PROPOSAL FORM A (FIVE YEARS) - PRICING

(Part 1 of 5 Note: Input Green Shaded Cells)

The staffing (FTE's) as detailed on Proposal Form A must match the staffing (FTEs) as detailed on Proposal Form B. If it does not the proposer must provide a detailed explanation as to why it does not match

Description	Details		Percent	Total Charges
7-1-26 to 6-30-27 (Year One)				
Custodial	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Custodial - Head/Leads	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Overtime Budget for Custodial & Grounds	Charge for Employee Wages			$20,000.00
	Charge for Payroll Taxes		0%	$0.00
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Grounds	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Head Grounds	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Custodial Evening Supervisor/s	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Contractor Start Up Charges – attach detail breakdown				
Years total amount amortized over: 5	*Input Total Start Up Charges Amount* →		$0.00	$0.00
Contractor Equipment Budget/Pool =	$0			
Years total amount amortized over: 5	*Total Equip. Budget Pool Amount* →		$0	$0.00
Contractor Charge for Computerized Quality Assurance System				$0.00
Contractor Charge for Office and or Warehouse Rent				$0.00
Contractor Charge for Required Office Equipment				$0.00
Contractor Charge for Supplies & On-Going Operating Costs				
Enter Cost Per Employee = $0.00	*Input Cost for Employee*			$0.00
Contractor Management Fee			0.0%	$0.00
TOTAL CONTRACT CHARGE YEAR ONE (2026-2027)				**$0**

PROPOSAL FORM A (FIVE YEARS) - PRICING

(Part 2 of 5 Note: Input Green Shaded Cells)

The staffing (FTE's) as detailed on Proposal Form A must match the staffing (FTEs) as detailed on Proposal Form B. If it does not the proposer must provide a detailed explanation as to why it does not match

Description	Details		Percent	Total Charges
7-1-27 to 6-30-28 (Year Two)				
Custodial	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Custodial - Head/Leads	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Overtime Budget for Custodial & Grounds	Charge for Employee Wages			$20,000.00
	Charge for Payroll Taxes		0%	$0.00
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Grounds	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Head Grounds	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Custodial Evening Supervisor/s	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Contractor Start Up Charges – attach detail breakdown				
Years total amount amortized over: 5	Years →		$0.00	$0.00
Contractor Equipment Budget/Pool =	$0			
Years total amount amortized over: 5	*Total Equip. Budget Pool Amount* ⟹		$0	$0.00
Contractor Charge for Computerized Quality Assurance System				$0.00
Contractor Charge for Office and or Warehouse Rent				$0.00
Contractor Charge for Required Office Equipment				$0.00
Contractor Charge for Supplies & On-Going Operating Costs				
Enter Cost Per Employee = $0.00	*Input Cost for Employee*			$0.00
Contractor Management Fee			0.0%	$0.00
TOTAL CONTRACT CHARGE YEAR TWO (2027-2028)				**$0**
Increase for 2027-2028, Year Two from 2026-2027			0.00%	$0.00

PROPOSAL FORM A (FIVE YEARS) - PRICING

(Part 3 of 5 Note: Input Green Shaded Cells)

The staffing (FTE's) as detailed on Proposal Form A must match the staffing (FTEs) as detailed on Proposal Form B. If it does not the proposer must provide a detailed explanation as to why it does not match

Description	Details		Percent	Total Charges
7-1-28 to 6-30-29 (Year Three)				
Custodial	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Custodial - Head/Leads	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Overtime Budget for Custodial & Grounds	Charge for Employee Wages			$20,000.00
	Charge for Payroll Taxes		0%	$0.00
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Grounds	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Head Grounds	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Custodial Evening Supervisor/s	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Contractor Start Up Charges – attach detail breakdown				
Years total amount amortized over: 5	Years →		$0	$0.00
Contractor Equipment Budget/Pool =	$0			
Years total amount amortized over: 5	*Total Equip. Budget Pool Amount* →		$0	$0.00
Contractor Charge for Computerized Quality Assurance System				$0.00
Contractor Charge for Office and or Warehouse Rent				$0.00
Contractor Charge for Required Office Equipment				$0.00
Contractor Charge for Supplies & On-Going Operating Costs				
Enter Cost Per Employee = $0.00	*Input Cost for Employee*			$0.00
Contractor Management Fee			0.0%	$0.00
TOTAL CONTRACT CHARGE YEAR THREE (2028-2029)				**$0**
Increase for 2028-2029, Year Three from 2027-2028			0.00%	$0.00

