



FORM 3 – BID / PROPOSAL PRICE FORM

Bidder / Proposer Name: _____

Solicitation No.: _____

Please provide the total monthly and annual pricing for janitorial services at each facility listed below, as well as any additional hourly rates for as-needed services. All pricing must be all-inclusive (e.g., labor, supervision, equipment, cleaning supplies, travel, overhead, etc.).

A. Janitorial Services – Facility Pricing

Facility Name / Location (Section 3.1)	Services / Cleaning Frequency (Section 3.2)	Monthly Cost	Annual Cost
City Hall (50,000 sq ft)	See Section 3.2	\$ _____	\$ _____
Public Works Building (25,000 sq ft)	See Section 3.2	\$ _____	\$ _____
Total Annual Cost (All Facilities):		\$ _____	\$ _____

B. Additional / On-Call Janitorial Services

Description	Unit Rate	Unit Description
Emergency Cleaning Services	\$ _____	Per Hour (per person)
Event Cleanup (non-routine hours)	\$ _____	Per Hour (per person)
Deep Cleaning (floor stripping, etc.)	\$ _____	Per Hour (per person)
Other: _____	\$ _____	_____

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____