



**COUNTY OF ERIE**  
MARK C. POLONCARZ  
COUNTY EXECUTIVE

**DIVISION OF PURCHASE**

**To:** All Using Departments

**From:** Jamie Kucewicz, Buyer

**Date:** March 28, 2022

**Subject:** JANITORIAL SERVICES AT ERIE COUNTY HEALTH MALL

**Effective Dates:** Extended through June 30, 2022

**Vendor Information:** NEW YORK STATE INDUSTRIES FOR THE DISABLED, INC.  
11 Columbia Circle Drive  
Albany, NY 12203

**Contact:** Kat Vanfonda (518) 463-9706

**Pricing:** per attached document



## NOTICE OF PRICE ADJUSTMENT

Date Sent:	March 9, 2022		
Contracting Agency:	Erie County		
Customer Contact:	James Kucewicz		
Job Title:	Buyer		
Street Address:	Rath Building 95 Franklin Street		
City, State, Zip:	Buffalo, NY 14202		
Phone:	716-585-6336	Fax:	716-858-6465
Email:	James.Kucewicz@erie.gov		

Member Agency:	Erie County Chapter NYSARC, Inc, d/b/a The ARC Erie County New York or Heritage Centers/Allentown Industries		
Contract or PO#	PO#4500076709		
Service:	Janitorial		
Location:	Erie County Health Mall- 1500 Broadway, Buffalo NY		
Price:	PW 1/1/2022-6/30/2022 \$7,912.90/month		
Effective Date:	1/1/2022		
Reason and Pricing:	NYS DOL Prevailing Wage Adjustment Effective 1/1/2022 \$7,912.90/month		

**In accordance with the service agreement of the above referenced contract or purchase order, a price adjustment is applicable. The adjusted pricing will be in effect as of the effective date listed above. Please direct any questions to the contract staff assignment listed below. Please sign and return to the address below.**

<b>New York State Industries for the Disabled, Inc.</b>	Staff Assignment:	Vanfonda, Katrina
<b>Attn: Vanfonda, Katrina</b>	Phone: (518) 463-9706	Ext: 288
<b>11 Columbia Circle Drive</b>	Fax:	[Staff Assignment Fax]
<b>Albany, NY 12203-5156</b>	Email:	<b>kvanfonda@nysid.org</b>
Authorized Signature:		
Job Title:		



Preferred Source Facilitating Entity	NYSID
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Project Information	Purchasing Agency Name	Erie County	Application Date	4/7/2020
	Contact Name	James Kucewicz		
	Contact Email	James.Kucewicz@erie.gov		
	Contact Phone Number	(716) 585-6336		
	Contact Street Address	Rath Bldg. 95 Franklin St.		
	City, State, Zip Code	Buffalo, NY 14202		
	Project Name	Erie County Health Mall		
	Proposed Start Date	1/1/2022		

Indirect Labor Management, oversight and titles not directly related to specifications.	Indirect Disabled/Blind Labor Job Title	Estimated Number of Employees	Number of Hours	Hourly Wage	Total	
					\$ -	
					\$ -	
					\$ -	
	Indirect Disabled Labor Total	Total FTE	Total Hours		Total Wages	Indirect Disabled Wages
		0.0000	-		\$ -	\$ -
	Indirect Non-Disabled Labor Job Title	Estimated Number of Employees	Number of Hours	Hourly Wage	Total	
	Supervisor and QA: 12/31/21-12/30/22 PW	1.00	260.00	\$ 19.60	\$ 5,096.00	
	Benefit Time-22days x 8hrs x .125	1.00	22.00	\$ 19.60	\$ 431.20	
	Manager	1.00	12.00	\$ 24.50	\$ 294.00	
				\$ -		
Indirect Non-Disabled Labor Total	Total FTE	Total Hours		Total Wages	Indirect Non-Disabled Wages	
	0.1508	294.00		\$ 5,821.20	\$ 5,821.20	

