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.).

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<th>Additional Work</th>
<th>Hourly Rate</th>
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2. Special Events $_________________/Hr.

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