



# 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.603868-15  
ANNUAL REQUIREMENTS CONTRACT FOR JANITORIAL SERVICES AT CLARK  
COUNTY FAMILY COURTS

October 23, 2015

ADDENDUM NO. 3

INVITATION TO BID

1. The bid opening date of October 29, 2015 at 3:00:00 p.m. **remains unchanged.**

SPECIAL CONDITIONS

2. Page Revised III-4, add Section 29 to read as follows:

BILLABLE HOURLY RATES FOR ADDITIONAL SERVICES

"The labor rate line item in the Bid form is for the purposes of securing a labor rate by which SUCCESSFUL BIDDER shall supply quotes for any additional services requested by COUNTY that are outside of SUCCESSFUL BIDDER'S responsibility or control under CONTRACT. All material quoted for these services shall be at a fixed rate of fifteen (15) percent above SUCCESSFUL BIDDER'S cost. SUCCESSFUL BIDDER shall present their purchase invoice for all materials listed in SUCCESSFUL BIDDER'S invoice. All labor quoted for these services shall be for actual time only. No minimum billing for labor or travel time shall be allowed".

BID FORM

3. **Delete** Revised Bid Form from Addendum No. 1 in its entirety and **replace** with revised Bid Form attached to this Addendum No. 3.

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

ISSUED BY:

A handwritten signature in cursive script that reads "Deon Ford".

DEON FORD  
Purchasing Analyst

Attachment(s): Revised Bid Form, pages Revised V - 1 through V - 3  
Revised Attachment 1, page Revised 1 - 1

cc: Theodore Hooper, Real Property Management - HSP  
Connie Lee, Real Property Management - HSP  
America Caver, Real Property Management - HSP  
Wayne Wedlow, Real Property Management - Operations

# CLARK COUNTY, NEVADA

## V - BID FORM

BID NO. 603868-15

### ANNUAL REQUIREMENTS CONTRACT FOR JANITORIAL SERVICES AT CLARK COUNTY FAMILY COURTS

REVISED PER ADDENDUM NO. 3

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	QUANTITY	YEARLY COST
1. FAMILY SERVICES SECURITY BUILDING & COURTYARD	\$ _____	X 12 MONTHS	= \$ _____
2. FAMILY COURTS & SERVICES BUILDING	\$ _____	X 12 MONTHS	= \$ _____
3. FAMILY SERVICES NORTH BUILDING	\$ _____	X 12 MONTHS	= \$ _____
4. FYS SOUTH BUILDING	\$ _____	X 12 MONTHS	= \$ _____
5. VCT FLOORS (STRIP & WAX)	\$ _____	X 12 MONTHS	= \$ _____
6. TILE & GROUT DEEP CLEANING SERVICE	\$ _____	X 1 PER YEAR	= \$ _____

DESCRIPTION	HOURLY COST	QUANTITY	YEARLY COST
7. Hourly Rate for additional cleaning	\$ _____	X 1 HOUR	= \$ _____
8. Estimated Annual Cost for Additional Services			= \$5,000

**BID GRAND TOTAL (SUM OF YEARLY COST FOR LINE ITEMS 1 THROUGH 8) \$ \_\_\_\_\_**

**BIDDERS MUST BID ON ALL ITEMS TO BE CONSIDERED RESPONSIVE. ANY BID SUBMITTAL RECEIVED THAT HAS NOT BID ON ALL ITEMS WILL BE READ INTO THE RECORD AS INCOMPLETE AND AS NON-RESPONSIVE.**

\*\*\*SAMPLE ONLY\*\*\*

DESCRIPTION	MONTHLY COST	QUANTITY	YEARLY COST
Landscape	\$100.00	X 12 MONTHS	= \$1200.00

# ATTACHMENTS TO BID FORM

FAILURE TO SUBMIT REQUIRED ATTACHMENTS AS LISTED BELOW MAY RESULT IN REJECTION OF BID.

1. Attachment 1, Subcontractor Information, is attached.

Bidder is responsible to ascertain the number of Addenda issued and hereby acknowledges receipt of the following Addendum:  
**FAILURE TO ACKNOWLEDGE ALL ADDENDA ISSUED AND USE THE CORRECT BID FORM AS REQUIRED, MAY RESULT IN REJECTION OF BID.**

Addendum No. _____	Addendum No. _____	Addendum No. _____
Addendum No. _____	Addendum No. _____	Addendum No. _____
Addendum No. _____	Addendum No. _____	Addendum No. _____

Bidder hereby offers and agrees to furnish the material(s) and service(s) in compliance with all terms, conditions, specifications, and amendments in the Invitation to Bid and any written exceptions in the offer. We understand that the items in this Invitation to Bid, including, but not limited to, all required certificates are fully incorporated herein as a material and necessary part of the contract.

The undersigned hereby states, under penalty of perjury, that all information provided is true, accurate, and complete, and states that he/she has the authority to submit this bid, which will result in a binding contract if accepted by Clark County, Nevada.

**I certify, under penalty of perjury, that I have the legal authorization to bind the firm hereunder:**

_____ SIGNATURE OF AUTHORIZED REPRESENTATIVE	_____ LEGAL NAME OF FIRM		
_____ NAME AND TITLE OF AUTHORIZED REPRESENTATIVE (PRINT OR TYPE)	_____ ADDRESS OF FIRM		
_____ PHONE NUMBER OF AUTHORIZED REPRESENTATIVE	_____ CITY, STATE ZIP		
_____ FAX NUMBER OF AUTHORIZED REPRESENTATIVE	_____		
_____ EMAIL ADDRESS	_____ DATE		
<b>BUSINESS LICENSE INFORMATION:</b>			
_____ CURRENT STATE	_____ LICENSE NO.	_____ ISSUE DATE:	_____ EXPIRATION DATE:
_____ CURRENT COUNTY:	_____ LICENSE NO.	_____ ISSUE DATE:	_____ EXPIRATION DATE:
_____ CURRENT CITY:	_____ LICENSE NO.	_____ ISSUE DATE:	_____ EXPIRATION DATE:

**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. 603868-15**

**ANNUAL REQUIREMENTS CONTRACT FOR JANITORIAL SERVICES AT CLARK COUNTY FAMILY COURTS**

**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.