Total All Indirect Labor Wages	\$ 5,821.20
Total All Wages	\$ 57,670.59

Employee Benefits	Fringe Benefits (Excluding Article 9 Supplemental Benefits)					
	Benefit Type	Rate	Disabled/ Blind Labor Total	Non-Disabled/ Sighted Labor Total	Total	
	Workers Compensation	0.051	\$ 1,440.88	\$ 1,500.32	\$ 2,941.20	
	FICA	0.0765	\$ 2,161.32	\$ 2,250.48	\$ 4,411.80	
	Medical Insurance-See Below		\$ -	\$ -	\$ -	
	Liability Insurance	0.023	\$ 649.81	\$ 676.62	\$ 1,326.42	
	Disability	0.006	\$ 169.51	\$ 176.51	\$ 346.02	
	Unemployment Insurance	0.0101	\$ 285.35	\$ 297.12	\$ 582.47	
	403B-2% agency match	0.02	\$ 565.05	\$ 588.36	\$ 1,153.41	
	Total Fringe Benefits (Excluding Article 9 Supplemental Benefits)		\$ 5,271.92	\$ 5,489.42	\$ 10,761.33	
	Article 9 Supplemental Benefits					
	Employee/Job Title	# of Hours	Supplemental Benefit Rate	Disabled/ Blind Labor Total	Non-Disabled/ Sighted Labor Total	Total
	Disabled/ Blind Direct			\$ -		
	Disabled/ Blind Direct			\$ -		
	Non-Disabled/ Sighted Direct			\$ -		
Non-Disabled/ Sighted Direct			\$ -			
Total Supplemental Benefits			\$ -	\$ -	\$ -	

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	City, State, Zip Code	Buffalo, NY 14202		
	Project Name	Erie County Health Mall		
	Proposed Start Date	1/1/2022		

Summary			
Description	Fringe Benefits (Excluding Article 9 Supplemental Benefits)	Article 9 Supplemental Benefits	Total All Benefits
Disabled/ Blind Labor	\$ 5,271.92	\$ -	5,271.92
Non- Disabled/ Sighted Labor	\$ 5,489.42	\$ -	5,489.42
<b>Total All Benefits</b>		\$	<b>10,761.33</b>

Total All Wages + Benefits
\$ 68,431.92

Summary Total Other Insurance		
Insurance Type	Cost	Total Insurance
Health Insurance-agency share: .534x\$6277	3351.92	
		\$ 3,351.92

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	Project Name	Erie County Health Mall		
	Proposed Start Date	1/1/2022		

Equipment Amortization Costs	Description	Original Cost	Useful Life/Years	Prorated/ Annual Cost		
	Triple S Cougar 20 floor machine: \$599 * prorate .25	\$ 149.75	5.00	\$	29.95	
	SSS Cheetah UHS Burnisher: \$798.99 * prorate at .25	\$ 199.75	5.00	\$	39.95	
	\$20 Disk Auto Scrubber: \$3,999.50 *prorate at .25	\$ 999.88	5.00	\$	199.98	
	Windsor S12 Upright Vacuum	\$ 412.00	3.00	\$	137.33	
	Huskee garbage can with wheels and barrel Caddy \$104.23: 2	\$ 208.46	5.00	\$	41.69	
	Combo Pack, Down press wringer & bucket-32 qt-\$74.97/ 2	\$ 149.94	5.00	\$	29.99	
	Janitorial Maid Cart- Blue \$146.06/ 2	\$ 292.12	5.00	\$	58.42	
	Large Angle Broom w/ lobby dust pan: 17.81/ 2	\$ 35.62	3.00	\$	11.87	
	48 in dust mop with handle and frame: 36.24/ 2	\$ 72.48	3.00	\$	24.16	
<b>Subtotal</b>			\$	573.35	<b>Total Equipment Amortization</b>	
					\$ 573.35	

Equipment Operating Costs	Description	Quantity	Price	Total Cost		
	Gas and Oil: 12 miles/week x 52	624.00	\$ 0.5750	\$	358.80	
	Maintenance			\$	-	
	Other (Specify)			\$	-	
	Other (Specify)			\$	-	
<b>Subtotal</b>			\$	358.80	<b>Total Equipment Operating Cost</b>	
					\$ 358.80	

