



# Department of Administrative Services

## Purchasing and Contracts

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Sabra Smith Newby, Chief Administrative Officer  
Adleen B. Stidhum, Purchasing Manager



### CLARK COUNTY, NEVADA BID NO. 603649-15 ANNUAL REQUIREMENTS CONTRACT FOR JANITORIAL SERVICES AT DESERT BREEZE RECREATION AND AQUATICS CENTER

April 13, 2015

#### ADDENDUM NO. 1

#### INVITATION TO BID

1. The bid opening date of April 17, 2015 at 3:00:00 p.m. **remains unchanged.**

#### INSTRUCTION TO BIDDERS

2. Page I-3, Item No. 10, **changed** to read:

#### SUBCONTRACTOR INFORMATION

Bidders should submit with their bids a list of the Minority-Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), Physically-Challenged Business Enterprise (PBE), Small Business Enterprise (SBE) Veteran Business Enterprise (VET), Disabled Veteran Business Enterprise (DVET), and Emerging Small Business Enterprise (ESB) subcontractors for CONTRACT utilizing **Attachment 1**. The information provided in **Attachment 1** by Bidder is for COUNTY'S information only.

#### SERVICE SPECIFICATION

3. Additional Services & Products **added**:
  - Changing Tables: seven (7) Changing tables, Successful Bidder will provide changing table liners for each changing station.
  - Gym and Fitness room floors must be spot cleaned and dust mopped each service day.
  - All tile floors and hard surfaces must be auto-scrubbed each month to avoid any buildup.
  - Soap: Luxury foam soap is required for the shower area dispensers.

#### BID FORM

4. **Discard** the previous Bid Form pages V-1 through V-3 in their entirety and **replace** with the attached Revised Bid Form pages Revised V-1 through Revised V-3 attached to this Addendum No. 1.

#### ATTACHMENT

5. **Discard** the previous Attachment 1 page 1-1 in its entirety and **replace** with the attached Revised 1-1 attached to this Addendum No. 1.

DISCLOSURE OF OWNERSHIP/PRINCIPALS

6. **Discard** the Previous Instructions for Completing the Disclosure of Ownership/Principals Form and Disclosure of Ownership/Principals page 1 through page 2 in its entirety and **replace** with the attached Revised Instructions for Completing the Disclosure of Ownership/Principals Form and Disclosure of Ownership/Principals page 1 through page 2 attached to this Addendum No. 1.

Should you have any questions regarding this addendum, please contact me at (702) 455-6288 or [deon.ford@clarkcountynv.gov](mailto:deon.ford@clarkcountynv.gov)

ISSUED BY:

*Deon Ford*

DEON FORD  
Purchasing Analyst

Attachment(s): Revised Service Specifications pages IV-1 through IV-2  
Revised Bid Form pages V-1 through V-3  
Revised Attachment 1 page 1-1  
Revised Instructions for completing Disclosure of Ownership/Principals Form and Disclosure of Ownership/Principals page 1 through page 2

Cc: Theodore Hooper, Real Property Management – HSP  
Connie Lee, Real Property Management – HSP  
Wayne Wedlow, Real Property Management – Operations  
Matt Garban – Real Property Management – Operations

# IV – SERVICE SPECIFICATION

BID NO. 603649-15  
JANITORIAL SERVICES FOR DESERT BREEZE RECREATION CENTER & AQUATICS  
REVISED PER ADDENDUM NO. 1

## 1. FACILITY

Facility: Desert Breeze Recreation Center & Aquatics  
Location: 8275 Spring Mountain Road  
Las Vegas, Nevada 89117

Designated Contact for this Facility: Shelly Gulotta  
Telephone No: (702) 455-8334  
Number of days of service / week: Six (6) days  
Days of service: Monday through Saturday  
Hour's service is desired: To start no earlier than 9:00pm and to be completed prior to 6:00am

## 2. BUILDING FACTS

Net cleanable square footage: 39,693 square feet  
Tile/Other Square Footage Daily Service: 31,058 square feet  
Carpet Square Footage Daily Service: 8,635 square feet

Number of rooms in facility:

