

Opening:

Ending:

REPORT OF BID OPENING

PAGE 1 OF 2

Date: 1/06/2011

Time: 2:00 p.m.

BID NO. 2010-27
PROJECT DESCRIPTION: Enterprise Janitorial Services
PURCHASING REPRESENTATIVE: Rebekah Holder <i>RH</i>
BIDS RECORDED BY: Stephani Oram <i>SO</i>

Bidder	<i>Kingdom Janitorial Services</i>	Acknowledgement of Addendums (4)	<input checked="" type="radio"/> Yes <input type="radio"/> No
Combined Monthly Bid Amount \$	<i>6,598.18</i>	Subcontractor Information	<input checked="" type="radio"/> Yes <input type="radio"/> No
Combined Annual Bid Amount \$	<i>79,178.16</i>	Bid Sheet	<input checked="" type="radio"/> Yes <input type="radio"/> No

Bidder	<i>Service Max</i>	Acknowledgement of Addendums (4)	<input checked="" type="radio"/> Yes <input type="radio"/> No
Combined Monthly Bid Amount \$	<i>3,258.23</i>	Subcontractor Information	<input checked="" type="radio"/> Yes <input type="radio"/> No
Combined Annual Bid Amount \$	<i>39,098.76</i>	Bid Sheet	<input checked="" type="radio"/> Yes <input type="radio"/> No

Bidder	<i>Charlie Demetrius</i>	Acknowledgement of Addendums (4)	<input checked="" type="radio"/> Yes <input type="radio"/> No
Combined Monthly Bid Amount \$	<i>5,118.20</i>	Subcontractor Information	<input checked="" type="radio"/> Yes <input type="radio"/> No
Combined Annual Bid Amount \$	<i>61,418.40</i>	Bid Sheet	<input checked="" type="radio"/> Yes <input type="radio"/> No

Bidder	<i>Clearwater Bldg Main.</i>	Acknowledgement of Addendums (4)	<input checked="" type="radio"/> Yes <input type="radio"/> No
Combined Monthly Bid Amount \$	<i>8,838.79</i>	Subcontractor Information	<input checked="" type="radio"/> Yes <input type="radio"/> No
Combined Annual Bid Amount \$	<i>106,065.72</i>	Bid Sheet	<input checked="" type="radio"/> Yes <input type="radio"/> No

Bidder	<i>Elite Services</i>	Acknowledgement of Addendums (4)	<input checked="" type="radio"/> Yes <input type="radio"/> No
Combined Monthly Bid Amount \$	<i>5,026.01</i>	Subcontractor Information	<input checked="" type="radio"/> Yes <input type="radio"/> No
Combined Annual Bid Amount \$	<i>60,312.12</i>	Bid Sheet	<input checked="" type="radio"/> Yes <input type="radio"/> No

Opening:

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REPORT OF BID OPENING

Date: 1/06/2011

Time: 2:00 p.m.

BID NO. 2010-27
PROJECT DESCRIPTION: Enterprise Janitorial Services
PURCHASING REPRESENTATIVE: Rebekah Holder RH
BIDS RECORDED BY: Stephani Oram

Bidder	Merchants Bldg. main.	Acknowledgement of Addendums (4)	<input checked="" type="radio"/> Yes <input type="radio"/> No
Combined Monthly Bid Amount \$	3,746.12	Subcontractor Information	<input checked="" type="radio"/> Yes <input type="radio"/> No
Combined Annual Bid Amount \$	44,953.44	Bid Sheet	Incorrect Bid Sheet Used <input checked="" type="radio"/> Yes <input type="radio"/> No

Bidder	Brand's Quality Cleaning	Acknowledgement of Addendums (4)	<input checked="" type="radio"/> Yes <input type="radio"/> No
Combined Monthly Bid Amount \$	6,932.40	Subcontractor Information	<input checked="" type="radio"/> Yes <input type="radio"/> No
Combined Annual Bid Amount \$	83,188.80	Bid Sheet	<input checked="" type="radio"/> Yes <input type="radio"/> No

Bidder	Appordable Cleaning + main	Acknowledgement of Addendums (4)	<input checked="" type="radio"/> Yes <input type="radio"/> No
Combined Monthly Bid Amount \$	6,932.40	Subcontractor Information	<input checked="" type="radio"/> Yes <input type="radio"/> No
Combined Annual Bid Amount \$	130,852.56	Bid Sheet	<input checked="" type="radio"/> Yes <input type="radio"/> No

