

**INVITATION TO BID**

Bid Invitation Number: #30-2015

Date of Issue: 02/12/2015

Sealed bids will be received in the office of the Division of Central Purchasing, 200 East Main Street, Lexington, Kentucky, until **2:00 PM**, prevailing local time on **02/26/2015**. Bids must be received by the above-mentioned date and time. Mailed bids should be sent to:

**Division of Central Purchasing  
200 East Main Street, Rm 338  
Lexington, KY 40507, (859) 258-3320**

**The Lexington-Fayette Urban County Government assumes no responsibility for bids that are not addressed and delivered as indicated above. Bids that are not delivered to the Division of Central Purchasing by the stated time and date will be rejected.**

All bids must have the company name and address, bid invitation number, and the commodity/service on the outside of the envelope.

Bids are to include all shipping costs to the point of delivery located at: 1799 Old Frankfort Pi, Lexington, KY

Bid Security Required:  Yes  No      Performance Bond Required:  Yes  No  
*Cashier Check, Certified Check, Bid Bond (Personal checks and company checks will not be acceptable).*

|   |
|---|
| <b>Commodity/Service</b>                        |
| <b>Custodial Services – Streets &amp; Roads</b> |
| See specifications                              |

|  |  |
|--|--|
| <p style="text-align: center;"><b><u>Check One:</u></b></p> <p><input type="checkbox"/> Bid Specifications Met</p> <p><input type="checkbox"/> Exceptions to Bid Specifications. <i>Exceptions shall be itemized and attached to bid proposal submitted.</i></p>   | <p style="text-align: center;"><b><u>Proposed Delivery:</u></b></p> <p>_____ days after acceptance of bid.</p> |
| <p style="text-align: center;"><b><u>Procurement Card Usage</u></b></p> <p><input type="checkbox"/> Yes    The Lexington-Fayette Urban County Government will be using Procurement Cards to purchase goods and services and also to make payments. Will you accept Procurement Cards?</p> <p><input type="checkbox"/> No</p> |  |

Submitted by: Key To Cleaning  
Firm  
132 Shannon Pkwy  
Address  
Nicholasville Ky 40356  
City, State & Zip

**Bid must be signed:  
(original signature)** Lynette Bartholomew owner  
Signature of Authorized Company Representative – Title  
Lynette Bartholomew  
Representative's Name (Typed or printed)  
(859) 552-8970  
Area Code - Phone - Extension      Fax #  
Sbartholomew85744@road  
E-Mail Address

**The Affidavit in this bid must be completed before your firm can be considered for award of this contract.**

**AFFIDAVIT**

Comes the Affiant, Lynette Bartholomew and after being first duly sworn under penalty of perjury as follows:

1. His/her name is Lynette Bartholomew and he/she is the individual submitting the bid or is the authorized representative of Key TO Cleaning the entity submitting the bid (hereinafter referred to as "Bidder").

2. Bidder will pay all taxes and fees, which are owed to the Lexington-Fayette Urban County Government at the time the bid is submitted, prior to award of the contract and will maintain a "current" status in regard to those taxes and fees during the life of the contract.

3. Bidder will obtain a Lexington-Fayette Urban County Government business license, if applicable, prior to award of the contract.

4. Bidder has authorized the Division of Central Purchasing to verify the above-mentioned information with the Division of Revenue and to disclose to the Urban County Council that taxes and/or fees are delinquent or that a business license has not been obtained.

5. Bidder has not knowingly violated any provision of the campaign finance laws of the Commonwealth of Kentucky within the past five (5) years and the award of a contract to the Bidder will not violate any provision of the campaign finance laws of the Commonwealth.

6. Bidder has not knowingly violated any provision of Chapter 25 of the Lexington-Fayette Urban County Government Code of Ordinances, known as "Ethics Act."

7. Bidder acknowledges that "knowingly" for purposes of this Affidavit means, with respect to conduct or to circumstances described by a statute or ordinance defining an offense, that a person is aware or should have been aware that his conduct is of that nature or that the circumstance exists.

8. Bidder at all times relevant to the performance of any services or work on behalf of the Lexington-Fayette Urban County Government, the Bidder has fully complied with, and will continue to comply with the provisions of the Federal Fair Labor Standards Act (29 U.S.C. Chapter 8) and KRS 337.225, pertaining to the payment of minimum wages and as otherwise applicable to such services or work performed.

Further, Affiant sayeth naught. Lynette Bartholomew

STATE OF Kentucky

COUNTY OF Fayette

The foregoing instrument was subscribed, sworn to and acknowledged before me by Lynette Bartholomew on this the 25<sup>th</sup> day of February, 2015.

