022

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 Brown & Brown of Florida, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309		CONTACT NAME: PHONE (A/C, No, Ext): (954) 776-2222 FAX (A/C, No): (954) 776-4448 E-MAIL ADDRESS: certs@bbflaud.com															
INSURED Clean Space, Inc. 3784 NW 124th Avenue Coral Springs FL 33065		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Indian Harbor Insurance Company</td> <td>36940</td> </tr> <tr> <td>INSURER B: GuideOne National Insurance Company</td> <td>14167</td> </tr> <tr> <td>INSURER C: Bridgefield Casualty Insurance Company</td> <td>10335</td> </tr> <tr> <td>INSURER D: Atlantic Specialty Insurance Company</td> <td>27154</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Indian Harbor Insurance Company	36940	INSURER B: GuideOne National Insurance Company	14167	INSURER C: Bridgefield Casualty Insurance Company	10335	INSURER D: Atlantic Specialty Insurance Company	27154	INSURER E:		INSURER F:	
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INSURER D: Atlantic Specialty Insurance Company	27154																
INSURER E:																	
INSURER F:																	

COVERAGES CERTIFICATE NUMBER: 21-22 Master 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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y Y	ESG0059147	06/01/2021	06/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 2,500 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP/AGG \$ 2,000,000
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED RETENTION \$ 50		56000262400	06/01/2021	06/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	019653059	06/01/2021	06/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Crime		MML1906821	06/01/2021	06/01/2022	Limit \$1,000,000 Deductible \$10,000

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

Sample COI to review Clean Space current coverages

CERTIFICATE HOLDER Sample COI to review Clean Space current coverages	CANCELLATION 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
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ACORD 25 (2016/03)

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⇒ **W-9 FORM**

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification ▶ Go to www.irs.gov/FormW9 for instructions and the latest information.	Give Form to the requester. Do not send to the IRS.
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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. CLEAN SPACE, INC.	
	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) ▶ _____ <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 established outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions. P.O. BOX 670577	Requester's name and address (optional)
	6 City, state, and ZIP code CORAL SPRINGS, FL 33067	
	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 <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;"> </td> </tr> <tr> <td colspan="9" style="text-align: center;">OR</td> </tr> <tr> <td colspan="9" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">2</td> <td style="text-align: center;">-</td> <td style="text-align: center;">0</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> <td style="text-align: center;">6</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">1</td> <td colspan="8"></td> </tr> </table>	Social security number																		OR									Employer identification number									3	2	-	0	3	3	8	6	3	1								
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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.	
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Sign Here	Signature of U.S. person ▶	Date ▶ 01/01/2022
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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.

TAB 3—QUALIFICATIONS/ EXPERIENCE

⇒ COMPANY BACKGROUND.....	11
⇒ ORGANIZATIONAL CHART.....	12
⇒ REFERENCES.....	13

⇒ COMPANY BACKGROUND

Clean Space has been serving Florida since April 2011. Our managers and owners have more than twenty years of experience working in the commercial cleaning industry. Clean Space is known in the janitorial industry for its professionalism, industry knowledge, courtesy, response time, and reliability.

We have successfully managed accounts with more than 1,000,000 square feet in Florida. Clean Space is very familiar with facilities like Tropical Haven. We serviced City Halls facilities and governments entities, such as Indian River County, City of Sebastian, City of Sunny Isle Beach, Town of Pembroke Park, Town of Jupiter, Florida Turnpike Sunpass Buildings, City of West Melbourne, Pembroke Pointe, to name a few.

Clean Space services several types of facilities, Call Centers, Police Departments, Special Operation Departments, Public Safety Complex, Libraries, Annex Buildings, Utilities, and Solid Waste Buildings, City Parks, Commercial office spaces and apartment buildings.

CORPORATE HEADQUARTERS

3764 NW 124th Avenue
Coral Springs, FL 33065

Phone: 1.800.499.0116

Email: MG@Cleanspaceonline.com



SATELLITE OFFICE

2000 16TH Avenue
Vero Beach, FL 32960

SATELLITE OFFICE

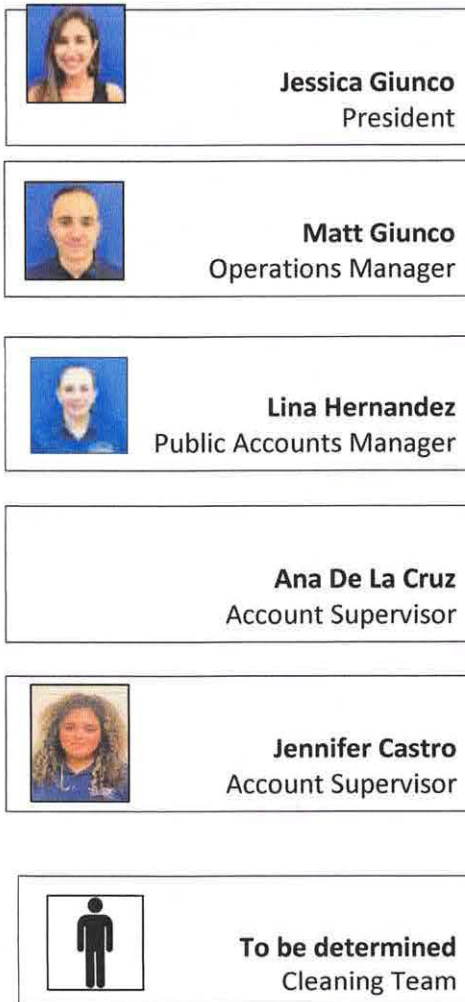
4604 4th Ave Dr E
Bradenton Fl, 34208



⇒ **ORGANIZATIONAL CHART**



**ORGANIZATIONAL CHART
PUBLIC ACCOUNTS**



⇒ REFERENCES

MARTIN COUNTY PARKS & RECREATIONS



ADDRESS	SERVICE TYPE	ESTIMATED \$ P/ YR.	TOTAL SQ. FT.
Stuart, Palm City, Hobe Sound, Jensen Beach, Port Salerno, Indiantown	Custodial Services for 45 Parks restrooms, 16 Facilities, Offices and Communities, included the Agricultural Extension offices.	\$250,000 APPROX	500,000 Sq. Ft.
CONTACT	Pamila Jones Phone: (386) 288-4209 Email: pamilaj@martin.fl.us		

CITY OF BOYNTON BEACH



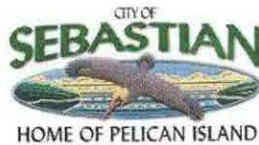
ADDRESS	SERVICE TYPE	ESTIMATED \$ P/ YR.	TOTAL SQ. FT.
Various locations thru out the city of Boynton Beach	Public Works, Community Centers, Parks, Fire Departments	\$250,000.00 APPROX	500,000 Sq. Ft.
CONTACT	Gail Mootz Phone: (561) 742-6223 Email: MootzG@bbfl.us		

INDIAN RIVER COUNTY



ADDRESS	SERVICE TYPE	ESTIMATED \$ P/ YR.	TOTAL SQ. FT.
4305 43 rd Avenue Vero Beach, FL 32967	Janitorial services for the Courthouse and Library. Courthouses have three story include holding cells, jury rooms, 8 Courtrooms, Sheriff office and more. Libraries have two story.	\$186,370.97 APPROX	167, 250 Sq. Ft.
CONTACT	Chuck Belcher Phone: (772) 538-8113 Email: cbelcher@ircgov.com		

CITY OF SEBASTIAN



ADDRESS	SERVICE TYPE	ESTIMATED \$ P/ YR.	TOTAL SQ. FT.
1225 Main Street Sebastian FL	Professional Janitorial Services for Buildings and Parks Restrooms.	\$107,000 Approx.	100,000 SQF approx.
CONTACT	Jim Testa Phone: (772) 453-9722 Email: JTesta@cityofsebastian.org		

TOWN OF PEMBROKE PARK



ADDRESS	SERVICE TYPE	ESTIMATED \$ P/ YR.	TOTAL SQ. FT.
3150 SW 52 Avenue Pembroke, FL 33023	Custodial services for complete Building, supplies and quarterly, semiannual maintenance of all facilities.	\$35,000 APPROX	35,000 Sq. Ft.
CONTACT	Stephanie Woodbury Phone: (954) 966-4602 Email: swoodbury@townofpembrokepark.com		

TAB 4—KEY PROJECT PERSONNEL

Clean Space guarantees that the assigned managers, supervisors, and team leaders will speak, write, and read English and Spanish. Clean Space also confirms that the individuals mentioned below will conduct all required background checks, including level 2 background checks. Clean Space understands the requirements explained in the Detailed Cleaning Specifications Scope of Services and will comply with the contract term. Please see below for the proposed organizational chart for this project.