Supplies and Non-Amortized Equipment	Description	Quantity	Price	Total Cost		
	10" bleached roll towel emboss 6/cs	18.00	\$ 39.95	\$	719.10	
	Niagara 96x504 2Ply Toilet Tissue	20.00	\$ 43.19	\$	863.80	
	SSS Navigator 5x non acid restroom cleaner 2ltr	6.00	\$ 79.10	\$	474.60	
	SSS Navigator 9x multi purpose disinfectant 2ltr	6.00	\$ 69.12	\$	414.72	
	SSS Navigator 24x compass M-P neutral cleaner 2ltr	6.00	\$ 46.98	\$	281.88	
	Triple S Navigator #26 Summit HD Cleaner *Concentrate	6.00	\$ 63.55	\$	381.30	
	Triple S Pleascent	4.00	\$ 26.00	\$	104.00	
	Triple Metal Cleaner/Polish 12 15oz	1.00	\$ 50.68	\$	50.68	
	Vectra floor finish 5 gl	6.00	\$ 65.40	\$	392.40	
	Diversity pro strip 5 gl	3.00	\$ 62.63	\$	187.89	
	Corr carpet & upholstery shampoo 1 gl-4/cs	1.00	\$ 70.33	\$	70.33	
	Corr defoamer 1 gl-4/cs	0.50	\$ 69.32	\$	34.66	
	Triple S Pre treatment spray 1gl-4cs	1.50	\$ 65.00	\$	97.50	
	Super extension duster	2.00	\$ 5.94	\$	11.88	
	Urinal Screens	2.00	\$ 14.14	\$	28.28	
	Triple S Microfiber rags	5.00	\$ 36.00	\$	180.00	
	Spray Bottles	4.00	\$ 2.30	\$	9.20	
	Nitrile Gloves Powder Free 10/100	3.00	\$ 76.00	\$	228.00	
	SSS 1-1/4" natural value + blend looped end mop	6.00	\$ 32.76	\$	196.56	
	3m Niagara Hogs Hair 20in burnishing pad: 1 @ 5.03	60.00	\$ 5.03	\$	301.80	
	Rayon wet mop	6.00	\$ 4.99	\$	29.94	
	SSS 5X24 Value+Cotton Cut EN Wet Mop	6.00	\$ 2.88	\$	17.28	
	3M 7200 20" Black Strip Pad	6.00	\$ 5.03	\$	30.18	
	Snapback: 4 gal per case	2.00	\$ 60.31	\$	120.62	
	40x48 40-45 gl .62 mil 250/cs himolene opaque liners	6.00	\$ 27.71	\$	166.26	
	30x37 20-30 gl 16 mic 500/cs himolene opaque liners	6.00	\$ 39.14	\$	234.84	
	24x33 12 to 16 gal .62ic 500/cs himolene opaque liners	6.00	\$ 22.07	\$	132.42	
	Purell LTX Adv Instant Hand Sant Foam	8.00	\$ 75.11	\$	600.88	
	Kutol 800 ml Antiseptic Lotion	4.00	\$ 47.34	\$	189.36	
	Windsor S12 Vacuum Bags 12 per package	4.00	\$ 27.22	\$	108.88	
	Austin Bleach	2.00	\$ 9.19	\$	18.38	

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	Project Name	Erie County Health Mail		
Proposed Start Date	1/1/2022			

Subtotal				\$ 6,677.62	Total Supplies and Non-Amortized Equipment
					\$ 6,677.62

Other Costs	Description	Quantity	Price	Total Cost	
	Subtotal		\$ -	\$ -	Total Other Cost
					\$ -

Contract Subtotal
\$ 79,393.61



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Overhead and Fees	Description	Rate %	Total Cost	
	Administrative Overhead	15.00%	\$ 11,909.04	
	Subtotal With Overhead		\$ 91,302.65	
	Preferred Source Fee	4.00%	\$ 3,652.11	
	Subtotal With Overhead and Fees		\$ 94,954.75	Overhead and Fees Total
				\$ 94,954.75