PROPOSAL FORM A (FIVE YEARS) - PRICING

(Part 4 of 5 Note: Input Green Shaded Cells)

The staffing (FTE's) as detailed on Proposal Form A must match the staffing (FTEs) as detailed on Proposal Form B. If it does not the proposer must provide a detailed explanation as to why it does not match

Description	Details		Percent	Total Charges
7-1-29 to 6-30-30 (Year Four)				
Custodial	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Custodial - Head/Leads	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Overtime Budget for Custodial & Grounds	Charge for Employee Wages			$20,000.00
	Charge for Payroll Taxes		0%	$0.00
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Grounds	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Head Grounds	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Custodial Evening Supervisor/s	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Contractor Start Up Charges – attach detail breakdown				
Years total amount amortized over: 5	Years →		$0	$0.00
Contractor Equipment Budget/Pool =	$0			
Years total amount amortized over: 5	*Total Equip. Budget Pool Amount* →		$0	$0.00
Contractor Charge for Computerized Quality Assurance System				$0.00
Contractor Charge for Office and or Warehouse Rent				$0.00
Contractor Charge for Required Office Equipment				$0.00
Contractor Charge for Supplies & On-Going Operating Costs				
Enter Cost Per Employee =	$0.00	*Input Cost for Employee*		$0.00
Contractor Management Fee			0.0%	$0.00
TOTAL CONTRACT CHARGE YEAR FOUR (2029-2030)				**$0**
Increase for 2029-2030, Year Four from 2028-2029			0.00%	$0.00

PROPOSAL FORM A (FIVE YEARS) - PRICING

(Part 5 of 5 Note: Input Green Shaded Cells)

The staffing (FTE's) as detailed on Proposal Form A must match the staffing (FTEs) as detailed on Proposal Form B. If it does not the proposer must provide a detailed explanation as to why it does not match

Description	Details		Percent	Total Charges
7-1-30 to 6-30-31 (Year Five)				
Custodial	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Custodial - Head/Leads	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Overtime Budget for Custodial & Grounds	Charge for Employee Wages			$20,000.00
	Charge for Payroll Taxes		0%	$0.00
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Grounds	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Head Grounds	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Custodial Evening Supervisor/s	Charge for Employee Wages			$0.00
	Charge for Health Care Benefits		0%	$0.00
	Charge for Other Fringe Benefits		0%	$0.00
	Charge for Payroll Taxes		0%	$0.00
No. of FTEs (1 FTE=2080 Hours per Year) -	0.00	FTEs		
Avg. Hourly Wage Rate -	$0.00	Excl. Benefits & Taxes		
Contractor Start Up Charges – attach detail breakdown				
Years total amount amortized over: 5	Years →		$0	$0.00
Contractor Equipment Budget/Pool =	$0			
Years total amount amortized over: 5	*Total Equip. Budget Pool Amount* →		$0	$0.00
Contractor Charge for Computerized Quality Assurance System				$0.00
Contractor Charge for Office and or Warehouse Rent				$0.00
Contractor Charge for Required Office Equipment				$0.00
Contractor Charge for Supplies & On-Going Operating Costs				
Enter Cost Per Employee = $0.00	*Input Cost for Employee*			$0.00
Contractor Management Fee			0.0%	$0.00
TOTAL CONTRACT CHARGE YEAR FIVE (2030-2031)				**$0**
Increase for 2030-2031, Year Five from 2029-2030			0.00%	$0.00

PROPOSAL FORM A (FIVE YEARS) - PRICING

(Summary)

Description	Percent	Total Charges
TOTAL CONTRACT CHARGE YEAR ONE (2026-2027)		$0
Increase for 2027-2028, Year Two from 2026-2027	0.00%	$0.00
TOTAL CONTRACT CHARGE YEAR TWO (2027-2028)		$0
Increase for 2028-2029, Year Three from 2027-2028	0.00%	$0.00
TOTAL CONTRACT CHARGE YEAR THREE (2028-2029)		$0
Increase for 2029-2030, Year Four from 2028-2029	0.00%	$0.00
TOTAL CONTRACT CHARGE YEAR FOUR (2029-2030)		$0
Increase for 2030-2031, Year Five from 2029-2030	0.00%	$0.00
TOTAL CONTRACT CHARGE YEAR FIVE (2030-2031)		$0
TOTAL CONTRACT CHARGE FOR FIVE YEARS		**$0.00**

The Contract Charge will be fixed for the five (5) year contract term.