ORGANIZATIONAL CHART CITY OF NORTH PORT.



TAB 5—OPERATIONS APPROACH

Clean Space will ensure all aspects of the scope of work are completed per contract requirements; rest assured, our transition period will be facilitated by our highly experienced team of managers, supervisors, and team leaders.

SCOPE OF SERVICES

Clean Space will follow the requirements of Janitorial Services for The City of North Port Bid No. 2022-16. Our teams will be trained in all aspects of the facility, from standard janitorial services to special services, such as carpet cleaning and strip and wax.

The cleaning schedule will be created, and shifts will be assigned before the start date. In addition, cleaning equipment, cleaning agents, and supplies will be dropped off before the start date. Clean Space pride itself in making the startup phase smooth as possible.

Clean Space, Inc. will furnish the services required by **The City of North Port** (Janitorial Services for The City of North Port Bid No. 2022-16).

BEFORE WE START

Before we start cleaning, schedules will be created for each one of our cleaners at all serviced locations. The cleaning schedule will be shared with the client for review and final approval. Cleaning staff will be trained on the facility layout to learn locations where services must be performed and location of cleaning closets. If required staff will also be trained on how to secure the building at night. Clean Space will also provide the client a list of staff names before service begins; our goal is to make the transitory period as smooth as possible to ensure quality service and exceptional customer service are received from day one.

ACCOUNTING & BILLING

All invoicing will be itemized according to the monthly work or special tasks. Invoicing will be on the last day of the month. The payment policy is net 30 days.

SUPERVISION

Clean Space will assign a dedicated supervisor to manage and train staff at all locations in addition to a project manager. The supervisor will be responsible for overseeing the quality of work and the onboarding of new cleaners. A direct number will be provided to the client to communicate directly with the project manager and/or supervisor.

WORK PLAN

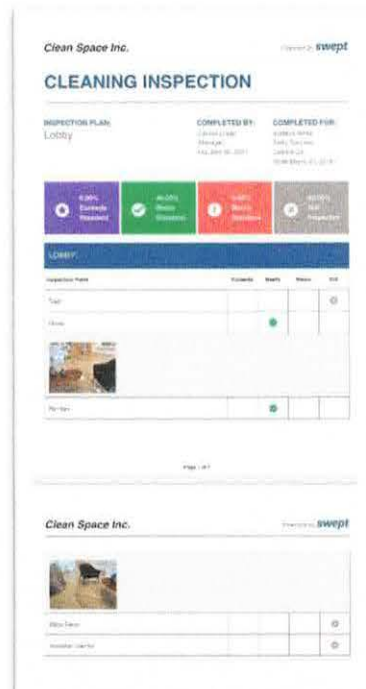
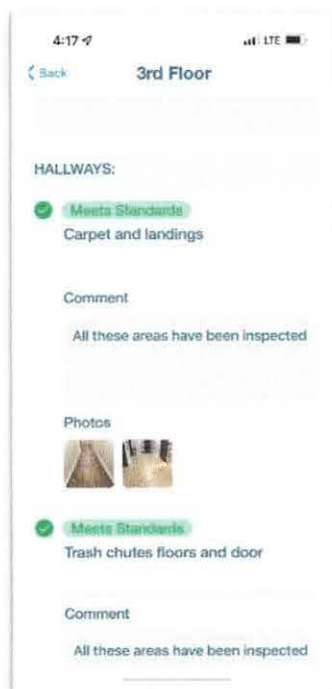
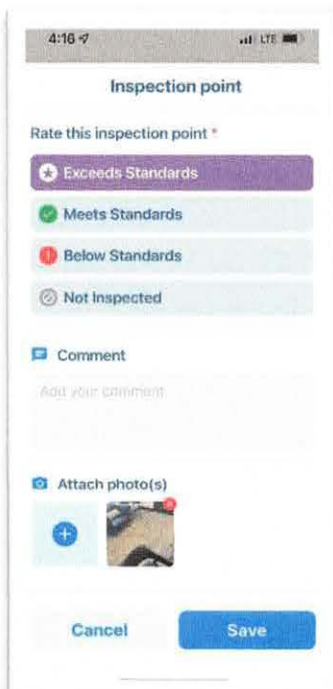
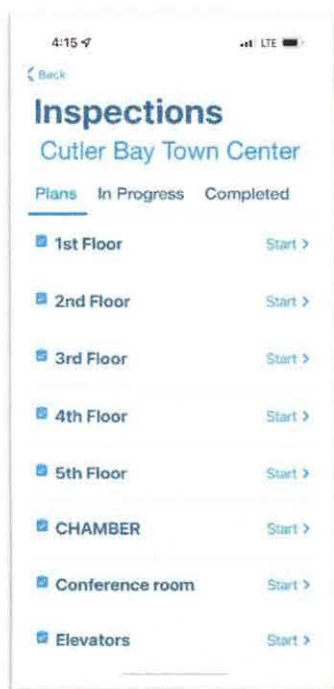
Clean Space will furnish all cleaning agents and cleaning equipment necessary to complete the job per contract requirements. Clean Space will also provide all consumable supplies such as paper, plastic, and soap products if required by contract. The client will be provided with a sample of products to approve the quality before Clean Space place its first order.

Clean Space will service all locations mentioned in the contract, either day or night. We will comply with whichever scheduled days and hours are requested inside the contract.

STARTUP AND PHASE IN SCHEDULE

FIRST DAY + WEEK: At no extra cost, Clean Space will send additional cleaning teams to provide the initial deep cleaning of the facility within the first days of service. We provide this to all new clients to ensure client's personnel feel a cleaner space difference right away and also to help our regular cleaning teams feel less overwhelmed during the initial period, which can be overwhelming when learning a new facility.

INSPECTION PROCEDURES: The project manager and supervisor will perform unannounced inspections at different times of the day. This practice assures Clean Space staff is in top shape, unknowingly aware when an inspection will happen. All inspections will be provided using our dedicated smart tablets. Managers and supervisors will go through a series of inspection forms named custom made for location serviced, pictures, comments will be uploaded. The client will receive them instantly via email as PDF reports.



TAB 6—BID SUBMITTAL FORMS

SEE REQUIRED FILLED OUT FORMS BELOW

- Pricing Sheet
- Addenda Acknowledgement and Statement
- Required Bid Forms

RFB NO. 2022-16 JANITORIAL SERVICES FOR THE CITY OF NORTH PORT



BIDDER: CLEAN SPACE INC.

