



**REQUEST FOR PROPOSAL (RFP) ADDENDUM**  
**RFP-2024-13 Janitorial Services Duval County HS EHS**

Addendum No.: 2

Date of Addendum: 01/24/2025

Addendum No.: 1

Date of Addendum: 01/02/2025

|  |   |
|--|---|
| <b>RSVP for Mandatory Walk Through</b> | <b>Please RSVP by Monday, January 27<sup>th</sup> 2pm EST</b> |
| <b>Walk Through (MANDATORY)</b>        | <b>Friday, January 31<sup>st</sup>, 2025, at 9am EST</b>      |
| <b>Questions Due:</b>                  | <b>Wednesday, February 7, 2025, by 5:00 PM EST</b>            |
| <b>Proposal Due Date:</b>              | <b>Friday February 21<sup>st</sup>, 2025, by 5:00 PM EST</b>  |
| <b>Estimated Award Date:</b>           | The estimated award date is the week of <b>April 1, 2025.</b> |

**Revised:** # 13 PROPOSAL SUBMISSION FORMAT page 5 of the original RFP

## 13. PROPOSAL SUBMISSION FORMAT

Proposals should be concise, straightforward and prepared simply and economically.

Organize the proposal as outlined below. Failure to format the proposal as follows may result in the proposal being deemed not responsive and disqualified from consideration. Your response shall be submitted as ~~(3)~~ (4) separate PDF files and labeled as follows:

### 1. FILE ONE- DOCUMENTATION

- Business License
- W9
- Certificate Of Insurance

### 2. FILE TWO – COST PROPOSAL BID FORM

- Please complete and return **ATTACHMENT B**. Bidders may submit their additional documentation with their cost bid form however Bidders failing to complete the provided cost proposal form may be disqualified at LSF's discretion.

### 3. FILE THREE- 2 REFERENCES

- The offeror shall provide at least two (2) references of customers which have received

services similar to those required by Lutheran Services Florida. Include for each reference, the business name, address, phone number, contact person (including contact person’s phone number and email address) date of the project, and a short description of the project and the work performed. Lutheran Services Florida reserves the right to contact or visit any of the offeror’s provided references to evaluate the level of performance and customer satisfaction. Information gathered during this process will not be made public. If the offeror is not able to provide the aforementioned information, provide a detailed explanation of the reason(s) for such inability. The information gathered from references will be considered during the evaluation process.

**4. FILE THREE- 2 REFERENCES**

- A detailed cover letter from your company, outlining how you plan to complete the scope of work associated with RFP-2024-12 Janitorial Services - Pinellas. The letter should include:
  1. A clear explanation of your approach to meeting the project requirements and objectives.
  2. A description of your staffing plan, including key roles and responsibilities.
  3. An organizational chart that visually demonstrates the team structure, reporting relationships, and workflow for this project.

Please ensure the cover letter highlights your team's qualifications, experience, and any compliance measures relevant to this project.

**Revise:** Attachment A – Cleaning Checklist for all sites. Check marks were missing from RFP starting on page 23 of original RFP.

**ATTACHMENT A - CLEANING CHECKLIST**  
**FOR ALL SITES**

| CLEANING SPECIFICATIONS FOR ALL SITES                  |              |             |           |
|--|--------------|-------------|-----------|
| FACILITY GENERAL CLEANING                              | Once A Month | Once A Week | Each Time |
| Clean, dust, disinfect and wipe all furniture.         |              |             | X         |
| Clean side light, glass, mirrors doors and partitions. |              |             | X         |
| Clean and sanitize all phones.                         |              |             | X         |