Bidder	Ultimate Bldg. Services	Acknowledgement of Addendums (4)	<input checked="" type="radio"/> Yes <input type="radio"/> No
Combined Monthly Bid Amount \$	10,904.38	Subcontractor Information	<input checked="" type="radio"/> Yes <input type="radio"/> No
Combined Annual Bid Amount \$	130,852.56	Bid Sheet	<input checked="" type="radio"/> Yes <input type="radio"/> No

Bidder	ISS Facility Services, Inc	Acknowledgement of Addendums (4)	<input checked="" type="radio"/> Yes <input type="radio"/> No
Combined Monthly Bid Amount \$	6,755.00	Subcontractor Information	<input checked="" type="radio"/> Yes <input type="radio"/> No
Combined Annual Bid Amount \$	81,060.00	Bid Sheet	Incorrect Bid Sheet Used <input checked="" type="radio"/> Yes <input type="radio"/> No

V.
**BID FORM
 PRICE SHEET**
 (Revised 12/29/2010)

Service Max

Name of Firm

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

DESCRIPTION (Pod Breakdown Cost)	RATE Per Square Foot		TOTAL Square Feet		Per Month	MONTHLY Total Cost		Per Year	ANNUAL Total Cost
Pod 1 UMC Physicals	\$ 0.188	X	6,116.50	X	1	\$ 1149.90	X	12	\$ 13798.80 ²
Pod 2 Nevada Health Center	\$ 0.188	X	3,364.50	X	1	\$ 632.53	X	12	\$ 7590.36 ¹
Pod 3 Nevada Health Centers WIC	\$ 0.188	X	2,544.50	X	1	\$ 478.37	X	12	\$ 5740.44 ³⁹
Pod 4 UMC Quick Care	\$ 0.188	X	5,305.50	X	1	\$ 997.43	X	12	\$ 11969.16 ³¹
						COMBINED MONTHLY Total Cost (Pod 1 + Pod 2 + Pod 3 + Pod 4)	\$ 3258.23		
						COMBINED ANNUAL Total Cost (Pod 1 + Pod 2 + Pod 3 + Pod 4)	\$ 39098.76 ⁷⁴		

ORIGINAL

Bid Form - Price Sheet
 Bid No. 2010-27
 Enterprise Janitorial Services
 Revised 12/29/10

V.
**BID FORM
 PRICE SHEET**
 (Revised 12/29/2010)

ELITE SERVICES
 Name of Firm

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

DESCRIPTION (Pod Breakdown Cost)	RATE Per Square Foot		TOTAL Square Feet		Per Month	MONTHLY Total Cost		Per Year	ANNUAL Total Cost
Pod 1 UMC Physicals	\$ 0.29	X	6,116.50	X	1	\$ 2,773.79	X	12	\$ 26,285.48 .42
Pod 2 Nevada Health Center	\$ 0.29	X	3,364.50	X	1	\$ 975.71	X	12	\$ 11,708.52 .46
Pod 3 Nevada Health Centers WIC	\$ 0.29	X	2,544.50	X	1	\$ 737.91	X	12	\$ 8,854.92 .86
Pod 4 UMC Quick Care	\$ 0.29	X	5,305.50	X	1	\$ 1,538.60	X	12	\$ 18,463.20 .14
						COMBINED MONTHLY Total Cost (Pod 1 + Pod 2 + Pod 3 + Pod 4)	\$ 5,025.99 5,626.01		
						COMBINED ANNUAL Total Cost (Pod 1 + Pod 2 + Pod 3 + Pod 4)	\$ 60,311.88 60,312.12		

V.
**BID FORM
PRICE SHEET**
(Revised 12/29/2010)

Charlie Demetrios Janitorial
Name of Firm

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

DESCRIPTION (Pod Breakdown Cost)	RATE Per Square Foot		TOTAL Square Feet		Per Month	MONTHLY Total Cost		Per Year	ANNUAL Total Cost
Pod 1 UMC Physicals	\$.20	X	6,116.50	X	1	\$ 1,223.30	X	12	\$ 14,679.60
Pod 2 Nevada Health Center	\$.30	X	3,364.50	X	1	\$ 1,009.35	X	12	\$ 12,112.20
Pod 3 Nevada Health Centers WIC	\$.30	X	2,544.50	X	1	\$ 763.35	X	12	\$ 9,160.20
Pod 4 UMC Quick Care	\$.40	X	5,305.50	X	1	\$ 2,122.20	X	12	\$ 25,466.40
						COMBINED MONTHLY Total Cost (Pod 1 + Pod 2 + Pod 3 + Pod 4)	\$ 5,118.20		
						COMBINED ANNUAL Total Cost (Pod 1 + Pod 2 + Pod 3 + Pod 4)	\$ 61,418.40		