ITEM NO.	ITEM DESCRIPTION	TP	Min. # of Employees (Excluding a Supervisor)	Proposed Number of Employees	Proposed Timeframe to Complete Cleaning	UNIT	QTY	UNIT COST	TOTAL COST
GROUP 1	City Hall		4	5	5	MONTHLY	12	\$5,335.71	\$ 64,028.52
GROUP 1	Fire Station 81 (Administration Area Only)		1	1	1	MONTHLY	12	\$ 278.84	\$ 3,346.08
Total Annual Cost for GROUP 1									\$ 67,374.60
GROUP 2	North Port Police Station (2-Story)		2	2	3	MONTHLY	12	\$ 2,418.41	\$ 29,020.92
GROUP 2	Police Sub-Station (Annex)		1	1	1	MONTHLY	12	\$ 189.04	\$ 2,268.48
GROUP 2	Police Sub-Station Wellen Park		1	1	1	MONTHLY	12	\$ 812.08	\$ 9,744.96
Total Annual Cost for GROUP 2									\$ 41,034.36
GROUP 3	Family Service Center		1			MONTHLY	12	\$ 1,197.54	\$ 14,370.48
GROUP 3	Community Education Center- Senior Center		1	1	3	MONTHLY	12	\$ 341.88	\$ 4,102.56
GROUP 3	Community Education Center- Peterson Room		1	1	1	MONTHLY	12	\$ 85.11	\$ 1,021.32
GROUP 3	Community Education Center- Salvation Army		1	1	1	MONTHLY	12	\$ 328.14	\$ 3,937.68
GROUP 3	Utility Administration Building		1	1	1	MONTHLY	12	\$ 251.26	\$ 3,015.12
GROUP 3	Aquatic Center Concession-shower Building		1	1	1	MONTHLY	12	\$ 216.22	\$ 2,594.64
GROUP 3	Aquatic Center Office-Shower Building		1	1	1	MONTHLY	12	\$ 216.22	\$ 2,594.64
GROUP 3	Aquatic Center Office- Restroom Filtration Building		1	1	1	MONTHLY	12	\$ 399.88	\$ 4,798.56
GROUP 3	Park Maintenance Building		1	1	1	MONTHLY	12	\$ 448.59	\$ 5,383.08
Total Annual Cost for GROUP 3									\$ 41,818.08
GROUP 4	Morgan Family Center		2	2	6.6	MONTHLY	12	\$ 3,046.79	\$ 36,561.48
GROUP 4	George Mullen Center		1	1	2.5	MONTHLY	12	\$ 1,161.54	\$ 13,938.48
Total Annual Cost for GROUP 4									\$ 50,499.96
GROUP 5	Public Works/Fleet Administration		1	1	3	MONTHLY	12	\$ 1,237.06	\$ 14,844.72
GROUP 5	Public Works Operations Center		1	1	1	MONTHLY	12	\$ 227.77	\$ 2,733.24
GROUP 5	Public Works Engineering		1	1	1	MONTHLY	12	\$ 88.82	\$ 1,065.84
GROUP 5	Solid Waste Operations Modular		1	1	1	MONTHLY	12	\$ 154.26	\$ 1,851.12
Total Annual Cost for GROUP 5									\$ 20,494.92
TOTAL OF GROUPS 1-5									\$ 221,221.92
	Additional Carpet Cleaning					SF	1	\$ 0.25	
	Additional Vinyl Floor (stripping/sealing/waxing)					SF	1	\$ 0.65	
	Additional Tile Floor & Grout Cleaning					SF	1	\$ 0.50	
	Additional Window cleaning					SF	1	\$ 2.00	
	Porter Service					PER HOUR	1	\$ 18.00	
	Pressure Washing (exterior) Vertical					SF	1	\$ 2.00	
	Pressure Washing (exterior) Horizontal					SF	1	\$ 2.00	
	Non-Emergency Cleaning (Employees)					PER HOUR	1	\$ 20.00	
	Emergency Cleaning (Employees)					PER HOUR	1	\$ 25.00	
	Non-Emergency Cleaning (Supervisor)					PER HOUR	1	\$ 25.00	
	Emergency Cleaning (Supervisor)					PER HOUR	1	\$ 30.00	
Max Percentage Increase (2nd Year)									10.13%
Max Percentage Increase (3rd Year)									6.71%
Max Amount for 2nd Year									\$ 243,633.91
Max Amount for 3rd Year									\$ 259,984.18
Total Max Amount for 3 Years (Excludes any Additional Services as needed per unit prices above)									\$ 724,840.02

STATEMENT OF NON-SUBMITTAL

If you **do not** intend to submit a bid on this service, please return this form (see information below) immediately.

We the undersigned have declined to submit a bid on the requested Request for Bid **2016-22 JANITORIAL SERVICES FOR THE CITY OF NORTH PORT** for the following reason(s):

- Insufficient time to respond to the Request for Bid.
- We do not offer this product/service.
- Our schedule would not permit us to perform.
- Unable to meet bond/insurance requirements.
- Specifications are unclear (explain below).
- OTHER (please specify below).

N/A

REMARKS: _____

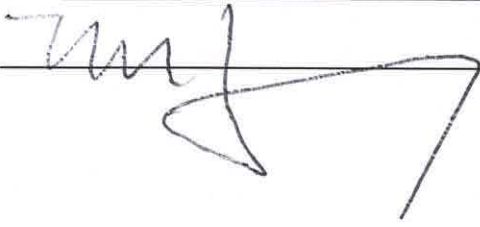
COMPANY NAME: Clean Space Inc

ADDRESS: 3764 NW 124th Ave

CITY: Coral Springs STATE: FL ZIP CODE: 33065

TELEPHONE: 954 880 5188 FAX: _____

E-MAIL ADDRESS: mg@cleanspaceonline.com

SIGNATURE:  DATE: 05/02/2022

Note: "Statement of No Bid" may be faxed or e-mailed to the Purchasing Division at purchasing@cityofnorthport.com or faxed to 941.429.7173.

SECTION IV

BIDDER CHECKLIST

This checklist is provided to assist each Bidder in the preparation of their bid response. Included in this checklist are important requirements, which is the responsibility of each Bidder to submit with their response in order to make their response fully compliant. This checklist is only a guideline it is the responsibility of each Bidder to read and comply with the Invitation to Bid in its entirety.

ITEM #	SUBMITTAL	BIDDERS RESPONSE		
		INCLUDED		
		YES	NO	N/A or OTHER
1	Bidder has completed, signed and/or notarized all required forms and included this checklist with bid submittal	X		
2	All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked.	X		
3	Bid Form: Separate excel spreadsheet to be saved in excel format to USB drive	X		
	Complete bid bond and acknowledge addenda signed by Binding authority	X		
	Bid Schedule: Completed (entered an amount in every line item) signed by Binding authority	X		
4	Source of Supply and Subcontractor Form: Completed and signed.	X		
5	Statement of Organization: completed, signed and notarized. (The Bidder shall submit proof that the company is authorized to do business in the State of Florida. Bidder shall submit Registration Certificate from the Florida Department of State, Division of Corporations, establishing your company as eligible to conduct business in the State of Florida. Please refer to website www.sunbiz.org .) Note: Bidder must submit proof that their firm name is registered with their State of origin if not a Florida company.	X		
6	References and Experience: Completed and signed	X		
7	Conflict of Interest: Completed and signed	X		
8	<ul style="list-style-type: none"> • 'Affidavit Claiming 'Local Business' OR • 'North Port Local Business' OR • If neither 'X-through the documents' 	X		
9	Drug-Free Workplace (If Applicable): Completed and signed	X		
10	Public Entity Crime Information: Completed, signed and notarized	X		
11	Non-Collusive Affidavit: Completed, signed and notarized	X		
12	No Lobbying Affidavit: Completed, signed and notarized	X		
13	Scrutinized Company Certification Form: Completed and Signed	X		
14	Standard Indemnification Agreement: Completed and Signed	X		
15	Bid Bond (Attached)	X		
16	Number of Originals: 1 (signed)	X		
17	Number of copies: 1 (signed)	X		
18	E-VERIFY: SIGNED	X		
19	USB Flash Drive: One (1) electronic version in Portable Document Format (PDF) or Flash Drive containing the entire submittal. Tabulation in excel format ONLY	X		

RFB NO. 2022-16 JANITORIAL SERVICES FOR THE CITY OF NORTH PORT

20	Insurance Certificate Bidder has reviewed all the insurance requirements and is able to provide a certificate within ten (10) days of award and prior to the commencement of any work activities.	X		
21	Credit Cards Does your company accept Credit Card Payments	X		
22	<p align="center">Is the Bid envelope marked accordingly: LABEL FOR SEALED BID SHALL INCLUDE CONTRACTOR NAME AND THE FOLLOWING: RFB NO. 2022-16 JANITORIAL SERVICES FOR THE CITY OF NORTH PORT City of North Port Purchasing Division Geoff Thomas, Contract Administrator I 4970 City Hall, Suite 337 North Port, Florida 34286</p>	X		

THE REMAINDER OF THIS PAGE LEFT BLANK INTENTIONALLY

BID SCHEDULE IN EXCEL FORMAT

SEPARATE ATTACHMENT

- DO NOT RECREATE
- SUBMIT AN (1) ORIGINAL AND (1) HARD COPY
- DO NOT PDF EXCEL SPREADSHEET SAVE IN EXCEL FORMAT ON USB DRIVE

Preparation of Bid Schedules: Contractor **MUST** use the City provided excel spreadsheet. DO NOT RECREATE FORM. All GREEN spaces in the Bid Form to be filled. Bidder should not reference the words "No Charge, N/A, included, dash, etc." in any of the spaces. Bidder must identify a monetary amount for each MONTHLY/UNIT COST (unless the monthly/unit price is "x" out by the City). MONTHLY/UNIT COST prevails over EXTENDED COST. Failure to identify a monetary amount in any of the MONTHLY/UNIT COST line items shall cause Bidder to be deemed non-responsive and bid response be rejected. In case of discrepancy between unit price and extended price, the unit price will govern. Apparent errors in extension will be corrected.