Contract Total
\$ 94,954.75

Options for Extension	Initial Contract Term (In Years)	Term	1		
	Options for Extensions	Term	Frequency	Annual Total	
				\$ 94,954.75	
	Cost Escalator (If applicable)	Description	Amount	Frequency	Monthly Total
		PW 7/1			\$ 7,912.90



**PART V: ERIE COUNTY HEALTH MALL**

**TOTAL AREA TO BE SERVICED IS APPROXIMATELY 18,779 SQUARE FEET (per the following breakdown)**

**CATHOLIC HEALTH BLOOD DRAW - 1ST FLOOR**

AREA	SQUARE FEET
3 BLOOD DRAW ROOMS	219
1 PROCESSING ROOM	121
1 LAB WAITING ROOM	231
1 PASSAGE	155
1 SPECIMEN TOILET	45
1 BIOHAZARD ROOM	8
SUBTOTAL	779

**UB SCHOOL DENTISTRY - 1ST FLOOR**

1 WAITING ROOM	337
1 RECEPTION	106
1 PANORAMIC X-RAY	83
6 DENTAL OPERATORY ROOMS	672
1 DOCUMENTATION	181
1 IT CLOSET	55
1 DENTAL SUPPLY	48
1 DENTAL LAB	76
1 PATIENT TOILET	61
1 STERILIZATION - SOILED PROCESS	57
1 PASSAGE	466
SUBTOTAL	2,142

**LAKE SHORE BEHAVIORAL - 1ST FLOOR**

1 GROUP ROOM	257
1 WAITING ROOM	140
4 OFFICES	420
1 RECEPTION/SECRETARIAL	211
1 PASSAGE	131
SUBTOTAL	1,159

**MID-ERIE - 1ST FLOOR**

9 OFFICES	1,029
1 WAITING	177
1 RECEPTION	142
1 GROUP ROOM	230
1 CLOSET	21
3 PASSAGES	466
1 SUPPLY	64
SUBTOTAL	2,129

**COMMON SPACE - 1ST FLOOR**

1 LOBBY AND 2 VESTIBULES	313
6 CORRIDORS AND PASSAGES	1,542
4 TOILET VESTIBULE	116
7 TOILET ROOMS	594
1 RECEPTION	98
2 ENVIRONMENTAL SERVICES	93
1 RECYCLING ROOM	20
1 STAFF LOUNGE	498
2 LOCKER ROOMS (ONE MEN'S, ONE WOMEN'S)	204
1 ELECTRICAL ROOM	129
1 VESTIBULE	47
SUBTOTAL	3,654

**CATHOLIC HEALTH - 2ND FLOOR**

AREA	SQUARE FEET
20 EXAM ROOMS	1,848
9 OFFICES	1,010
3 WAITING ROOMS	649
2 RECEPTIONS	428
1 MED. PREP.	129
2 SOILED WORKROOMS	122
3 CLEAN HOLDINGS AND SOILED HOLDINGS	218
4 TOILET ROOMS	247
6 PASSAGES/CORRIDOR	1,572
3 NURSE STATIONS & TRIAGE NURSES	558
1 IT CLOSET	100
1 MOP CLOSET	10
1 WEIGH ALCOVE	36
SUBTOTAL	6,927

**COMMON SPACE - 2ND FLOOR**

4 TOILET ROOMS AND TOILET VESTIBULES	502
5 CORRIDORS AND PASSAGES	1,450
1 ENVIRONMENTAL SERVICES	37
SUBTOTAL	1,989

**NOTE: All materials (toilet paper, towels, soap, etc.), cleaning supplies (bleach, glass cleaner, polish, etc.), and equipment (brooms, mops, mop heads, vacuum cleaner, etc.) are to be provided by vendor.**

**WORK PERFORMED FIVE DAYS PER WEEK UNLESS OTHERWISE INDICATED – BETWEEN THE HOURS OF 7PM–7AM UNLESS OTHERWISE ARRANGED BETWEEN CONTRACTOR AND FACILITY SUPERVISOR. SINGLE CLEANING PERSON MUST "WORK" 4 HOURS PER DAY. MULTIPLE CLEANING PERSONS MUST "WORK" A MINIMUM OF 2 HOURS PER DAY. THIS DOES NOT INCLUDE TIME TAKEN FOR LUNCH OR BREAKS.**

