



**COUNTY OF ERIE
DIVISION OF PURCHASE
MEMORANDUM**

To: All Using Departments

From: Jamie Kucewicz, Buyer

Date: March 2, 2021

Subject: JANITORIAL SERVICES AT JESSE NASH HEALTH CLINIC

Effective Dates: Extended through March 7, 2022

Vendor #: 109435

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

Contact: Margie Werder

Telephone: 716-875-9232

Pricing: per attached document



NOTICE OF PRICE ADJUSTMENT

Date Sent:	March 8, 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#4600028145		
Service:	Janitorial and Floor Maintenance		
Location:	Erie County Jesse Nash Health Clinic: 608 William St., Buffalo NY 14206		
Price:	PW 1/1/2022-3/7/2022: \$8,367.94/month x 3 months: \$25,103.82 9/1/2021-12/31/2021: \$8,161.02/month x 3 months: \$24,483.06 9/1/2021-3/7/2022 Total: \$49,586.88		
Effective Date:	1/1/2022		
Reason and Pricing:	NYSIDOL Prevailing Wage Increase Effective 1/1/2022: \$8,367.94/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.

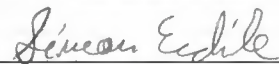
New York State Industries for the Disabled, Inc.	Staff Assignment:	Vanfonda, Katrina
Attn: Vanfonda, Katrina	Phone:(518)463-9706	Ext: 288
11 Columbia Circle Drive	Fax:	
Albany, NY 12203-5156	Email:	kvanfonda@nysid.org
	Authorized Signature:	
	Job Title:	<i>Buyer</i>

Preferred Source Facilitating Entity	NYSID
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Project Information	Purchasing Agency Name	Erie County	Application Date	11/3/2020
	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	Jessie Nash Health Clinic		
	Proposed Start Date	1/1/2022 PW Increase		

Direct Labor People working to fulfill contract specifications	Disabled/Blind Labor Job Title		Estimated Number of Employees	Number of Hours	Hourly Wage	Total		
	Contract Worker 12/31/21-12/30/22 PW		1.00	1,382.00	\$ 19.60	\$	27,087.20	
	Project Work		1.00	52.00	\$ 19.60	\$	1,019.20	
	Benefit Time-22days x 8hrs x .6894		1.00	121.34	\$ 19.60	\$	2,378.23	
						\$	-	
	Disabled/Blind Labor Total		Total FTE	Total Hours	Total Annual Hours	Total Wages		Direct Disabled Wages Total
			0.7976	1,555.34	1950	\$ 30,484.63		\$ 30,484.63
	Non-Disabled Labor Job Title		Estimated Number of Employees	Number of Hours	Hourly Wage	Total		
	Contract Supervisor: 12/31/21-12/30/22 PW		1.00	1,346.00	\$ 19.60	\$	26,381.60	
Project Work		1.00	60.00	\$ 19.60	\$	1,176.00		
Benefit Time-22days x 8hrs x .6759		1.00	118.97	\$ 19.60	\$	2,331.80		
					\$	-		
Non-Disabled Labor Total		Total FTE	Total Hours	Total Annual Hours	Total Wages		Direct Non-Disabled Wages Total	
		0.7820	1,524.97	1950	\$ 29,889.40		\$ 29,889.40	

Total All Direct Labor Wages
\$ 60,374.03

Disabled Labor Ratio and FTEs	Total Direct Disabled/Blind Labor Hours	1,555.34	DIRECT LABOR WORKFORCE AFFIRMATION (Please select from the drop-down box below)
	Total All Direct Labor Hours	3,080.31	
	Disabled/Blind Labor Ratio: Percentage Disabled Labor Hours <small>(Total Disabled Direct Labor / Total All Direct Labor Hours)</small>	50.4930%	The total direct labor workforce involved in this application is comprised of 10 or fewer FTEs. A majority of these employees are blind, severely disabled or visually impaired.
	FTEs (Direct Disabled Labor)	0.7976	
	FTEs (Total Direct Labor)	1.5796	
	I do so affirm the accuracy of the disabled direct labor ratio selected above.		
		Signature: 	

