

Issue Date: March 27, 2015

**INVITATION FOR BIDS #Y15-188-DG**

**NOTICE IS HEREBY GIVEN** that the Board of County Commissioners of Orange County, Florida, henceforth referred to as the County is accepting sealed bids for:

**JANITORIAL SUPPLIES AND EQUIPMENT FOR THE  
PARKS AND RECREATION DIVISION  
TERM CONTRACT**

Sealed bid offers in an **original** and **three (3) copies** for furnishing the above will be accepted up to **2:00 PM (local time), Tuesday, April 21, 2015**, in the Procurement Division, Internal Operations Centre II, 400 E. South Street, 2nd Floor, Orlando, FL 32801.

Copies of the bid documents may be obtained from the Orange County Procurement Division at the above address. Copies may be requested by phoning (407) 836-5635 or by download from the Internet at:

<http://apps.ocfl.net/orangebids/bidopen.asp>

Johnny M. Richardson, CPPO, CFCM  
Manager, Procurement Division

**NOTICE TO BIDDERS**

To ensure that your bid is responsive, you are urged to request clarification or guidance on any issues involving this solicitation before submission of your response. Your point-of-contact for this solicitation is Dorothy Gordon, Senior Purchasing Agent at [Dorothy.Gordon@ocfl.net](mailto:Dorothy.Gordon@ocfl.net).

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## GENERAL TERMS AND CONDITIONS

### 1. GENERAL INFORMATION

These specifications constitute the complete set of requirements and bid forms. The bid response page(s), and all forms listed on the bid response page(s) shall be completed, signed, and sealed in an envelope bearing the bid number on the outside and mailed or presented to the Procurement Division on or before the specified time and date. **Failure to comply with the preceding requirements shall result in the rejection of the bid.**

**Bids submitted by e-mail, telephone or fax shall not be accepted. An e-mailed or a faxed bid shall be rejected as non-responsive regardless of where it is received.**

It is the sole responsibility of the Bidder to ensure that their bid reaches the Procurement Division. All bids, unless otherwise specified, must be delivered to the following address no later than the time and date specified in the solicitation:

Procurement Division  
Internal Operations Centre II  
400 E. South Street, 2nd Floor  
Orlando, FL 32801

Bidders are cautioned that they are responsible for delivery to the specific location cited above. Therefore, if your bid is delivered by an express mail carrier or by any other means, it is your responsibility to ensure delivery to the above address. This office will not be responsible for deliveries made to any place other than the specified address.

**The County shall not be responsible for delays caused by any occurrence. The time/date stamp clock located in the Procurement Division shall serve as the official authority to determine lateness of any bid. The bid time shall be scrupulously observed. Under no circumstances shall bids delivered after the time specified be considered. Late bids will be returned to the Bidder unopened. The decision to refuse to consider a bid that was received beyond the date/time established in the solicitation shall not be the basis for a protest pursuant to the Orange County Code (Procurement Ordinance).**

All bids must be typewritten or filled in with pen and ink, and must be signed in ink by an officer or employee having authority to bind the company or firm. Errors, corrections, or changes on any document must be initialed by the signatory of the bid.

Bidders shall not be allowed to modify their bids after the opening time and date. Bid files may be examined during normal working hours, thirty (30) days after bid opening or upon recommendation for award, whichever occurs first. Bidders desiring to view these documents are urged to schedule an appointment.

For information concerning this bid, please contact the Procurement Division at the address listed above or by calling 407-836-5635. Please specify the bid number for which you are inquiring.

**2. QUESTIONS REGARDING THIS SOLICITATION**

All questions or concerns regarding this Invitation for Bids shall be submitted by email to [Dorothy.Gordon@ocfl.net](mailto:Dorothy.Gordon@ocfl.net), no later than 5:00 PM Wednesday, April 15, 2015 to the attention of Dorothy Gordon, Procurement Division, referencing the IFB number. When required the Procurement Division shall issue an addendum to the Invitation for Bids. The addendum shall be available on the Internet for access by potential Bidders. Bidders are instructed not to contact the initiating division directly. No oral interpretation of this Invitation for Bids shall be considered binding. The County shall be bound by information and statements only when such statements are written and executed under the authority of the Manager, Procurement Division.

This provision exists solely for the convenience and administrative efficiency of Orange County. No Bidder or other third party gains any rights by virtue of this provision or the application thereof, nor shall any Bidder or third party have any standing to sue or cause of action arising there from.

**3. PRICE/DELIVERY**

Price(s) bid must be the price(s) for new goods, unless otherwise specified. Any bids containing modifying or "escalator" clauses will not be considered unless specifically requested in the bid specifications.

"Acceptance" as herein used means the acceptance by Orange County after the Manager, Procurement Division or authorized agent has, by inspection or test of such items, determined that they fully comply with specifications.

**Deliveries resulting from this bid are to be performed during the normal working hours of the County.** Time is of the essence and the Contractor's delivery date must be specified and adhered to. Should the Contractor, to whom the order or contract is awarded, fail to deliver on or before the stated date, the County reserves the right to **CANCEL** the order or contract and make the purchase elsewhere, and the Contractor shall be required to compensate the County for the difference in price paid for the alternate goods. The Contractor shall be responsible for making any and all claims against carriers for missing or damage goods. Partial shipments will be acceptable unless otherwise stated.

**4. FEDERAL AND STATE TAX**

The County is exempt from Federal and State Sales and Use Taxes for tangible personal property (Certificate of Registry for tax transactions under Chapter 32, Internal Revenue Code and Florida Sales/Use Tax Exemption Certificate). The Manager, Procurement Division will sign an exemption certificate submitted by the Contractor.

Contractors doing business with the County shall not be exempted from paying sales tax to their suppliers for materials to fulfill contractual obligations with the County, nor shall any Contractor be authorized to use the County's Tax Exemption Number in securing such materials.

**5. ACCEPTANCE/REJECTION/CANCELLATION**

The County reserves the right to accept or to reject any or all bids and to make the award to that bidder who, in the opinion of the County, will be in the best interest of and/or the most advantageous to the County. The County also reserves the right to reject the bid of any bidder who has previously failed in the proper performance of an award or to deliver on time contracts of a similar nature or who, in the County's opinion, is not in a position to perform properly under this award. The County reserves the right to inspect all facilities of bidders in order to make a determination as to the foregoing. The County reserves the right to waive any irregularities and technicalities and may, at its discretion, request a re-bid. Award will be made to the lowest responsive and responsible bidder as determined by the County.

The County reserves the right, and the Manager, Procurement Division has absolute and sole discretion, to cancel a solicitation at any time prior to approval of the award by the Board of County Commissioners when such approval is required. The decision to cancel a solicitation cannot be the basis for a protest pursuant to the Orange County Code.

**6. BRAND NAME OR EQUALS/DEVIATIONS**

Unless otherwise specified, the mention of a particular manufacturer's brand name or number in the specifications does not imply that this particular good is the only one that will be considered for purchase. This reference is intended solely to designate the type or quality of good that will be acceptable. Equal offers will be considered and must include descriptive literature and/or specifications. Failure to provide descriptive literature and/or specifications with equal offers will result in the disqualification of the bid.

The determination as to whether any alternate good or service is or is not equal shall be made solely by the County and such determination shall be final and binding upon all bidders. The County reserves the right to request and review additional information to make such a determination.

Although the County provides for the consideration of alternate bids, it reserves the right to make an award in the best interest of the County. Award may not necessarily be given to the lowest bid offered.

The Bidder shall be responsible for reading very carefully, and understanding completely, the requirements and the specifications of the items bid upon. Unless the bid is in response to a "Brand Name or Equal" requirement, deviations from the specifications will only be considered if requested in writing prior to the date and time specified for receipt of bids.

Deviations, if accepted, will be specifically addressed in writing via an addendum to this Invitation for Bids. Any goods or services that are not in compliance with the specifications will not be accepted.

**7. NO BID**

Where more than one item is listed, any items not bid upon shall be indicated as "NO BID".

**8. CONFLICT OF INTEREST**

The award is subject to provisions of applicable State Statutes and County Ordinances. All bidders must disclose with their bid the name of any officer, director, or agent who is also an employee of Orange County. Further, all bidders must disclose the name of any County employee who owns, directly or indirectly, an interest of ten percent (10%) or more in the Bidder's firm or any of its branches. Should the Contractor permanently or temporarily hire any County employee who is, or has been, directly involved with the Contractor prior to or during performance of the resulting contract, the contract shall be subject to immediate termination by the County.

**9. LEGAL REQUIREMENTS**

All applicable Federal and State laws and County ordinances, that in any manner affect the items covered herein apply. Lack of knowledge by the Bidder shall in no way be a cause for relief from responsibility.

- A. Contractors doing business with the County are prohibited from discriminating against any employees, applicant, or client because of race, religion, color, disability, national origin, gender, or age with regard to but not limited to the following: employment practices, rates of pay or other compensation methods, and training selection.
- B. Minority/Women Business Enterprises (M/WBE) indicates a business entity of which 51% or more is owned and operated by a minority. In this instance, minority group members are citizens of the United States or lawfully admitted permanent residents who are Black, Hispanic, Women, Native American, Asian-Pacific, Asian-Indian. Businesses wishing to participate in the County procurement process as an M/WBE are required to complete a certification application to attain recognition as such. You may contact the Procurement Division or the Business Development Division for information and assistance.

**10. UNIFORM COMMERCIAL CODE**

The Uniform Commercial Code (Florida Statutes, Chapter 672) shall prevail as the basis for contractual obligations between the Contractor and the County for any terms and conditions not specifically stated in this Invitation for Bids.

**11. MISTAKES**

In the event of extension error(s), the unit price will prevail and the Bidder's total offer will be corrected accordingly. In the event of addition errors, the extended totals will prevail and the Bidder's total will be corrected accordingly. Bidders must check their bid where applicable. Failure to do so will be at the Bidder's risk. Bids having erasures or corrections must be initialed in ink by the Bidder.

**12. AVAILABILITY OF FUNDS**

The obligations of the County under this award are subject to the availability of funds lawfully appropriated for its purpose by the State of Florida and the Orange County Board of County Commissioners, or other specified funding source for this procurement.

**13. EEO STATEMENT**

It is hereby declared that equal opportunity and nondiscrimination shall be the County's policy intended to assure equal opportunities to every person, regardless of race, religion, sex, sexual orientation and gender expression/identity, color, age, disability or national origin, in securing or holding employment in a field of work or labor for which the person is qualified, as provided by Section 17-314 of the Orange County Code and the County Administrative Regulations.

Further, the Contractor shall abide by the following provisions:

- A. The Contractor shall represent that the Contractor has adopted and maintains a policy of nondiscrimination as defined by applicable County ordinance throughout the term of this contract.
- B. The Contractor shall allow reasonable access to all business and employment records for the purpose of ascertaining compliance with the non-discrimination provision of the contract.

The provisions of the prime contract shall be incorporate by the Contractor into the contracts of any applicable subcontractors.

**14. BID TABULATION AND RESULTS**

Bid tabulations shall be available thirty (30) days after opening on the Orange County website at: <http://apps.ocfl.net/orangebids/bidresults/results.asp> or upon notice of intended action, whichever is sooner.

**15. BID FORMS**

All bids must be submitted on the County's standard Bid Response Form. Bids on Bidder's quotation forms shall not be accepted.

**16. FLORIDA PREFERENCE**

In the event this Invitation for Bids is to acquire personal property and the lowest responsive and responsible bid submitted in response to this Invitation for Bids, is by a bidder whose principal place of business is in a state other than Florida and such state or political subdivision thereof grants a preference for the purchase of personal property to a person whose principal place of business is in said state, then Orange County Florida may award a preference to the lowest responsive and responsible bidder having a principal place of business within the State of Florida. Such preference shall be equal to the preference granted by the state in which the lowest responsive and responsible bidder has its principal place of business. This section shall not apply to transportation projects in which Federal aid funds are used.

Any bidder whose principal place of business is outside the State of Florida must accompany any written bid documents with a written opinion of an attorney at law licensed to practice law in that foreign state, as to the preferences, if any or none, granted by the law of that state to its own business entities whose principal places of business are in that foreign state in the letting of any or all public contracts. Reference Florida Statutes 287.084.

**17. RECIPROCAL PREFERENCE**

In the event the lowest responsive and responsible bid submitted in response to any Invitation for Bids is by a bidder whose principal place of business is in a county other than Orange County, and such county grants a bid preference for purchases to a bidder whose principal place of business is in such a county, then Orange County may award a preference to the next lowest responsive and responsible bidder having a principal place of business within Orange County Florida. Such preference shall be equal to the preference granted by the county in which the lowest responsive and responsible bidder has its principal place of business.

**18. POSTING OF RECOMMENDED AWARD AND PROTESTS**

The recommended award will be posted for review by interested parties at the Procurement Division and at:

<http://apps.ocfl.net/OrangeBids/AwardsRec/default.asp> prior to submission through the appropriate approval process and will remain posted for a period of five (5) full business days.

- **Orange County Lobbyist Regulations General Information**  
<http://www.orangecountyfl.net/OpenGovernment/LobbingAtOrangeCounty.aspx>

A lobbying blackout period shall commence upon issuance of the solicitation until the Board selects the Contractor. For procurements that do not require Board approval, the blackout period commences upon solicitation issuance and concludes upon contract award.



The Board of County Commissioners may void any contract where the County Mayor, one or more County Commissioners, or a County staff person has been lobbied in violation of the black-out period restrictions of Ordinance No. 2002-15.

- **Orange County Protest Procedures**  
<http://www.orangecountyfl.net/VendorServices/VendorProtestProcedures.aspx>

Failure to file a protest with the Manager, Procurement Division by 5:00 PM on the fifth full business day after posting, shall constitute a waiver of bid protest proceedings.

**19. BID AND RELATED COSTS**

By submission of a bid, the Bidder agrees that any and all costs associated with the preparation of the bid will be the sole responsibility of the Bidder. The Bidder also agrees that the County shall bear no responsibility for any costs associated with the preparation of the bid including but not limited to any administrative or judicial proceedings resulting from the solicitation process.

**20. CONTRACTUAL AGREEMENT**

This Invitation for Bids shall be included and incorporated in the final contract or purchase order. The order of contract precedence will be the contract (purchase order), bid document, and response. Any and all legal actions associated with this Invitation for Bids and/or the resultant contract (purchase order) shall be governed by the laws of the State of Florida. Venue for any litigation involving this contract shall be the Ninth Circuit Court in and for Orange County, Florida.

**21. PUBLIC ENTITY CRIME**

Section 287.133(3)(d), Florida Statutes, provides that the Florida Department of Management Services shall maintain a list of the names and addresses of those who have been disqualified from participating in the public contracting process under this section.

[http://www.dms.myflorida.com/business\\_operations/state\\_purchasing/vendor\\_information/convicted\\_suspended\\_discriminatory\\_complaints\\_vendor\\_lists/convicted\\_vendor\\_list](http://www.dms.myflorida.com/business_operations/state_purchasing/vendor_information/convicted_suspended_discriminatory_complaints_vendor_lists/convicted_vendor_list)

A person or affiliate who has been placed on The Convicted Vendor list following a conviction for a public entity crime shall not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, shall not submit bids on leases of real property to a public entity, shall not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with a public entity, and shall not transact business with any public entity in excess of the threshold amount provided in Florida Statute Section 287.017, for CATEGORY TWO for a period of thirty-six (36) months from the date of being placed on The Convicted Vendor List.

**22. DRUG-FREE WORKPLACE FORM**

The Drug-Free Workplace Form is attached and shall be completed and submitted with your bid.

**23. SUBCONTRACTING**

Bidders subcontracting any portion of the work shall state name and address of subcontractor and the name of the person to be contacted on the attached "Schedule of Subcontractors Form".

**24. CONFLICT OF INTEREST FORM**

Bidder shall complete the Conflict of Interest Form attached hereto and submit it with their bid.