*\*Vendor is responsible for removing existing dispensers (soap, towel, etc.) and providing appropriate dispensers if alternate products are to be provided. Removal/installation of alternate dispensers must not cosmetically or structurally damage mounting surfaces. Vendor is responsible for all cosmetic/structural repairs, including, but not limited to: resurfacing, drywall, painting.*

**WORK TO BE PERFORMED:**

**ALL OFFICE AREAS, CONFERENCE ROOMS, COUNSELING ROOMS, COUNSELING SUITES, ADMINISTRATIVE OFFICES AND FRONT DESK AREA**

**(THREE DAYS A WEEK)**

- Dust all office furniture, sill and ledges, especially in Front Office space.
- Clean and sanitize all telephones.
- **Sweep and mop** all floors.
- Vacuum all carpets and runners.
- Empty waste containers and remove waste to designated areas.

**ALL CORRIDORS AND PASSAGEWAYS**

**(THREE DAYS A WEEK)**

- Clean and sanitize drinking fountains.
- Sweep and mop all floors.
- Vacuum all carpets and runners.
- Empty waste containers and remove waste to designated areas.

**LOBBY ENTRANCES**

**(THREE DAYS A WEEK)**

- Sweep and mop all floors
- Wash glass doors and vestibules

**EXAM ROOMS, LABORATORY, BLOOD DRAW AND DENTAL OPERATORIES**

**(DAILY)**

- Clean and sanitize sinks and counters with disinfectants
- Pull up all mats and wash with disinfectant (not bleach)
- Wet mop floors with 1:10 bleach solution
- Clean and replenish all dispensers with antibacterial soap or towels as indicated.
- Wipe all knobs with disinfectant
- Empty Biohazard waste containers and remove waste to designated areas.
- Empty dirty water from mop buckets and refill with clean bleach solution (1:10) at the end of each cleaning day.

**(WEEKLY)**

- Polish all stainless steel surfaces (counters, sinks, exam tables, exam chairs, dental equipment) ONCE A WEEK

**RESTROOMS:**

**(DAILY)**

- Empty waste containers; and remove waste to designated areas
- Clean and sanitize sinks, urinals, and commodes
- Polish sink fixtures
- Wet mop floors
- Clean and replenish all dispensers with antibacterial soap, towels, toilet tissues etc. All materials will be provided by the vendor.

**(QUARTERLY)**

- Machine clean all floors.

**BREAKROOM, KITCHEN, LOCKER ROOMS:**

**(DAILY)**

- Sweep and wet mop floors
- Clean and sanitize tables, counter, microwaves and other surfaces
- Empty waste containers

**ALL OFFICE AREAS, CONFERENCE ROOMS, HALLS AND LOUNGES:**

**(QUARTERLY)**

- Vacuum and wash all vents.

**(TWICE A YEAR)**

- Recondition all resilient floors, STRIPPING, sealant application and waxing all floors
- Outside windows will be washed twice a year
- Shampoo office carpeting

**BUILDING EXTERIOR:**

**(DAILY)**

- Inspect parking lot and other adjacent areas and pick up any trash (papers, cans, etc.) if needed.

*\*\*Contractor to provide regular, on-site supervision of janitorial staff*

*\*\*\*Erie County provides a room to store equipment and supplies. This room must be kept in an orderly condition. No garbage or water pails or mildewed mops are to be left in this room at any time. This room should be kept in an orderly condition. The Erie County Health Mall deals with biological fluids which may come in contact with the mop used to clean the floor. Vendor must have an OSHA-compliant method of mopping floors, e.g. disposable mop heads or use of disinfecting cleaning solution.*



University at Buffalo  
School of Dental Medicine

THE FOLLOWING ARE INSTRUCTIONS FOR CLEANING EACH LOCATION OF THE DENTAL CLINIC.