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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	50.00	\$ 19.60	\$ 980.00	
	Benefit Time-22days x 8hrs x .024	1.00	4.23	\$ 19.60	\$ 82.92	
					\$ -	
Indirect Non-Disabled Labor Total	Total FTE	Total Hours		Total Wages	Indirect Non-Disabled Wages	
	0.0278	54.23		\$ 1,062.92	\$ 1,062.92	

Total All Indirect Labor Wages	\$ 1,062.92
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Total All Wages	\$ 61,436.95
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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	\$ 1,554.72	\$ 1,578.57	\$ 3,133.28	
	FICA	0.0765	\$ 2,332.07	\$ 2,367.85	\$ 4,699.93	
	Medical Insurance-see below		\$ -	\$ -	\$ -	
	Liability Insurance	0.023	\$ 701.15	\$ 711.90	\$ 1,413.05	
	Disability	0.006	\$ 182.91	\$ 185.71	\$ 368.62	
	Unemployment Insurance	0.0101	\$ 307.89	\$ 312.62	\$ 620.51	
	403B-2% agency match	0.02	\$ 609.69	\$ 619.05	\$ 1,228.74	
	Total Fringe Benefits (Excluding Article 9 Supplemental Benefits)		\$ 5,688.43	\$ 5,775.70	\$ 11,464.14	
	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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	Proposed Start Date	1/1/2022 PW Increase		

Summary			
Description	Fringe Benefits (Excluding Article 9 Supplemental Benefits)	Article 9 Supplemental Benefits	Total All Benefits
Disabled/ Blind Labor	\$ 5,688.43	\$ -	\$ 5,688.43
Non- Disabled/ Sighted Labor	\$ 5,775.70	\$ -	\$ 5,775.70
Total All Benefits			\$ 11,464.14

Total All Wages + Benefits
\$ 72,901.09

Summary Total Other Insurance		
Insurance Type	Cost	Total Insurance
Health Insurance-agency share: .7x\$6517.68	4562.38	
		\$ 4,562.38

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	Proposed Start Date	1/1/2022 PW Increase				
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		
	Triple s Panther 15B:\$2275: prorate at .25	\$ 568.75	5.00	\$ 113.75		
	Windsor S12 Upright Vacuum	\$ 419.00	3.00	\$ 139.67		
	Huskee garbage can with wheels and barrel Caddy \$143.51: 2	\$ 208.46	5.00	\$ 41.69		
	Combo Pack, Down press wringer & bucket-32 qt-\$74.97/ 2	\$ 149.94	5.00	\$ 29.99		
	Rubbermaid Janitorial Carts: \$322.48	\$ 644.96	5.00	\$ 128.99		
	Large Angel Broom with Lobby Dust Pan: \$6.57/2	\$ 13.14	3.00	\$ 4.38		
	Brute Caddy Bag: \$37.28	\$ 74.56	3.00	\$ 24.85		
	Dust Mop Handle and Frame: \$30.99	\$ 61.98	3.00	\$ 20.66		
	Subtotal			\$ 573.88	Total Equipment Amortization	\$ 573.88

Equipment Operating Costs	Description	Quantity	Price	Total Cost	
	Gas and Oil: 4.1 ml x 5 x 50=1025	1,025.00	\$ 0.560	\$ 574.00	
	Maintenance			\$ -	
	Other (Specify)			\$ -	
	Other (Specify)			\$ -	
	Subtotal			\$ 574.00	Total Equipment Operating Cost