We, the undersigned company, certify that we have read and fully understand the attached Request for Proposals including any addendums issued, we have been offered to visit all sites and facilities covered by the scope of work, and our company meets all of the requirements specified.

Authorized Signature	Address
Typed Name and Title	Phone Number

Proposal Form A1

Employee & Employer Heath Care Cost Breakdown with Estimated Number of Staff Taking Coverage

Contractors are to detail what the employee contribution dollars are annually as well as the employer cost of the benefit. Contractors must also detail how many employees (including management) they estimate will take the coverage. (The Total Annual Employer Cost must tie into Contractors pricing on Form A)

	HMO			PPO		
	Cost per Employee	**%**	**# of Staff Taking Benefits**	**Cost per Employee**	**%**	**# of Staff Taking Benefits**
Single						
Employee Annual Cost	$0	0.00%	0.00	$0	0.00%	0.00
Employer Annual Cost	$0	0.00%		$0	0.00%	
Total Cost of Coverage	$0	0.00%		$0	0.00%	
Employee + One						
Employee Annual Cost	$0	0.00%	0.00	$0	0.00%	0.00
Employer Annual Cost	$0	0.00%		$0	0.00%	
Total Cost of Coverage	$0	0.00%		$0	0.00%	
Family						
Employee Annual Cost	$0	0.00%	0.00	$0	0.00%	0.00
Employer Annual Cost	$0	0.00%		$0	0.00%	
Total Cost of Coverage	$0	0.00%		$0	0.00%	
Total Cost of Coverage						
Employee Annual Cost	$0	0.00%	0.00	$0	0.00%	0.00
Employer Annual Cost	$0	0.00%		$0	0.00%	
Total Cost of Coverage	$0	0.00%		$0	0.00%	

Proposal Form A2
Fringe Benefits Provided by the Contractor for Its Staff

The Contractor is to fill dollar/number in where the blue font is used. If not providing please insert Not Provided. Failure to meet/provide all the requirements of this form will cause the Contractor's proposal to be deemed non-responsive and thereby not a responsive proposal.

Benefit	Details		
	HMO	PPO	
Medical		In Network	Out of Network
Calendar Year Deductible			
Individual	$0.00	$0.00	$0.00
Family	$0.00	$0.00	$0.00
Annual Out of Pocket Maximum			
Individual	$0.00	$0.00	$0.00
Family	$0.00	$0.00	$0.00
Primary Care Physician	**Co-Pay**	**Co-Pay**	**% Covered**
Office Visits	$0.00	$0.00	$0.00
Emergency Room Co-pay per visit	$0.00	$0.00	$0.00
Inpatient Hospitalization	**Co-Pay**	**Co-Pay**	**Deductible**
	$0.00	$0.00	$0.00
% Covered after	0%	0%	0%
Out Patient Hospital			
Deductible	$0.00	$0.00	$0.00
% Covered after	0%	0%	0%
Lifetime Maximum Benefit	$0.00	$0.00	$0.00
Prescription Drugs			
Generic Co-Pay	$0.00	$0.00	$0.00
Formulary Co-Pay	$0.00	$0.00	$0.00
Non Formulary brand Co-Pay	$0.00	$0.00	$0.00
Dental			
Coverage (Single or Family)			-
% Funded by Contractor			0%
% Coverage for preventative care			0%
% Coverage for basic services both in and out of network			0%
Life Insurance			
Policy amount at no cost to employee			$0.00
401K			
Contractor match %			0%
Up to % of employee contribution			0%
Hours of service for eligibility			0
Mental Health			
Inpatient		In Network	Out of Network
% Covered after deductible		0%	0%
Outpatient		In Network	Out of Network
$ per visit		$0.00	
% Covered after deductible			0%
Substance Abuse			
Inpatient		In Network	Out of Network
% Covered after deductible		0%	0%
Outpatient		In Network	Out of Network
$ per visit		$0.00	
% Covered after deductible			0%

Proposal Form A2
Fringe Benefits Provided by the Contractor for Its Staff

The Contractor is to fill dollar/number in where the blue font is used. If not providing please insert Not Provided. Failure to meet/provide all the requirements of this form will cause the Contractor's proposal to be deemed non-responsive and thereby not a responsive proposal.