V.
**BID FORM
 PRICE SHEET**
 (Revised 12/29/2010)

KINGDOM JANITORIAL SERVICES

Name of Firm

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DESCRIPTION (Pod Breakdown Cost)	RATE Per Square Foot		TOTAL Square Feet		Per Month	MONTHLY Total Cost		Per Year	ANNUAL Total Cost
Pod 1 UMC Physicals	\$0.34	X	6,116.50	X	1	\$2,079. ⁶¹	X	12	\$24,955. ³²
Pod 2 Nevada Health Center	\$0.37	X	3,364.50	X	1	\$1,244. ⁸⁶	X	12	\$14,938. ³²
Pod 3 Nevada Health Centers WIC	\$0.39	X	2,544.50	X	1	\$992. ³⁶ ₃₅	X	12	\$11,908. ²⁰
Pod 4 UMC Quick Care	\$0.43	X	5,305.50	X	1	\$2,281. ³⁷ ₃₆	X	12	\$27,376. ³⁸ ₃₂
						COMBINED MONTHLY Total Cost (Pod 1 + Pod 2 + Pod 3 + Pod 4)	\$6,598. ¹⁸		
						COMBINED ANNUAL Total Cost (Pod 1 + Pod 2 + Pod 3 + Pod 4)	\$79,178. ³⁴ ₁₆		

V.
BID FORM
PRICE SHEET
 (Revised 12/29/2010)

Affordable Cleaning
 and Maintenance
 Name of Firm

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

DESCRIPTION (Pod Breakdown Cost)	RATE Per Square Foot		TOTAL Square Feet		Per Month	MONTHLY Total Cost		Per Year	ANNUAL Total Cost
Pod 1 UMC Physicals	\$.40	X	6,116.50	X	1	\$ 2,446.00	X	12	\$ 29,352.00
Pod 2 Nevada Health Center	\$.40	X	3,364.50	X	1	\$ 1,345.80	X	12	\$ 16,149.60
Pod 3 Nevada Health Centers WIC	\$.40	X	2,544.50	X	1	\$ 1,017.80	X	12	\$ 12,213.60
Pod 4 UMC Quick Care	\$.40	X	5,305.50	X	1	\$ 2,122.20	X	12	\$ 25,466.40
COMBINED MONTHLY Total Cost (Pod 1 + Pod 2 + Pod 3 + Pod 4)									\$ 6,932.40
COMBINED ANNUAL Total Cost (Pod 1 + Pod 2 + Pod 3 + Pod 4)									\$ 83,168.80

V.
**BID FORM
 PRICE SHEET**
 (Revised 12/29/2010)

Brandy's Quality Cleaning
 Name of Firm

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

DESCRIPTION (Pod Breakdown Cost)	RATE Per Square Foot		TOTAL Square Feet		Per Month	MONTHLY Total Cost		Per Year	ANNUAL Total Cost
Pod 1 UMC Physicals	\$ 40.5 .4050	X	6,116.50	X	1	\$ 2,477.18	X	12	\$ 29,726.16
Pod 2 Nevada Health Center	\$ 40.5 .4050	X	3,364.50	X	1	\$ 1,362.62	X	12	\$ 16,351.44
Pod 3 Nevada Health Centers WIC	\$40.5 .4050	X	2,544.50	X	1	\$ 1,030.52	X	12	\$ 12,366.24
Pod 4 UMC Quick Care	\$ 40.5 .4050	X	5,305.50	X	1	\$ 2,148.72	X	12	\$ 25,784.64
						COMBINED MONTHLY Total Cost (Pod 1 + Pod 2 + Pod 3 + Pod 4)	\$ 7,019.04		
						COMBINED ANNUAL Total Cost (Pod 1 + Pod 2 + Pod 3 + Pod 4)	\$ 84,228.48		

V.
**BID FORM
 PRICE SHEET**
 (Revised 12/29/2010)

CLEARWATER BUILDING Maint.
 Name of Firm

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

DESCRIPTION (Pod Breakdown Cost)	RATE Per Square Foot		TOTAL Square Feet		Per Month	MONTHLY Total Cost		Per Year	ANNUAL Total Cost
Pod 1 UMC Physicals	\$.51	X	6,116.50	X	1	\$ ⁴² 3119.41	X	12	\$37,432.98
Pod 2 Nevada Health Center	\$.51	X	3,364.50	X	1	\$ ⁹⁰ 1715.89	X	12	\$20,590.74
Pod 3 Nevada Health Centers WIC	\$.51	X	2,544.50	X	1	\$ ⁷⁰ 1,297.69	X	12	\$15,572.34
Pod 4 UMC Quick Care	\$.51	X	5,305.50	X	1	\$ ⁸¹ 2705.80	X	12	\$32,469.66
						COMBINED MONTHLY Total Cost (Pod 1 + Pod 2 + Pod 3 + Pod 4)			\$ ⁸¹ 8838.79
						COMBINED ANNUAL Total Cost (Pod 1 + Pod 2 + Pod 3 + Pod 4)			\$106,065.72

