

CLEANING SPECIFICATIONS

TOWN OFFICE BUILDING LOCATED AT 2 ACADEMY STREET

Cleaning shall be done on a weekly basis (after office hours) – once a week preferably on Saturday or Sunday.

Weekly general cleaning for the Town Office Building shall include the following for the entire first floor and for the second floor areas as listed:

First Floor:

- Dusting of all office spaces.
- Empty trash receptacles and replace liners if soiled.
- Vacuum all areas and open stairway to upstairs.
- Dry mop and wet mop all wood and vinyl flooring including bathrooms and kitchen/back room areas.
- Clean and sanitize two bathrooms.
- Clean and sanitize kitchen surfaces, sink and flooring.
- Clean front and side glass entry doors.
- Clean 1st floor windows inside and outside in spring of year. (To be documented on voucher once completed)

Second Floor:

- Justice Court
- Justice Office
- Hallways to Justice Court and Justice Office
- Clean and sanitize bathroom.

Trash can liners and restroom supplies will be provided by the Town of Greenwich.

All cleaning supplies including vacuum, vacuum bags, mops, buckets and cleaning solutions will be supplied by the cleaning company.

RESTROOMS LOCATED AT 2128 STATE ROUTE 29

- Week prior to Memorial Day Weekend: Opening Cleaning
- Bi-weekly cleaning thereafter through Columbus Day Weekend

Trash can liners and restroom supplies will be provided by the Town of Greenwich.

All cleaning supplies including vacuum, vacuum bags, mops, buckets and cleaning solutions will be supplied by the cleaning company.

Please separate cost of this service from Town Office Building cleaning.

Proof of Liability Insurance is required. (Must be received prior to 1/1/24)

Proof of Workers Compensation Insurance or

A signed affidavit of no Workers Compensation Insurance is required. (Must be received prior to 1/1/24)

This bid is for a two year contract beginning 01/01/2024 – 12/31/2025

**Quotes and Proof of Insurances Due September 7, 2023 by 4:00 PM
References Required**

WORKERS COMPENSATION INSURANCE AFFIDAVIT

I, _____ certify that I am a sole proprietor with no employees and am not required to carry Workers Compensation Insurance.

Signed: _____

Dated: _____

Sworn to before me this _____ day of _____, 20____

Notary Public