Vision Care

	In Network	Out of Network
Employee cost	$0.00	$0.00
	Co-Pay	Coverage Up to
Exam	$0.00	$0.00
Lens	$0.00	$0.00
Frames	$0.00	$0.00
Contacts	$0.00	$0.00
Waiting period (months)	0	

Educational Assistance

With prior approval, reimbursement up to	$0.00
Average or better that must be achieved	0

Detail All Paid Holidays Provided to All Employees

Total Number of Paid Holidays	0.00
Please list all paid holidays separated by commas	-

Detail All Paid Time Off for All Employees

Paid Time Off	Vacation	Sick	Personal
Beginning in Year 1	0	0	0
Accrue on a monthly basis? (Yes or No)	-	-	-
Start of Year 2 through Year 5	0	0	0
Start of Year 6 and beyond	0	0	0
Carry Over? (Yes or No)	-	-	-

PROPOSAL FORM B - REQUIRED WORKS SHIFTS & PROPOSED STAFFING

(All Staffing Are in Full Time Equivalents – 1 FTE Equals 2080 Hours Per Year)

The staffing (FTE's) as detailed on Proposal Form A must match the staffing (FTEs) as detailed on Proposal Form B. If it does not the proposer must provide a detailed explanation as to why it does not match

Building Name / Position	Square Footage	Day Shift			Evening Shift				Weekend	
		6:00am to 2:30pm	7:00am to 3:30pm	11:00am to 7:30pm or 12:00pm to 8:30 pm	2:00pm to 10:30pm or 2:30pm to 11:00pm	3:00pm to 11:30pm	4:00pm to 8:00pm or 5:00pm to 9:00pm	4:00pm to 11:30pm	Saturday Shift	Totals
		Custodial Staffing								
South Plainfield High School	241,476	-	-	-	-	-	-	-	-	0.00
South Plainfield Middle School	107,559	-	-	-	-	-	-	-	-	0.00
Grant School	65,311	-	-	-	-	-	-	-	-	0.00
Franklin Elementary	36,856	-	-	-	-	-	-	-	-	0.00
Kennedy Elementary	35,412	-	-	-	-	-	-	-	-	0.00
Riley Elementary	35,873	-	-	-	-	-	-	-	-	0.00
Riley PreK Annex	25,700	-	-	-	-	-	-	-	-	0.00
Roosevelt Elementary	63,000	-	-	-	-	-	-	-	-	0.00
Roosevelt Annex/Administration Building	36,838	-	-	-	-	-	-	-	-	0.00
Jost Field	5,000	-	-	-	-	-	-	-	-	0.00
Floater	-	-	-	-	-	-	-	-	-	0.00
Sub-Total Custodial	**653,025**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
		Grounds Staffing								
Head/Lead Grounds	-	-	-	-	-	-	-	-	-	0.00
Grounds	-	-	-	-	-	-	-	-	-	0.00
Sub - Total Grounds	**-**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
		Management Staffing								
Custodial Supervisor(s)	-	-	-	-	-	-	-	-	-	0.00
Sub-Total Mgt. & Clerical	**-**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
TOTAL	**653,025**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

1. Shifts and start times may change from time to time based upon District needs, especially from July 1 to August 31. Contractor shall not change or eliminate any shift without the permission of the District.
2. At least **5** custodians (evening shift) and all **9** head custodians, of the Contractor's on-site staff must have Black Seal Boiler Licences. In addition, all proposed management must be in process of obtaining or have a Black Seal License by start of the contract. The total Black Seal Licensing requirement by the start of heating season (October 15) is **15** which includes the proposed management.
3. The floater positions must work other shifts as requested by the District or changing needs and should be utilized for weekend work to minimize overtime.
4. On days that schools are closed for snow the contractor's staff must be available to workdays to assist the District's staff for snow removal. When this occurs, the contactor will not provide evening cleaning. On days there is a delayed opening the Contractor must bring in some of its custodians early to assist in the snow removal, when this occurs the Contractor must provide evening cleaning. On days there is an early dismissal or evening inclement weather, the Contractor must be available to assist with snow removal and provide evening cleaning.

PROPOSAL FORM C

Equipment & Vehicles Recommended by the Contractor

All Contractors submitting a proposal must complete this form.

For All Equipment & Vehicles Costing More Than $250.00 FOR EACH ITEM

This is not to be used for Contractor's Required Equipment

Type/Description of Equipment	QTY.	Make & Model	Total Cost	Annual Depreciation	Years Depreciated
				$0.00	
				$0.00	
				$0.00	
				$0.00	
				$0.00	
				$0.00	
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				$0.00	
Total For Equipment Costing More Than $250.00 for Each Items			**$0.00**	**$0.00**	