Attachment IV—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

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, West sunshade cleaning, carpet cleaning, overtime rates, etc.).

Additional Work	Hourly Rate

2. Special Events $_____/Hr.

Saturday, Sunday, and after 5:00PM M-F (to be paid by 3rd party).