



THE CITY OF  
**TALLMADGE**  
HISTORY MOVING FORWARD

## SPECIFICATIONS & PROPOSAL:

### **Cleaning & Maintenance Services**

Municipal Building, Service Center, Tallmadge Police Department

**Proposals due by: *January 5, 2022 @ 10 a.m.***

**Submitted By:**

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**Company Name**

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**Street Address**

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**City**

**State**

**Zip**

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**Contact Person**

**Phone No.**

**Email Address**

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**David G. Kline, Mayor**  
**Michael Rorar, Director of Public Service**

46 North Avenue, Tallmadge, Ohio 44278

Phone 330-633-0854 ▪ Fax 330-633-1359

# City of Tallmadge Department of Public Service Request for Proposal

Proposals will be accepted in the Public Service Department, City of Tallmadge, 46 North Avenue, Tallmadge, Ohio, 44278 until 10:00 a.m. Wednesday, January 5, 2022 for:

## **Cleaning & Maintenance Services**

It is the intent of the City of Tallmadge (the City) to establish a contract to provide cleaning services as outlined in the proposal document. The term of the contract will be for one (1) year with (2) one-year renewals, beginning February 2022.

Detailed information, proposal forms and complete specifications may be obtained from the City of Tallmadge website at <https://www.tallmadge-ohio.org/bids>

Contractors must use the forms available on the website as no other will be accepted. Proposals must include a price for each item in the Proposal form. Incomplete proposals will be considered informal and will not be considered. Each proposal must contain the full name of every person or company participating in the proposal.

The City of Tallmadge reserves the right to reject any or all proposals and to accept the proposal deemed most beneficial to the City of Tallmadge.

The award of this contract shall be to the lowest and best proposal. The City of Tallmadge reserves the right to reject any or all proposals and to accept the proposal(s) deemed most beneficial to the City of Tallmadge

The Contractor is responsible for monitoring the above-named website for any official addenda.

Please contact Tina Fiocca in the Public Service Department at [tfiocca@tallmadge-ohio.org](mailto:tfiocca@tallmadge-ohio.org) if you have any questions regarding this proposal.

Michael Rorar  
Director of Public Service

# Table of Contents and Proposal Checklist

A complete proposal packet will consist of the items listed below.

Complete this checklist to confirm the items required in your proposal. Place a checkmark or "X" next to each item that you are submitting to the City of Tallmadge. Failure to submit the listed documents may be cause for rejection of your proposal. This checklist should be returned with your proposal.

- Cover sheet (Page 1)
- Request for Proposal (Page 2)
- Table of Contents and Proposal Checklist (Page 3)
- Section I: Instructions for Proposal (Pages 4 - 5)
- Section II: Contract Forms (Pages 6 - 17)
  - Contract Form List
  - Contract Form 1: Non-Collusion Affidavit
  - Contract Form 2: Statement of Non-Liability for Delinquent Personal Property Taxes
  - Contract Form 3: Statement of Liability for Delinquent Personal Property Taxes
  - Contract Form 4: Certification of Drug Free Workplace
  - Contract Form 5: Affidavit in Compliance with Section 3517.13
  - Contract Form 6: Independent Contractor Anti-Bias Disclosure
  - Contract Form 7: Certification of No Personal Interest
  - Contract Form 8: PERS Independent Worker/Contractor Form
  - Contract Form 9: OPERS Form
- Section III: Specifications & Proposal (Pages 18 - 26)

## SECTION I: INSTRUCTIONS for PROPOSALS

All pages of the Proposal, Specifications and Proposal Documents must be intact and included in the submitted proposal. Proposals must be on the forms provided on the City of Tallmadge website as none other will be accepted.

Submit all proposals to the City of Tallmadge Public Service Department, 46 North Avenue, Public Service Department, Tallmadge, Ohio 44278 according to the instructions in the Request for Proposals posted on the City of Tallmadge's website at [https:// https://www.tallmadge-ohio.org/bids](https://www.tallmadge-ohio.org/bids)

Proposals should be marked with project title and the name and address of Contractor and reach the Public Service Department, no later than 10:00 AM on Wednesday, January 5, 2022. The Receptionist Desk copy machine time stamp is the official time used for the deadline of the submission of proposals. The City will disqualify any proposal not received on or before 10:00 AM on Wednesday, January 5, 2022.