**FRONT OFFICE: (ROOM 171--Not labeled, next to lockers)** Swept and mopped weekly. The door will be left open on **FRIDAYS** for this to be completed.

-If the room needs sweeping/mopping on an additional day, the door will be left open to indicate this is needed.

-If the door is closed, nothing is needed (typical Monday-Thursdays).

**BACK CONFERENCE ROOM: (ROOM 184)** Wipe down tables, mop floor when door is left open.

-If the door is closed, nothing is needed that day.

**OPERATORIES+STERILIZATION: (ROOMS 173-182)** Sweep and mop floors daily.

-Per verbal agreement, countertops do NOT need to be done unless requested.

-Try not to move any items or fixtures. If it's necessary to move for cleaning, please return it to the state it was in when found.

**UTILITY CLOSET: (ROOM 184)** Sweep and mop floor when requested (we will put a "CLEAN PLEASE" sign on the door). Security will unlock the door, please ask them to do this when ready to clean.

-If the door is closed, nothing is needed that day.

**BACK LAB: (ROOM 184)** Sweep and mop floor when requested (we will put a "CLEAN PLEASE" sign on the door). Security will need to unlock the door, please ask them to do this when ready to clean.

-If the door is closed, nothing is needed that day.

**TRASH:** All trash cans should be emptied daily. If soiled, change liner.

-Larger garbage items (that don't fit in trash cans) will be tagged with a post-it labeled "TRASH" and will be located on the **BACK WALL** next to room ROOM 184.

-Boxes to be thrown away will be on the **BACK WALL** next to room ROOM 184.

**RESTROOM: (ROOM 189)** Clean per normal janitorial protocols.

N/A



**Preferred Source Facilitating Entity  
Service Application**

**FORM 2**

*Each of the sections below must be completed.  
Additional documents may be attached.*

*To be completed by the Preferred Source Facilitating Entity:* NYSID  
Date: 5/13/2020

**Member Agency Information**

Member Agency:	The ARC Erie County New York
Contact Person:	Mark Hogg
E-Mail:	mhogg@arceriecounty.org
Phone #:	716-207-9283
Street Address:	30 Wilson Rd
City, State Zip:	Williamsville, NY 14221

**Corporate Partner Information (If applicable)**

Corporate Partner Name:	<a href="#">Click here to enter text.</a>
Contact Person:	<a href="#">Click here to enter text.</a>
E-Mail:	<a href="#">Click here to enter text.</a>
Phone #:	<a href="#">Click here to enter text.</a>
Street Address:	<a href="#">Click here to enter text.</a>
City, State Zip:	<a href="#">Click here to enter text.</a>

**Purchasing Agency Information**

Purchasing Agency:	Erie County
Contact Person:	James Kucewicz
E-Mail:	James.Kucewicz@erie.gov
Phone #:	(716) 585-6336
Street Address:	Rath Building: 95 Franklin
City, State Zip:	Buffalo, NY 14202

**Prevailing Wage Information**

Is this service subject to Article 9 of the NYS Labor Law?	Yes
If yes, please enter the PRC number from Form 1 in the box below and attach the correct Prevailing Wage Schedule to this form	2020900344
Is this service subject to the <u>New York City</u> Prevailing Wage Schedule? please attach the correct Prevailing Wage Schedule to this form.	<input type="text" value="Choose an item"/> If Yes.

**Each of the sections below must be filled out.**  
**Additional documents may be attached if necessary.**  
**Form fields will expand as text is entered.**

**Approved Preferred Source Service(s)** [Click here](#) for a link to the detailed list and definitions of approved Preferred Source offerings. Please be sure to review the definitions of the service(s) you are selecting to ensure that the correct one(s) are chosen. Select appropriate service(s) from the drop down list of approved services. The service proposed must align with the customer scope of work.