- 5 Office(s)
- 2 Reception Area(s)
- 2 Gymnasium(s)
- 1 Town Board & Liaison
- 1 Pottery Room
- 1 Sitting Area
- 2 Multipurpose Room(s)
- 1 Dance Room
- 2 Fitness Room(s)
- 1 Craft Room
- 1 Arts & Crafts Room
- 1 Kiln (not to be serviced)
- 4 Kitchen / Break Rooms with 3 Sink(s)
- 8 Restrooms with 38 Toilets, 13 Urinals, 33 Sinks, 3 Showers
- 7 Changing Tables
- 10 Water Fountain(s)

*The trash and recycling receptacles are located North of the building, at end of circular drive.*

\* **Successful Bidder will be required to service all hard floor surfaces with an approved/inspected floor machine each service day. Gym and Fitness room floors must be spot cleaned and dust mopped each service day. All tile floors and hard floor surfaces must be auto-scrubbed each month to avoid any buildup.**

\*\* **Successful Bidder will be required to clean all windows -up to 10 feet high- interior and exterior, at least twice per week during daylight hours, with doors and entrances being cleaned daily.**

\*\*\* **Successful Bidder is required to have a minimum of two (2) custodians cleaning the building for a minimum of 4 to 8 hours each night of service. This is to ensure that enough time is allotted for proper cleaning.**

## 3. SUPPLIES REQUIRED

Specifications for supplies to be furnished by the successful Bidder:

**Service Specification**

Bid No. 603649-15

Annual Requirements Contract for Janitorial Services at Desert Breeze Recreation and Aquatics Center

Revised per Addendum No. 1

- Toilet Tissue: Georgia Pacific, Kimberly Clark, or equal, Single-ply, 1000 sheets per roll, 96 rolls per case, 4-1/2" x 4-1/2" made of 100% recycled materials of which 20% must be post consumer material.
- Paper Towels: Georgia Pacific, Kimberly Clark, or equal, multi-fold, 9-1/2" x 9-1/8" sheets, made of 100% recycled materials of which 40% must be post-consumer material, approximately 4,000 sheets per case.
- Seat Covers: SCA, Kimberly Clark, or equal, half-fold, 20 packages of 250 per case (minimum 20% post consumer waste).
- Soap: According to dispensing machine. White lanolin soap is preferred. Luxury foam soap is required for the shower area dispensers.
- Miscellaneous: Urn Sand, Trash Can Liners and Biohazard Sanitary Napkin Dispenser Liners.
- Solid Waste: Successful Bidder will empty Sanitary napkin Biohazard disposal liners into a special Red Bio-Hazard bag, provided by the Successful Bidder, and placed in a specified Bio-Hazard container.
- Vacuums: HEPA vacuums and filters or CRI Certified Green Vacuums and filters
- Urinal Screens: Successful Bidder will provide urinal cakes and/or screens for each urinal. Screens must be dated and changed frequently.
- Changing Tables: Successful Bidder will provide changing table liners for each changing station.

# CLARK COUNTY, NEVADA

## V - BID FORM

BID NO. 603649-15

### ANNUAL REQUIREMENTS CONTRACT FOR JANITORIAL SERVICES AT DESERT BREEZE RECREATION AND AQUATICS CENTER REVISED PER ADDENDUM NO. 1

\_\_\_\_\_  
Name of Firm

This bid is submitted in response to COUNTY'S Invitation to Bid and is in accordance with all conditions and specifications in this document.

DESCRIPTION	MONTHLY COST
1. Desert Breeze Recreation and Aquatics Center	\$ _____
<b>TOTAL MONTHLY</b>	\$ _____



**FOR INFORMATIONAL PURPOSES ONLY:**

The above referenced firm is a  MBE  WBE  PBE  SBE  VET  DVET  ESB as defined below.

**STATE OF NEVADA BUSINESSES****MINORITY OWNED BUSINESS ENTERPRISE (MBE):**

An independent and continuing Nevada business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of Black American, Hispanic American, Asian-Pacific American or Native American ethnicity.

**WOMEN OWNED BUSINESS ENTERPRISE (WBE):**

An independent and continuing Nevada business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more women.