The City reserves the right to waive any informality in any proposal, and to reject any or all proposals. The City also reserves the right not to enter into any contract as a result of this Request for Proposal.

All addendums will be posted on the City website through Vendor Registry. It is the responsibility of those submitting a proposal to check this site on a regular basis. The City will not be responsible for any information not viewed by vendors. All Contractors should register with [www.vendorregistry.com](http://www.vendorregistry.com) so that the City has all the necessary vendor information.

A contract will be awarded to the lowest and best proposal. The City will be the judge of the factors and will make the award accordingly. Should the successful Contractor not be able to provide the required services, the City reserves the right to request service from other sources.

After award of the proposal, by the City of Tallmadge, the successful Contractor will receive an official award notification from the City. The signed contract will represent agreement between the City and the Contractor for cleaning and maintenance services (all terms of the proposal specifications and any applicable addenda will apply).

The Contractor shall be required to furnish to the City of Tallmadge, evidence showing insurance coverage to be in force throughout the term of the contract. The Contractor shall carry Comprehensive General Liability insurance to cover damages for which the contractor may be legally responsible due to bodily injury or property damage. The Contractor shall provide to the City of Tallmadge a certificate of insurance showing \$1,000,000.00 Combined Single Limit and \$2,000,000.00 Aggregate Coverage and Workers Compensation Insurance. The City of Tallmadge must be included as an additional insured.

The Contractor covenants to save, defend, hold harmless, and indemnify the City, and all of its officers, departments, agencies, agents, and employees (collectively the "City") from and against any and all claims, losses, damages, injuries, fines, penalties, costs

(including court costs and attorney's fees), charges, liability, or exposure, however caused, resulting from, arising out of, or in any way connected with the Contractor's intentional, negligent, or grossly negligent acts or omissions in performance or nonperformance of its work called for by the Contract Documents.

All employees of Contractor shall submit to criminal background check reflecting there are no crimes of moral turpitude or crimes of violence and successful passage of a substance abuse screening. The results of the background checks shall be provided to the City of Tallmadge.

No employees of the City shall be employed by Contractor.

Contractor shall forward invoice(s) for services rendered directly to: The City of Tallmadge Public Service Department, 46 North Ave., Tallmadge, Ohio 44278. This is not a prevailing wage contract.

## **SECTION II: CONTRACT FORMS**

- \_\_\_\_\_ Contract Form 1: Non-Collusion Affidavit
- \_\_\_\_\_ Contract Form 2: Statement of Non – Liability for Delinquent Personal Property Taxes
- \_\_\_\_\_ Contract Form 3: Statement of Liability for Delinquent Personal Property Taxes
- \_\_\_\_\_ Contract Form 4: Certification of Drug Free Workplace
- \_\_\_\_\_ Contract Form 5: Affidavit in Compliance with Section 3517.13
- \_\_\_\_\_ Contract Form 6: Independent Contractor Anti-Bias Disclosure
- \_\_\_\_\_ Contract Form 7: Certification of No Personal Interest
- \_\_\_\_\_ Contract Form 8: OPERS Independent Worker/ Contractor Acknowledgment Form
- \_\_\_\_\_ Contract Form 9: OPERS Form









CERTIFICATION OF  
DRUG FREE WORKPLACE

BIDDER'S NAME: \_\_\_\_\_

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

CITY, STATE: \_\_\_\_\_

Project: \_\_\_\_\_

CERTIFICATION

The undersigned, being a duly authorized agent of the Bidder does certify that the following facts are true:

1. Bidder has published and provided to employees notice that the manufacture, use, possession, or distribution of drugs in the work place is prohibited, as well as a specification of the disciplinary action that may be taken against employees who violate that prohibition.
2. It is the policy of the Bidder that any employee convicted of violating a criminal drug statute occurring in the work place is required to notify the employer of said conviction within five (5) days after such conviction.
3. Bidder has published notice specifying the sanctions for or requiring satisfactory participation in a drug abuse assistance or rehabilitation program by an employee convicted of violating a criminal drug statute occurring in the workplace.
4. Bidder has implemented a program for the distribution of information on drug abuse awareness and the availability of counseling and referral services.

I further certify and understand that the City of Tallmadge, pursuant to Ordinance 142- 1994, can enter into a contract resulting from the competitive bidding process only with those Bidders who provide a drug free workplace by meeting the above requirements.