Supplies and Non-Amortized Equipment	Description	Quantity	Price	Total Cost
	10" bleached roll towel emboss 6/cs: 1	18.00	\$ 39.00	\$ 702.00
	2 ply toilet paper 4.5 x 3.75 96/500/cs: 2	12.00	\$ 43.19	\$ 518.28
	SSS Navigator 5x non acid restroom cleaner 2ltr: 3	6.00	\$ 39.55	\$ 237.30
	SSS Navigator 9x multi purpose disinfectant 2ltr: 4	8.00	\$ 63.12	\$ 504.96
	SSS Navigator 24x compass M-P neutral cleaner 2ltr: 5	6.00	\$ 23.49	\$ 140.94
	Triple S Navigator #26 Summit HD Cleaner *Concentrate: 6	6.00	\$ 31.78	\$ 190.68
	Triple S Pleascent: 7	4.00	\$ 26.00	\$ 104.00
	Triple Metal Cleaner/Polish 12 15oz: 8	1.00	\$ 50.68	\$ 50.68
	Vectra floor finish 5 gl: 9	6.00	\$ 65.40	\$ 392.40
	Diversity pro strip 5 gl: 10	3.00	\$ 62.63	\$ 187.89
	Corr carpet & upholstery shampoo 1 gl-4/cs: 11	1.00	\$ 73.13	\$ 73.13
	Corr defoamer 1 gl-4/cs: 12	0.50	\$ 73.48	\$ 36.74
	Triple S Pre treatment spray 1gl-4cs: 13	1.50	\$ 61.21	\$ 91.82
	Super extension duster: 14	2.00	\$ 5.38	\$ 10.76
	Urinal Screens: 15	2.00	\$ 16.86	\$ 33.72
	Triple S Microfiber rags: 16	52.00	\$ 1.52	\$ 78.86
	Spray Bottles: 17	4.00	\$ 0.99	\$ 3.96
	Nitrile Gloves Powder Free 10/100: 18	2.00	\$ 7.575	\$ 15.15
	SSS 1-1/4" natural value + blend looped end mop: 19	6.00	\$ 2.73	\$ 16.38
	3m Niagara Hogs Hair 20in burnishing pad: 1 @ 5.03: 20	60.00	\$ 5.03	\$ 301.80
	Rayon wet mop: 21	6.00	\$ 5.36	\$ 32.16
	Triple S Premium 4 ply Cut End Cotton Mop: 22	6.00	\$ 4.74	\$ 28.44
	3M 7200 20" Black Strip Pad: 23	6.00	\$ 5.03	\$ 30.18
	Snapback: 4 gal per case: 24	2.00	\$ 60.31	\$ 120.62
	40x48 40-45 gl .62 mil 250/cs himolene opaque liners: 25	6.00	\$ 27.71	\$ 166.26
	30x37 20-30 gl 16 mic 500/cs himolene opaque liners: 26	6.00	\$ 39.14	\$ 234.84
	24x33 12 to 16 gal .62ic 500/cs himolene opaque liners: 27	6.00	\$ 22.07	\$ 132.42
	Purell LTX Adv Instant Hand Sant Foam: 28	8.00	\$ 75.11	\$ 600.88
	Kutol ml Antiseptic Lotion: 29	4.00	\$ 49.77	\$ 199.08
Windsor S12 Vacuum Bags 12 per package: 30	4.00	\$ 27.14	\$ 108.56	

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	Austin Bleach:31	2.00	\$ 1.53	\$ 3.06	
	Subtotal			\$ 5,347.94	Total Supplies and Non-Amortized Equipment
					\$ 5,347.94

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

Contract Subtotal
\$ 83,959.29

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Overhead and Fees	Description	Rate %		Total Cost	
	Administrative Overhead	15.00%		\$ 12,593.90	
	Subtotal With Overhead			\$ 96,553.19	
	Preferred Source Fee	4.00%		\$ 3,862.13	
	Subtotal With Overhead and Fees			\$ 100,415.32	Overhead and Fees Total
					\$ 100,415.32

Contract Total
\$ 100,415.32

Options for Extension	Initial Contract Term (In Years)	Term			
			1		
	Options for Extensions	Term	Frequency		Annual Total
					\$ 100,415.32
	Cost Escalator (If applicable)	Description	Amount	Frequency	Monthly Total
		PW 7/1			\$ 8,367.94