



**DALLAS COUNTY  
PURCHASING DEPARTMENT**

Renaissance Tower  
1201 Elm Street \* 24<sup>th</sup> Floor \* Suite 2400-B  
Dallas, Texas 75270  
*DANIEL R. GARZA*  
*Purchasing Director*

May 16, 2017

**ADDENDUM No. 1**

**RFP 2017-046-6670**

**Request for Proposal for Commercial Janitorial Cleaning Services for the  
Frank Crowley Courts Building, Lew Sterrett Justice Center and Adjacent Towers**

Whereas, Page 24, Section 8.2, *is hereby amended/revised to read as follows:*

Proposer shall provide a minimum of five (5) verifiable client references, preferably in the Dallas-Fort Worth, Texas Area or within the State of Texas, that shows the Proposer is currently providing commercial janitorial cleaning service projects with similar scope as listed in this RFP or has recently held within the last five (5) years (Calendar Year 2012 through 2017) as the "Prime Contractor". Clients shall not be within the Proposer's own organization or subsidiary.

**At least "one" of the reference shall be from an organization, firm, client, account or customer in excess of 300,000 square feet in "one" building, facility or complex (not multiple facilities, buildings or complexes with different addresses when combined total 300,000 square footage, this is not acceptable).**

The remaining four (4) references shall be from organizations, firms, clients, accounts or customers in excess of 100,000+ square feet or larger in one building, facility or complex (not multiple facilities, buildings or complexes with different addresses when combined total 100,000 square footage, this is not acceptable).

**Proposer must complete in its entirety Dallas County reference form "no substitution", Pages 100A – 102A**

**Proposers who do not meet minimum qualifications stated 8.1 and 8.2 (pass/fail) submission requirements as specified and has not included minimum qualifications supporting documentation and information (proof and evidence), their Proposal will be deemed non-responsive after which no further evaluation will occur.**

Whereas, Page 97, Staffing Questionnaire, *is hereby replaced with Page 97A, included in this addendum, please complete and return with your proposal response.*

Whereas, Pages 100 through 102, References, *is hereby replaced with Pages 100A through 102A, included in this addendum, please complete and return with your proposal response.*

Whereas, this addendum includes questions and responses from the pre-proposal conference held on May, 15, 2017.

**Except as provided herein/above, all other specification requirements of the original solicitation referenced shall remain unchanged in and full force and effect. This addendum should be signed and returned with your proposal response on or before *May 25, 2017, 2:00 P.M, Local Time (Dallas, Texas) Central Time Zone.***

**This addendum is hereby acknowledged, understood and considered in our RFP.**

Printed Name: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

**STAFFING QUESTIONNAIRE**

Staffing Plan: Size of Crew (number of people) who will be providing janitorial services at each location

**Location: Frank Crowley Courts Building**

<b>Position</b>	<b>Size of Crew (Number # of Personnel)</b>	<b>Hours per Day (Total for Crew)</b>
Project Manager		
Quality Control Inspector		
Supervisor - Daytime Services		
Supervisor – Evening/Nightly Services		
Cleaners/Porters – Daytime Services		
Cleaners/Porters – Evening/Nightly Services		
Floor Technicians		

**Location: Lew Sterrett Justice Center**

<b>Position</b>	<b>Size of Crew (Number # of Personnel)</b>	<b>Hours per Day (Total for Crew)</b>
Project Manager		
Quality Control Inspector		
Supervisor - Daytime Services		
Supervisor – Evening/Nightly Services		
Cleaners/Porters – Daytime Services		
Cleaners/Porters – Evening/Nightly Services		
Floor Technicians		

**Location: Suzanne L. Kays (South Tower)**

<b>Position</b>	<b>Size of Crew (Number # of Personnel)</b>	<b>Hours per Day (Total for Crew)</b>
Project Manager		
Quality Control Inspector		
Supervisor - Daytime Services		
Supervisor – Evening/Nightly Services		
Cleaners/Porters – Daytime Services		
Cleaners/Porters – Evening/Nightly Services		
Floor Technicians		

## REFERENCE FORM

Proposer shall provide a minimum of five (5) verifiable client references, preferably in the Dallas-Fort Worth, Texas Area or within the State of Texas, that shows the Proposer is currently providing commercial janitorial cleaning service projects with similar scope as listed in this RFP or has recently held within the last five (5) years (Calendar Year 2012 through 2017) as the “Prime Contractor”. Proposer shall be able to demonstrate their firm has the experience and expertise of performing of cleaning and janitorial services. Clients shall not be within the Proposer’s own organization or subsidiary.

**At least “one” of the reference shall be from an organization, firm, client, account or customer in excess of 300,000 square feet in “one” building, facility or complex (not multiple facilities, buildings or complexes with different addresses when combined total 300,000 square footage, this is not acceptable).**

The remaining four (4) references shall be from organizations, firms, clients, accounts or customers in excess of 100,000+ square feet or larger in one building, facility or complex (not multiple facilities, buildings or complexes with different addresses when combined total 100,000 square footage, this is not acceptable).

The County reserves the right to contact the client references listed and to use this information as a consideration when making a procurement decision. Offers will be considered only from contractors who, in the judgment of County, are able to show evidence of responsibility through their satisfactory past performance and demonstrated competence.