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

Signature: \_\_\_\_\_

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

AFFIDAVIT IN COMPLIANCE WITH SECTION 3517.13

STATE OF OHIO  
COUNTY OF \_\_\_\_\_ ss:

Personally, appeared before me the undersigned, a bidder, a representative of a bidder, a contractor or vendor on behalf of

\_\_\_\_\_ for a contract for \_\_\_\_\_  
(Name of Business) (Type of Product or Service)

to be let by the City of Tallmadge, who, being duly cautioned and sworn, makes the following statement with respect to prohibited activities constituting a conflict of interest or other violations under R.C. Section 3517.13, and further states that the undersigned has the authority to make the following representation on behalf of the entity if the undersigned as an individual is not the bidder himself or herself:

1. On behalf of the corporation, business trust, estate, individual business owner, partner or owner of partnership or other unincorporated business, shareholder of an association, that all of the following persons, where applicable, are in compliance with R.C. 3517.13.
  - a. each owner of more than twenty percent of a corporation;
  - b. each individual, partnership or other unincorporated business, association, including without limitation, professional associations;
  - c. each shareholder of an association, administrator or executor of any estate and trustee of any trust, or political action committee associated with any of the foregoing;
  - d. each spouse of the above;
  - e. each child seven years of age to seventeen years of age of any of the above;
  - f. any combination of the above.
2. The undersigned further certifies that if awarded a contract as a result of competitive bidding, or request for proposals, he, she or it shall not once the contract is awarded and extending until one year following the conclusion of the contract, make as an individual, one or more campaign contributions totaling in excess of \$1,000 or collectively, contributions totaling in excess of \$2,000 (over a two year period), to the holder of the public office having ultimate responsibility for the award of the contract or to the public officer's campaign committee, including individuals or groups of individuals specified in paragraph 1, above.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Sworn to before me, a notary public, and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

CITY OF TALLMADGE  
INDEPENDENT CONTRACTOR ANTI-BIAS DISCLOSURE

1. To the best of your knowledge, do you have any prior relationship(s) with any employee, elected official, or non-elected official of the City of Tallmadge?

|                          |     |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No  |

2. If you answered yes to question number 1, Please check the appropriate box(es) that describe that relationship(s)

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Spouse   |
| <input type="checkbox"/> | Child whether dependent or independent   |
| <input type="checkbox"/> | Parent   |
| <input type="checkbox"/> | Grandparent  |
| <input type="checkbox"/> | Sibling  |
| <input type="checkbox"/> | Aunt/Uncle   |
| <input type="checkbox"/> | In-law   |
| <input type="checkbox"/> | Step-child   |
| <input type="checkbox"/> | Step-parent  |
| <input type="checkbox"/> | Step-grandparent   |
| <input type="checkbox"/> | Step-sibling   |
| <input type="checkbox"/> | Step-aunt/Step-Uncle   |
| <input type="checkbox"/> | Any other person related by blood or marriage and residing in the same household |
| <input type="checkbox"/> | Prior business relationship or business associate                                |
| <input type="checkbox"/> | Friend   |
| <input type="checkbox"/> | Other significant relationship   |

1. If you answered Other significant relationship in question number 2, please explain below:

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2. Please provide below the name(s) of any and all employees of the City of Tallmadge with whom you have any of the above relationships:

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I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# OPERS Independent Worker/Contractor Acknowledgment Form Questionnaire

Please answer the questions below to determine if you will be required to complete the attached OPERS Independent Worker/Contractor Acknowledgment Form.

## Question 1:

Are you a sole proprietor/independent contractor?

Yes. You are required to complete the attached OPERS Independent Worker/Contractor Acknowledgment Form. If you have less than 5 employees, each employee is also required to complete the form.

No. Please go to Question 2.

## Question 2:

Are you a business entity with less than 5 employees?

Yes. You and each of your employees are required to complete the attached OPERS Independent Worker/Contractor Acknowledgment Form.

No. Please sign the statement below.

I have answered the above questions accurately and truthfully. Based on those answers, I will not be completing the OPERS Independent Worker/Contractor Acknowledgment Form .

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

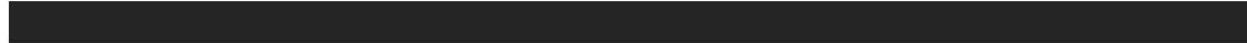
\_\_\_\_\_  
Printed Name



# INDEPENDENT CONTRACTOR/WORKER ACKNOWLEDGMENT

Ohio Public Employees Retirement System  
277 East Town Street, Columbus, Ohio 43215-4642

Employer Outreach: 1-888-400-0965  
www.opers.org



This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee and will not have contributions made to OPERS. This form must be completed not later than 30 days after you begin providing personal services to the public employer.

