

CONTRACTOR NAME:		
DELIVERY:		PROMPT PAYMENT TERMS:

ITEM #	DESCRIPTION OF COMMODITY AND/OR SERVICES	UNIT OF MEASURE	TOTAL PRICE
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The monthly price will be the total cost of performing all daily, weekly, monthly, quarterly tasks and day porter services (divided by 12) as described in Exhibits E, F, G, H, I and J Task and Frequency Schedule. The monthly price will be invoiced monthly in accordance with Exhibit A, Section 27 "Invoices and Payments".

1.	Daily, weekly, monthly and quarterly tasks and day porter services		
A.	Campbell (common areas, Facilities office) #100 (As described in Exhibit E Task and Frequency Schedule)	Per Month	\$ _____
B.	Campbell/Phelps (DSS) #100 (As described in Exhibit F Task and Frequency Schedule)	Per Month	\$ _____
C.	SMHA Buildings #300 (As described in Exhibits G, H, and I Task and Frequency Schedules)	Per Month	\$ _____
D.	Nurses Building #700 (As described in Exhibit J Task and Frequency Schedule)	Per Month	\$ _____

On Demand Tasks: The following tasks are in addition to and not included in the Exhibits E, F, G, H, I and J Task and Frequency Schedule.
The Contractor shall provide a quote that requires approval by Client Agency Designee prior to beginning the task(s). On-demand tasks shall be priced and invoiced separately from the monthly services in section 1 of this Exhibit B and in accordance with the RFP Document, Section 27 "Invoices and Payments".

2.	Strip and wax floors	Per Square Foot	\$ _____
3.	Carpet Cleaning	Per Square Foot	\$ _____
4.	High dusting of all areas Building 100 - Campbell/Phelps (DSS)	Per Occurrence	\$ _____
5.	Clean interior and exterior windows Building 100 - Campbell/Phelps (DSS)	Per Occurrence	\$ _____
6.	High dusting of all areas Above 10 ft., including all exposed mechanicals, not including the bottom surface of the roof deck. Building 300 - Southeastern Mental Health Authority	Per Occurrence	\$ _____
7.	Clean interior and exterior windows Building 300 - Southeastern Mental Health Authority	Per Occurrence	\$ _____
8.	High dusting of all areas Building 700 – Nurses	Per Occurrence	\$ _____

**EXHIBIT B, RFP-16
PRICE SCHEDULE**

CONTRACT NO: 18PSX0293

CONTRACTOR NAME:	
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ITEM #	DESCRIPTION OF COMMODITY AND/OR SERVICES	QUANTITY	UNIT OF MEASURE	UNIT PRICE	TOTAL PRICE
9.	Additional Work			Per Hour Per person	\$ _____