SOURCE OF SUPPLY AND SUBCONTRACTOR FORM

The following sources of supply and subcontractors shall be used for the **2022-16 CITY WIDE JANITORIAL SERVICES**. If bidder does not have a source of supply or subcontractor, insert "to be determined". When a source or subcontractor is determined, selection will be subject to City approval. (If not applicable, state N/A). Attach additional sheets if necessary.

SUBCONTRACTOR(S)

(PLEASE INCLUDE NAME/ADDRESS/TELEPHONE NUMBER & E-MAIL)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

N/A

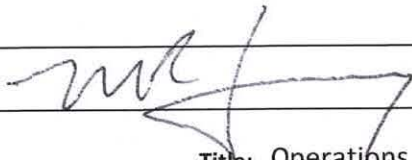
SUPPLIER(S)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

N/A

Date: 05/01/2022

Signed (Person authorized to bind the company): _____



Name (printed): Matt Giunco

Title: Operations Manager

(THIS PAGE MUST BE COMPLETED AND RETURNED)

**REFERENCES AND EXPERIENCE
(THIS PAGE MUST BE COMPLETED AND RETURNED)**

List customers for the services specified in the solicitation in the spaces provided below giving the company name, contact person, email address, telephone number, and date services were performed, as described. Note: A contact person shall be someone who has personal knowledge of bidder’s performance for the specific requirement listed. Contact person must have been informed that they are being used as a reference and that the City representative may be calling them. **DO NOT list persons who will be unable to answer specific questions regarding the requirements. (Attach additional sheets if necessary)**

Bidder shall complete the following to demonstrate meeting the minimum qualification requirements as stated the in the MINIMUM QUALIFICATION AND CONTRACT REQUIREMENTS of this SOLICITATION DOCUMENT.

The Bidder shall demonstrate a minimum of TWO (2) CONSECUTIVE YEARS of JANITORIAL SERVICES IN FACILITIES EXCEEDING 7,500 SQUARE FEET and similar in scope and:

- At least two (2) references shall be located within the state of Florida.

Documentation shall include: 1) Contract #; 2) Description of Contract; 3) Contract Dates (from and to); 4) Owner or Company Name and Contact Person; 5) Email Address; and 6) Telephone and Fax Number.

Contract # / Description / Contract Term	Owner or Company Name / Contact Person	Email address*	Telephone and Fax number*
<p>Contract #: 2021-3348</p> <p>Description of Services: Custodial Service for Parks and Facilities</p> <p>Contract Term - From 04/01/2018 to <u>On going</u> FLORIDA CONTRACT <input checked="" type="checkbox"/></p>	<p>Owner/Company Name: Martin County Parks and Recreation</p> <p>Contact Person Pamila Jones</p>	<p>pamilaj@martin.fl.us</p>	<p>Telephone #: 386-288-4209</p> <p>Fax #:</p>

Contract # / Description / Contract Term	Owner or Company Name / Contact Person	Email address*	Telephone and Fax number*
<p>Contract #:</p> <p>Description of Services:</p> <p>Janitorial Service for Parks and Facilities</p> <p>Contract Term - From: <u>10/09/2019</u> to <u>On going</u></p> <p>FLORIDA CONTRACT <input checked="" type="checkbox"/></p>	<p>Owner/Company Name:</p> <p>Village of Indiantown</p> <p>Contact Person</p> <p>Luis Perez</p>	<p>lperez@indiantownfl.gov</p>	<p>Telephone #:</p> <p>772-486-9639</p> <p>Fax #:</p>
<p>Contract #:</p> <p>21-13BK</p> <p>Description of Services:</p> <p>Cleaning Service Public Restrooms and Building</p> <p>Contract Term - From: <u>07/15/2021</u> to <u>On going</u></p> <p>FLORIDA CONTRACT <input checked="" type="checkbox"/></p>	<p>Owner/Company Name:</p> <p>City of Sarasota</p> <p>Contact Person</p> <p>Jerry Fogle</p>	<p>jerry.fogle@sarasotafl.gov</p>	<p>Telephone #:</p> <p>941-263-6563</p> <p>Fax #:</p>

THIS PAGE MUST BE COMPLETED AND RETURNED

<p>Contract #: 003-2511-19/IT</p> <p>Description of Services: Janitorial Service for City Municipal Buildings and Facilities</p> <p>Contract Term - From 03/01/2019 to On going</p> <p>FLORIDA CONTRACT <input checked="" type="checkbox"/></p>	<p>Owner/Company Name: City fo Boyton Beach</p> <p>Contact Person Gail Mootz</p>	<p>mootzg@bbfl.us</p>	<p>Telephone #: 561-742-6223</p> <p>Fax #:</p>
--	--	-----------------------	--

* Bidder shall state at a minimum an EMAIL ADDRESS or FAX NUMBER.

BIDDER'S CERTIFICATION OF MEETING ALL THE SOLICITATION'S MINIMUM QUALIFICATION REQUIREMENTS:

If the bidder does not meet ANY ONE of the Minimum Qualification Requirement they will be deemed non-responsive and/or non-responsible and thereby rejected.

- a) Bidder's years in business shall equal or exceed 2 years.
 - i. State the number of years and months in business: 11 Years 1 Months
- b) Projects referenced by Bidder to demonstrate meeting the minimum requirements.
 - i. Did you reference FACILITIES EXCEEDING 7,500 SQUARE FEET that demonstrate continuing work between the years of 2015 and 2018?
 Yes or No (Note: If the Respondent lacks projects between the above dates the City reserves the right to request additional references to demonstrate meeting this requirement)

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ii. FLORIDA CONTRACT – Did you reference AT LEAST 2 OR MORE contracts with FLORIDA customers?
 Yes or No

c) FRANCHISE COMPANIES:

i. Are you the franchise OWNER:
Check One: YES NO

ii. Have you enclosed written proof of ownership must be submitted with your response.
Check One: YES NO

1. PERFORMANCE QUESTIONNAIRE – Bidders shall complete the following questionnaire in its entirety:

a) Has the Bidder ever failed to complete a contract/project awarded to them?
Check One: No or Yes – If YES, complete the following:

Project Description: _____ Owner: _____

Reason for failure to complete: _____

b) Has the Bidder ever defaulted on any awarded contract/project?
Check One: No or Yes – If YES, complete the following:

Project Description: _____ Owner: _____

Reason for default: _____

c) Does the Bidder have current: 1) Outstanding contract claims against them by any Owner; or 2) contract litigation or dispute with any Owner; 3) Performance/Payment Bonds claims?
Check One: No or Yes – If YES, complete the following:

Project Description: _____ Owner: _____

THIS PAGE MUST BE COMPLETED AND RETURNED

Provide a detailed description of current claims or ligation with contract/project Owner:

- d) Does the Bidder have pervious: 1) Contract claims against them by any Owner; or 2) Contract litigation or disputes with any Owner; 3) Performance/Payment Bonds claimed within the past THREE (3) YEARS?

Check One: No or Yes – If YES, complete the following:

Project Description: _____ Owner: _____

Provide a detailed description of claims or ligation with any contract/project Owner:

- e) Is the Bidder currently debarred or suspended from bidding on any governmental agencies solicitations?

Check One: No or Yes – If YES, complete the following:

Project Description: _____ Owner: _____

Reason for debarment or suspension: _____

THIS PAGE MUST BE COMPLETED AND RETURNED

Location of Working Office that will provide services:

- Less Than 100 miles city limits
- More than 100 miles city limits
- No local office presence

ADDENDUM ACKNOWLEDGEMENT:

The undersigned acknowledges receipt of the following addenda, and the cost, if any, of such revisions has been included in the bid price.

Addendum No. 1 Dated 04/07/2022

Addendum No. 4 Dated 04/27/2022

Addendum No. 2 Dated 04/18/2022

Addendum No. _____ Dated _____

Addendum No. 3 Dated 04/25/2022

Addendum No. _____ Dated _____

Through the signing of this Bid Form, Bidder attests his/her bid is guaranteed for a period of not less than **ninety (90) calendar days** from the date of the official bid opening.

COMPANY: Clean Space Inc

NAME/TITLE OF PERSON AUTHORIZED TO BIND: Matt Giunco / Operations Manager

SIGNATURE: 

DATE: 05/02/2022

This page must be completed and submitted

ALL BID PAGES MUST BE EXECUTED BY A CORPORATE/BINDING AUTHORITY & NOTARIZED WHERE APPLICABLE

CONFLICT OF INTEREST FORM

F.S. §112.313 places limitations on public officers (including advisory board members) and employees' ability to contract with the City either directly or indirectly. Therefore, please indicate if the following applies:

PART I.

- I am an employee, public officer or advisory board member of the City
_____ (List Position Or Board)
- I am the spouse or child of an employee, public officer or advisory board member of the City
Name: _____
- An employee, public officer or advisory board member of the City, or their spouse or child, is an officer, partner, director, or proprietor of Respondent or has a material interest in Respondent. "Material interest" means direct or indirect ownership of more than 5 percent of the total assets or capital stock of any business entity. For the purposes of [§112.313], indirect ownership does not include ownership by a spouse or minor child.
Name: _____
- Respondent employs or contracts with an employee, public officer or advisory board member of the City
Name: _____
- None Of The Above


PART II:

Are you going to request an advisory board member waiver?

- I will request an advisory board member waiver under §112.313(12)
- I will NOT request an advisory board member waiver under §112.313(12)
- N/A

The City shall review any relationships which may be prohibited under the Florida Ethics Code and will disqualify any bidders whose conflicts are not waived or exempt.

COMPANY: Clean Space Inc

SIGNATURE:  _____
This page must be completed and submitted

ALL BID PAGES MUST BE EXECUTED BY A CORPORATE/BINDING AUTHORITY & NOTARIZED WHERE APPLICABLE

STATEMENT OF ORGANIZATION

Name of Business: Clean Space Inc

DBA (if any): _____

Type of Entity (Sole Proprietor, Corporation, LLC, LLP, Partnership, etc): Corporation

Business Address: 3764 NW 124th Ave Coral Springs, FL, 33065

Mailing Address (If applicable): _____

Phone: 954 880 5188 Fax: _____

E-Mail: mg@cleanspaceonline.com

Name/Title of person authorized to bind: Matt Giunco / Operations Manager

Signature: [Handwritten Signature]

Are you registered with the State of Florida Department of State? Yes or No

If yes, what is your State document number? P11000038467

Respondent shall submit proof that it is authorized to do business in the State of Florida unless registration is not required by law.

STATE OF Florida
COUNTY OF Broward

Sworn to and subscribed before me this 29 day of April, 2022, by Matt Giunco who is personally known to me or has produced his/her driver's license as identification.



[Handwritten Signature]
Notary Public - State of FL
Print Name: Lina M. Hernandez
Commission No: HH018597

This page must be completed and submitted

STANDARD INDEMNIFICATION AGREEMENT (NON CONSTRUCTION/NON DESIGN PROFESSIONAL)

The **CONTRACTOR** shall be fully liable for the actions of its directors, officers, members, partners, or subcontractors, and the employees and agents of each of them, and shall fully indemnify, defend and hold harmless the **CITY**, its commissioners, employees, agents and assigns from all demands, claims, suits, actions, judgments, damages, fines, fees, taxes, assessments, penalties, losses, expenses, costs of every type and description, and reasonable attorneys' fees (at both trial and appellate levels), of any nature or kind whatsoever caused by, or arising out of or related to the performance or breach of this Contract by the **CONTRACTOR**, its officers, directors, members, partners, or subcontractors, and employees or agents of any of them; provided, however, that the **CONTRACTOR** shall not indemnify for that portion of any loss or damages proximately caused by the negligent act or omission of the **CITY**.

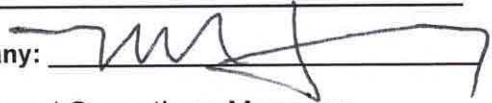
To the extent applicable, the **CONTRACTOR** shall fully indemnify, defend and hold harmless the **CITY**, and its commissioners, agents, employees and assigns from any demands, claims, suits, actions, judgments, damages, fines, fees, taxes, assessments, penalties, losses, expenses, costs of every type and description, and reasonable attorneys' fees (at both trial and appellate level), arising from or relating to violation or infringement of a trademark, copyright, patent, trade secret or intellectual property right; provided, however, that the foregoing obligation shall not apply to the misuse or modification of **CONTRACTOR's** products by the **CITY** or any of its commissioners, agents, employees, and assigns, or to the operation or use of **CONTRACTOR's** products by the **CITY** or any of its commissioners, agents, employees, and assigns in a manner not contemplated by the Contract.

In the event of a claim, the **CITY** shall promptly notify the **CONTRACTOR** in writing by prepaid certified mail (return receipt requested), or by delivery through any nationally recognized courier service (such as Federal Express or UPS) which provides evidence of delivery at 5455 Pan American Blvd., North Port, FL 34287. Notification may also be provided by fax transmission to 941-423-2570.

The **CITY** shall provide all available information and assistance that the **CONTRACTOR** may reasonably require regarding any claim. This agreement for indemnification shall survive termination or completion of this Contract. The insurance coverage and limits required in this Contract may or may not be adequate to protect the **CITY** and such insurance coverage shall not be deemed a limitation on the **CONTRACTOR's** liability under the indemnity provided in this section. In any proceedings between the parties arising out of or related to this Indemnity provision, the prevailing party shall be reimbursed all costs, expenses and reasonable attorney fees through all proceedings (at both trial and appellate levels).

Company Name: Clean Space Inc

Signature of person authorized to bind the Company: _____



Print name and title of person above: Matt Giunco / Operations Manager

Date: 05/02/2022

THIS PAGE MUST BE COMPLETED AND RETURNED IF SUBMITTING A QUOTE.

AFFIDAVIT
Claiming Status as a LOCAL BUSINESS

CONTRACTOR MUST MEET ALL 4 REQUIREMENTS BELOW TO CLAIM LOCAL BUSINESS STATUS

State of Florida

County of Broward

} SS.

Before me, the undersigned authority, personally appeared: Matt Giunco who, being first duly sworn, deposes and says that:

1. I am the Owner (Owner, Partner, Officer, Representative or Agent) of Clean Space Inc, the Bidder that has submitted the attached Submittal;

AND

2. I am fully informed respecting the operation and employees of the Bidder;

AND

3. I affirm that the Bidder has maintained a physical business address located within the limits of Sarasota County, Charlotte County or Desoto County for a period of six (6) months or more before submitting this bid, from which the Bidder operates or performs business. The qualifying local address is 3764 NW 124th Ave Coral Springs, FL, 33065.

AND

4. I affirm that at least fifty percent (50%) of the Bidder's employees are residents of the City of North Port. If requested by the City, the bidder will be required to provide documentation substantiating the information given in this affidavit. City of North Port reserves the right to request supporting documentation as evidence to substantiate the information given in this affidavit. Failure to do so will result in the bidder's submission being deemed non-responsive.

Any bidder that misrepresents its status as a local business or North Port local business shall be barred from receiving any City contracts for a period of three (3) years.

State of Florida
County of Broward

Sworn to and subscribed before me this 29 day of April, 2022 by Matt Giunco who is personally known to me or has produced his driver's license as identification.

NOTARY SEAL:



Lina M Hernandez
Notary Public - State of Florida

Print Name: Lina M. Hernandez

Commission No: HH 018597

This page to be returned only if Contractor is claiming a Local Business Status.

AFFIDAVIT

Claiming Status as a North Port Local Business

CONTRACTOR MUST MEET ALL 4 REQUIREMENTS BELOW TO CLAIM NORTH PORT BUSINESS STATUS

State of Florida

County of Broward

} SS.