## STEP 1: Personal Information

Social Security Number

First Name

MI

Last Name

## STEP 2: Public Employment Information

Name of Public Employer

Employer Contact

First Name

MI

Last Name

Employer Code

Employer Contact Phone Number

Service Provided to Public Employer

Start Date of Service

Month Day Year

End Date of Service

Month Day Year



### STEP 3: Acknowledgment

The public employer identified in Step 2 has identified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for these services. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification.

**This form must be retained by the public employer and a copy sent to OPERS. The public employer's failure to retain this acknowledgment may extend your right to request a determination beyond the five years referenced above.**

Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Do not print or type name

## SECTION III: SPECIFICATIONS & PROPOSAL

### Cleaning and Maintenance Services - Tallmadge City Hall 46 North Ave Tallmadge, Ohio 44278

**1. Nightly Cleaning (5 nights/week):**

**A. Office Areas, Lobby, Common Areas, Stairwells**

|    |   |
|----|---|
| 1  | All trash can receptacles are to be emptied and trash removed to outside dumpster. (Liners to be provided by the City).                   |
| 2  | Thoroughly dust all horizontal surfaces, including desktops, files, windowsills, chairs, tables, pictures, and all manner of furnishings. |
| 3  | Damp wipe all horizontal services to remove spillage and soiled areas.  |
| 4  | Clean and polish drinking fountains.  |
| 5  | Spot clean glass surfaces.  |
| 6  | Vacuum all traffic lanes  |
| 7  | Spot mop hard surface floors to remove all spillage and soiled areas  |
| 8  | Dust mop hard surface areas.  |
| 9  | Wipe entrance door handles using a clean disinfectant antibacterial wipe.   |
| 10 | Wipe fingerprints off on entrance glass.  |

**SUB TOTAL**

|  |
|--|
|  |
|--|

**B. Restrooms**

|    |  |
|----|--|
| 1  | Stock towels and hand soap. (To be furnished by the City)  |
| 2  | Empty sanitary napkin receptacles and wipe with antibacterial disinfectant.  |
| 3  | Empty trash receptacles and wipe.  |
| 4  | Dust and damp wipe as needed all partitions, tops of mirrors and frame.  |
| 5  | Clean and polish mirrors.  |
| 6  | Wipe towel cabinet covers.   |
| 7  | Toilets and urinals to be cleaned and sanitized both inside and out with antibacterial disinfectant. Polish bright work. |
| 8  | Toilet seats to be cleaned on both sides using antibacterial disinfectant.   |
| 9  | Scour and sanitize all basins. Polish bright work.   |
| 10 | Remove splash marks from walls around basins.  |
| 11 | Wet mop and rinse floors with a disinfectant cleaner.  |

**SUB TOTAL**

|  |
|--|
|  |
|--|

C. Cafeteria or Kitchen Area

|                  |  |  |
|------------------|--|--|
| 1                | Damp wipe all appliances and vending machines.   |  |
| 2                | Thoroughly dust all horizontal surfaces, windowsills, chairs, pictures, and all manner of furnishings. |  |
| 3                | Wipe all counter tops, cabinets and tables using a clean disinfectant antibacterial wipe.              |  |
| 4                | Vacuum all carpeted areas.   |  |
| 5                | Dust mop hard surface floors.  |  |
| 6                | Damp mop and rinse hard surface floors with disinfectant cleaner.                                      |  |
| 7                | Scour and disinfect basins and polish bright work.   |  |
| 8                | Empty clean and sanitize waste receptacles.  |  |
| <b>SUB TOTAL</b> |  |  |

**Nightly Cleaning TOTAL**   
*Add Subtotals of 1. A., 1.B. and 1.C. together*

2. **Weekly Cleaning**

Office Areas, Lobby, Common Areas, Stairwells

|                              |  |  |
|------------------------------|--|--|
| 1                            | Dust all vertical surfaces of desks, file cabinets, tables, and other office furniture.      | +  |
| 2                            | Thoroughly vacuum all carpeting taking care to get into corners and along edges.             |  |
| 3                            | Thoroughly damp mop all hard surface floors taking care to get into corners and along edges. |  |
| 4                            | All recycle bins are to be emptied into the large recycle bins in the hallway.               |  |
| <b>Weekly Cleaning TOTAL</b> |  | <input style="width: 100px; height: 20px;" type="text"/> |