**25. ETHICS COMPLIANCE**

The following forms are included in this solicitation and shall be completed and submitted as indicated below:

- A. **Orange County Specific Project Expenditure Report** -The purpose of this form is to document any expenses incurred by a lobbyist for the purposes described in **Section 2-351, Orange County Code**. This form shall be completed and submitted with all bid responses to an Orange County solicitation. Any questions concerning this form shall be addressed to the purchasing agent identified in the applicable solicitation.
- B. **Relationship Disclosure Form** – The purpose of this form is to document any relationships between a bidder to an Orange County solicitation and the Mayor or any other member of the Orange County Board of County Commissioners. This form shall be completed and submitted with the applicable bid to an Orange County solicitation.

**No contract award shall be made unless these forms have been completed and submitted with the bid.** Any questions concerning these forms shall be addressed to the purchasing agent identified in this solicitation. Also, a listing of the most frequently asked questions concerning these forms is attached to each for your information.

**26. SUBMISSION OF BID**

The bid must be mailed or hand delivered in a sealed envelope to:

**ORANGE COUNTY PROCUREMENT DIVISION**

Internal Operations Centre II  
400 E. South Street, 2nd Floor  
Orlando, Florida 32801

**Bidders must indicate on the sealed envelope the following:**

- A. Invitation for Bids Number**
- B. Hour and Date of Opening**
- C. Name of Bidder**

Bids received after the time, date, and/or at the location specified, due to failure to identify the envelope with the above information shall be rejected.

**27. COPIES**

Copies of documents, records, materials, and/or reproductions requests will be charged in accordance with Orange County's fee schedule. Copyrighted materials may be inspected, but cannot be copied or reproduced per Federal law.

**28. PROPRIETARY/RESTRICTIVE SPECIFICATIONS**

If a prospective bidder considers the specification contained herein to be proprietary or restrictive in nature, thus potentially resulting in reduced competition, they are urged to contact the Procurement Division prior to bid opening. Specifications which are unrelated to performance will be considered for deletion via addendum to this Invitation for Bids.

**29. ASSISTANCE WITH SPECIFICATIONS**

Any prospective bidder who assisted the County in developing or writing the specifications contained herein are requested to so note such on the bid response page.

**30. PAYMENT TERMS/DISCOUNTS**

The County's payment terms are in accordance with Florida Statute 218, Local Government Prompt Payment Act. Cash discounts for prompt payment shall not be considered in determining the lowest net cost for bid evaluation purposes.

**31. PATENTS AND ROYALTIES**

Unless otherwise provided, the Contractor shall be solely responsible for obtaining the right to use any patented or copyrighted materials in the performance of the contract resulting from this Invitation for Bids.

The Contractor, without exception, shall indemnify and save harmless the County and its employees from liability of any nature or kind, including cost and expenses for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured or supplied by the Contractor. In the event of any claim against the County of copyright or patent infringement, the County shall promptly provide written notification to the Contractor. If such a claim is made, the Contractor shall use its best efforts to promptly purchase for the County any infringing products or services or procure a license, at no cost to the County, which will allow continued use of the service or product.

If none of the alternatives are reasonably available, the County agrees to return the article on request to the Contractor and receive reimbursement, if any, as may be determined by a court of competent jurisdiction.

**32. INDEMNIFICATION**

To the fullest extent permitted by law, the Contractor shall defend, indemnify, and hold harmless the County, its officials, agents, and employees from and against any and all claims, suits, judgments, demands, liabilities, damages, cost and expenses including attorney's fees of any kind or nature whatsoever arising directly or indirectly out of or caused in whole or in part by any act or omission of the Contractor or its subcontractors, anyone directly or indirectly employed by them, or anyone for whose acts any of them may be liable; excepting those acts or omissions arising out of the sole negligence of the County.

**33. CLARIFICATIONS**

It is the Bidder's responsibility to become familiar with and fully informed regarding the terms, conditions and specifications of this Invitation for Bids. Lack of understanding and/or misinterpretation of any portions of this Invitation for Bids shall not be cause for withdrawal of your bid after opening or for subsequent protest of award. Bidder's must contact the Procurement Division, at the phone number on the bid cover sheet **prior** to bid opening, should clarification be required.

Modification or alteration of the documents contained in the solicitation or contract shall only be valid if mutually agreed to in writing by the Bidder and the County.

**34. CERTIFICATION OF INDEPENDENT PRICE DETERMINATION**

By submission of this bid, the Bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, that in connection with this procurement:

- A. The prices in this bid have been arrived at independently, without consultation, collusion, communication, or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.
- B. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to opening, directly or indirectly to any other Bidder or to any competitor; and,
- C. No attempt has been made or shall be made by the Bidder to induce any other person or bidder to submit or not to submit a bid for the purpose of restricting competition.

**35. SUCCESSORS AND ASSIGNS**

The County and the Contractor each binds itself and its partners, successors, executors, administrators, and assigns to the other party of this Contract and to the partners, successors, executors, administrators, and assigns of such other party, in respect to all covenants of this Contract. Except as above, neither the County nor the Contractor shall assign, sublet, convey or transfer its interest in this Contract without the written consent of the other. Nothing herein shall be construed as creating any personal liability on the part of any officer or agent of the County which may be a party hereto, nor shall it be construed as giving any rights or benefits hereunder to anyone other than the County and the Contractor.

**36. PRICING/AUDIT**

The Contractor shall establish and maintain a reasonable accounting system, which enables ready identification of Contractor's cost of goods and use of funds. Such accounting system shall also include adequate records and documents to justify all prices for all items invoiced as well as all charges, expenses and costs incurred in providing the goods for at least five (5) years after completion of this contract. The County or its designee shall have access to such books, records, subcontract(s), financial operations, and documents of the Contractor or its subcontractors, as required to comply with this section for the purpose of inspection or audit anytime during normal business hours at the Contractor's place of business. This right to audit shall include the Contractor's subcontractors used to procure goods under the contract with the County. Contractor shall ensure the County has these same rights with subcontractors and suppliers.

**37. EMPLOYEES OF THE CONTRACTOR**

All work under this contract shall be performed in a professional and skillful manner. The County may require, in writing, that the Contractor, remove from this contract any employee the County deems incompetent, careless, or otherwise objectionable.

**38. TOBACCO FREE CAMPUS**

All Orange County operations under the Board of County Commissioners shall be tobacco free. This policy shall apply to parking lots, parks, break areas and worksites. It is also applicable to Contractors and their personnel during contract performance on County owned property. Tobacco is defined as tobacco products including, but not limited to, cigars, cigarettes, e-cigarettes, pipes, chewing tobacco and snuff. Failure to abide by this policy may result in civil penalties levied under Chapter 386, Florida Statutes and/or contract enforcement remedies.

**39. CONTRACT CLAIMS**

“Claim” as used in this provision means a written demand or written assertion by one of the contracting parties seeking as a matter of right, the payment of a certain sum of money, the adjustment or interpretation of contract terms, or other relief arising under or relating to this contract.

Claims made by a Contractor against the County, relating to a particular contract shall be submitted to the Manager, Procurement Division in writing clearly labeled “Contract Claim” requesting a final decision. The Contractor also shall provide with the claim a certification as follows: “I certify that the claim is made in good faith; that the supporting data are accurate and complete to the best of my knowledge and belief; that the amount requested accurately reflects the contract adjustment for which the Contractor believes the County is liable; and that I am duly authorized to certify the claim on behalf of the Contractor.”

**Failure to document a claim in this manner shall render the claim null and void. No claim shall be accepted after final payment of the contract.**

The decision of the Manager, Procurement Division shall be issued in writing and furnished to the Contractor. The decision shall state the reasons for the decision reached. The Manager, Procurement Division shall render the final decision within sixty (60) days after receipt of Contractor’s written request for a final decision. The Manager, Procurement Division decision shall be final and conclusive.

The Contractor shall proceed diligently with performance of this contract pending final resolution of any request for relief, claim, appeal or action arising under the contract and shall comply with any final decision rendered by the Manager, Procurement Division.

**40. VERIFICATION OF EMPLOYMENT STATUS**

Prior to the employment of any person under this contract, the Contractor shall utilize the U.S. Department of Homeland Security’s E-Verify system to verify the employment eligibility of all new employees hired by the Contractor during the contract term, and an express requirement that Contractors include in such subcontracts the requirement that subcontractors performing work or providing services pursuant to the state contract utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term. For more information on this process, please refer to United States Citizenship and Immigration Service site at:

<http://www.uscis.gov/portal/site/uscis>.

**Only those employees determined eligible to work within the United States shall be employed under this contract.**

By submission of a bid in response to this solicitation, the Contractor affirms that all employees in the above categories shall undergo e-verification before placement on this contract. The Contractor shall commit to comply with this

requirement by completing the E-Verification certification, attached to this solicitation.

**41. CONFIDENTIAL INFORMATION**

In accordance with Chapter 119 of the Florida Statutes (Public Records Law), and except as many be provided by other applicable State or Federal Law, all proposers should be aware that Invitation for Bids and the responses thereto are in the public domain. Bidders must identify specifically any information contained in their response which they consider confidential and/or proprietary and which they believe to be exempt from disclosure, **citing specifically the applicable exempting law**. If a Bidder fails to cite the applicable exempting law, we will treat the information as public.

## SPECIAL TERMS AND CONDITIONS

### 1. QUALIFICATION OF BIDDERS

The County reserves the right, before award, to require a bidder to submit evidence of qualifications as the County deems necessary to determine the ability of the Bidder to perform. Acceptable evidence may include but may not be limited to: financial information, past performance, and technical information.

The determination on whether a bidder is responsible or not shall be at the sole discretion of the County. Although the County may request the submission of a minimum number of contracts similar to the requirements of this solicitation with certain minimum dimensions, quantities, dollar values, etc., the County's determination of a bidder's responsibility shall not be solely based on the number of similar procurements the bidder provides but the entirety of the bidder's qualifications.

### 2. BID ACCEPTANCE PERIOD

A bid shall constitute an irrevocable offer for a period of ninety (90) days from the bid opening date or until the date of award. In the event that an award is not made by the County within ninety (90) days from the bid opening date, the Bidder may withdraw their bid or provide a written extension of their bid.

### 3. AWARD

Award shall be made on an "All-or-None Total Bid" basis to the lowest responsive and responsible Bidder.

### 4. F.O.B. POINT

The F.O.B. point will be a destination within Orange County. Deliveries shall be accomplished Countywide and shall be made directly to the individual site location where the order originated, Monday through Friday (excluding County Holidays) during regular work days, between 8:00AM and 5:00PM. The bid shall include all costs of packaging, transporting, delivery and unloading. **This shall include inside delivery if requested to the designated point within Orange County. Orders received, by confirmation of executed Delivery Order, prior to noon shall be delivered the next workday by 5:00PM. Prepaid freight on all shipments.**

### 5. TERMINATION

#### A. Termination for Default:

The County may, by written notice to the Contractor terminate this contract for default in whole or in part (delivery orders, if applicable) if the Contractor fails to:

1. Provide goods or services that comply with the specifications herein or fails to meet the County's performance standards



2. Deliver the goods or to perform the services within the time specified in this contract or any extension.
3. Make progress so as to endanger performance of this contract
4. Perform any of the other provisions of this contract.

Prior to termination for default, the County shall provide adequate written notice to the Contractor through the Manager, Procurement Division, affording the opportunity to cure the deficiencies or to submit a specific plan to resolve the deficiencies within ten (10) calendar days (or the period specified in the notice) after receipt of the notice. Failure to adequately cure the deficiency shall result in termination action. Such termination may also result in suspension or debarment of the Contractor in accordance with the County's Procurement Ordinance. The Contractor and its sureties (if any) shall be liable for any damage to the County resulting from the Contractor's default of the contract. This liability includes any increased costs incurred by the County in completing contract performance.

In the event of termination by the County for any cause, the Contractor shall have, in no event, any claim against the County for lost profits or compensation for lost opportunities. After a receipt of a Termination Notice and except as otherwise directed by the County the Contractor shall:

1. Stop work on the date and to the extent specified.
2. Terminate and settle all orders and subcontracts relating to the performance of the terminated work
3. Transfer all work in process, completed work, and other materials related to the terminated work as directed by the County.
4. Continue and complete all parts of that work that have not been terminated.

If the Contractor's failure to perform the contract arises from causes beyond the control and without the fault or negligence of the Contractor the contract shall not be terminated for default. Examples of such causes include (1) acts of God or the public enemy, (2) acts of a government in its sovereign capacity, (3) fires, (4) floods, (5) epidemics, (6) strikes and (7) unusually severe weather.

**B. Termination for Convenience:**

The County, by written notice, may terminate this contract, in whole or in part, when it is in the County's interest. If this contract is terminated, the County shall be liable only for goods or services delivered and accepted. The County Notice of Termination shall provide the Contractor thirty (30)

calendar days prior notice before it becomes effective. **A termination for convenience may apply to individual delivery orders, purchase orders or to the contract in its entirety.**

**6. AS SPECIFIED**

All goods delivered shall meet the specifications herein. Goods delivered not as specified shall be returned at no expense by Orange County. The County may return, for full credit, any unused goods received which fail to meet the County's performance standards. Replacement goods meeting specifications shall be submitted within a reasonable time after rejection of the non-conforming goods.

**7. PAYMENT**

Partial payments for the value of goods received and accepted may be requested by the submission of a properly executed invoice, with supporting documents if required. Payment shall be made in accordance with Florida Statute 218, Local Government Prompt Payment Act. Payment for accepted equipment/goods/services shall be accomplished by submission of an invoice, in duplicate, to:

Community & Environmental Services Department  
Fiscal & Operational Support  
450 E. South Street, 3<sup>rd</sup> Floor, Suite 315  
Orlando, Florida 32801  
Phone (407) 836-5530

In the event additional County Departments or other public entities utilize this contract, invoices are to be sent directly to the Department or entity placing the order.

**8. INFORMATION AND DESCRIPTIVE LITERATURE**

Bidders shall furnish all information requested and in the space provided on the bid form. Each Bidder offering an equal to the brand(s) specified (or if no brand is specified) shall submit with their bid, descriptive literature and/or detailed specifications covering the products offered. Reference to literature submitted with a previous bid shall not satisfy this provision. Bids which do not comply with these requirements may be rejected.

**9. BRAND/MANUFACTURER REFERENCED**

Reference manufacturer indicated. Goods similar in design and equal in function and performance may also be considered. Equal offers shall include descriptive literature and/or detailed specifications. Failure to include such specifications or literature for equal offers may be cause for disqualification of the bid.

**10. REQUIRED REPORTS**

Upon request, the Contractor shall supply on demand or viewable reports that list usages/sales of each item delivered per Site Location (established by Unit) and date range under this contract to the Parks and Recreation Division within a forty-eight (48) hour turnaround timeframe. Failure to supply said report shall be cause for termination of the contract.

**11. PACKAGING/SHIPPING LABELS**

Shipping labels shall be attached to each carton and shall contain the following information: delivery order number, quantity contained in each package and total number of items being delivered.

**12. PALLETIZE**

Shipment(s) shall be palletized. Pallets are available for exchange at the time of delivery, if requested prior to delivery by the Contractor.

**13. INSURANCE REQUIREMENTS**

Vendor/Contractor agrees to maintain on a primary basis and at its sole expense, at all times throughout the duration of this contract the following types of insurance coverage with limits and on forms (including endorsements) as described herein. These requirements, as well as the County's review or acceptance of insurance maintained by Vendor/Contractor is not intended to and shall not in any manner limit or qualify the liabilities assumed by Vendor/Contractor under this contract. Vendor/Contractor is required to maintain any coverage required by federal and state workers' compensation or financial responsibility laws including but not limited to Chapter 324 and 440, Florida Statutes, as may be amended from time to time.

The Vendor/Contractor shall require and ensure that each of its sub-Vendors/sub-Contractors providing services hereunder (if any) procures and maintains until the completion of their respective services, insurance of the types and to the limits specified herein.

Insurance carriers providing coverage required herein must be licensed to conduct business in the State of Florida and must possess a current A.M. Best's Financial Strength Rating of A- Class VIII or better.

*(Note: State licenses can be checked via [www.floir.com/companysearch/](http://www.floir.com/companysearch/) and A.M. Best Ratings are available at [www.ambest.com](http://www.ambest.com))*

Required Coverage:

- Commercial General Liability - The Vendor/Contractor shall maintain coverage issued on the most recent version of the ISO form as filed for use in Florida or its equivalent, with a limit of liability of not less than \$500,000 per occurrence. Vendor/Contractor further agrees coverage shall not contain any endorsement(s) excluding or limiting Product/Completed

Operations, Contractual Liability, or Separation of Insureds. The General Aggregate limit shall either apply separately to this contract or shall be at least twice the required occurrence limit.

Required Endorsements:

- Additional Insured- CG 20 26 or CG 20 10/CG 20 37 or their equivalents.  
Note: CG 20 10 must be accompanied by CG 20 37 to include products/completed operations
- Waiver of Transfer of Rights of Recovery- CG 24 04 or its equivalent.  
Note: If blanket endorsements are being submitted please include the entire endorsement and the applicable policy number.
- Business Automobile Liability - The Vendor/Contractor shall maintain coverage for all owned; non-owned and hired vehicles issued on the most recent version of the ISO form as filed for use in Florida or its equivalent, with limits of not less than \$500,000 (five hundred thousand dollars) per accident. In the event the Vendor/Contractor does not own automobiles the Vendor/Contractor shall maintain coverage for hired and non-owned auto liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Liability policy.
- Workers' Compensation - The Vendor/Contractor shall maintain coverage for its employees with statutory workers' compensation limits, and no less than \$100,000 each incident of bodily injury or disease for Employers' Liability. Elective exemptions as defined in Florida Statute 440 will be considered on a case-by-case basis. Any Vendor/Contractor using an employee leasing company shall complete the Leased Employee Affidavit.

Required Endorsements:

- Waiver of Subrogation- WC 00 03 13 or its equivalent

When a self-insured retention or deductible exceeds \$100,000 the COUNTY reserves the right to request a copy of Vendor/Contractor most recent annual report or audited financial statement. For policies written on a "Claims-Made" basis the Vendor/Contractor agrees to maintain a retroactive date prior to or equal to the effective date of this contract. In the event the policy is canceled, non-renewed, switched to occurrence form, or any other event which triggers the right to purchase a Supplemental Extended Reporting Period (SERP) during the life of this contract the Vendor/Contractor agrees to purchase the SERP with a minimum reporting period of not less than two years. Purchase of the SERP shall not relieve the Vendor/Contractor of the obligation to provide replacement coverage.

**By entering into this contract Vendor/Contractor agrees to provide a waiver of subrogation or a waiver of transfer of rights of recovery, in favor of the County for the workers' compensation and general liability policies as required herein. When required by the insurer or should a policy condition not permit the Vendor/Contractor to enter into a pre-loss agreement to waive subrogation without an endorsement, then Vendor/Contractor agrees to notify the insurer and request the policy be endorsed with a Waiver of Subrogation or a Waiver of Transfer of Rights of Recovery Against Others endorsement.**

Prior to execution and commencement of any operations/services provided under this contract the Vendor/Contractor shall provide the COUNTY with current certificates of insurance evidencing all required coverage. In addition to the certificate(s) of insurance the Vendor/Contractor shall also provide endorsements for each policy as specified above. All specific policy endorsements shall be in the name of the Orange County Board of County Commissioners.

For continuing service contracts renewal certificates shall be submitted immediately upon request by either the COUNTY or the COUNTY's contracted certificate compliance management firm. The certificates shall clearly indicate that the Vendor/Contractor has obtained insurance of the type, amount and classification as required for strict compliance with this insurance section. Vendor/Contractor shall notify the COUNTY not less than thirty (30) business days (ten business days for non-payment of premium) of any material change in or cancellation/non-renewal of insurance coverage. The Vendor/Contractor shall provide evidence of replacement coverage to maintain compliance with the aforementioned insurance requirements to the COUNTY or its certificate management representative five (5) business days prior to the effective date of the replacement policy (ies).

The certificate holder shall read:

Orange County Board of County Commissioners  
c/o Procurement Division  
400 E. South Street, 2<sup>nd</sup> Floor  
Orlando, Florida 32801

**14. CONTRACT TERM/RENEWAL**

- A. The contract resulting from this Invitation for Bids shall commence effective upon issuance of a term contract by the County and extend for a period of twelve (12) month(s). The contract may be renewed for two (2) additional twelve (12) month periods, upon mutual agreement of both parties. If any such renewal results in changes in the terms and conditions, such changes shall be reduced to writing as an amendment to this contract and such amendment shall be executed by both parties. Renewal of the contract shall be subject to appropriation of funds by the Board of County Commissioners.

- B. The initiating County department(s) shall issue delivery/purchase orders against the term contract on an “as needed” basis.
- C. If the quantity of a unit priced item in this contract is an estimated quantity and the actual quantities ordered are more than 50% above the estimated quantity, the County shall enter into negotiations with the Contractor for a lower unit price which shall be incorporated into the contract. Failure of the Contractor to agree to a reduced unit price may result in the termination of the contract and re-solicitation of the requirement.
- D. Any order issued during the effective period of this contract, but not completed within that period, shall be completed by the Contractor within the time specified in the order. The contract shall govern the Contractor’s and the County’s rights and obligations with respect to that order to the extent as if the order were completed during the contract performance period.

**15. PRICING**

The County requires a firm price for the entire contract period. Invoices shall be reviewed to confirm compliance with contract pricing. Failure to hold prices firm shall be grounds for immediate termination of the contract.

**16. PRICE ESCALATION/DE-ESCALATION (PPI)**

The County may allow a price escalation provision within this award.

The original contract prices shall be firm for the entirety of the initial (12 month) contract period. A price escalation/de-escalation will be considered at the time of contract renewal and at 1-year intervals thereafter, provided the Contractor notifies the County, in writing, of the pending price escalation/de-escalation a minimum of sixty (60) days prior to the contract renewal date. Price adjustments shall be based on the latest version of the Producer Price Index (PPI) – Industry Data, as published by the U.S. Department of Labor, Bureau of Labor Statistics. This information is available at [www.bls.gov](http://www.bls.gov). Contractor shall utilize the North American Industry Classification System (NAICS) to identify the industry code most similar to the contracted commodity for the required calculation below. This information is available at [www.census.gov/eos/www/naics/](http://www.census.gov/eos/www/naics/).

Price adjustment shall be calculated by applying the simple percentage model to the PPI data. This method is defined as subtracting the base period index value (at the time of initial award) from the index value at time of calculation (latest version of the PPI published as of the date of request for price adjustment), divided by the base period index value to identify percentage of change, then multiplying the percentage of change by 100 to identify the percentage change. Formula is as follows:

$$\text{Current Index} - \text{Base Index} / \text{Base Index} = \% \text{ of Change}$$

$$\% \text{ of Change} \times 100 = \text{Percentage Change}$$

### **PPI Calculation Example:**

PPI for current period	232.945
Less PPI for base period	229.815
Equals index point change	3.130
Divided by base period PPI	229.815
Equals	0.0136
Result multiplied by 100	0.0136 x 100
Equals percent change	1.4%

A price increase may be requested only at each time interval specified above, using the methodology outlined in this section. To request a price increase, Contractor shall submit a letter stating the percentage amount of the requested increase and adjusted price to the Orange County Procurement Division. The letter shall include the complete calculation utilizing the formula above, and a copy of the PPI – Industry Data index table used in the calculation. The maximum allowable increase shall not exceed 4%, unless authorized by the Manager, Procurement Division. If approved, the price adjustment shall become effective on the contract renewal date. All price adjustments must be accepted by the Manager, Procurement Division and shall be memorialized by written amendment to this contract. No retroactive contract price adjustments will be allowed. Only final PPI data will be used to adjust contract pricing.

Should the PPI – Industry Data as published by the U.S. Department of Labor, Bureau of Labor Statistics decrease during the term of the contract, or any renewals, the Contractor shall notify the Orange County Procurement Division of price decreases in the same method outlined above. If approved, the price adjustment shall become effective on the contract renewal date. If the Contractor fails to pass the decrease on to the County, the County reserves the right to place the Contractor in default, cancel the award, and remove the Contractor from the County Vendor List for a period of time deemed suitable by the County. In the event of this occurrence, the County further reserves the right to utilize any options as stated herein.

#### **17. USE OF CONTRACT BY OTHER GOVERNMENT AGENCIES**

At the option of the Contractor, the use of the contract resulting from this solicitation may be extended to other governmental agencies, including the State of Florida, its agencies, political subdivisions, counties, and cities.

Each governmental agency allowed by the Contractor to use this contract shall do so independent of any other governmental entity. Each agency shall be responsible for its own purchases and shall be liable only for goods or services ordered, received and accepted. No agency receives any liability by virtue of this bid and subsequent contract award.

#### **18. BID PREFERENCE**

In accordance with the Minority Women Owned Business Enterprise (MWBE) Ordinance, award of a contract resulting from this Invitation for Bids may be made to the lowest responsive and responsible Orange County certified MWBE bidder provided that the bid does not exceed the overall lowest responsive and responsible bidder by the following percentages for the bid amounts listed:

- A. 8% - Bids Up To \$100,000
- B. 7% - Bids Greater Than \$100,000 to \$500,000
- C. 6% - Bids Greater Than \$500,000 to \$750,000
- D. 5% - Bids Greater Than \$750,000 to \$2,000,000
- E. 4% - Bids Greater Than \$2,000,000 to \$5,000,000
- F. 3% - Bids Greater Than \$5,000,000

In accordance with the Service Disabled Veteran Business Ordinance, award of a contract resulting from this Invitation for Bids may be made to the lowest responsive and responsible registered Service Disabled Veteran bidder provided that the bid does not exceed the overall lowest responsive and responsible bidder by the following percentages for the bid amounts listed:

- A. 8% - Bids Up To \$100,000
- B. 7% - Bids Greater Than \$100,000 to \$500,000
- C. 6% - Bids Greater Than \$500,000 to \$750,000
- D. 5% - Bids Greater Than \$750,000 to \$2,000,000
- E. 4% - Bids Greater Than \$2,000,000 to \$5,000,000
- F. 3% - Bids Greater Than \$5,000,000

In the event of a tie between an M/WBE and an SDV with all else being equal, the award shall be made to the firm with the lowest business net worth.

**19. METHOD OF ORDERING**

The County shall issue Delivery (Purchase) Orders against the contract on an as needed basis for the goods or services listed on the Bid Response Form.

**20. CONDITIONS FOR EMERGENCY/HURRICANE OR DISASTER - TERM CONTRACTS**

It is hereby made a part of this Invitation for Bids that before, during and after a public emergency, disaster, hurricane, flood, or other acts of God that Orange County shall require a "first priority" basis for goods and services. It is vital and imperative that the majority of citizens are protected from any emergency situation which threatens public health and safety, as determined by the County. Contractor agrees to rent/sell/lease all goods and services to the County or other governmental entities as opposed to a private citizen, on a first priority basis. The County expects to pay contractual prices for all goods or services required during an emergency situation. Contractor shall furnish a twenty-four (24) hour phone number in the event of such an emergency.



## 21. REFERENCES

A contact person shall be someone who has personal knowledge of the Bidder's performance for the specific requirement listed. Contact person shall have been informed that they are being used as a reference and that the County may be contacting them. More than one person can be listed but all shall have knowledge of the project. The reference shall be the owner or a representative of the owner. Contractors who provided services under the referenced project (contract) shall not be accepted as references. **DO NOT** list principals or officers who shall not be able to answer specific questions regarding the project. Failure of references listed to respond to the County's inquiries may negatively impact the responsibility of the Bidder.

## 22. REQUIREMENTS CONTRACT

This is a Requirements Contract and the County's intent is to order from the Contractor all of the goods or services specified in the contract's price schedule that are required to be purchased by the County. If the County urgently requires delivery of goods or services before the earliest date that delivery may be required under this contract, and if the contractor will not accept an order providing for accelerated delivery, the County may acquire the goods or services from another source.

The County's requirements in this contract are estimated and there is no commitment by the County to order any specified amount. If the estimated quantities are not achieved, this shall not be the basis for an equitable adjustment.

**If the Manager, Procurement Division determines that the Contractor's performance is less than satisfactory, the County may order the goods or services from other sources until the deficient performance has been cured or the contract terminated.**

**BID RESPONSE FORM  
IFB #Y15-188-DG**

The Contractor shall provide all labor and other resources necessary to provide the goods in strict accordance with the specifications defined in this solicitation for the amounts specified in this Bid Response Form, inclusive of overhead, profit and any other costs.

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b><u>ESTIMATED ANNUAL USAGE</u></b>	<b><u>UNIT PRICE</u></b>	<b><u>TOTAL EST. BID</u></b>
1.	A.C.E. Floor Care Zagers 310 Stripper, Hi Pro 5 Gal Pail or approved equal	100 pail	\$_____ / pail	\$_____
	_____ Manufacturer/Product Name			
2.	A.C.E. Floor Care Zagers 495 Floor Finish Ultra Seal 5 Gal Pail or approved equal	100 pail	\$_____ / pail	\$_____
	_____ Manufacturer/Product Name			
3.	Air Freshener SSS/Bayberry Dry Air Fr. Aerosol, 12/7 oz 12-7 oz bottles per case or approved equal	25 cases	\$_____ /case	\$_____
	_____ Manufacturer/Product Name			
4.	Air Freshener Big D Industries C-Mini D Stick-Up Mountain Air 12/Box per case or approved equal	25 cases	\$_____ /case	\$_____
	_____ Manufacturer/Product Name			
5.	Air Freshener Neutra Air Lysol/C-Neutra Air Fresh Scent 12 10 oz cans per case or approved equal	25 cases	\$_____ /case	\$_____
	_____ Manufacturer/Product Name			

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
6.	Air Freshener SSS/SSS Command Air Micro, Fresh Scent, 2 oz cans, 12 per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
7.	Air Freshener SSS/SSS Metered Baby Powder Dry Air Fr. Aero 12 7 oz bottles per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
8.	Air Freshener SSS/SSS Metered Lavender Mist Dry Air Fr. Aero 12 7 oz bottles per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
9.	Air Freshener Dispensers SSS/SSS OmniAir (Wht/Citrus Twist) 6/cs 1 dispenser + 6 refills or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
10.	Air Freshener Dispensers SSS/SSS OmniAir Dispenser Chrome, 12 per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			

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

<b>ITEM NO.</b>	<b>DESCRIPTION</b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
11.	Air Freshener Dispensers SSS/SSS OmniAir Dispenser White, 12 per case or approved equal	25 cases	\$_____/case	\$_____
<hr/> Manufacturer/Product Name				
12.	Air Freshener Dispensers SSS/SSS OmniAir Arctic Mist, 6 per case or approved equal	25 cases	\$_____/case	\$_____
<hr/> Manufacturer/Product Name				
13.	Air Freshener Dispensers SSS/SSS OmniAir Blue Wave, 6 per case or approved equal	25 cases	\$_____/case	\$_____
<hr/> Manufacturer/Product Name				
14.	Air Freshener Dispensers SSS/SSS OmniAir Citrus Twist, 6 per case or approved equal	25 cases	\$_____/case	\$_____
<hr/> Manufacturer/Product Name				
15.	Air Freshener Dispensers SSS/SSS OmniAir, Cucumber Melon, 6 per case or approved equal	25 cases	\$_____/case	\$_____
<hr/> Manufacturer/Product Name				

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

<b>ITEM NO.</b>	<b>DESCRIPTION</b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
16.	Air Freshener Dispensers SSS/SSS OmniAir, Mango Mist 6 per case or approved equal	25 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
17.	Air Freshener Dispensers SSS/SSS OmniAir, Mint Mist 6 per case or approved equal	25 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
18.	Air Freshener Dispensers SSS/SSS OmniAir, Spring Bouquet 6 per case or approved equal	25 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
19.	All Purpose Cleaners & Degreasers SSS/SSS Alley Oop Multi Enzyme Digestant & S 4 1 gal bottles per case or approved equal	25 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
20.	All Purpose Cleaners & Degreasers SSS/SSS Maverick RTU Super Duty Degreaser, 1 quart 12 per case or approved equal	250 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
21.	Auto Care Zagers/Z130 Vehicle Wash, 2 2.5 gal bottles per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
22.	Baby Changing Stations Koala Care/C-Sanitary Bed Liners 500 per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
23.	Baby Changing Stations Koala Care/C-Vertical Baby Changing Station – Cream 1 unit or approved equal	25 unit	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
24.	Batteries Energizer/C-Energizer Industrial AAA 24 per pack or approved equal	25 packs	\$ _____/pack	\$ _____
	_____ Manufacturer/Product Name			
25.	Batteries Duracell/C-Procell Industrial AAA Alkaline Battery 24 per pack or approved equal	25 packs	\$ _____/pack	\$ _____
	_____ Manufacturer/Product Name			
26.	Batteries Duracell/C-Procell Industrial Batteries 12 per pack or approved equal	25 packs	\$ _____/pack	\$ _____
	_____ Manufacturer/Product Name			

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
27.	Bleach Clorox/Clorox Outdoor Bleach 3 120 oz bottles per case or approved equal	25 cases	\$_____/case	\$_____
	_____ Manufacturer/Product Name			
28.	Bleach Clorox/C-Ultra Clorox Germicid Bleach 96 oz 6 bottles per case or approved equal	25 cases	\$_____/case	\$_____
	_____ Manufacturer/Product Name			
29.	Bleach Pure Bright/Gernicidal Bleach 1GL 6 1 gal bottles per case or approved equal	50 cases	\$_____/case	\$_____
	_____ Manufacturer/Product Name			
30.	Bleach Pure Bright/Pure Bright Bleach 1GAL 6 1 gal bottles per case or approved equal	25 cases	\$_____/case	\$_____
	_____ Manufacturer/Product Name			
31.	Bleach Pure Bright/Pure Bright Bleach 1GAL 6 1 gal bottles per case or approved equal	200 cases	\$_____/case	\$_____
	_____ Manufacturer/Product Name			
32.	Broom Boardwalk/Broom Toy Blended 2 Strw 12 per case or approved equal	25 cases	\$_____/case	\$_____
	_____ Manufacturer/Product Name			

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
33.	Broom Better Brush/Broom, Angle, Warehouse, Black, 1 unit or approved equal	150 units	\$ _____/unit	\$ _____
<hr/> Manufacturer/Product Name				
34.	Broom Unisan/C-Broom, Angle, Flagged, Wood Handle Plastic 12 units or approved equal	150 units	\$ _____/unit	\$ _____
<hr/> Manufacturer/Product Name				
35.	Broom Boardwalk/C-Flagged Tip Push Broom 36 in Maroon 1 unit or approved equal	150 units	\$ _____/unit	\$ _____
<hr/> Manufacturer/Product Name				
36.	Broom Carlisle/Duo-Sweep B Lobby Broom 1 unit or approved equal	150 units	\$ _____/unit	\$ _____
<hr/> Manufacturer/Product Name				
37.	Broom Better Brush/Flagged Lobby Broom w/handle, Blue 1 unit or approved equal	150 units	\$ _____/unit	\$ _____
<hr/> Manufacturer/Product Name				
38.	Broom Carlisle/Handle, 5' Fiberglass, 12 Yellow 1 unit or approved equal	150 units	\$ _____/unit	\$ _____
<hr/> Manufacturer/Product Name				

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



<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>ESTIMATED ANNUAL USAGE</u>	<u>UNIT PRICE</u>	<u>TOTAL EST. BID</u>
39.	Broom Rubbermaid/Rubbermaid Commercial Lobby Corn-Fill Br 1 unit or approved equal	150 units	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
40.	Broom SSS/SSS #34 Black Warehouse Corn Broom, 12 per case or approved equal	150 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
41.	Broom SSS/SSS Black Lobby Corn Broom, 1 Unit or approved equal	150 units	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
42.	Brushes Better Brush/BRUSH, 10" DUAL SURFACE hi lo, 1 unit or approved equal	150 units	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
43.	Brushes Better Brush/BRUSH, SCRUB, IRONSTYLE, 1 unit or approved equal	150 units	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
44.	Brushes (Counter) Better, Bruch/BRUSH, COUNTER, 8", FLAGGED, 1 unit or approved equal	150 units	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
45.	Brushes (Deck) Better, Brush/BRUSH, SWIVEL-SCRUB, POLY, 1 unit or approved equal	150 units	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
46.	Brushes (Grout) Better, Brush/BRUSH, GROUT, NYLON, 8.125in, 1 unit or approved equal	150 units	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
47.	Brushes (Grout) Better, Brush/BRUSH, GROUT, PIVOTING, BLACK, 1 unit or approved equal	150 units	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
48.	Brushes (Wire) Better, Brush/BRUSH, WIRE, with SCRAPER, C HANDLE, 1 unit or approved equal	150 units	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
49.	Buckets & Wringers Better Brush/Bucket/Wringer Side Press Combo 26 ltr 1 Unit or approved equal	25 units	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
50.	Buckets & Wringers SSS/SSS Combo 35 Qt. Bucket, D/P Wringer or 1 Unit or approved equal	25 units	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			

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

<b>ITEM NO.</b>	<b>DESCRIPTION</b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
51.	Buckets & Wringers SSS/SSS Combo 35 Qt. Bucket, S/P Wringer, or 1 Unit or approved equal	25 units	\$_____/unit	\$_____
_____ Manufacturer/Product Name				
52.	Chemical Resistant & Reusable Gloves SSS/SZ Yellow Latex Flock Lined, Large, 10 boxes of 12 gloves per case or approved equal	25 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				
53.	Cleaning Cloths & Wipes Hospital Specialty Co/C-COUNTER CLOTH BAR MOP 5 dz bags of 26oz of cloths per case or approved equal	75 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				
54.	Cleaning Cloths & Wipes Hospital Specialty Co/C-COUNTER CLOTH BAR MOP WHI 5 dz bags of 26oz of cloths per case or approved equal	25 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				
55.	Cleaning Cloths & Wipes SSS/Microfiber Cloth Blue 16x16 12/pk 2pk/cs 24 cloths per case or approved equal	25 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				
56.	Cleaning Cloths & Wipes SSS/Microfiber Cloth Green 16x16 12/pk 2pk/cs 24 cloths per case or approved equal	25 packs	\$_____/pack	\$_____
_____ Manufacturer/Product Name				

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

<b>ITEM NO.</b>	<b>DESCRIPTION</b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
57.	Cleaning Cloths & Wipes ChemSpec/RAGS WHITE SHEETING 50lb per box or approved equal	50 boxes	\$_____/box	\$_____
_____ Manufacturer/Product Name				
58.	Cleaning Cloths & Wipes Scott/Sheeting Rags 10 lbs per box or approved equal	1000 boxes	\$_____/box	\$_____
_____ Manufacturer/Product Name				
59.	Cleaning Cloths & Wipes SSS/SSS 16"x16" Blue General Cleaning Microf 24 per case or approved equal	25 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				
60.	Cleaning Cloths & Wipes RFI/ WIPING CLOTH BLUE Huck 1 lb bag or approved equal	25 bags	\$_____/bag	\$_____
_____ Manufacturer/Product Name				
61.	Cleaning Cloths & Wipes RFI/ WIPING CLOTH BLUE HUCK 10lbs per box or approved equal	25 boxes	\$_____/box	\$_____
_____ Manufacturer/Product Name				
62.	Cleaning Cloths & Wipes RFI/ WIPING CLOTH WHITE TERRY 10lbs per box or approved equal	125 boxes	\$_____/box	\$_____
_____ Manufacturer/Product Name				

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
63.	Cleaning Cloths & Wipes RFI/ WIPING CLOTH WHITE TERRY 25lbs per box or approved equal	25 packs	\$_____/pack	\$_____
	_____ Manufacturer/Product Name			
64.	Cleaning Cloths & Wipes RFI/ WIPING CLOTH WHITE TERRY 50lbs per box or approved equal	25 boxes	\$_____/box	\$_____
	_____ Manufacturer/Product Name			
65.	Cone Cups SOLO/Paper Cone Water Cups, Rolled Rim 4 oz/5000 Cups/case or approved equal	25 cases	\$_____/case	\$_____
	_____ Manufacturer/Product Name			
66.	Cone Cups SOLO/C-RLLD RIM PPR CONE CUP 4OZ CHIPBRD BX w/5000 cups per case or approved equal	25 cases	\$_____/case	\$_____
	_____ Manufacturer/Product Name			
67.	Cups Dart/C-8OZ FOAM CUP (25/40) 40 bags per case, 25 cups per bag or approved equal	25 cases	\$_____/case	\$_____
	_____ Manufacturer/Product Name			
68.	Disinfectants & Sanitizers 2XL/C- GYM WIPES ANTI-BACTERIAL REFILL, 4 Buckets of 700 wipes per case or approved equal	750 cases	\$_____/case	\$_____
	_____ Manufacturer/Product Name			

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

<b>ITEM NO.</b>	<b>DESCRIPTION</b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
69.	Disinfectants & Sanitizers 2XL/C- GYM WIPES PRE-MST ANTI-BACTERIAL WPR, 8X6 WHI 4 Buckets of 700 wipes per case or approved equal	750 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				
70.	Disinfectants & Sanitizers 2XL/C- GYM WIPES PROFESSIONAL BUCKET, 2 Buckets of 700 wipes per case or approved equal	250 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				
71.	Disinfectants & Sanitizers 2XL/C- GYM WIPES PROFESSIONAL REFILL, 4 Packs of 700 wipes per case or approved equal	1250 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				
72.	Disinfectants & Sanitizers Lysol/C- LYSOL DISINFECT/DEODRZNGCLNR, L, 4 1gal bottles per case or approved equal	25 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				
73.	Disinfectants & Sanitizers Simple Green/C-SIMPLE GREEN 12/24 OZ LIQUID CONCENT 12 bottles per case or approved equal	25 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				
74.	Disinfectants & Sanitizers Misty DISINFECTACT AEROSOL 12 20oz cans per case or approved equal	25 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
75.	Disinfectants & Sanitizers SSS/DISINFECTANT DEODORANT (EPA) 16.5, 12 cans per case or approved equal	375 cases	\$_____/case	\$_____

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Manufacturer/Product Name

76.	Disposable & Single-Use Gloves Kimberly – Clark Pro./C- KLEENGUARD G10 NTRL GLOVE PWDR FREE XL 180 gloves per box or approved equal	125 boxes	\$_____/box	\$_____
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Manufacturer/Product Name

77.	Disposable & Single-Use Gloves Americare/Glove, Grip, Nitrile Exam, Large 10/10 100 gloves per box or approved equal	350 boxes	\$_____/box	\$_____
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Manufacturer/Product Name

78.	Disposable & Single-Use Gloves Americare/Glove, Grip, Nitrile Exam, Medium 10/10 100 gloves per box or approved equal	125 boxes	\$_____/box	\$_____
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Manufacturer/Product Name

79.	Disposable & Single-Use Gloves Americare/Glove, Grip, Nitrile Exam, X-Large, Case 100 gloves per box or approved equal	150 boxes	\$_____/box	\$_____
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Manufacturer/Product Name

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
80.	Disposable & Single-Use Gloves Americare/Glove, PF, Nitrile, X-Large 10/100 100 gloves per box or approved equal	25 boxes	\$_____/box	\$_____
_____ Manufacturer/Product Name				
81.	Disposable & Single-Use Gloves Americare/Glove, Synthetic PF, X-Large 10/100 100 gloves per box or approved equal	75 boxes	\$_____/box	\$_____
_____ Manufacturer/Product Name				
82.	Disposable & Single-Use Gloves Americare/Glove, Vinyl, PF, Large 10/100 100 gloves per box or approved equal	25 boxes	\$_____/box	\$_____
_____ Manufacturer/Product Name				
83.	Disposable & Single-Use Gloves Americare/Glove, Vinyl, PF, Medium, 10/100 100 gloves per box or approved equal	25 boxes	\$_____/box	\$_____
_____ Manufacturer/Product Name				
84.	Disposable & Single-Use Gloves Americare/Glove, Vinyl, PF, Small, 10/100 100 gloves per box or approved equal	25 boxes	\$_____/box	\$_____
_____ Manufacturer/Product Name				
85.	Disposable & Single-Use Gloves Americare/Glove, Vinyl, PF, X-Large, 10/100 100 gloves per box or approved equal	25 boxes	\$_____/box	\$_____
_____ Manufacturer/Product Name				

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



<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>ESTIMATED ANNUAL USAGE</u>	<u>UNIT PRICE</u>	<u>TOTAL EST. BID</u>
86.	Disposable & Single-Use Gloves Kimberly – Clark Pro./Kleenguard G10 NTRL PWDR FREE MD BLUE 200 gloves per case or approved equal	100 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
87.	Disposable & Single-Use Gloves Kimberly – Clark Pro./Kleenguard G10 PWDR Free Blue LG 200 gloves per case or approved equal	100 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
88.	Disposable & Single-Use Gloves SSS/SZ Vinyl G.P. Gloves, Pwd, Large, 10/10 1000 gloves per box or approved equal	100 boxes	\$ _____/box	\$ _____
_____ Manufacturer/Product Name				
89.	Disposable & Single-Use Gloves SSS/SZ Vinyl G.P. Gloves, Pwd, X-Large, 10/10 1000 gloves per box or approved equal	100 boxes	\$ _____/box	\$ _____
_____ Manufacturer/Product Name				
90.	Door Stop Tolco/Super Door Stop 1 unit or approved equal	25 units	\$ _____/unit	\$ _____
_____ Manufacturer/Product Name				
91.	Dust Pans Better Brush/DuoPan STRAIGHT HDLE lobby dustpan 1 Unit or approved equal	50 units	\$ _____/unit	\$ _____
_____ Manufacturer/Product Name				

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
92.	Dust Pans Tolco/Dust Pan Lobby "L Handle" 1 Unit or approved equal	25 units	\$_____/unit	\$_____
	_____ Manufacturer/Product Name			
93.	Dust Pans Better Brush/Dustpan Lobby Straight Hndl 1 Unit or approved equal	25 units	\$_____/unit	\$_____
	_____ Manufacturer/Product Name			
94.	Dusters Unger/C-COBWED DUSTER (1) 1 Unit or approved equal	25 units	\$_____/unit	\$_____
	_____ Manufacturer/Product Name			
95.	Dusters Tolco/DUSTER, OSTRICH 23in 1 Unit or approved equal	25 units	\$_____/unit	\$_____
	_____ Manufacturer/Product Name			
96.	Dusters CPI/SSS 18" Microfiber Flex Hi-Duster Kit 1 unit or approved equal	25 units	\$_____/unit	\$_____
	_____ Manufacturer/Product Name			
97.	Eye Care & Protection Bausch & Lomb/C-PRE MOISTENED LENS CLING TISSUES 100/B 100 tissues per box or approved equal	25 boxes	\$_____/box	\$_____
	_____ Manufacturer/Product Name			
98.	Face Mask Impact/C-NUISANCE DUST MASK 50 per box or approved equal	25 boxes	\$_____/box	\$_____
	_____ Manufacturer/Product Name			

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
99.	Face Mask Impact/DUST MASK 20bx/cs 50 masks per box or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
100.	Face Mask Impact/DUST MASK 20bx/cs 50 masks per box or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
101.	Feminine Care Dispenser & Receptacles Bobrick/C-SANITARY NAPKIN DISPOA SS, CONTURA SE 1 unit or approved equal	25 units	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
102.	Feminine Care Dispenser Liners Hospital Specialty Co/C-KRAFT WAXED PAPER LINRS 500 bags per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
103.	Feminine Care Dispenser Liners Hospital Specialty Co/C-WAXED BAG FOR SANITARY NAPKIN RECPT, 25 250 bags per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
104.	Floor Blower-Equipment Tornado Windshear SD 3500 w/transportation cart and safety banner, 3 speed 1 unit or approved equal	25 units	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
	_____ Company Name			

<b>ITEM NO.</b>	<b>DESCRIPTION</b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
105.	Floor Cleaners Spic and Span/C- SPIC&SPAN LIQ. (08808) CASE FLOOR C 3 1gal bottles per case or approved equal	25 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				
106.	Floor Cleaners SSS/SSS Double Down Enzyme Floor Cleaner & D 4 1 gal bottles per case or approved equal	25 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				
107.	Floor Cleaners SSS/SSS Power Play Neutral Floor Cleaner, 4 1 gal bottles per case or approved equal	25 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				
108.	Floor Cleaners SSS/SSS Recharge Polymer-Based Mop On Restor, 4 1 gal bottles per case or approved equal	25 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				
109.	Floor Cleaners SSS/SSS Replay Maintenance Cleaner 5 Gal Pail or approved equal	25 pails	\$_____/pail	\$_____
_____ Manufacturer/Product Name				
110.	Floor Finishes Spartan/SPRTN I/SHINE FL FINISH 5 Gal Pail or approved equal	25 pails	\$_____/pail	\$_____
_____ Manufacturer/Product Name				

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

<b>ITEM NO.</b>	<b>DESCRIPTION</b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
111.	Floor Finishes SSS/SSS Slam Dunk 25 Ultra High Solids UHS F 2 2.5gal bottles per cs or approved equal	100 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
112.	Floor Pads – Cleaning/Buffering/ Polishing 3M/C-15” RED BUFFER FLOOR 5 per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
113.	Floor Pads – Cleaning/Buffering/ Polishing 3M/C-15” WHITE SUPER POLISH FLOOR PADS 5 per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
114.	Floor Pads – Cleaning/Buffering/ Polishing 3M/C-19” TOPLINE AUTOSCRUB GREEN FLOOR PADS 5 per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
115.	Floor Pads – Cleaning/Buffering Polishing SSS/SSS 20” White Polishing Pad, 5 per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
116.	Floor Pads – High Speed 3M/C-19” TOPLINE SPEED BURWHITE FLOOR PADS 5 per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
117.	Floor Pads – Low Speed GEM/ Gem-8 ACE Floor Pad Black 17” 5 per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
118.	Floor Pads – Low Speed GEM/ Gem-8 ACE Floor Pad Black 20” 5 per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
119.	Floor Pads – Low Speed GEM/ Gem-8 ACE Floor Pad Green 17” 5 per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
120.	Floor Pads – Low Speed SSS/SSS 17” Red Spray Buffing Pad, 5 per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
121.	Floor Scrubber - Equipment Minuteman/E20 Disc Traction Driven Automatic Scrubber w/Batteries, 20” 1 Unit or approved equal	25 unit	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
122.	Furniture Cleaners SSS/Creamy Lemon Wax Furniture Polish, 12 per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			

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

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>ESTIMATED ANNUAL USAGE</u>	<u>UNIT PRICE</u>	<u>TOTAL EST. BID</u>
123.	Glass Cleaners Dymon/C-CLEAR REFLECTIONS MIR & GLASS CLEANER 1 12 cans per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
124.	Glass Cleaners SSS/HEAVY DUTY GLASS CLEANER, 12 19oz cans per case or approved equal	100 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
125.	Glassware Cleaners SSS/ Sparkle Mate Green Pot Pan Detergent, 5gl 1 unit or approved equal	25 units	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
126.	Glassware Cleaners SSS/ Sparkle Mate Multi-Quat Sanitizer, 5gl 1 unit or approved equal	25 units	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
127.	Grabbers and Pickers Unger/36in Nifty Nabber or approved equal	200 each	\$ _____/each	\$ _____
	_____ Manufacturer/Product Name			
128.	Grabbers and Pickers Unger/C NIFTY NABBER 36" 1 unit or approved equal	75 units	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
129.	Herbicides Misty/C-GLYPHO KILL 2, 4/1 GA 4 1-Gallon bottles per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
130.	Indoor Waste Receptacles Rubbermaid/C-WSTESKT RECTNG SM BEIGE 1 Unit or approved equal	25 unit	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
131.	Insecticides SSS/Misty Wasp & Hornet Killer IIB, 12/13.5 1 unit or approved equal	25 unit	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
132.	Insecticides SSS/WASP & HORNET (EPA) 12/13.5 oz 1 unit or approved equal	350 unit	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
133.	Kitchen Cleaners Easy-Off/C-EASY-OFF OVEN CLEANERHD REG AEROSOL 12 cans per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
134.	Kitchen Cleaners SSS/Oven & Grill Cleaner (12x19 oz.) 12 cans per Case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			

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



<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
135.	Metered Dispenser Refills SSS/ 25 cases Alero 9000 Metered, Orchard Crisp 4 – 7 oz refills per case or approved equal		\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
136.	Metered Dispenser Refills SSS/ 25 cases Alero 9000 Metered, White Linen 4 – 7 oz refills per case or approved equal		\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
137.	Metered Dispenser Refills Time 25 cases Mist/C-METERED AEROSOL, MANG 12 cans per case or approved equal		\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
138.	Metered Dispenser Refills SSS/ 25 cases SSS Alero 3000 Metered, Citrus Sensation 12 per case or approved equal		\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
139.	Metered Dispenser Refills SSS/ 25 cases SSS Alero 3000 Metered, Tropical Mango 12 per case or approved equal		\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
140.	Metered Dispenser Refills SSS/ 25 cases SSS Alero 3000 Metered, White Linen 12 per case or approved equal		\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
141.	Metered Dispenser Refills SSS/ SSS CommandAir XL-1 Micro Dispenser, 6 per case or approved equal	25 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
142.	Mop Heads SSS/SSS Endless Twist Colored 36" Blue Dust 1 Unit or approved equal	1000 unit	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
143.	Mop Heads SSS/SSS Endless Twist Colored 60" Blue Dust 1 Unit or approved equal	1000 unit	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
144.	Mop Heads SSS/SSS Ind. Looped Wet Mop/Wide Lg Wht, 12/12 per case or approved equal	75 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
145.	Mop Heads SSS/SSS PK 18" Blue Microfiber Mop Pad, 12 per case or approved equal	75 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
146.	Mop Heads SSS/SSS Super-Sorb 5" Wet Mop/Wide Med Blue 1 Unit or approved equal	1000 unit	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
147.	Mop Heads SSS/SSS Value Plus Blue 5" Med L.End Wet Mop 1 unit or approved equal	1000 unit	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
148.	Mop Heads SSS/SSS Wet Mop Blue Med 12/cs 1 Unit or approved equal	75 units	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
149.	Mop Heads SSS/SSS Wet Mop Green 5" Med 12/cs 1 Unit or approved equal	200 units	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
150.	Mops, Pads and Handles SSS/ 40-72" Microfiber Telescopic Mop Handle 1 Mop handle or approved equal	200 each	\$ _____/each	\$ _____
	_____ Manufacturer/Product Name			
151.	Mops, Pads and Handles SSS/ BL-WH Finish Mop, Med, 1.25" head 12/cs 1 Unit or approved equal	150 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
152.	Mops, Pads and Handles Unger/ C-EXTENSION POLE TELESC30' 3 SECTION, OP 1 Unit or approved equal	200 units	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			

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Company Name

<b>ITEM NO.</b>	<b>DESCRIPTION</b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
153.	Mops, Pads and Handles Impact C-MOP HANDLE, SPEED CHA7 5/8" Head, FBRG	75 units 1 unit or approved equal	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
154.	Mops, Pads and Handles Better Brush/DUST MOP Handle VINYL 5' CLIP ON cs/12	25 units 1 Unit or approved equal	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
155.	Mops, Pads and Handles Better Brush/Handle Quick Chg Fiberglass Yellow, 12/cs	50 units 1 unit or approved equal	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
156.	Mops, Pads and Handles Better Brush/Mop Handle Quick Chg Fibergl Yel,	25 units 1 unit or approved equal	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
157.	Mops, Pads and Handles SSS/SSS 24" Blue Microfiber Dustmop Head	25 cases 12 per case or approved equal	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
158.	Mops, Pads and Handles SSS/SSS 36" Blue Microfiber Dustmop Head	25 cases 12 per case or approved equal	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			

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

<b>ITEM NO.</b>	<b>DESCRIPTION</b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
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159.	Mops, Pads and Handles SSS/SSS 36" Blue Microfiber Looped End Dust 12 per case or approved equal	25 cases	\$ _____/case	\$ _____
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Manufacturer/Product Name

160.	Mops, Pads and Handles SSS/SSS 48" Blue Microfiber Dustmop Head 12 per case or approved equal	25 cases	\$ _____/case	\$ _____
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Manufacturer/Product Name

161.	Mops, Pads and Handles SSS/SSS 60" Blue Microfiber Dustmop Head 12 per case or approved equal	25 cases	\$ _____/case	\$ _____
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Manufacturer/Product Name

162.	Mops, Pads and Handles SSS/SSS Dust Mop Frames 5"x36" 1 unit or approved equal	25 units	\$ _____/unit	\$ _____
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Manufacturer/Product Name

163.	Mops, Pads and Handles SSS/SSS Dust Mop Frames 5"x60" 1 unit or approved equal	25 units	\$ _____/unit	\$ _____
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Manufacturer/Product Name

164.	Mops, Pads and Handles SSS/SSS Finish Wet Mops – Blue/Wht Lg, 12/Cs 1 Unit or approved equal	50 units	\$ _____/unit	\$ _____
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Manufacturer/Product Name

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
165.	Mops, Pads and Handles SSS/SSS PK 16"x5" Microfiber Frame, 10 per case or approved equal	25 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				
166.	Mops, Pads and Handles SSS/SSS PK/HL/TB 40-72" Microfiber Telescopi 1 Unit or approved equal	50 units	\$_____/unit	\$_____
_____ Manufacturer/Product Name				
167.	Outdoor Waste Receptacles Rubbermaid/CONTAINER, 32 GAL GRAY 1 Unit or approved equal	250 units	\$_____/unit	\$_____
_____ Manufacturer/Product Name				
168.	Paint, Graffiti & Gum Removers Dymon/C-GRAF/SPRAY PAINT RMVR 20 OZ ARSL CAN 12 cans per case or approved equal	25 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				
169.	Paint, Graffiti & Gum Removers Dymon/C-GRAFFITI & SPRAY PAINTREMOVER 12/20 OZ cans per case or approved equal	25 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				
170.	Paint, Graffiti & Gum Removers SSS/CHEWING GUM REMOVER, 12 6oz cans per case or approved equal	75 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				

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

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>ESTIMATED ANNUAL USAGE</u>	<u>UNIT PRICE</u>	<u>TOTAL EST. BID</u>
171.	Paint, Graffiti & Gum Removers SSS/SSS Graffiti Remover Wipes 30 Ct., 6/30 6 canisters per case or approved equal	25 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
172.	Paint, Graffiti & Gum Removers SSS/SSS Tango Graffiti & Multi- Purpose Paste 12 16oz containers per case or approved equal	25 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
173.	Paper Towels Boardwoak/C-800' KRAFT HANDWOUND TOWEL 6 rolls per case or approved equal	500 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
174.	Paper Towels SSS/Center Pull Towels 2 ply 6/600' Rolls 6 600 ct Rolls per case or approved equal	500 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
175.	Paper Towels GEM/C-SINGLE FOLD 9x9.5 TOWEL NATURAL or approved equal	500 cases	\$ _____/case	\$ _____ 16 packs of 250 towels per case
_____ Manufacturer/Product Name				

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
176.	Paper Towels SSS/SSS GS, Roll Towel, White 800ft, 12 rolls per case or approved equal	500 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
177.	Paper Towels Bay West/TOWEL MULTIFOLD, NATL, G/S 4M/CS (N/C) 20 packs of 200 towels per case or approved equal	500 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
178.	Paper Towels Unknown/TOWEL M/F, NAT, 4M/CS 16 packs of 250 towels per case or approved equal	500 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
179.	Paper Towels GEM/TOWEL, NATURAL 600FT 12 rolls per case or approved equal	500 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
180.	Paper Towels GEM/TOWEL RL,NAT,800FT 6 rolls per case or approved equal	500 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
181.	Paper Towels GEM/TOWEL S/F, NAT, 4020/CS 16 packs of 250 towels per case or approved equal	500 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			

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



<b>ITEM NO.</b>	<b>DESCRIPTION</b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
182.	Paper Towels GEM/TOWEL S/F, WHT, 4020/CS 16 packs of 250 towels per case or approved equal	500 cases	\$_____ /case	\$_____
	_____ Manufacturer/Product Name			
183.	Paper Towels GEM/TOWEL WHITE, ROLL, 6 rolls per case or approved equal	500 cases	\$_____ /case	\$_____
	_____ Manufacturer/Product Name			
184.	Paper Towels GEM/TOWEL WHITE, ROLL, 800', 6 rolls per case or approved equal	500 cases	\$_____ /case	\$_____
	_____ Manufacturer/Product Name			
185.	Pressure Washer Units Pressure- Pro/P/W Assy, C.W, Pro Power, Dir, Gas 1 Unit or approved equal	25 unit	\$_____ /unit	\$_____
	_____ Manufacturer/Product Name			
186.	Restroom Accessories SSS/IMP Industrial Prof. Plunger, Bk/Wood, 6 1 unit or approved equal	100 unit	\$_____ /unit	\$_____
	_____ Manufacturer/Product Name			
187.	Restroom Cleaners SSS/SSS Royal Blue Bowl Cleaner, 12/1 Qt. 12 1qt bottles per case or approved equal	25 cases	\$_____ /case	\$_____
	_____ Manufacturer/Product Name			

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
188.	Safety Cones Rubbermaid/ Caution "Wet Floor" Sign, 4-Sided, 12x16x38 1 Yellow Caution Sign or approved equal	200 each	\$ _____/each	\$ _____
_____ Manufacturer/Product Name				
189.	Scoring Cleaners Ajax/C-AJAX CLNSR OXY BLCH CL 24 canisters per case or approved equal	25 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
190.	Scoring Pads & Sticks SSS/SSS 24" Tampico Push Broom Med., 12 per case or approved equal	50 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
191.	Scoring Pads & Sticks SSS/SSS Deck Scrub Brush, 12 per case or approved equal	50 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
192.	Scrapers Unger/C-48" SCRAPER ALUMINUM(LH48) 1 unit or approved equal	50 units	\$ _____/unit	\$ _____
_____ Manufacturer/Product Name				
193.	Service Carts & Accessories Rubbermaid/C-CLEANING CART W/ZIPPEREDYELLOW VINYL B 1 Unit or approved equal	25 units	\$ _____/unit	\$ _____
_____ Manufacturer/Product Name				

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

<b>ITEM NO.</b>	<b>DESCRIPTION</b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
194.	Shop Towels Chix/C-CHIX WORXWELL 13.5 x 100 towels per case or approved equal	200 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				
195.	Shop Towels Chix/C-CHIX WORXWELL TOWEL 300 Towels per case or approved equal	200 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				
196.	Shop Towels Kimberly – Clark Pro./C-SCOTT MULTI-PURP RIAB 10x12 WHI 8 boxes of 200 rags per case or approved equal	200 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				
197.	Sponges Unknown/SPONGE, MEDIUM 1 unit or approved equal	200 unit	\$_____/unit	\$_____
_____ Manufacturer/Product Name				
198.	Sponges SSS/SSS #74 Med Duty Scrub Sponge Grn/Yel, 2 20 per case or approved equal	450 cases	\$_____/case	\$_____
_____ Manufacturer/Product Name				
199.	Sprayers and Pumps Tolco/32oz. Bottles-3 Pack w/Sprayers 3-32oz Bottles w/sprayers or approved equal	25 packs	\$_____/pack	\$_____
_____ Manufacturer/Product Name				

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
200.	Sprayers and Pumps UNISAN/C 24 OZ SPRAYER BOTTLE 1 unit or approved equal	100 units	\$_____/unit	\$_____
_____ Manufacturer/Product Name				
201.	Sprayers and Pumps UNISAN/C 24 OZ SPRAYER BOTTLE 1 unit or approved equal	25 units	\$_____/unit	\$_____
_____ Manufacturer/Product Name				
202.	Sprayers and Pumps UNISAN/C TRIGGER SPRAYER 9.5" FITS 32OZ BOTTLE 1 Unit or approved equal	25 units	\$_____/unit	\$_____
_____ Manufacturer/Product Name				
203.	Sprayers and Pumps UNISAN/C TRIGGER SPRAYER, 7.5", FITS 16oz BOTTLE 1 Unit or approved equal	50 units	\$_____/unit	\$_____
_____ Manufacturer/Product Name				
204.	Sprayers and Pumps Tolco/ECO SPRAY BOTTLE 32oz 1 unit or approved equal	275 units	\$_____/unit	\$_____
_____ Manufacturer/Product Name				
205.	Sprayers and Pumps Tolco/SPRAY BOTTLE 32oz 1 Unit or approved equal	75 units	\$_____/unit	\$_____
_____ Manufacturer/Product Name				

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
206.	Sprayers and Pumps Tolco/ SPRAYER ALL PURPOSE BLUE 200/CS 1 Unit or approved equal	450 units	\$ _____/unit	\$ _____
_____ Manufacturer/Product Name				
207.	Sprayers and Pumps SSS/SSS 24 oz. Bottles w/Orange Contour Sprayer 24 per case or approved equal	25 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
208.	Sprayers and Pumps SSS/SSS Acid Resistant Sprayer 2 gal. 1 Unit or approved equal	25 unit	\$ _____/unit	\$ _____
_____ Manufacturer/Product Name				
209.	Sprayers and Pumps SSS/SSS Acid Resistant Sprayer 3 gal. 1 Unit or approved equal	25 unit	\$ _____/unit	\$ _____
_____ Manufacturer/Product Name				
210.	Sprayers and Pumps SSS/SSS HD Chemical Resistant Sprayer 1 unit or approved equal	25 unit	\$ _____/unit	\$ _____
_____ Manufacturer/Product Name				
211.	Squeegees Unger/C-CLEANING KIT, WINDOW, RO 1 kit or approved equal	25 kits	\$ _____/kit	\$ _____
_____ Manufacturer/Product Name				

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

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>ESTIMATED ANNUAL USAGE</u>	<u>UNIT PRICE</u>	<u>TOTAL EST. BID</u>
212.	Stainless Steel Cleaners Misty C-STAINLESS STEEL CLEANR OIL BASED 12 cans per case or approved equal	25 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
213.	Stainless Steel Cleaners SSS/St. Steel Cleaner & Polish Aerosol, 12 per cs or approved equal	175 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
214.	Stainless Steel Cleaners SSS/Stainless Steel Cleaner Aerosol 12/18 oz per cs or approved equal	25 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
215.	Toilet & Urinal Deodorizers SSS 24oz Para Wall Block Deodorant Cherry 24 oz/6 cartons per case or approved equal	25 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
216.	Toilet & Urinal Deodorizers Krystal C-BLUE BUBBLE GUM URINA SCREENS Box of 12 or approved equal	25 boxes	\$ _____/box	\$ _____
_____ Manufacturer/Product Name				

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

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>ESTIMATED ANNUAL USAGE</u>	<u>UNIT PRICE</u>	<u>TOTAL EST. BID</u>
217.	Toilet & Urinal Deodorizers SSS Sea Shell Urinal Screen Meln 10 per box or approved equal	25 boxes	\$_____/box	\$_____

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Manufacturer/Product Name

218.	Toilet & Urinal Deodorizers SSS Sea Shell Urinal Screen LimeTwist 10 per box or approved equal	25 boxes	\$_____/box	\$_____
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Manufacturer/Product Name

219.	Toilet & Urinal Deodorizers SSS Sea Shell Urinal Screen Melon 10 per box or approved equal	50 boxes	\$_____/box	\$_____
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Manufacturer/Product Name

220.	Toilet & Urinal Deodorizers SSS SSS Flat Urinal Screen Cherry Red, 6 boxes of 12 screens per case or approved equal	25 cases	\$_____/case	\$_____
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Manufacturer/Product Name

221.	Toilet & Urinal Deodorizers SSS SSS Flat Urinal Screen Cherry Red, 6 boxes of 12 screens per case or approved equal	25 cases	\$_____/case	\$_____
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Manufacturer/Product Name

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

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>ESTIMATED ANNUAL USAGE</u>	<u>UNIT PRICE</u>	<u>TOTAL EST. BID</u>
222.	Toilet & Urinal Deodorizers SSS SSS Urinal Screen Cherry Para Block 4 oz 12 per case or approved equal	50 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
223.	Toilet & Urinal Deodorizers Impact/Urinal Screen//Green Orchard 12 per case or approved equal	25 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
224.	Toilet Bowl Cleaners SSS/SSS Blue Ocean Organic Acid Bowl Cleaner 12 1qt bottles per case or approved equal	550 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
225.	Toilet Bowl Cleaners SSS/SSS Green Wave RTU Organic Acid Rest. Cl 12 32oz bottles per case or approved equal	175 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
226.	Toilet Brush Better Brush/BOWL BRUSH, 21", 1 Unit or approved equal	1200 units	\$ _____/unit	\$ _____
_____ Manufacturer/Product Name				
227.	Toilet Brush Better Brush/BOWL BRUSH, PLASTIC, EURO, 1 Unit or approved equal	1200 units	\$ _____/unit	\$ _____
_____ Manufacturer/Product Name				

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



<b>ITEM NO.</b>	<b>DESCRIPTION</b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
228.	Toilet Brush SSS/IMP Toilet Bowl Mop, Duralon, White, 100 per case or approved equal	25 cases	\$_____ /case	\$_____
	_____ Manufacturer/Product Name			
229.	Toilet Seat Cover Dispenser Hospital Specialty Co/C-DISP ½ FOLD WHITE 1 Unit or approved equal	25 unit	\$_____ /unit	\$_____
	_____ Manufacturer/Product Name			
230.	Toilet Seat Cover Dispenser SSS/ RMC Seat Cover Dispenser, ½ Fold, Wh 1 unit or approved equal	25 unit	\$_____ /unit	\$_____
	_____ Manufacturer/Product Name			
231.	Toilet Seat Covers SSS/C- BOARDWALK TOILET SEAT CVR 5000/CS or approved equal	500 cases	\$_____ /case	\$_____
	_____ Manufacturer/Product Name			
232.	Toilet Seat Covers SSS/RMC 25RA-A Seat Cover, ½ Fold, 10 boxes of 250 covers per case or approved equal	500 cases	\$_____ /case	\$_____
	_____ Manufacturer/Product Name			
233.	Toilet Seat Covers SSS/RMC 50RA-A Seat Cover, ½ Fold, 10 boxes of 250 covers per case or approved equal	500 cases	\$_____ /case	\$_____
	_____ Manufacturer/Product Name			

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

<b>ITEM NO.</b>	<b>DESCRIPTION</b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
234.	Toilet Seat Covers SSS/TOILET SEAT COVERS, 5000/CS or approved equal	500 cases	\$_____/case	\$_____
	_____ Manufacturer/Product Name			
235.	Toilet Tissue GEM/Jumbo Roll Tissue 9"/2 ply 12 rolls per case or approved equal	1500 cases	\$_____/case	\$_____
	_____ Manufacturer/Product Name			
236.	Toilet Tissue Broadwalk/C-500 2 PLY 4.5x3.0 TOILET TISSUE 96 rolls of 500 sheets per case or approved equal	1500 cases	\$_____/case	\$_____
	_____ Manufacturer/Product Name			
237.	Toilet Tissue Boardwalk/Green Plus bath tissue 80 rolls of 500 sheets per case or approved equal	1500 cases	\$_____/case	\$_____
	_____ Manufacturer/Product Name			
238.	Toilet Tissue GEM/JRT TISSUE 2 PLY 12 rolls per case or approved equal	1200 cases	\$_____/case	\$_____
	_____ Manufacturer/Product Name			
239.	Toilet Tissue Atlas Paper Mills/ SMART SOFT 500 2 PLY 96 rolls of 500 sheets per case or approved equal	1500 cases	\$_____/case	\$_____
	_____ Manufacturer/Product Name			

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

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>ESTIMATED ANNUAL USAGE</u>	<u>UNIT PRICE</u>	<u>TOTAL EST. BID</u>
240.	Toilet Tissue SSS/Sterling Select Jumbo Jr. Tiss 2pl 1m 12 1000ft rolls per case or approved equal	1500 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
241.	Toilet Tissue Bay West/TISSUE TOL, 2 PLY, G/S, 48 Rolls of 616 sheets per case or approved equal	1500 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
242.	Toilet Tissue SSS/Toilet Tissue GS, 2-Ply 96 rolls of 455 sheets per roll per case or approved equal	1500 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
243.	Toilet Tissue Dispensers San Jamar/C-OCEANS TWIN 9" TISSUEDISP, BLK 1unit or approved equal	50 unit	\$ _____/unit	\$ _____
_____ Manufacturer/Product Name				
244.	Toilet Tissue Dispensers San Jamar/C-SINGLE 9" JBT TISSUE DISPENSER 1 unit or approved equal	25 unit	\$ _____/unit	\$ _____
_____ Manufacturer/Product Name				
245.	Toilet Tissue Dispensers San Jamar/C-TWIN ROLL 9" JBT BLK DISPENSER 1 Unit or approved equal	50 unit	\$ _____/unit	\$ _____
_____ Manufacturer/Product Name				

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

<b>ITEM NO.</b>	<b>DESCRIPTION</b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
246.	Toilet Tissue Dispensers San Jamar/C-TWIN ROLL 9" JBT TRAN BLACK 1 unit or approved equal	75 unit	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
247.	Toilet Tissue Dispensers Paws Palmer Twin 9" Jumbo Tissue Dispenser 1 unit or approved equal	25 unit	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
248.	Toilet Tissue Dispensers SSS/SSS Sterling Select Twin Jumbo Roll Tiss 1 Unit or approved equal	25 unit	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
249.	Toilet Tissue Dispensers SSS/ Sterling Select Dispenser Twin JRT 1 unit or approved equal	25 unit	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
250.	Tool Storage & Oraginzers Tolco CARRY CADDY, 5cs 1 unit or approved equal	25 unit	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			
251.	Towel Dispensers San Jamar C-C/MULTIFOLD TOWEL DSPBRIGHT CHROME 1 Unit or approved equal	50 unit	\$ _____/unit	\$ _____
	_____ Manufacturer/Product Name			

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
252.	Towel Dispensers San Jamar C-ELEMENT LEVER ROLL TOWEL DISPENSER BLA 1 unit or approved equal	50 unit	\$ _____/unit	\$ _____
_____ Manufacturer/Product Name				
253.	Trash Bags, High-Density SSS 24x24, 6 Micron Natural 10 Gal/ 100 bags per roll/10 rolls per case or approved equal	200 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
254.	Trash Bags, High-Density SSS 24x33, 8 Micron Natural 12-16 Gal/ 100 bags per roll/10 rolls per case or approved equal	200 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
255.	Trash Bags, High-Density SSS 38x58, 2.0 MIL. Black 60 Gal/50 liners per case or approved equal	200 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
256.	Trash Bags, High-Density SSS 38x60, 16 Micron Natural 60 Gal/ 200 liners per case or approved equal	600 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
257.	Trash Bags, High-Density SSS 38x60, 17 Micron Natural 60 Gal/ 20 bags per roll/10 rolls per case or approved equal	600 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
258.	Trash Bags, High-Density SSS 40x48, 22 Micron Black 40-45 Gal/ 15 bags per roll/10 rolls per case or approved equal	100 cases	\$ _____/case	\$ _____

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Manufacturer/Product Name

259.	Trash Bags, High-Density SSS 40x48, 14 Micron Natural 40-45 Gal/ 25 bags per roll/10 rolls per case or approved equal	100 cases	\$ _____/case	\$ _____
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Manufacturer/Product Name

260.	Trash Bags, High-Density SSS 40x48, 16 Micron Black 40-45 Gal/ 25 bags per roll/10 rolls per case or approved equal	100 cases	\$ _____/case	\$ _____
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Manufacturer/Product Name

261.	Trash Bags, High-Density SSS 40x48, 22 Micron Black Gal/ 15 per box/10 boxes per case or approved equal	100 cases	\$ _____/case	\$ _____
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Manufacturer/Product Name

262.	Trash Bags, High-Density GEM 42x52, 3 Mil Black Flat Seal Gal/ 50 liners per case or approved equal	100 cases	\$ _____/case	\$ _____
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Manufacturer/Product Name

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

<b>ITEM NO.</b>	<b><u>DESCRIPTION</u></b>	<b>ESTIMATED ANNUAL USAGE</b>	<b>UNIT PRICE</b>	<b>TOTAL EST. BID</b>
263.	Trash Bags, High-Density SSS SSS Can Liner HD/CR242406N 6 Mic. Nat 60 Gal/20 bags per roll 10 rolls per case or approved equal	100 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
264.	Trash Bags, High-Density SSS SSS Can Liner HD/CR386014N 14 Mic. Nat 60 Gal/20 bags per roll 10 rolls per case or approved equal	100 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
265.	Trash Bags, High-Density SSS SSS Can Liner HD/CR386022BK 22 Mic. Blk 60 Gal/25 bags per roll 6 rolls per case or approved equal	100 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
266.	Trash Bags, Low-Density SSS 38x58, 1.5 Mil. Black 60 Gal 100 liners per case or approved equal	250 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
267.	Trash Bags, Low-Density SSS 40x48, 16 Micron Natural 40-45 Gal/25 per box/10 boxes per case or approved equal	100 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			
268.	Trash Bags, Low-Density 43x47, 1.4 Micron Black Gal 100 liners per case or approved equal	100 cases	\$ _____/case	\$ _____
	_____ Manufacturer/Product Name			

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

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>ESTIMATED ANNUAL USAGE</u>	<u>UNIT PRICE</u>	<u>TOTAL EST. BID</u>
269.	Trash Bags, Low-Density SSS SSS Can Liner F/HH386020WH-CR .79 Mil. W 150 bags per case or approved equal	100 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
270.	Trash Bags, Low-Density SSS SSS Can Liner F/ST386025BL-CR .98 Mil. B 150 bags per case or approved equal	100 cases	\$ _____/case	\$ _____
_____ Manufacturer/Product Name				
271.	Vacuum Cleaner Bags Tornado /BAG,FILTER,PAPER,CV30/38 30/cs 10/pack or approved equal	25 packs	\$ _____/pack	\$ _____
_____ Manufacturer/Product Name				
272.	Vacuum Cleaners Tornado/CV30 12" VACUUM TRUE HEPA 1 Unit or approved equal	25 units	\$ _____/unit	\$ _____
_____ Manufacturer/Product Name				
273.	Vacuum Cleaners SSS/SSS Black Cat 18 FMS Wet/Dry Vacuum 1 unit or approved equal	25 units	\$ _____/unit	\$ _____
_____ Manufacturer/Product Name				

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



<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>ESTIMATED ANNUAL USAGE</u>	<u>UNIT PRICE</u>	<u>TOTAL EST. BID</u>
274.	Vacuum Cleaners Eureka VAC,SANITAIRE, 7AMP, 50FT CORD EA 1 unit or approved equal	25 units	\$ _____/unit	\$ _____

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 Manufacturer/Product Name

275.	Waste Receptacle Accessories & Dollies Carlisle/DOLLY, FOR RD CONTAINER 1 Unit or approved equal	25 units	\$ _____/unit	\$ _____
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 Manufacturer/Product Name

**TOTAL ESTIMATED BID (Items 1 through 275)**      \$ \_\_\_\_\_

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

**IMPORTANT NOTE: When completing your bid, do not attach any forms which may contain terms and conditions that conflict with those listed in the County's bid documents(s). Inclusion of additional terms and conditions such as those which may be on your company's standard forms shall result in your bid being declared non-responsive as these changes will be considered a counteroffer to the County's bid.**

Inquiries regarding this Invitation for Bids may be directed to Dorothy Gordon, Senior Purchasing Agent, at [Dorothy.Gordon@ocfl.net](mailto:Dorothy.Gordon@ocfl.net)

**Bid Response Documents - The following documents constitute your bid:**

- A. Bid Response Form, Authorized Signatories/Negotiators, Drug-Free Workplace, Schedule of Sub-contracting, Conflict/Non-Conflict of Interest Form, E-Verification Certification, and current W9, Relationship Disclosure Form and Orange County Specific Project Expenditure Report. **Please make sure forms are fully executed where required.**
- B. Qualifications of Bidders information, per Special Terms and Conditions.
- C. Completed attached reference documentation.
- D. Descriptive literature or detailed specifications for any equal goods proposed.

**THE FOLLOWING SECTION MUST BE COMPLETED BY ALL BIDDERS:**

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

NOTE: COMPANY NAME MUST MATCH LEGAL NAME ASSIGNED TO TIN NUMBER. CURRENT W9 MUST BE SUBMITTED WITH BID.

TIN#: \_\_\_\_\_ D-U-N-S® # \_\_\_\_\_

\_\_\_\_\_  
(Street No. or P.O. Box Number) (Street Name) (City)

\_\_\_\_\_  
(County) (State) (Zip Code)

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

<u>EMERGENCY CONTACT</u>	
Emergency Contact Person: _____	
Telephone Number: _____	Cell Phone Number: _____
Residence Telephone Number: _____	Email: _____

**ACKNOWLEDGEMENT OF ADDENDA**

The Bidder shall acknowledge receipt of any addenda issued to this solicitation by completing the blocks below or by completion of the applicable information on the addendum and returning it not later than the date and time for receipt of the bid. Failure to acknowledge an addendum that has a material impact on this solicitation may negatively impact the responsiveness of your bid. Material impacts include but are not limited to changes to specifications, scope of work/services, delivery time, performance period, quantities, bonds, letters of credit, insurance, or qualifications.

Addendum No. \_\_\_\_\_, Date \_\_\_\_\_ Addendum No. \_\_\_\_\_, Date \_\_\_\_\_

Addendum No. \_\_\_\_\_, Date \_\_\_\_\_ Addendum No. \_\_\_\_\_, Date \_\_\_\_\_

**AUTHORIZED SIGNATORIES/NEGOTIATORS**

The Bidder represents that the following **principals** are authorized to sign bids, negotiate and/or sign contracts and related documents to which the bidder will be duly bound. Principal is defined as an employee, officer or other technical or professional in a position capable of substantially influencing the development or outcome of an activity required to perform the covered transaction.

Name	Title	Telephone Number/Email

_____ (Signature)	_____ (Date)
_____ (Title)	
_____ (Name of Business)	

The Bidder shall complete and submit the following information with the bid:

**Type of Organization**

Sole Proprietorship     Partnership     Non-Profit  
 Joint Venture     Corporation

**State of Incorporation:** \_\_\_\_\_

Principal Place of Business (Florida Statute Chapter 607): \_\_\_\_\_  
City/County/State

**THE PRINCIPAL PLACE OF BUSINESS SHALL BE THE ADDRESS OF THE BIDDER'S PRINCIPAL OFFICE AS IDENTIFIED BY THE FLORIDA DIVISION OF CORPORATIONS.**

Federal I.D. number is \_\_\_\_\_

## REFERENCES

List three (3) customers during the past ten (10) years for which you provided, goods or services similar to those specified in the solicitation in the spaces provided below. Provide the owner's name, contact person, address, email address, telephone number, and date services were performed, as described.

1. Company Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Description of goods or services provided: \_\_\_\_\_

\_\_\_\_\_

Contract Amount: \_\_\_\_\_

Start and End Date of Contract: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Company Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Description of goods or services provided: \_\_\_\_\_

\_\_\_\_\_

Contract Amount: \_\_\_\_\_

Start and End Date of Contract: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Company Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Description of goods or services provided: \_\_\_\_\_

\_\_\_\_\_

Contract Amount: \_\_\_\_\_

Start and End Date of Contract: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## DRUG-FREE WORKPLACE FORM

The undersigned Bidder, in accordance with Florida Statute 287.087 hereby certifies that \_\_\_\_\_ does:

Name of Business

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, 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 Paragraph 1.
4. In the statement specified in Paragraph 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 Florida Statute 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 Paragraphs 1 thru 5.

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

\_\_\_\_\_  
Bidder's Signature

\_\_\_\_\_  
Date

**SCHEDULE OF SUBCONTRACTING**

**IFB NO. Y15-188-DG**

As specified in the General Terms and Conditions and the Bid Preference Clause in the Special Terms and Conditions, bidders are to present the details of subcontractor participation.

<b>Name Of Subcontractor</b>	<b>Address</b>	<b>Type of Work to be Performed</b>	<b>Percent of Contract Amount to be Subcontracted</b>

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

## CONFLICT/NON-CONFLICT OF INTEREST STATEMENT

### CHECK ONE

- [ ] To the best of our knowledge, the undersigned bidder has no potential conflict of interest due to any other clients, contracts, or property interest for this project.

OR

- [ ] The undersigned bidder, by attachment to this form, submits information which may be a potential conflict of interest due to other clients, contracts, or property interest for this project.

## LITIGATION STATEMENT

### CHECK ONE

- [ ] The undersigned bidder has had no litigation and/or judgments entered against it by any local, state or federal entity and has had no litigation and/or judgments entered against such entities during the past ten (10) years.
- [ ] The undersigned bidder, **BY ATTACHMENT TO THIS FORM**, submits a summary and disposition of individual cases of litigation and/or judgments entered by or against any local, state or federal entity, by any state or federal court, during the past ten (10) years.

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
NAME (PRINT OR TYPE)

\_\_\_\_\_  
TITLE

Failure to check the appropriate blocks above may result in disqualification of your bid. Likewise, failure to provide documentation of a possible conflict of interest, or a summary of past litigation and/or judgments, may result in disqualification of your bid.



## E VERIFICATION CERTIFICATION

Contract No.Y15-188-DG

I hereby certify that I will utilize the U.S. Department of Homeland Security's E-Verify system in accordance with the terms governing the use of the system to confirm the employment eligibility of the individuals classified below. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida statutes.

All persons, including subcontractors and their workforce, who will perform work under **Contract No.Y15-188-DG, Janitorial Supplies and Equipment for the Parks and Recreation Division**, within the state of Florida.

NAME OF CONTRACTOR: \_\_\_\_\_

ADDRESS OF CONTRACTOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

**RELATIONSHIP DISCLOSURE FORM  
FOR USE WITH PROCUREMENT ITEMS, EXCEPT THOSE WHERE THE COUNTY  
IS THE PRINCIPAL OR PRIMARY PROPOSER**

For procurement items that will come before the Board of County Commissioners for final approval, this form shall be completed by the Bidder and shall be submitted to the Procurement Division by the Bidder.

In the event any information provided on this form should change, the Bidder must file an amended form on or before the date the item is considered by the appropriate board or body.

**Part I**

**INFORMATION ON BIDDER:**

Legal Name of Bidder:

---

Business Address (Street/P.O. Box, City and Zip Code):

---

---

Business Phone: (     ) \_\_\_\_\_

Facsimile: (     ) \_\_\_\_\_

**INFORMATION ON BIDDER'S AUTHORIZED AGENT, IF APPLICABLE:  
(Agent Authorization Form also required to be attached)**

Name of Bidder's Authorized Agent:

---

Business Address (Street/P.O. Box, City and Zip Code):

---

---

Business Phone: (     ) \_\_\_\_\_

Facsimile: (     ) \_\_\_\_\_

**Part II**

IS THE BIDDER A RELATIVE OF THE MAYOR OR ANY MEMBER OF THE BCC?

\_\_\_ **YES** \_\_\_ **NO**

IS THE MAYOR OR ANY MEMBER OF THE BCC THE BIDDER'S EMPLOYEE?

\_\_\_ **YES** \_\_\_ **NO**

IS THE BIDDER OR ANY PERSON WITH A DIRECT BENEFICIAL INTEREST IN THE OUTCOME OF THIS MATTER A BUSINESS ASSOCIATE OF THE MAYOR OR ANY MEMBER OF THE BCC?

\_\_\_ **YES** \_\_\_ **NO**

If you responded "YES" to any of the above questions, please state with whom and explain the relationship.

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(Use additional sheets of paper if necessary)

**Part III**

**ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED**

I hereby certify that information provided in this relationship disclosure form is true and correct based on my knowledge and belief. If any of this information changes, I further acknowledge and agree to amend this relationship disclosure form prior to any meeting at which the above-referenced project is scheduled to be heard. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

\_\_\_\_\_  
Signature of Bidder

\_\_\_\_\_  
Date

Printed Name and Title of Person completing this form:

\_\_\_\_\_  
STATE OF \_\_\_\_\_ :  
COUNTY OF \_\_\_\_\_ :

I certify that the foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_. He/she is personally known to me or has produced \_\_\_\_\_ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public  
Notary Public for the State of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Staff signature and date of receipt of form

\_\_\_\_\_  
Staff reviews as to form and does not attest to the accuracy or veracity of the information provided herein.

**FREQUENTLY ASKED QUESTIONS (FAQ)**  
**ABOUT THE**  
**RELATIONSHIP DISCLOSURE FORM**  
*Updated 6-28-11*

**WHAT IS THE RELATIONSHIP DISCLOSURE FORM?**

The Relationship Disclosure Form (form OC CE 2D and form OC CE 2P) is a form created pursuant to the County's Local Code of Ethics, codified at Article XIII of Chapter 2 of the Orange County Code, to ensure that all development-related items and procurement items presented to or filed with the County include information as to the relationship, if any, between the applicant and the County Mayor or any member of the Board of County Commissioners (BCC). The form will be a part of the backup information for the applicant's item.

**WHY ARE THERE TWO RELATIONSHIP DISCLOSURE FORMS?**

Form OC CE 2D is used only for development-related items, and form OC CE 2P is used only for procurement-related items. The applicant needs to complete and file the form that is applicable to his/her case.

**WHO NEEDS TO FILE THE RELATIONSHIP DISCLOSURE FORM?**

Form OC CE 2D should be completed and filed by the owner of record, contract purchaser, or authorized agent. Form OC CE 2P should be completed and filed by the bidder, offeror, quoter, or respondent, and, if applicable, their authorized agent. In all cases, the person completing the form must sign the form and warrant that the information provided on the form is true and correct.

**WHAT INFORMATION NEEDS TO BE DISCLOSED ON THE RELATIONSHIP DISCLOSURE FORM?**

The relationship disclosure form needs to disclose pertinent background information about the applicant and the relationship, if any, between, on the one hand, the applicant and, if applicable, any person involved with the item, and on the other hand, the Mayor or any member of the BCC.

In particular, the applicant needs to disclose whether any of the following relationships exist: (1) the applicant is a business associate of the Mayor or any member of the BCC; (2) any person involved with the approval of the item has a beneficial interest in the outcome of the matter *and* is a business associate of the Mayor or any member of the BCC; (3) the applicant is a relative of the Mayor or any member of the BCC; or (4) the Mayor or any member of the BCC is an employee of the applicant. (See Section 2-454, Orange County Code.)

**HOW ARE THE KEY RELEVANT TERMS DEFINED?**

Applicant means, for purposes of a development-related project, the owner, and, if applicable, the contract purchaser or owner's authorized agent. Applicant means, for purposes of a procurement item, the bidder, offeror, quoter, respondent, and, if applicable, the authorized agent of the bidder, offeror, quoter, or respondent.

Business associate means any person or entity engaged in or carrying on a business enterprise with a public officer, public employee, or candidate as a partner, joint venture, corporate shareholder where the shares of such corporation are not listed on any national or regional stock exchange, or co-owner of property. In addition, the term

includes any person or entity engaged in or carrying on a business enterprise, or otherwise engaging in common investment, with a public officer, public employee, or candidate as a partner, member, shareholder, owner, co-owner, joint venture partner, or other investor, whether directly or indirectly, whether through a Business Entity or through interlocking Parent Entities, Subsidiary Entities, or other business or investment scheme, structure, or venture of any nature. (See Section 112.312(4), Florida Statutes, and Section 2-452(b), Orange County Code.)

*Employee* means any person who receives remuneration from an employer for the performance of any work or service while engaged in any employment under any appointment or contract for hire or apprenticeship, express or implied, oral or written, whether lawfully or unlawfully employed, and includes, but is not limited to, aliens and minors. (See Section 440.02(15), Florida Statutes.)

*Relative* means an individual who is related to a public officer or employee as father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, half sister, grandparent, great grandparent, grandchild, great grandchild, step grandparent, step great grandparent, step grandchild, step great grandchild, person who is engaged to be married to the public officer or employee or who otherwise holds himself or herself out as or is generally known as the person whom the public officer or employee intends to marry or with whom the public officer or employee intends to form a household, or any other natural person having the same legal residence as the public officer or employee. (See Section 112.312(21), Florida Statutes.)

#### **DOES THE RELATIONSHIP DISCLOSURE FORM NEED TO BE UPDATED IF INFORMATION CHANGES?**

Yes. It remains a continuing obligation of the applicant to update this form whenever any of the information provided on the initial form changes.

#### **WHERE DO THE RELATIONSHIP DISCLOSURE FORM AND ANY SUBSEQUENT UPDATES NEED TO BE FILED?**

For a development-related item, the Relationship Disclosure Form and any update need to be filed with the County Department or County Division where the applicant filed the application. For a procurement item, the Relationship Disclosure Form and any update need to be filed with the Procurement Division.

#### **WHEN DO THE RELATIONSHIP DISCLOSURE FORM AND ANY UPDATES NEED TO BE FILED?**

In most cases, the initial form needs to be filed when the applicant files the initial development-related project application or initial procurement-related forms. However, with respect to a procurement item, a response to a bid will not be deemed unresponsive if this form is not included in the initial packet submitted to the Procurement Division.

If changes are made after the initial filing, the final, cumulative Relationship Disclosure Form needs to be filed with the appropriate County Department or County Division processing the application not less than seven (7) days prior to the scheduled BCC agenda date so that it may be incorporated into the BCC agenda packet. When the matter is a discussion agenda item or is the subject of a public hearing, and an update has not been made at least 7 days prior to BCC meeting date or is not included in the

BCC agenda packet, the applicant is obligated to verbally present such update to the BCC when the agenda item is heard or the public hearing is held. When the matter is a consent agenda item and an update has not been made at least 7 days prior to the BCC meeting or the update is not included in the BCC agenda packet, the item will be pulled from the consent agenda to be considered at a future meeting.

**WHO WILL REVIEW THE INFORMATION DISCLOSED ON THE RELATIONSHIP DISCLOSURE FORM AND ANY UPDATES?**

The information disclosed on this form and any updates will be a public record as defined by Chapter 119, Florida Statutes, and may therefore be inspected by any interested person. Also, the information will be made available to the Mayor and the BCC members. This form and any updates will accompany the information for the applicant's project or item.

However, for development-related items, if an applicant discloses the existence of one or more of the relationships described above and the matter would normally receive final consideration by the Concurrency Review Committee or the Development Review Committee, the matter will be directed to the BCC for final consideration and action following committee review.

**CONCLUSION:**

We hope you find this FAQ useful to your understanding of the Relationship Disclosure Form. Please be informed that if the event of a conflict or inconsistency between this FAQ and the requirements of the applicable ordinance or law governing relationship disclosures, the ordinance or law controls.

Also, please be informed that the County Attorney's Office is not permitted to render legal advice to an applicant or any other outside party. Accordingly, if the applicant or an outside party has any questions after reading this FAQ, he/she is encouraged to contact his/her own legal counsel.

## ORANGE COUNTY SPECIFIC PROJECT EXPENDITURE REPORT

This lobbying expenditure form shall be completed in full and filed with all application submittals. This form shall remain cumulative and shall be filed with the department processing your application. Forms signed by a principal's authorized agent shall include an executed Agent Authorization Form.

**This is the initial Form:** \_\_\_\_\_  
**This is a Subsequent Form:** \_\_\_\_\_

### **Part I**

**Please complete all of the following:**

Name and Address of Principal (legal name of entity or owner per Orange County tax rolls): \_\_\_\_\_

\_\_\_\_\_

Name and Address of Principal's Authorized Agent, if applicable: \_\_\_\_\_

\_\_\_\_\_

**List the name and address of all lobbyists, Contractors, contractors, subcontractors, individuals or business entities who will assist with obtaining approval for this project. (Additional forms may be used as necessary.)**

1. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No\_\_\_
2. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No\_\_\_
3. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No\_\_\_
4. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No\_\_\_
5. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No\_\_\_
6. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No\_\_\_
7. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No\_\_\_
8. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes \_\_\_ or No\_\_\_







**FREQUENTLY ASKED QUESTIONS (FAQ)**  
**ABOUT THE**  
**SPECIFIC PROJECT EXPENDITURE REPORT**  
*Updated 3-1-11*

**WHAT IS A SPECIFIC PROJECT EXPENDITURE REPORT (SPR)?**

A Specific Project Expenditure Report (SPR) is a report required under Section 2-354(b) of the Orange County Lobbying Ordinance, codified at Article X of Chapter 2 of the Orange County Code, reflecting all lobbying expenditures incurred by a principal and their authorized agent(s) and the principal's lobbyist(s), contractor(s), subcontractor(s), and Contractor(s), if applicable, for certain projects or issues that will ultimately be decided by the Board of County Commissioners (BCC).

Matters specifically exempt from the SPR requirement are ministerial items, resolutions, agreements in settlement of litigation matters in which the County is a party, ordinances initiated by County staff, and some procurement items, as more fully described in 2.20 of the Administrative Regulations.

Professional fees paid by the principal to his/her lobbyist for the purpose of lobbying need not be disclosed on this form. (See Section 2-354(b), Orange County Code.)

**WHO NEEDS TO FILE THE SPR?**

The principal or his/her authorized agent needs to complete and sign the SPR and warrant that the information provided on the SPR is true and correct.

A principal that is a governmental entity does not need to file an SPR.

**HOW ARE THE KEY RELEVANT TERMS DEFINED?**

*Expenditure* means "a payment, distribution, loan, advance, reimbursement, deposit, or anything of value made by a lobbyist or principal for the purpose of lobbying. This may include public relations expenditures (including but not limited to petitions, flyers, purchase of media time, cost of print and distribution of publications) but does not include contributions or expenditures reported pursuant to Chapter 106, Florida Statutes, or federal election law, campaign-related personal services provided without compensation by individuals volunteering their time, any other contribution or expenditure made by or to a political party, or any other contribution or expenditure made by an organization that is exempt from taxation under 26 U.S.C. s. 527 or s. 501(c)(4)." (See Section 112.3215, Florida Statutes.) Professional fees paid by the principal to his/her lobbyist for the purpose of lobbying are not deemed to be "expenditures." (See Section 2-354, Orange County Code.)

*Lobbying* means seeking "to encourage the approval, disapproval, adoption, repeal, rescission, passage, defeat or modification of any ordinance, resolution, agreement, development permit, other type of permit, franchise, vendor, Contractor, contractor, recommendation, decision or other foreseeable action of the [BCC]," and "include[s] all communications, regardless of whether initiated by the lobbyist or by the person being lobbied, and regardless of whether oral, written or electronic." (See Section 2-351, Orange County Code.) Furthermore, *lobbying* means communicating "directly with the County Mayor, with any other member of the [BCC], or with any member of a procurement committee." (See Section 2-351, Orange County Code.) *Lobbying* also

means communicating “indirectly with the County Mayor or any other member of the [BCC]” by communicating with any staff member of the Mayor or any member of the BCC, the county administrator, any deputy or assistant county administrator, the county attorney, any county department director, or any county division manager. (See Section 2-351, Orange County Code.) *Lobbying* does not include the act of appearing before a Sunshine Committee, such as the Development Review Committee or the Roadway Agreement Committee other than the BCC.

*Principal* means “the person, partnership, joint venture, trust, association, corporation, governmental entity or other entity which has contracted for, employed, retained, or otherwise engaged the services of a lobbyist.” *Principal* may also include a person, partnership, joint venture, trust, association, corporation, limited liability corporation, or other entity where it or its employees do not qualify as a lobbyist under the definition set forth in Section 2-351 of the Orange County Code but do perform lobbying activities on behalf of a business in which it has a personal interest.

#### **DOES THE SPR NEED TO BE UPDATED IF INFORMATION CHANGES?**

Yes. It remains a continuing obligation of the principal or his/her authorized agent to update the SPR whenever any of the information provided on the initial form changes.

#### **WHERE DO THE SPR AND ANY UPDATES NEED TO BE FILED?**

The SPR needs to be filed with the County Department or County Division processing the application or matter. If and when an additional expenditure is incurred subsequent to the initial filing of the SPR, an amended SPR needs to be filed with the County Department or County Division where the original application, including the initial SPR, was filed.

#### **WHEN DO THE SPR AND ANY UPDATES NEED TO BE FILED?**

In most cases, the initial SPR needs to be filed with the other application forms. The SPR and any update must be filed with the appropriate County Department or County Division not less than seven (7) days prior to the BCC hearing date so that they may be incorporated into the BCC agenda packet. (See Section 2-354(b), Orange County Code.) When the matter is a discussion agenda item or is the subject of a public hearing, and any additional expenditure occurs less than 7 days prior to BCC meeting date or updated information is not included in the BCC agenda packet, the principal or his/her authorized agent is obligated to verbally present the updated information to the BCC when the agenda item is heard or the public hearing is held. When the matter is a consent agenda item and an update has not been made at least 7 days prior to the BCC meeting or the update is not included in the BCC agenda packet, the item will be pulled from the consent agenda to be considered at a future meeting.

#### **WHO WILL BE MADE AWARE OF THE INFORMATION DISCLOSED ON THE SPR AND ANY UPDATES?**

The information disclosed on the SPR and any updates will be a public record as defined by Chapter 119, Florida Statutes, and therefore may be inspected by any interested person. Also, the information will be made available to the Mayor and the BCC members. This information will accompany the other information for the principal's project or item.

**CONCLUSION:**

We hope you find this FAQ useful to your understanding of the SPR. Please be informed that in the event of a conflict or inconsistency between this FAQ and the requirements of the applicable ordinance governing specific project expenditure reports, the ordinance controls.

Also, please be informed that the County Attorney's Office is not permitted to render legal advice to a principal, his/her authorized agent, or any other outside party. Accordingly, if after reading this FAQ the principal, his/her authorized agent or an outside party has any questions, he/she is encouraged to contact his/her own legal counsel.

**AGENT AUTHORIZATION FORM**

I/We, (Print Bidder name) \_\_\_\_\_, Do hereby authorize (print agent's name), \_\_\_\_\_, to act as my/our agent to execute any petitions or other documents necessary to affect the CONTRACT approval PROCESS more specifically described as follows, (IFB NUMBER AND TITLE) \_\_\_\_\_, and to appear on my/our behalf before any administrative or legislative body in the county considering this CONTRACT and to act in all respects as our agent in matters pertaining TO THIS CONTRACT.

\_\_\_\_\_  
Signature of Bidder

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_ :  
COUNTY OF \_\_\_\_\_ :

I certify that the foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_. He/she is personally known to me or has produced \_\_\_\_\_ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public  
Notary Public for the State  
of \_\_\_\_\_  
My Commission  
Expires: \_\_\_\_\_

**EXHIBIT A**

**LEASED EMPLOYEE AFFIDAVIT**

I affirm that an employee leasing company provides my workers' compensation coverage. I further understand that my contract with the employee leasing company limits my workers' compensation coverage to enrolled worksite employees only. My leasing arrangement does not cover un-enrolled worksite employees, independent contractors, uninsured sub-contractors or casual labor exposure.

I hereby certify that 100% of my workers are covered as worksite employees with the employee leasing company. I certify that I do not hire any casual or uninsured labor outside the employee leasing arrangement. I agree to notify the County in the event that I have any workers not covered by the employee leasing workers' compensation policy. In the event that I have any workers not subject to the employee leasing arrangement, I agree to obtain a separate workers' compensation policy to cover these workers. I further agree to provide the County with a certificate of insurance providing proof of workers' compensation coverage prior to these workers entering any County jobsite.

I further agree to notify the County if my employee leasing arrangement terminates with the employee leasing company and I understand that I am required to furnish proof of replacement workers' compensation coverage prior to the termination of the employee leasing arrangement.

I certify that I have workers' compensation coverage for all of my workers through the employee leasing arrangement specified below:

Name of Employee Leasing Company: \_\_\_\_\_

Workers' Compensation Carrier: \_\_\_\_\_

A.M. Best Rating of Carrier: \_\_\_\_\_

Inception Date of Leasing Arrangement: \_\_\_\_\_

I further agree to notify the County in the event that I switch employee-leasing companies. I recognize that I have an obligation to supply an updated workers' compensation certificate to the County that documents the change of carrier.

Name of Contractor: \_\_\_\_\_

Signature of Owner/Officer: \_\_\_\_\_

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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).

<p><b>PRODUCER</b></p> <p>1. Name of Agent or Broker Street Address City, State, Zip</p>	<p><b>CONTACT NAME:</b> PHONE (A/C, No, Ext):      FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : INSURER B : <b>INSURER C :</b> 3. INSURER D : INSURER E : INSURER F :</p>
<p><b>INSURED</b></p> <p>2. Name of Insured Street Address City, State, Zip</p>	

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADOL INSR	SUBR WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	8. LIMITS
3.	<p><b>GENERAL LIABILITY</b></p> <p><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR</p> <p>GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC</p>	4.	5.	6.	7.		<p>EACH OCCURRENCE \$</p> <p>DAMAGE TO RENTED PREMISES (Ea occurrence) \$</p> <p>MED EXP (Any one person) \$</p> <p>PERSONAL &amp; ADV INJURY \$</p> <p>GENERAL AGGREGATE \$</p> <p>PRODUCTS - COM/POP AGG \$</p> <p>COMBINED SINGLE LIMIT (Ea accident) \$</p> <p>BODILY INJURY (Per person) \$</p> <p>BODILY INJURY (Per accident) \$</p> <p>PROPERTY DAMAGE (Per accident) \$</p>
	<p><b>AUTOMOBILE LIABILITY</b></p> <p>9. <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRE AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS</p>						<p>EACH OCCURRENCE \$</p> <p>AGGREGATE \$</p>
	<p><b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED.      RETENTION \$</p>						<p>E.L. EACH ACCIDENT \$</p> <p>E.L. DISEASE - EA EMPLOYEE \$</p> <p>E.L. DISEASE - POLICY LIMIT \$</p>
	<p><b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b> 10.      Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below</p>		N/A				
11.							

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

Orange County Government is additionally insured on the General Liability Policy. A waiver of subrogation applies in favor of Orange County Government, it's agents, employees, and officials on the Worker's Compensation Policy.

<p><b>CERTIFICATE HOLDER</b></p> <p>13. Orange County Board of County Commissioners Procurement Division 400 E. South Street Orlando, Florida 32801</p>	<p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p><b>AUTHORIZED REPRESENTATIVE</b></p> <p>14.</p>
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## ORANGE COUNTY CERTIFICATE OF INSURANCE REVIEW GUIDE

1. **PRODUCER:** Agent's name and address must be shown along with contact name phone, fax, and email address.
2. **INSURED:** Legal name and address of the entity entering into the contract or agreement
3. **INSURERS AFFORDING COVERAGE & NAIC #:** Name of the insurance company that is insuring the line of coverage. The INSURER and applicable letter will be used throughout the certificate to indicate the lines of coverage placed with a particular insurance company. A letter must be shown in the INSUR L TR section for each coverage line listed on the certificate.
4. **ADDL INSR:** Signifies whether coverage includes additional insured status. Very few agents use this section. Additional insured status is usually discussed in the Description of Operations/Locations/Vehicles section.
5. **SUBR WVD:** Signifies that a waiver of subrogation is in valid for each line of coverage as indicated.
6. **POLICY NUMBER:** A policy number should be listed for each line of coverage for which commercial insurance is being provided.
7. **POLICY EFFECTIVE/EXPIRATION DATES:** Effective and expiration dates should fall within the time frame of the inception of the contract or agreement.
8. **LIMITS:** As required in the written agreement. The general aggregate should be at least twice the per occurrence limit for all continuing service contracts. If the aggregate limit applies separately then the PROJECT box should be marked.
9. **AUTOMOBILE LIABILITY:** The ANY AUTO box is preferable however; some organizations do not own vehicles so the other boxes may be marked.
10. **WORKERS' COMPENSATION:** Look closely to see if any proprietor, partner, or executive officer is excluded. If so, please contact Risk Management for waiver approval. The WC STATUTORY LIMITS box must be selected.
11. **OTHER:** This section is used for other coverage such as professional liability and employee dishonesty. The same rules apply with regards to policy numbers, effective and expiration dates and limits.
12. **DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES:** This section typically contains any special or qualifying language such as additional insured status or waivers of subrogation. If additional space is needed an ACORD 101 should be attached. Please note that these certificates are for information only and do not confer any rights upon the certificate holder. This is why we also ask for the specific policy language or endorsement specifying that these provisions are in place.
13. **CERTIFICATE HOLDER:** Orange County Board of County Commissioners should be listed as the certificate holder. Individual departments and divisions should not be listed as the primary certificate holder.
14. **AUTHORIZED REPRESENTATIVE:** This section should contain the signature of the person authorized to issue the certificate on behalf of the insurance company.

**EXHIBIT B**

COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
<b><i>The following are additional insured under the Professional Liability section of this policy (already included under the GL by form #86571).</i></b>
YOUR MEDICAL DIRECTORS AND ADMINISTRATORS, INCLUDING PROFESSIONAL PERSONS, BUT ONLY WHILE ACTING WITHIN THE SCOPE OF THEIR DUTIES FOR THE NAMED INSURED AS MEDICAL DIRECTORS AND ADMINISTRATORS;
AN INDEPENDENT CONTRACTOR IS AN INSURED ONLY FOR THE CONDUCT OF YOUR BUSINESS AND SOLELY WHILE PERFORMING SERVICES FOR A CLIENT OF THE NAMED INSURED, BUT SOLELY WITHIN THE SCOPE OF SERVICES CONTEMPLATED BY THE NAMED INSURED;
STUDENTS IN TRAINING WHILE PREFORMING DUTIES AS INSTRUCTED BY THE NAMED INSURED;
ANY ENTITY YOU ARE REQUIRED IN A WRITTEN CONTRACT (HEREINAFTER CALLED ADDITIONAL INSURED) TO NAME AS AN INSURED IS AN INSURED BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF YOUR PREMISES OR OPERATIONS:
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily Injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of you ongoing operations; or
- B. In connection with your premises owned by or rented to you.

**EXHIBIT C**

POLICY NUMBER: \_\_\_\_\_ COMMERCIAL GENERAL LIABILITY  
**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies Insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)
ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS ATTN: PROCUREMENT DIVISION 400 E. SOUTH STREET, 2 <sup>nd</sup> FLOOR ORLANDO, FL 32801
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily Injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of you ongoing operations; or
- B. In connection with your premises owned by or rented to you.

## EXHIBIT D

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WORKERS COMPENSTION AND EMPLOYEES LIABILITY  
INSURANCE POLICY WC 00 03 13

2<sup>ND</sup> Reprint

*Effective April 1, 1984*

Advisory

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### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

#### Schedule

**Name of Person or Organization:**

ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS  
ATTN: PROCUREMENT DIVISION  
400 E. SOUTH STREET, 2<sup>ND</sup> FLOOR  
ORLANDO, FL 32801

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**EXHIBIT E**

POLICY NUMBER:

**COMMERCIAL GENERAL LIABILITY  
CG 24 04 10 93**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US**

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name of Person or Organization:**

ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS  
ATTN: PROCUREMENT DIVISION  
400 E. SOUTH STREET, 2<sup>nd</sup> FLOOR  
ORLANDO, FL 32801

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV – COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right to recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or “your work” done under a contract with that person or organization and included in the “Products-completed operations hazard”. This waiver applies only to the person or organization shown in the Schedule above.