V.
BID FORM
PRICE SHEET
 (Revised 12/29/2010)

Ultimate

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

DESCRIPTION (Pod Breakdown Cost)	RATE Per Square Foot		TOTAL Square Feet		Per Month	MONTHLY Total Cost		Per Year	ANNUAL Total Cost
Pod 1 UMC Physicals	\$.62	X	6,116.50	X	1	\$3,792.23	X	12	\$45,506.76
Pod 2 Nevada Health Center	\$.62	X	3,364.50	X	1	\$2,085.99	X	12	\$25,031.88
Pod 3 Nevada Health Centers WIC	\$.62	X	2,544.50	X	1	\$1,577.59	X	12	\$18,931.08
Pod 4 UMC Quick Care	\$.65	X	5,305.50	X	1	\$3,448.57	X	12	\$41,382.84
						COMBINED MONTHLY Total Cost (Pod 1 + Pod 2 + Pod 3 + Pod 4)			\$10,904.38
						COMBINED ANNUAL Total Cost (Pod 1 + Pod 2 + Pod 3 + Pod 4)			\$130,852.56

V.
 BID FORM PRICE SHEET

ISS Facility Services
 Name of Firm

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DESCRIPTION (Pod Breakdown Cost)	RATE Per Square Foot		TOTAL Square Feet		Per Month	MONTHLY Total Cost		Per Year	ANNUAL Total Cost
Pod 1 UMC Quick Care	\$.3066	X	7,012.68	X	1	\$2,150. ⁰⁰	X	12	\$25,800. ⁰⁰
Pod 2 Nevada Health Center	\$.3066	X	3,378.24	X	1	\$1,035. ⁰⁰	X	12	\$12,420. ⁰⁰
Pod 3 Nevada Health Centers WIC	\$.3066	X	2,608.50	X	1	\$799. ⁰⁰	X	12	\$9,588. ⁰⁰
Pod 4 Dental Clinic	\$.3066	X	4,611.45	X	1	\$1,414. ⁰⁰	X	12	\$16,968. ⁰⁰
Pod 5 UMC Occupational Medicine Clinic	\$.3066	X	4,425.13	X	1	\$1,357. ⁰⁰	X	12	\$16,284. ⁰⁰
						COMBINED MONTHLY Total Cost (Pod 1 + Pod 2 + Pod 3 + Pod 4 + Pod 5)	\$6,755. ⁰⁰		
						COMBINED ANNUAL Total Cost (Pod 1 + Pod 2 + Pod 3 + Pod 4 + Pod 5)	\$81,060. ⁰⁰		

Incorrect Bid Form Used
 RH

V.
BID FORM PRICE SHEET

Merchants Building Maintenance

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

DESCRIPTION (Pod Breakdown Cost)	RATE Per Square Foot		TOTAL Square Feet		Per Month	MONTHLY Total Cost		Per Year	ANNUAL Total Cost
Pod 1 UMC Quick Care	\$0.17	X	7,012.68	X	1	\$1,192.15	X	12	\$14,305.88
Pod 2 Nevada Health Center	\$0.17	X	3,378.24	X	1	\$ 574.30	X	12	\$ 6,891.61
Pod 3 Nevada Health Centers WIC	\$0.17	X	2,608.50	X	1	\$ 423.45	X	12	\$ 5,321.34
Pod 4 Dental Clinic	\$0.17	X	4,611.45	X	1	\$ 783.95	X	12	\$ 9,407.26
Pod 5 UMC Occupational Medicine Clinic	\$0.17	X	4,425.13	X	1	\$ 752.27	X	12	\$ 9,027.26
						COMBINED MONTHLY Total Cost (Pod 1 + Pod 2 + Pod 3 + Pod 4 + Pod 5)			\$ 3,746.12
						COMBINED ANNUAL Total Cost (Pod 1 + Pod 2 + Pod 3 + Pod 4 + Pod 5)			\$44,953.44

Incorrect Bid Form Used
 RH