Before me, the undersigned authority, personally appeared: Matt Giunco who, being first duly sworn, deposes and says that:

1. I am the Owner (Owner, Partner, Officer, Representative or Agent) of Clean Space Inc, the Bidder that has submitted the attached bid;

AND

2. I am fully informed respecting the operation and employees of the Bidder;

AND

3. I affirm that the Bidder has maintained its primary physical business address within the limits of the City of North Port for a period of six (6) months or more before submitting this bid, from which the Bidder operates or performs business. The qualifying local address is 3764 NW 124th Ave Coral Springs, FL 3305

AND

4. I affirm that at least fifty percent (50%) of the Bidder's employees are residents of the City of North Port.

If requested by the City, the bidder will be required to provide documentation substantiating the information given in this affidavit. City of North Port reserves the right to request supporting documentation as evidence to substantiate the information given in this affidavit. Failure to do so will result in the bidder's submission being deemed non-responsive.

Any bidder that misrepresents its status as a local business or North Port local business shall be barred from receiving any City contracts for a period of three (3) years.

State of Florida
County of Broward

Sworn to and subscribed before me this 29 day of April, 2023 by Matt Giunco who is personally known to me or has produced his driver's license as identification.

NOTARY SEAL:



Lina M Hernandez
Notary Public - State of Florida
Print Name: Lina M. Hernandez
Commission No: HH 018597

This page to be returned only if Contractor is claiming a North Port local business status.

PUBLIC ENTITY CRIME INFORMATION

As provided by F.S. §287.133, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a Contractor, supplier, subcontractor, or Consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

I, Matt Giunco / Operations Manager, being an authorized representative of the Respondent, Clean Space Inc, located at 3764 NW 124th Ave

City: Coral Springs State: FL Zip Code: 33065, have read and understand the contents above. I further certify that Respondent is not disqualified from replying to this solicitation because of F.S. §287.133.

Signature: [Handwritten Signature] Date: 05/02/2022
Telephone #: 954 880 5188 Fax #: _____

Federal ID #: 32-0338631

STATE OF Florida
COUNTY OF Broward

Sworn to and subscribed before me this 29 day of April, 2022 by Matt Giunco who is personally known to me or has produced his/her driver's license as identification.



[Handwritten Signature]
Notary Public - State of Florida
Print Name: Lina M. Hernandez
Commission No: HH018597

This page must be completed and submitted

NON-COLLUSIVE AFFIDAVIT

State of Florida

County of Broward

SS. }

Before me, the undersigned authority, personally appeared:

Matt Giunco / Operations Manager who, being first duly sworn, deposes and says that:

- 1. He/She is the Owner (City, Partner, Officer, Representative or Agent) of Clean Space Inc, the Respondent that has submitted the attached reply;
- 2. He/She is fully informed respecting the preparation and contents of the attached reply and of all pertinent circumstances respecting such reply;
- 3. Such reply is genuine and is not a collusive or sham reply;
- 4. Neither the said Respondent nor any of its officers, partners, City, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Respondent, firm, or person to submit a collusive or sham reply in connection with the work for which the attached reply has been submitted; or have in any manner, directly or indirectly sought by agreement or collusion, or communication or conference with any Respondent, firm, or person to fix the price or prices in the attached reply or of any other Respondent, or to fix any overhead, profit, or cost elements of the reply price or the reply price of any other Respondent, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the reply work.

Signed, sealed and delivered this 29 day of April, 2022.

By: [Signature]
MATT GIUNCO
 (Printed Name)
Operations manager
 (Title)

STATE OF Florida
 COUNTY OF Broward

Sworn to and subscribed before me this 29 day of April, 2022, by Matt Giunco who is personally known to me or has produced his/her driver's license as identification.



[Signature]
 Notary Public - State of Florida
 Print Name: Lina M. Hernandez
 Commission No: HH 018597

This page must be completed and submitted

DRUG FREE WORKPLACE FORM

The undersigned bidder in accordance with Florida Statute §287.087 hereby certifies that
Clean Space Inc does:
(Company Name)

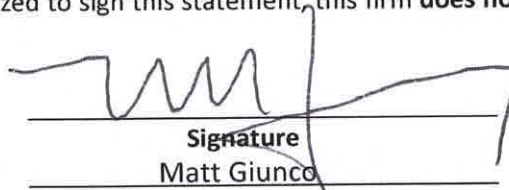
1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about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

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

Check one:

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

As the person authorized to sign this statement, this firm **does not** comply fully with the above requirements.



Signature
Matt Giunco

Name
05/02/2022

Date

This page must be completed and submitted

LOBBYING CERTIFICATION

"The undersigned hereby certifies, to the best of his or her knowledge and belief, that":

STATE OF Florida

COUNTY OF Broward

This 01 day of May, 2022, by Matt Giunco, being first duly sworn, deposes and says that he or she is the authorized representative of Clean Space Inc (Name of the contractor, firm or individual), and that the Contractor and any of its agents agree to have no contact or communication with, or discuss any matter related in any way to any active City of North Port solicitation, with any City of North Port elected officials, officers, their appointees or their agents or any other staff or outside individuals working with the city in respect to this request other than the designated Procurement Official Contact and to abide by the restrictions outlined in the General Terms and Conditions of the Solicitation. Technical questions directed to the project manager, is prohibited. These persons shall not be lobbied, either individually or collectively, regarding any questions for bid, proposal, qualification and/or any other solicitations released by the city. To do so is grounds for immediate disqualification from the selection process. The selection process is not considered final until such a time as the Commission has made a final and conclusive determination.

(a) No City appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence either directly or indirectly an officer or employee of the City, City Commission in connection with the awarding of any City Contract.

(b) If any funds other than City appropriated funds have been paid or will be paid to any person for influencing or attempting to influence a member of City Commission or an officer or employee of the City in connection with this contract, the undersigned shall complete and submit Standard Form-L "Disclosure Form to Report Lobbying", in accordance with its instructions.

Signed, sealed and delivered this 29 day of April, 2022.

By: [Signature]

Matt Giunco
(Printed Name)
Operations manager
(Title)

STATE OF Florida
COUNTY OF Broward

Sworn to and subscribed before me this 29 day of April, 2022, by Matt Giunco who is personally known to me or has produced his/her driver's license as identification



[Signature]
Notary Public - State of Florida
Print Name: Lina M. Hernandez
Commission No: HH 018597

THIS PAGE MUST BE SUBMITTED WITH BID

Scrutinized Company Certification Form

Company Name: Clean Space Inc
Authorized Representative Name and Title: Matt Giunco / Operations Manager
Address: 3764 NW 124th Ave City: Coral Springs State: FL ZIP: 33065
Phone Number: 954 880 5188 Email Address: mg@cleanspaceonline.com

A company is ineligible to, and may not, bid on, submit a proposal for, or enter into or renew a contract with the City of North Port for goods or services of any amount if, at the time of bidding on, submitting a proposal for, or entering into or renewing such contract, the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Florida Statutes, section 215.4725, or is engaged in a boycott of Israel.

A company is ineligible to, and may not, bid on, submit a proposal for, or enter into or renew a contract with the City of North Port for goods or services of \$1 million or more if, at the time of bidding on, submitting a proposal for, or entering into or renewing such contract, the company is on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to Florida Statutes, section 215.473, or with companies engaged in business operations in Cuba or Syria.

CHOOSE ONE OF THE FOLLOWING

This bid, proposal, contract or contract renewal is for goods or services of less than \$1 million. As the person authorized to sign on behalf of the above-named company, and as required by Florida Statutes, section 287.135(5), I hereby certify that the above-named company is not participating in a boycott of Israel.

[X]

This bid, proposal, contract or contract renewal is for goods or services of \$1 million or more. As the person authorized to sign on behalf of the above-named company, and as required by Florida Statutes, section 287.135(5), I hereby certify that the above-named company is not participating in a boycott of Israel, is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, and it does not have business operations in Cuba or Syria.