**NYSPSP APPROVED SERVICES**

• <input type="text" value="Choose an item"/>	• <input type="text" value="Choose an item"/>
• <input type="text" value="Choose an item"/>	• <input type="text" value="Choose an item"/>
• <input type="text" value="Choose an item"/>	• <input type="text" value="Choose an item"/>
• <input type="text" value="Choose an item"/>	• <input type="text" value="Choose an item"/>
• <input type="text" value="Choose an item"/>	• <input type="text" value="Choose an item"/>

**NYSID APPROVED SERVICES**

• Janitorial	• <input type="text" value="Choose an item"/>
• Floor Maintenance	• <input type="text" value="Choose an item"/>
• Carpet Cleaning	• <input type="text" value="Choose an item"/>
• <input type="text" value="Choose an item"/>	• <input type="text" value="Choose an item"/>
• <input type="text" value="Choose an item"/>	• <input type="text" value="Choose an item"/>

**Provide a detailed response to the Purchasing Agency Statement of Work (Form 1) in the fields below.**

**Please list the actual tasks to be performed and their frequency:**

5x a week cleaning of the Erie County Health Mall; please see form 1 for SOW
--



Please list all applicable deliverables that the Preferred Member or Corporate Partner will provide (i.e. document images, reports, etc.):

N/A

Please list the job titles and their descriptions that the proposed project will require:

Please see attached job descriptions

Please provide an estimated timeline for completion, and a work schedule for the proposed contract:

7/1/2020 to 6/30/2021 with 4, 1-year options to renew

**Work Location(s)**

Erie County Health Mall, 1500 Broadway, Buffalo, NY 14212

**Proposed Contract Term**

7/1/2020 to 6/30/2021 with 4, 1-year options to renew with annual Prevailing Wage Adjustment as mandated by NYS DOL

**Proposed Contract Price – Total value, annual value, unit price(s) as applicable**

\$88,310.49/year, \$7,359.21/month

**Special Requirements**

Describe any special requirements, (i.e. certifications, industry standards, mandatory staffing levels, emergency requests, security, uniform, or background checks) for the service(s) being performed.

N/A

**Form 2**  
**Preferred Source Facilitating Entity Service Application**

By signing below, the undersigned attests that they have completed the following

- 1 Reviewed Form 1 from the Purchasing Agency and confirmed that the Preferred Source Facilitating Entity, Preferred Source Member and, if applicable Corporate Partner are able to satisfy the form, function, and utility of the service required;
- 2 Responded to any concerns, suggestions, or questions submitted in writing by the purchasing agency
- 3 Completed Forms 2 & 3.

The undersigned recognizes that this Service Application (Forms 1, 2, 3, and any additional attachments) is submitted for the express purpose of assisting the New York State Office of General Services ("OGS") in making a determination regarding approval of the Service Application and that OGS will rely on the information disclosed in this Service Application in making its determination. The undersigned acknowledges that OGS may, in its discretion, verify the truth and accuracy of all statements made and information provided herein. The undersigned agrees and acknowledges that this Service Application may become part of the final contract if a contract is executed. The undersigned acknowledges that the final fully executed contract may be posted or otherwise made publicly available. The undersigned attests that they are authorized to sign on behalf of the Preferred Source Facilitating Entity Preferred Source Member and, if applicable, Corporate Partner. The undersigned further attests that they have read each page of the attached Service Application and are in agreement with the scope of the work described therein, the prices contained therein, and all other material terms.

**Preferred Source Member Authorized Signature:** \_\_\_\_\_

Printed Name: Douglas DiGesare  
Date: 5/13/2020

**Corporate Partner Authorized Signature (if applicable):** \_\_\_\_\_

Printed Name: Click here to enter text.  
Date: Click here to enter text.

**Preferred Source Facilitating Entity Authorized Signature:** Kat VanFonda

Printed Name: Kat VanFonda  
Date: 5/14/2020

- 1 Upon completing and signing Forms 2 and 3, submit the completed application to the Purchasing Agency via mail or e-mail along with the Market Comparison, Designating Agency Corporate Partner Approval (if applicable), Prevailing Wage Schedule (if applicable), and a Prior Contract Approval Letter (if applicable).
- 2 Preferred Source Facilitating Entity must obtain Purchasing Agency signature of approval (Form 4) before submitting an application to NYS OGS.