|  |   |                |   |
|--|---|----------------|---|
| Clean all accessible walls.  |   |                | X |
| Remove trash, replace liners, clean, disinfect, sanitize, and dry all garbage, and sanitary napkin receptacles.  |   |                | X |
| Clean all interior windows and window frames. (monthly)  | X |                |   |
| Clean and dust all windowsills and window treatments.  |   | X              |   |
| Clean and disinfect light switches, door hardware and frames.  |   |                | X |
| Clean pictures, frames and similar wall fixtures.  |   | X              |   |
| Clean all vertical surfaces such as: walls, partitions, door frames and doors.   |   |                | X |
| Clean, vacuum or dust visible accessible pipes, AC vents, air grills, wall comers, exhaust fans, and high moldings.  |   | X              |   |
| Sweep and mop all composition floors to include removal of dust, wax and dirt from baseboards, comers, and other hard to reach areas. I. Clean and polish water coolers, sinks and plumbing fixtures.                                |   |                | X |
| Clean and disinfect hand basins, backsplash, countertops, and cabinet doors.   |   |                | X |
| Wash and degrease all rubber type entrance and kitchen rugs and mats.  |   | X              |   |
| Apply odor eliminator in floor drains.   | X |                |   |
| Spot clean and vacuum all carpeted areas to include entrance mats, upholstery, wall to wall carpet and area rugs.  |   |                | X |
| Refill all toilet tissue, paper towel, seat cover and soap dispensers as required in corresponding dispensers. Items shall not be left outside of dispensers. Vendor shall provide all necessary dispensers with LSF prior approval. |   | X AS<br>NEEDED |   |
| Provide LSF notification a list of low-stock consumable items- itemized.   |   | X              |   |

|   |  |  |          |
|---|--|--|----------|
| Provide LSF notification a detailed list of broken/missing dispensers with an ETA of when the item(s) will be replaced. |  |  | <b>X</b> |
|---|--|--|----------|

|  |  |  |  |
|--|--|--|--|
| <b>CLEANING SPECIFICATIONS FOR ALL SITES</b> |  |  |  |
|--|--|--|--|

| <b>GENERAL CLEANING OF RESTROOMS</b>   | <b>Once A Month</b> | <b>Once A Week</b> | <b>Each Time</b> |
|--|---------------------|--------------------|------------------|
| Sweep, mop and disinfect all floors including hard reaching places (including but not limited to, under sinks, behind toilets, etc.) with specially treated mops.  |                     |                    | <b>X</b>         |
| Clean, deodorize and disinfect all hand basins, fixtures, toilets and urinals both inside and out.   |                     |                    | <b>X</b>         |
| Clean, and disinfect and dry all toilet seats, washing both sides of the toilet seats.   |                     |                    | <b>X</b>         |
| Clean and disinfect light switches, walls, and partitions.   |                     |                    | <b>X</b>         |
| Clean and polish all mirrors, bright work, including but not limited to, sloan flush valves, kick plates, partition hardware, shelves, cabinets, and dispensers.   |                     | <b>X</b>           |                  |
| Clean, disinfect, empty and replace liners/wax bags in sanitary napkin receptacles.  |                     |                    | <b>X</b>         |
| Refill all toilet tissue, paper towel, seat cover and soap dispensers as required in corresponding dispensers. Items shall not be left outside of dispensers. Vendor shall provide all necessary dispensers with LSF prior approval. |                     | <b>X AS NEEDED</b> |                  |
| Apply odor eliminator in floor drains.   | <b>X</b>            |                    |                  |
| Remove trash, replace liners, clean, disinfect, sanitize, and dry all garbage receptacles, and sanitary napkinreceptacles.   |                     |                    | <b>X</b>         |
| Vacuum or dust visible accessible pipes, AC vents, air grills, wall corners, exhaust fans, and high moldings.  |                     | <b>X</b>           |                  |

|   |   |   |   |
|---|---|---|---|
| Sweep and mop all composition floors to include removal of dust, wax and dirt from baseboards, comers, and other hard to reach areas.       |   |   | X |
| Clean, polish and sanitize  | X |   |   |
| Provide LSF notification a list of low-stock consumable items- itemized.  |   | X |   |
| <del>DELETE: -Provide LSF notification a detailed list of broken/missing dispensers with an ETA of when the item(s) will be replaced.</del> |   |   |   |

| FACILITY CLOSING INSTRUCTIONS  |              |             |           |
|--|--------------|-------------|-----------|
| CLOSING INSTRUCTIONS   | Once A Month | Once A Week | Each Time |
| Arrange Furniture  |              |             | X         |
| Maintain Janitorial Closet   |              |             | X         |
| Complete Custodial Check List  |              |             | X         |
| Turn Off All Lights  |              |             | X         |
| Secure Entry Doors And Windows   |              |             | X         |
| Close Office And Hallway Doors   |              |             | X         |
| Activation Of Security Alarm   |              |             | X         |
| Submit completed Custodial Check List to LSF   |              | X           |           |
| Leave List for LSF Point of Contact itemizing the low-stock consumable items requiring reorder |              | X           |           |
|  |              |             |           |