**PHYSICALLY-CHALLENGED BUSINESS ENTERPRISE (PBE):**

An independent and continuing Nevada business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled individuals pursuant to the federal Americans with Disabilities Act.

**SMALL BUSINESS ENTERPRISE (SBE):**

An independent and continuing Nevada business for profit which performs a commercially useful function, is not owned and controlled by individuals designated as minority, women, or physically-challenged, and where gross annual sales does not exceed \$2,000,000.

**VETERAN OWNED BUSINESS ENTERPRISE (VET):**

An independent and continuing Nevada business for profit which performs a commercially useful function and is at least 51 percent owned and controlled by one or more U.S. Veterans.

**DISABLED VETERAN OWNED BUSINESS ENTERPRISE (DVET):**

A Nevada business at least 51 percent owned/controlled by a disabled veteran.

**EMERGING SMALL BUSINESS (ESB):**

Certified by the Nevada Governor's Office of Economic Development effective January, 2014. Approved into Nevada law during the 77th Legislative session as a result of AB294.

**ATTACHMENT 1**  
**BID NO. 603649-15**  
**ANNUAL REQUIREMENTS CONTRACT FOR JANITORIAL SERVICES AT DESERT BREEZE RECREATION AND**  
**AQUATICS CENTER**  
**REVISED PER ADDENDUM NO. 1**

**SUBCONTRACTOR INFORMATION**

It is our intent to utilize the following MBE, WBE, PBE, SBE, VET, DVET and ESB subcontractors in association with CONTRACT:

1. Subcontractor Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
Estimated Percentage of Total Dollars: \_\_\_\_\_  
Business Type:    MBE            WBE            PBE            SBE            VET  
                           DVET            ESB
  
2. Subcontractor Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
Estimated Percentage of Total Dollars: \_\_\_\_\_  
Business Type:    MBE            WBE            PBE            SBE            VET  
                           DVET            ESB
  
3. Subcontractor Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
Estimated Percentage of Total Dollars: \_\_\_\_\_  
Business Type:    MBE            WBE            PBE            SBE            VET  
                           DVET            ESB
  
4. Subcontractor Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
Estimated Percentage of Total Dollars: \_\_\_\_\_  
Business Type:    MBE            WBE            PBE            SBE            VET  
                           DVET            ESB
  
5. Subcontractor Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
Estimated Percentage of Total Dollars: \_\_\_\_\_  
Business Type:    MBE            WBE            PBE            SBE            VET  
                           DVET            ESB
  
6. Subcontractor Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
Estimated Percentage of Total Dollars: \_\_\_\_\_  
Business Type:    MBE            WBE            PBE            SBE            VET  
                           DVET            ESB

No MBE, WBE, PBE, SBE, VET, DVET or ESB subcontractors will be used.

**INSTRUCTIONS FOR COMPLETING THE  
DISCLOSURE OF OWNERSHIP/PRINCIPALS FORM**

**Purpose of the Form**

The purpose of the Disclosure of Ownership/Principals Form is to gather ownership information pertaining to the business entity for use by the Board of County Commissioners ("BCC") in determining whether members of the BCC should exclude themselves from voting on agenda items where they have, or may be perceived as having a conflict of interest, and to determine compliance with Nevada Revised Statute 281A.430, contracts in which a public officer or employee has interest is prohibited.

**General Instructions**

Completion and submission of this Form is a condition of approval or renewal of a contract or lease and/or release of monetary funding between the disclosing entity and the appropriate Clark County government entity. Failure to submit the requested information may result in a refusal by the BCC to enter into an agreement/contract and/or release monetary funding to such disclosing entity.

**Detailed Instructions**

All sections of the Disclosure of Ownership form must be completed. If not applicable, write in N/A.

**Business Entity Type** – Indicate if the entity is an Individual, Partnership, Limited Liability Company, Corporation, Trust, Non-profit Organization, or Other. When selecting 'Other', provide a description of the legal entity.

**Non-Profit Organization (NPO)** - Any non-profit corporation, group, association, or corporation duly filed and registered as required by state law.

**Business Designation Group** – Indicate if the entity is a Minority Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), Small Business Enterprise (SBE), or Physically-Challenged Business Enterprise (PBE). This is needed in order to provide utilization statistics to the Legislative Council Bureau, and will be used only for such purpose.