[X]

I understand that pursuant to Florida Statutes, section 287.135, the submission of a false certification may result in the termination of the contract if one is entered into, and may subject the above-named company to civil penalties, attorney's fees and costs.
Certified By: [Signature]
AUTHORIZED REPRESENTATIVE SIGNATURE
Print Name and Title: Matt Giunco
Date Certified: 05/02/2022



State of Florida
County of Broward

The foregoing instrument was acknowledged before me this 29 day of April, 2022 by Matt Giunco who is personally known to me or who has produced identification.

[Signature]
Notary Public

Solicitation/Contract/PO Number (Completed by Purchasing):

VENDOR'S CERTIFICATION FOR E-VERIFY SYSTEM

STATE OF Florida
COUNTY OF Broward.

The undersigned Vendor/Consultant/Contractor (Vendor), after being duly sworn, states the following:

1. Vendor is a person or entity that has entered into or is attempting to enter into a contract with the City of North Port (City) to provide labor, supplies, or services to the City in exchange for salary, wages or other remuneration.
2. Vendor has registered with and will use the E-Verify System of the United States Department of Homeland Security to verify the employment eligibility of:
 - a. All persons newly hired by the Vendor to perform employment duties within Florida during the term of the contract; and
 - b. All persons, including sub-contractors, sub-vendors or sub-consultants, assigned by the Vendor to perform work pursuant to the contract with the City.
3. If the Vendor becomes the successful Contractor who enters into a contract with the City, then the Vendor will comply with the requirements of Section 448.095, Fla. Stat. "Employment Eligibility", as amended from time to time.
4. Vendor will obtain an affidavit from all subcontractors attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien as defined in 8 United States Code, Section 1324A(H)(3).
5. Vendor will maintain the original affidavit of all subcontractors for the duration of the contract.
6. Vendor affirms that failure to comply with the state law requirements can result in the City's termination of the contract and other penalties as provided by law.

VENDOR: Clean Space Inc (Vendor's Company Name)
[Signature] (Vendor signature)
Matt Giunco (Vendor's name printed)
Operations Manager (Title)

Sworn to and subscribed before me by means of physical presence or online notarization, this 29 day of April, 2022, by Matt Giunco, as Operations manager.

[Signature]
Notary Public

Personally Known OR Produced Identification _____
Type of Identification Produced _____



CITY OF NORTH PORT
BID BOND

In compliance with F.S. Chapter 255.051

STATE OF FLORIDA, CITY OF NORTH PORT

KNOW ALL BY THESE PRESENTS, that CLEAN SPACE, INC., authorized by law to do business as a Florida Profit Corporation contractor in the State of Florida, as Principal, and Platte River Insurance Company, a Corporation chartered and existing under the laws of the State of Nebraska, as Surety, with its principal offices in the City of Omaha, and authorized to do business in the State of Florida, and in accordance with Section 255.051, Florida Statutes, are held and firmly bound unto the City of North Port, Florida, in the full and just sum of 5% of the Total Bid Price, in good and lawful money of the United States of America, to be paid upon demand by the City of North Port, to which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, and assigns, joint and severally and firmly by these presents.

The condition of the obligation is such, that whereas the Principal has submitted the attached Bid, dated May 02, 2022, for (**RFB 2016-22, Janitorial Services for the City of North Port**).

NOW, THEREFORE, if the Principal shall withdraw said bid prior to the date of opening the same, or shall within 10 days after the prescribed forms are presented to him for signature enter into a written Contract with City of North Port, Florida, in accordance with the bid as accepted and give a Performance and Payment Bond with good and sufficient surety or sureties as may be required for the faithful performance and proper fulfillment of such Contract and for the prompt payment of all persons furnishing labor or materials in connection therewith or, in the event of failure to enter into such Contract and give such bond within the time specified, if the Principal shall pay the City the difference between the amount specified in said bid and the amount for which the City may procure the required work and/or supplies provided the latter amount to be excess of the amount specified in said bid, then the above obligations shall be void; otherwise, to remain in full force and effect.

IN THE WITNESS WHEREOF, the above written parties have executed this instrument under their several seals dated May 02, 2022, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

Witness as to Principal:

(By)

CLEAN SPACE, INC. (SEAL)
(Principal)

Witness as to Surety:

Jamien Neil

Printed Name

Platte River Insurance Company (SEAL)
(Surety's Name)

Layne A Holmes
(By-As Attorney-in-Fact, Surety)

Affix Corporate Seals and attach proper Power of Attorney for Surety.



PLATTE RIVER INSURANCE COMPANY
POWER OF ATTORNEY

N/A

Bond Number

KNOW ALL MEN BY THESE PRESENTS, That the PLATTE RIVER INSURANCE COMPANY, a corporation of the State of Nebraska, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

MICHAEL A. HOLMES; JAMES F. MURPHY; LAYNE A HOLMES; MICHAEL E. GORHAM

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: \$20,000,000.00

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PLATTE RIVER INSURANCE COMPANY at a meeting duly called and held on the 8th day of January, 2002.

RESOLVED, that the President, Executive Vice President, Vice President, Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time.

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the PLATTE RIVER INSURANCE COMPANY has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 1st day of January, 2020.

Attest:

Ryan J. Byrnes
Senior Vice President,
Chief Financial Officer and Treasurer
Suzanne M. Broadbent
Assistant Secretary



PLATTE RIVER INSURANCE COMPANY

John L. Sennott, Jr.
Chief Executive Officer and President

STATE OF WISCONSIN } S.S.:
COUNTY OF DANE

On the 1st day of January, 2020 before me personally came John L. Sennott, Jr., to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is Chief Executive Officer and President of PLATTE RIVER INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

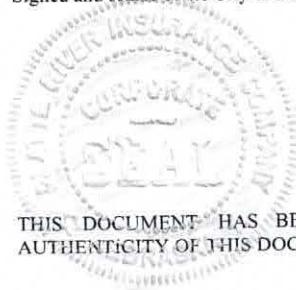


David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

STATE OF WISCONSIN } S.S.:
COUNTY OF DANE

I, the undersigned, duly elected to the office stated below, now the incumbent in PLATTE RIVER INSURANCE COMPANY, a Nebraska Corporation, authorized to make this certificate, DO HEREBY CERTIFY that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 02 day of May, 2022



Andrew B. Diaz-Matos
Senior Vice President, General Counsel and Secretary



City of North Port
Purchasing
4970 City Hall Boulevard
North Port, Florida 34286
Phone: (941) 429-7170

APRIL 7, 2022

TO: PROSPECTIVE BIDDERS

RE: RFB NO. 2022-16: JANITORIAL SERVICES FOR THE CITY OF NORTH PORT

RFB DUE DATE: 2:00 PM, May 2, 2022

ADDENDUM NO. 1

Bidders are hereby notified that this addendum shall be made part of the above-named bid and contract documents. The following changes to the above bid are issued to modify, and/or clarify the bid and contract documents (the deletions are as ~~strikethroughs~~ and additions as underlined). These items shall have the same force and effect as the original documents, and bids to be submitted on the specified date shall conform with the additions, deletions and revisions as listed herein.

QUESTION #1: What is the budget of the project?

ANSWER #1: The estimated budget is **\$194,930 dollars.**

QUESTION #2: Who is the current vendor?

ANSWER #2: 3H Service System, Inc.

QUESTION#3: What is the monthly Janitorial Services cost by location.

ANSWER#3: Please see attached financial invoices.

QUESTION#4: What is the breakdown of the actual contract?

ANSWER#4: Please see "Form of Contract" language in solicitation.

Question#5: Does the contract have a bid bond?

Answer#5: Yes. Please see solicitation for reference.

Firms are required to acknowledge receipt of this addendum on their bid forms. All other terms and conditions of the original bid and contract documents remain the same.

Geoff Thomas

Geoff Thomas
Contract Administrator I
Finance Department/Purchasing Division

**4970 City Hall Blvd.
North Port, Florida 34286
Tel: 941.429.7102
Fax: 941.429.7173**

E-mail: gthomas@cityofnorthport.com

Receipt of Addendum No. 1 shall be noted within the Bid Form in the appropriate section.