**Note: Failure to complete and include the Dallas County reference form with this RFP will cause your proposal response be considered non- responsive.**

**1. Company/Agency Name:** \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Service Site: Is the physical address of “one” building, facility or complex that meet the minimum square footage requirements indicated in Section 8.2 (not multiple facilities, buildings or complexes with different addresses)**

Service Site Address including Room/Suite Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Building, Facility, or Complex: (Example: Office Building, Municipal/Government Building, Hospital, etc.) being serviced and cleaned at this site address: \_\_\_\_\_

Total square footage being serviced and cleaned at this site address: \_\_\_\_\_/sq. ft.

Total square footage of the largest one (1) area being serviced and cleaned at this site address: \_\_\_\_\_/sq. ft.

Number of Floors being serviced at this service site address: \_\_\_\_\_

Is the Account Active or Terminated? \_\_\_\_\_ If, activate state the Effective Date: : \_\_\_\_\_

If, terminated stated the reason for termination and date of termination:

\_\_\_\_\_

Contract Start Date: \_\_\_\_\_

Contract End Date: \_\_\_\_\_

**REFERENCE FORM**

**2. Company/Agency Name:** \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Service Site: Is the physical address of “one” building, facility or complex that meet the minimum square footage requirements indicated in Section 8.2 (not multiple facilities, buildings or complexes with different addresses)**

Service Site Address including Room/Suite Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Building, Facility, or Complex: (Example: Office Building, Municipal/Government Building, Hospital, etc.) being serviced and cleaned at this site address: \_\_\_\_\_

Total square footage being serviced and cleaned at this site address: \_\_\_\_\_/sq. ft.

Total square footage of the largest one (1) area being serviced and cleaned at this site address: \_\_\_\_\_/sq. ft.

Number of Floors being serviced at this service site address: \_\_\_\_\_

Is the Account Active or Terminated? \_\_\_\_\_ If, activate state the Effective Date: : \_\_\_\_\_

If, terminated stated the reason for termination and date of termination:

\_\_\_\_\_

Contract Start Date: \_\_\_\_\_ Contract End Date: \_\_\_\_\_

**3. Company/Agency Name:** \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Service Site: Is the physical address of “one” building, facility or complex that meet the minimum square footage requirements indicated in Section 8.2 (not multiple facilities, buildings or complexes with different addresses)**

Service Site Address including Room/Suite Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Building, Facility, or Complex: (Example: Office Building, Municipal/Government Building, Hospital, etc.) being serviced and cleaned at this site address: \_\_\_\_\_

Total square footage being serviced and cleaned at this site address: \_\_\_\_\_/sq. ft.

Total square footage of the largest one (1) area being serviced and cleaned at this site address: \_\_\_\_\_/sq. ft.

Number of Floors being serviced at this service site address: \_\_\_\_\_

Is the Account Active or Terminated? \_\_\_\_\_ If, activate state the Effective Date: : \_\_\_\_\_

If, terminated stated the reason for termination and date of termination:

\_\_\_\_\_

Contract Start Date: \_\_\_\_\_ Contract End Date: \_\_\_\_\_

**REFERENCE FORM**

**4. Company/Agency Name:** \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Service Site: Is the physical address of “one” building, facility or complex that meet the minimum square footage requirements indicated in Section 8.2 (not multiple facilities, buildings or complexes with different addresses)**

Service Site Address including Room/Suite Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Building, Facility, or Complex: (Example: Office Building, Municipal/Government Building, Hospital, etc.) being serviced and cleaned at this site address: \_\_\_\_\_

Total square footage being serviced and cleaned at this site address: \_\_\_\_\_/sq. ft.

Total square footage of the largest one (1) area being serviced and cleaned at this site address: \_\_\_\_\_/sq. ft.

Number of Floors being serviced at this service site address: \_\_\_\_\_

Is the Account Active or Terminated? \_\_\_\_\_ If, activate state the Effective Date: : \_\_\_\_\_

If, terminated stated the reason for termination and date of termination:

\_\_\_\_\_

Contract Start Date: \_\_\_\_\_ Contract End Date: \_\_\_\_\_

**5. Company/Agency Name:** \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Service Site: Is the physical address of “one” building, facility or complex that meet the minimum square footage requirements indicated in Section 8.2 (not multiple facilities, buildings or complexes with different addresses)**

Service Site Address including Room/Suite Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Building, Facility, or Complex: (Example: Office Building, Municipal/Government Building, Hospital, etc.) being serviced and cleaned at this site address: \_\_\_\_\_

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Total square footage of the largest one (1) area being serviced and cleaned at this site address: \_\_\_\_\_/sq. ft.

Number of Floors being serviced at this service site address: \_\_\_\_\_

Is the Account Active or Terminated? \_\_\_\_\_ If, activate state the Effective Date: : \_\_\_\_\_

If, terminated stated the reason for termination and date of termination:

\_\_\_\_\_

Contract Start Date: \_\_\_\_\_ Contract End Date: \_\_\_\_\_

**Pre-Proposal Conference  
Questions & Answers**

Question 1:           What is the current staffing level for these locations?

*Response:           Day-Time Crew: 6 Daytime Cleaning Janitorial Porters and 1 Supervisor  
Evening/Nightly Service Crew: 16 Employees, 2 Floor Men, and 2 Supervisors  
2 – Project Managers for the entire project*

Question 2:           What are the current rates for these locations and Provider Name?

*Response:           Provider Name:           UBM  
Rates:                    .05/per square feet all locations.  
Daytime Cleaning Janitorial Porters  
Billable Rate: \$12.33 per hour  
Pay Rate: \$9.25 per hour*

Question 3:           Does Dallas County have a Living Wage?

*Response:           No.*