**Minority Owned Business Enterprise (MBE):**

An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of Black American, Hispanic American, Asian-Pacific American or Native American ethnicity.

**Women Owned Business Enterprise (WBE):**

An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more women.

**Physically-Challenged Business Enterprise (PBE):**

An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled individuals pursuant to the federal Americans with Disabilities Act.

**Small Business Enterprise (SBE):**

An independent and continuing business for profit which performs a commercially useful function, is not owned and controlled by individuals designated as minority, women, or physically-challenged, and where gross annual sales does not exceed \$2,000,000.

**Veteran Owned Enterprise (VET):**

A Nevada business at least 51% owned/controlled by a veteran.

**Disabled Veteran Owned Enterprise (DVET):**

A Nevada business at least 51% owned/controlled by a disabled veteran.

**Business Name (include d.b.a., if applicable)** – Enter the legal name of the business entity and enter the "Doing Business As" (d.b.a.) name, if applicable.

**Corporate/Business Address, Business Telephone, Business Fax, and Email** – Enter the street address, telephone and fax numbers, and email of the named business entity.

**Local Business Address, Local Business Telephone, Local Business Fax, and Email** – If business entity is out-of-state, but operates the business from a location in Nevada, enter the Nevada street address, telephone and fax numbers, point of contact and email of the local office. Please note that the local address must be an address from which the business is operating from that location. Please do not include a P.O. Box number, unless required by the U.S. Postal Service, or a business license hanging address.

**Number of Clark County Nevada Residents employed by this firm.**

**List of Owners/Officers** – Include the full name, title and percentage of ownership of each person who has ownership or financial interest in the business entity. If the business is a publicly-traded corporation or non-profit organization, list all Corporate Officers and Directors only.

**For All Contracts – (Not required for publicly-traded corporations)**

- 1) Indicate if any individual members, partners, owners or principals involved in the business entity are a Clark County full-time employee(s), or appointed/elected official(s). If yes, the following paragraph applies.

In accordance with NRS 281A.430.1, a public officer or employee shall not bid on or enter into a contract between a government agency and any private business in which he has a significant financial interest, except as provided for in subsections 2, 3, and 4.

- 2) Indicate if any individual members, partners, owners or principals involved in the business entity have a second degree of consanguinity or affinity relation to a Clark County full-time employee(s), or appointed/elected official(s) (reference form on Page 2 for definition). If YES, complete the Disclosure of Relationship Form. Clark County is comprised of the following government entities: Clark County, University Medical Center of Southern Nevada, Department of Aviation (McCarran Airport), and Clark County Water Reclamation District. Note: The Department of Aviation includes all of the General Aviation Airports (Henderson, North Las Vegas, and Jean).

A professional service is defined as a business entity that offers business/financial consulting, legal, physician, architect, engineer or other professional services.

**Signature and Print Name** – Requires signature of an authorized representative and the date signed.

**Disclosure of Relationship Form** – If any individual members, partners, owners or principals of the business entity is presently a Clark County employee, public officer or official, or has a second degree of consanguinity or affinity relationship to a Clark County employee, public officer or official, this section must be completed in its entirety.

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b>						
<b>Corporate/Business Entity Name:</b>						
<i>(Include d.b.a., if applicable)</i>						
<b>Street Address:</b>				<b>Website:</b>		
<b>City, State and Zip Code:</b>				<b>POC Name:</b>		
<b>Telephone No:</b>				<b>Email:</b>		
<b>Telephone No:</b>				<b>Fax No:</b>		
<b>Nevada Local Street Address: (If different from above)</b>				<b>Website:</b>		
<b>City, State and Zip Code:</b>				<b>Local Fax No:</b>		
<b>Local Telephone No:</b>				<b>Local POC Name:</b>		
				<b>Email:</b>		

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?**     Yes     No

1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

Yes     No    (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

Yes     No    (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

Signature	Print Name
Title	Date

## DISCLOSURE OF RELATIONSHIP

List any disclosures below:  
(Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT

\* County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

"Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

**For County Use Only:**

If any Disclosure of Relationship is noted above, please complete the following:

- Yes  No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?
- Yes  No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative