

Attachment III—PRICE PAGE

Indoor Janitorial

Total Overall Monthly Contract cost \$ _____ x 12 mo. = \$ _____ Annually
 (including all floor burnishing)

Grout Cleaning (Tile) – Semi-annually \$ _____ x 2 = \$ _____ Annually

Full Building Floor Cleaning (VCT, Terrazzo) excluding LV 2 and 3 VCT Labs – Annually, billed separately as needed

Price per sqft for Terrazzo cleaning \$ _____ per sq ft x 14,107 sq ft x 1 = \$ _____ Annually

Price per sqft for VCT cleaning (excluding Labs) \$ _____ per sq ft x 7,507 sq ft x 1 = \$ _____ Annually

Full Building Floor Cleaning (Carpet) – Annually, billed separately as needed

Price per sqft for Carpet cleaning \$ _____ per sq ft x 26,954 sq ft x 1 = \$ _____ Annually

Level 3 Lab Floor Cleaning – Annually \$ _____ x 1 = \$ _____ Annually

Level 4 Lab Floor Cleaning – Annually \$ _____ x 1 = \$ _____ Annually

Interior Window Cleaning – Annually

Internals Windows on 4-floor building \$ _____ x 1 = \$ _____ Annually

North, east, and west Windows of 4-floor building \$ _____ x 1 = \$ _____ Annually

South Windows on the west side (academic) and main stairwell only \$ _____ x 1 = \$ _____ Annually

Southside Windows on the east building on Level 1 only \$ _____ x 1 = \$ _____ Annually

West Sunshade Cleaning – Annually \$ _____ x 1 = \$ _____ Annually

Total Lot 1 \$ _____ Annually

Please provide the hourly rate for additional work and special events:

1. Additional Work (e.g., general day porter and night porter duties, VCT cleaning, etc.).

Additional Work	Hourly Rate

2. Special Events \$ _____/Hr.

Saturday, Sunday, After 5:00 PM M-F

(to be paid by 3rd party); Anticipated number of hours per year: 100-150.