End of Addendum No.1



City of North Port
FINANCE DEPARTMENT/PURCHASING DIVISION
4970 CITY HALL BLVD, STE 337
NORTH PORT, FLORIDA 34287
Office: 941.429.7170
Fax: 941.429.7173
Email: purchasing@cityofnorthport.com



April 18, 2022
ADDENDUM 2

TO: PROSPECTIVE QUOTERS

RE: RFB NO. 2022-16 Janitorial Services for the City of North Port

DUE DATE MAY 2, 2022, at 2:00 P.M.

Quoters are hereby notified that this addendum shall be made part of the above-named quote and contract documents. The following changes to the above quote are issued to modify, and/or clarify the bid and contract documents (the deletions are as ~~striketroughs~~ and additions as underlined). These items shall have the same force and effect as the original documents, and bids to be submitted on the specified date shall conform with the additions, deletions and revisions as listed herein.

Clarification 1: Due to the lack of clarity in the language regarding the mandatory pre-bid meeting and site visit, the City of North Port has removed the mandatory requirement from the pre-bid meeting and site visit language in the solicitation.

~~MANDATORY PRE-BID MEETING DATE: April 12, 2022 AT 9:00 A.M.,~~
~~CITY HALL, 4970 CITY HALL BOULEVARD, SUITE 337, NORTH PORT FLORIDA 34286~~
~~FOLLOWED BY SITE VISIT~~
~~IN ORDER TO SUBMIT A BID, BIDDERS MUST ATTEND THIS MEETING.~~
~~(DUE TO TIME CONSTRAINTS AND SECURITY, THIS PRE-BID MEETING WILL BE THE ONLY TIME THAT~~
~~BIDDERS WILL BE ALLOWED TO VISIT CITY FACILITIES)~~

CALENDAR OF EVENTS / BID TIMELINE

Listed below are the important dates and times by which the actions noted must be completed. All dates are subject to change by the Purchasing. If the Purchasing Department finds it necessary to change any of these dates or times prior to the Bid due date, the change will be accomplished by addendum.

ACTION	COMPLETION DATE
ISSUE BID	March 31, 2022
On site Mandatory Pre-Bid Meeting (<u>only opportunity for a supervised site visit</u>)	April 12, 2022 @ 9:00 AM

Question 1: Do you have the number of trashcans and urinals by location?

Answer 2: Please see charts below:

Citywide Trash Bin Count

Location	Count
City Hall	213
NPPD Main	80
FR81	12
GMAC	18
Morgan	24
Aquatic Center	9
Utilities Admin	14
Family Service Center	100
Senior Center	10
Parks Maint	13
PD Substation	10
PD-Wellen Park	21
PW Admin	40
Solid Waste	7
PW Facilities	9
OPS	17
TOTAL	597

Citywide Urinal Count

Location	Count
City Hall	9
NPPD Main	3
GMAC	2
Morgan	3
Aquatic Center	8
Utilities Admin	1
PW Admin	2
TOTAL	28

Firms are required to acknowledge receipt of this addendum on their proposal forms. All other terms and conditions of the original proposal and contract documents remain the same.

Geoff Thomas
Contract Administrator I
Finance Department/Purchasing Division

4970 City Hall Blvd.
North Port, Florida 34286
Tel: 941.429.7102
Fax: 941.429.7173

E-mail: gthomas@cityofnorthport.com

Receipt of Addendum No. 2 shall be noted within the quote Form in the appropriate section.

End of Addendum No.2



City of North Port
FINANCE DEPARTMENT/PURCHASING DIVISION
4970 CITY HALL BLVD, STE 337
NORTH PORT, FLORIDA 34287
Office: 941.429.7170
Fax: 941.429.7173
Email: purchasing@cityofnorthport.com



April 25, 2022
ADDENDUM 3

TO: PROSPECTIVE QUOTERS

RE: RFB NO. 2022-16 Janitorial Services for the City of North Port

DUE DATE MAY 2, 2022, at 2:00 P.M.

Quoters are hereby notified that this addendum shall be made part of the above-named quote and contract documents. The following changes to the above quote are issued to modify, and/or clarify the bid and contract documents (the deletions are as ~~striketroughs~~ and additions as underlined). These items shall have the same force and effect as the original documents, and bids to be submitted on the specified date shall conform with the additions, deletions and revisions as listed herein.

Question 1: Is there a Sub-contracting goal or requirement?

Answer 1: No.

Question 2: Are there any other bond requirements besides the janitorial bond and bid bond?

Answer 2: Please see solicitation for bid bond requirements.

Question 3: Do we have to submit a USB with our submission?

Answer3: Yes.

Question 4: Is there a specific format the bid response must be in?

Answer 4: No.

Question 5: Is there evaluation criteria that North Port will base our submission on?

Answer 5: Please see Award of Bid in solicitation.

Question 6: Can we get a copy of the current contract?

Answer 6: There is no formal contract. The current contract and the future contract are "Form of Contract". Please see "Form of Contract" language in solicitation.

Question 7: Please provide copies of performance deductions for the last 12 months?

Answer 7: Not available, Public Works has not imposed any performance deductions in the last 12 months with current vendor.

Question 8: Police Station: Are there any restricted areas that we can't clean? If so, provide the total square foot of those areas.

Answer 8: Not available, vendor will clean all areas detailed on the scope of work.

Question 9: Are there any changes in the current bid vs the current contract?

Answer 9: Yes, there are changes in the current solicitation compared to the previous solicitation.

Question 10: When checking the invoice provided, it shows the group number, however it doesn't show the building name. Can you provide the invoice or price by building?

Answer 10: The RFB No. 2022-16 and RFB No. 2015-37 is supported by a Bid Schedule that is found on demand star that breaks down each building and then adds the total cost for a group. There are five groups.

Question 11: Are all locations closed on the holidays?

Answer 11: No.

Question 12: Which buildings will not be serviced on the holidays?

Answer 12: Each building could have the potential to be open or closed on a holiday. Please see SP-03 and SP-05 for site specific cleaning activities related to holidays on RFB 2022-16. *"The general cleaning of the buildings shall be performed as identified above, in the case of City holidays, cleaning will be accomplished on the last workday prior to the holiday, unless other instructions have been given prior to an event. Contractor must verify holiday openings and/or schedules for each building."*

Question 13: Will there be an evaluation committee for the bid proposals?

Answer 13: No, there will be no evaluation committee for this project as it is only a bid.

Question 14: Will the bid due date be extended?

Answer 14: No, not at this time.

Firms are required to acknowledge receipt of this addendum on their proposal forms. All other terms and conditions of the original proposal and contract documents remain the same.

Geoff Thomas
Contract Administrator I
Finance Department/Purchasing Division
4970 City Hall Blvd.
North Port, Florida 34286
Tel: 941.429.7102
Fax: 941.429.7173
E-mail: gthomas@cityofnorthport.com

Receipt of Addendum No. 3 shall be noted within the quote Form in the appropriate section.

End of Addendum No. 3



City of North Port
FINANCE DEPARTMENT/PURCHASING DIVISION
4970 CITY HALL BLVD, STE 337
NORTH PORT, FLORIDA 34287
Office: 941.429.7170
Fax: 941.429.7173
Email: purchasing@cityofnorthport.com



April 27, 2022
ADDENDUM 4

TO: PROSPECTIVE QUOTERS

RE: RFB NO. 2022-16 Janitorial Services for the City of North Port

DUE DATE MAY 2, 2022, at 2:00 P.M.

Quoters are hereby notified that this addendum shall be made part of the above-named quote and contract documents. The following changes to the above quote are issued to modify, and/or clarify the bid and contract documents (the deletions are as ~~striketroughs~~ and additions as underlined). These items shall have the same force and effect as the original documents, and bids to be submitted on the specified date shall conform with the additions, deletions and revisions as listed herein.

Clarification 1: For the bid bond please use the total annual cost for Groups 1-5. This is Line item 36 in the Bid Schedule that is in Excel format.

Firms are required to acknowledge receipt of this addendum on their proposal forms. All other terms and conditions of the original proposal and contract documents remain the same.

Geoff Thomas
Contract Administrator I
Finance Department/Purchasing Division
4970 City Hall Blvd.
North Port, Florida 34286
Tel: 941.429.7102
Fax: 941.429.7173
E-mail: gthomas@cityofnorthport.com

Receipt of Addendum No. 3 shall be noted within the quote Form in the appropriate section.

End of Addendum No. 4