3. **Bi-Weekly Cleaning**

Stairwells

|                                 |                    |  |
|---------------------------------|--------------------|--|
| 1                               | Sweep stairs.      |  |
| 2                               | Mop as needed.     |  |
| 3                               | Clean entry doors. |  |
| <b>Bi-Weekly Cleaning TOTAL</b> |                    | <input style="width: 100px; height: 20px;" type="text"/> |

4. **Monthly Cleaning**

A. Offices Area, Lobby, Common Areas

|   |  |
|---|--|
| 1 | Accomplish all high dusting not reached in the above-mentioned cleaning.                   |
| 2 | Wipe telephones using clean antibacterial disinfectant wipes.                              |
| 3 | Remove fingerprints and marks from around light switches and door frames.                  |
| 4 | Buff hard surface floors if needed to enable them to present the best possible appearance. |

|                  |  |
|------------------|--|
| <b>SUB TOTAL</b> |  |
|------------------|--|

**B. Elevators**

|   |   |
|---|---|
| 1 | Dust and wipe down walls.                       |
| 2 | Clean and dust bright metal.                    |
| 3 | Clean doors and door tracks on inside.          |
| 4 | Clean doors and tracks on each floor. (outside) |

|                  |  |
|------------------|--|
| <b>SUB TOTAL</b> |  |
|------------------|--|

|  |  |
|--|--|
| <b>Monthly Cleaning TOTAL</b><br><i>Add Subtotals of 4. A. and 4.B. together</i> |  |
|--|--|

|   |  |
|---|--|
| <b>TOTAL for TALLMADGE CITY HALL</b><br><i>Add Totals of 1. – 4. Together – Multiplied by twelve.</i> |  |
|---|--|

**Cleaning and Maintenance Services - Tallmadge Police Department  
53 Northeast Ave  
Tallmadge, Ohio 44278**

**1. Nightly Cleaning (5 nights/week)**

**A. Offices, Squad Room, Lobby, Common Areas, Stairwells**

|   |   |
|---|---|
| 1 | All trash can receptacles (including large trash receptacle in lower-level garage) are to be emptied and trash removed to outside dumpster. Trash receptacles located on the outside at the entrance door and on the outside of the upper-level rear door are to be emptied once a week. (Liners to be provided by the City). |
| 2 | (Once a week) Thoroughly dust all horizontal surfaces, including desktops, files, windowsills, chairs, tables, pictures, and all manner of furnishings. (Give advance notice so desks can be cleared of work.)  |
| 3 | Damp wipe all horizontal surfaces to remove spillage and soiled areas.  |
| 4 | Clean and polish drinking fountains with antibacterial wipe.  |
| 5 | Spot clean glass surfaces with antibacterial wipe.  |
| 6 | Vacuum Chief's Office, Captain's Office, and traffic lanes nightly. All other offices as needed, but at least twice a week, with the exception of the Detective Bureau (D.B.). D.B. trash receptacles will be placed in the hall nightly for emptying. When the door to D.B. is closed – DO NOT ENTER.                        |
| 7 | Spot mop hard surface floors to remove all spillage and soiled areas. (Records Room: Wet mop entire area once a week)   |
| 8 | Dust mop hard surface areas.  |

|                  |   |
|------------------|---|
| 9                | Wipe entrance door handles using a clean disinfectant antibacterial wipe. |
| 10               | Wipe fingerprints off on entrance glass.                                  |
| <b>SUB TOTAL</b> |   |
| [ ]              |   |

**B. Restrooms**

|                  |  |
|------------------|--|
| 1                | Stock towels and toilet paper and fill hand soap dispensers. (Towels, toilet paper and soap furnished by the City) |
| 2                | Empty sanitary napkin receptacles and wipe with antibacterial disinfectant.  |
| 3                | Empty trash receptacles and wipe.  |
| 4                | Dust and damp wipe as needed all partitions, tops of mirrors and frame.  |
| 5                | Clean and polish mirrors.  |
| 6                | Wipe towel cabinet covers.   |
| 7                | Toilets and urinals to be cleaned and sanitized both inside and out. Polish bright work.                           |
| 8                | Toilet seats to be cleaned on both sides using antibacterial disinfectant (furnished by the City).                 |
| 9                | Scour and sanitize all basins. Polish bright work.   |
| 10               | Remove splash marks from walls around basins.  |
| 11               | Wet mop and rinse floors with a disinfectant.  |
| 12               | Change urinal mats once a month, or as needed, (urinal mats furnished by the City).                                |
| <b>SUB TOTAL</b> |  |
| [ ]              |  |

**C. Booking, Holding Rooms, Jail Area**

|                  |   |
|------------------|---|
| 1                | Wet mop floors.   |
| 2                | Wet wipe desk and counter tops in main area and camera room, all benches, tables and chairs in Holding/Interview Rooms, and locker and storage cabinet doors with a disinfectant, |
| <b>SUB TOTAL</b> |   |
| [ ]              |   |

**D. Evidence Lab (wear nitrile gloves – provided by the City) (If door is closed – DO NOT ENTER.)**

|                  |   |
|------------------|---|
| 1                | Wet mop floor.  |
| 2                | Wet wipe stainless steel counter tops and locker doors with disinfectant wipes. |
| 3                | Empty, clean and sanitize waste receptacles.                                    |
| <b>SUB TOTAL</b> |   |
| [ ]              |   |

E. Kitchen Areas

|                  |   |  |
|------------------|---|--|
| 1                | Thoroughly dust all horizontal surfaces, windowsills, chairs, pictures and all manner of furnishings. |  |
| 2                | Vacuum all carpeted areas.  |  |
| 3                | Dust mop hard surface floors.   |  |
| 4                | Damp mop and rinse hard surface floors with disinfectant cleaner.                                     |  |
| 5                | Empty, clean and sanitize waste receptacles.  |  |
| <b>SUB TOTAL</b> |   |  |

**Nightly Cleaning TOTAL**

*Add Subtotals of 1. A., 1.B., 1.C.,1.D and 1.E.. together*

**2. Weekly Cleaning**

F. Locker-room (Men and Women)

|                  |  |  |
|------------------|--|--|
| 1                | Thoroughly dust all surfaces, including lockers and benches.                   |  |
| 2                | Dust, mop all floors.  |  |
| 3                | All recycle bins are to be emptied into the large recycle bins in the hallway. |  |
| 4                | Mop as needed.   |  |
| 5                | Scour and sanitize all shower stalls.  |  |
| <b>SUB TOTAL</b> |  |  |

G. Stairwells

|                  |  |  |
|------------------|--|--|
| 1                | Sweep stairs.  |  |
| 2                | Mop as needed.   |  |
| 3                | Clean entry doors.   |  |
| 4                | Wipe all hand railings using a clean disinfect antibacterial wipe. |  |
| <b>SUB TOTAL</b> |  |  |

H. Training Room

|                  |  |  |
|------------------|--|--|
| 1                | Thoroughly vacuum all carpeting taking care to get into corners and along edges.             |  |
| 2                | Wet wipe all tables and dust all chairs using a cleaning disinfectant or antibacterial wipe. |  |
| <b>SUB TOTAL</b> |  |  |

I. Auxiliary Office

|   |  |
|---|--|
| 1 | Thoroughly dust mop all flooring.  |
| 2 | Wipe and dust all furniture – tables, chairs, filing cabinets and lockers. |
| 3 | Mop as needed.   |

**SUB TOTAL**

|  |
|--|
|  |
|--|

**Weekly Cleaning TOTAL**

*Add Subtotals of 2. F., 2.G. and 2.H and 2.I.. together*

|  |
|--|
|  |
|--|

**3. Bi-Weekly Cleaning**

**A. Weight-room**

|   |  |
|---|--|
| 1 | Wipe off all equipment using a cleaning disinfectant or antibacterial wipe.      |
| 2 | Thoroughly vacuum all carpeting taking care to get into corners and along edges. |

**Bi-Weekly Cleaning TOTAL**

|  |
|--|
|  |
|--|

**4. Monthly Cleaning**

**A. Office Areas, Lobby, Common Areas**

|   |  |
|---|--|
| 1 | Accomplish all high dusting not reached in the above-mentioned cleaning.                   |
| 2 | Wipe telephones using clean antibacterial disinfectant wipes.                              |
| 3 | Wipe and dust all blinds – mini-blinds and vertical blinds.                                |
| 4 | Damp wipe lobby chairs with disinfectant.  |
| 5 | Remove fingerprints and marks from around light switches and door frames.                  |
| 6 | Buff hard surface floors if needed to enable them to present the best possible appearance. |

**SUB TOTAL**

|  |
|--|
|  |
|--|

**B. Jail Cells (one a month, or as needed)**

|    |  |
|----|--|
| 1  | Scour and sanitize all basin/toilet fixtures.  |
| 2  | Wet mop floors.  |
| 3. | Dust mattresses and beds.  |
| 4. | Scour and sanitize showers. (One (1) shower for each cell block – Two (2) showers total) |

**SUB TOTAL**

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**Monthly Cleaning TOTAL**

*Add Subtotals of 4. A., and 4.B.. together*

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**TOTAL for TALLMADGE POLICE DEPARTMENT**

*Add Totals of 1. – 4. Together – Multiplied by twelve.*

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**Cleaning and Maintenance Services – John Westren Service Center  
210 Osceola Drive  
Tallmadge, Ohio 44278**

**1. Weekly Cleaning:**

A. Office Area, Lobby, Common Areas, Stairwells

|    |  |
|----|--|
| 1  | All trash can receptacles are to be emptied and trash removed to outside dumpster. (Liners to be provided by the City).                  |
| 2  | Thoroughly dust all horizontal surfaces, including desktops, files, windowsills, chairs, tables, pictures and all manner of furnishings. |
| 3  | Damp wipe all horizontal services to remove spillage and soiled areas.   |
| 4  | Spot clean glass surfaces.   |
| 5  | Vacuum all traffic lanes   |
| 6  | Spot mop hard surface floors to remove all spillage and soiled areas   |
| 7  | Dust mop hard surface areas.   |
| 8  | Wipe entrance door handles using a clean disinfectant antibacterial wipe.  |
| 9  | Wipe fingerprints off on entrance glass.   |
| 10 | Clean Lunch Tables (Utility Department)  |

**SUB TOTAL**

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B. Restrooms

|    |  |
|----|--|
| 1  | Stock towels and hand soap. (To be furnished by the City)                                |
| 2  | Empty trash receptacles and wipe.  |
| 3  | Dust and damp wipe as needed all partitions, tops of mirrors and frame.                  |
| 4  | Clean and polish mirrors.  |
| 5  | Wipe towel cabinet covers.   |
| 6  | Toilets and urinals to be cleaned and sanitized both inside and out. Polish bright work. |
| 7  | Toilet seats to be cleaned on both sides using antibacterial disinfectant.               |
| 8  | Scour and sanitize all basins. Polish bright work.                                       |
| 9  | Remove splash marks from walls around basins.  |
| 10 | Wet mop and rinse floors with a disinfectant.  |

**SUB TOTAL**

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C. Cafeteria or Kitchen Area

|                  |  |                      |
|------------------|--|----------------------|
| 1                | Damp wipe all appliances and vending machines.   |                      |
| 2                | Thoroughly dust all horizontal surfaces, windowsills, chairs, pictures, and all manner of furnishings. |                      |
| 3                | Wipe all counter tops, cabinets and tables using a clean disinfect antibacterial wipe.                 |                      |
| 4                | Vacuum all carpeted areas.   |                      |
| 5                | Dust mop hard surface floors.  |                      |
| 6                | Damp mop and rinse hard surface floors with disinfectant cleaner.                                      |                      |
| 7                | Scour and disinfect basins and polish bright work.   |                      |
| 8                | Empty clean and sanitize waste receptacles.  |                      |
| <b>SUB TOTAL</b> |  | <input type="text"/> |

**Weekly Cleaning TOTAL**   
*Add Subtotals of 1. A., 1.B. and 1.C. together*

**TOTAL for TALLMADGE JOHN WESTREN SERVICE CENTER**   
*Add Totals of 1. – 4. Together – Multiplied by twelve.*

Please note: Vinegar will not be considered a disinfectant cleaner in this proposal. Also, all recycle bins are to be emptied into the large recycle bins in the hallway weekly.

Three separate invoices shall be submitted monthly and should reflect 1/12 of the Total of each of the three areas being cleaned (Tallmadge City Hall, Police Department and John Westren Service Center).

Any additional items or changes can be made to the above schedule by mutual agreement.

The City agrees to pay the minimum quoted price monthly, plus any additional services agreed upon.

Agreement may be canceled by either party upon 30-day written notice.