My Commission expires: 8/31/2017



[Signature]  
NOTARY PUBLIC, STATE AT LARGE

**Please refer to Section II. Bid Conditions, Item "U" prior to completing this form.**



WORKFORCE ANALYSIS FORM

Name of Organization:

Key To Cleaning

Date: 2/23/15

| Categories          | Total | White |   | Black |   | Other |   | Total |   |
|---------------------|-------|-------|---|-------|---|-------|---|-------|---|
|                     |       | M     | F | M     | F | M     | F | M     | F |
| Administrators      |       |       |   |       |   |       |   |       |   |
| Professionals       |       |       |   |       |   |       |   |       |   |
| Superintendents     |       |       |   |       |   |       |   |       |   |
| Supervisors         |       |       |   |       |   |       |   |       |   |
| Foremen             |       |       |   |       |   |       |   |       |   |
| Technicians         |       |       |   |       |   |       |   |       |   |
| Protective Service  |       |       |   |       |   |       |   |       |   |
| Para-Professionals  |       |       |   |       |   |       |   |       |   |
| Office/Clerical     |       |       |   |       |   |       |   |       |   |
| Skilled Craft       |       |       |   |       |   |       |   |       |   |
| Service/Maintenance | 0     |       |   | 1     | 1 |       |   |       |   |
| <b>Total:</b>       | 2     |       |   | 1     | 1 |       |   |       |   |

Prepared by: lynetta B. Johnson owner  
Name & Title

**EVIDENCE OF INSURABILITY**  
 LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT PROJECT  
 (Use separate form for each Agency or Brokerage agreeing to provide coverage)

Names Insured: Key To Cleaning

Address: 132 Shannon Pkwy

Nicholasville Ky 40356

Project to be insured: Streets & Roads

Employee ID: 27-4744472  
 Phone: (859) 552-8970

In lieu of obtaining certificates of insurance at this time, the undersigned agrees to provide the above Named Insured with the minimum coverage listed below. These are outlined in the Insurance and Risk Management of Part V (Special Conditions), including all requirements, and conditions:

| Coverage | Minimum Limits and Policy Requirements                                  | Limits Provided To Insured | Name of Insurer | A.M. Best's Code | Rating |
|----------|---|----------------------------|-----------------|------------------|--------|
| CCGL     | \$1,000,000/per occ. \$2,000,000 aggregate                              | \$1,000,000/2000,000       | Penn Star       |                  |        |
| AUTO     | \$1,000,000/per occ.  | \$1,000,000                |                 |                  |        |
| WC       | Statutory w/endorsement for Employer's Liability for \$500,000/per occ. | \$500,000                  | KIMI            |                  |        |

The Risk Management Provisions Insurance and Indemnification required provisions, statements regarding insurance requirements, and the undersigned agrees to abide by all provisions for the coverage's checked above unless stated otherwise when submitting.

Agency of Brokerage: Shelter Insurance

Street Address: 847 Lane Allen Road

City: Lexington State: Ky Zip: 40504

Telephone Number: 859-277-4313

NOTE: Authorized signatures may be the agent's if agent has placed insurance through an agency agreement with the insurer. If insurance is brokered, authorized signature must be that of authorized representative of insurer.  
**CONTRACT MAY NOT BE AWARDED IF A COMPLETED AND SIGNED COPY OF THIS FORM FOR ALL COVERAGES LISTED ABOVE IS NOT PROVIDED.**

Name of Authorized Representative: W Lee MORRISON Sr

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

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CONTRACTOR'S CLEANING PRODUCTS

LFUCG requires the use of environmentally preferred products. (GREEN CLEANERS)

During each inspection the janitorial closets will be inspected for the correct environmental cleaning chemicals. Any chemicals that have not been approved for usage will be removed from the janitorial closet.

| Product Name                | Intended Use        | Using Product at Time of Inspection |    | Non-Green Product |
|-----------------------------|---------------------|-------------------------------------|----|-------------------|
|                             |                     | Yes                                 | No |                   |
| Zep Toilet bowl cleaner     | Toilets             | ✓                                   |    |                   |
| Zep Windex                  | Glass               | ✓                                   |    |                   |
| Rejuvenal                   | walls sinks         | ✓                                   |    |                   |
| spray & buff                | floors              | ✓                                   |    |                   |
| Pine Sol                    | B-floors            | ✓                                   |    |                   |
| Zep stainless steel cleaner | Doors<br>kick plate | ✓                                   |    |                   |
|                             |                     |                                     |    |                   |
|                             |                     |                                     |    |                   |
|                             |                     |                                     |    |                   |
|                             |                     |                                     |    |                   |
|                             |                     |                                     |    |                   |
|                             |                     |                                     |    |                   |
|                             |                     |                                     |    |                   |
|                             |                     |                                     |    |                   |
|                             |                     |                                     |    |                   |
|                             |                     |                                     |    |                   |



## Contractor Experience & References

The Contractor is encouraged to submit the information requested below with their proposal. If the information is not provided with the bid and the Contractor has the low bid, LFUCG will contact the Contractor and give a 24 hour notification to provide the information. **If the information is not received by the end of the 24 hour period, the bid will be rejected.** Please attach additional sheets as necessary.

1. Years the company has been in business as a custodial service:

\_\_\_\_\_ 11 \_\_\_\_\_ year(s)

2. List jobs of comparable size to this contract which your company has held within the past 5 years. Please include a contact person and a phone number.

Streets & Roads  
Business Name

L.F.U.C.G Ersula Killens  
Contact Information (Name & Phone) (859) 425-2803

waste management  
Business Name

L.F.U.C.G Ersula Killens  
Contact Information (Name & Phone)

Recycle  
Business Name

\_\_\_\_\_  
Contact Information (Name & Phone)

3. Please provide a list of current contracts and number of hours required per day.

Day Treatment  
Business Name

L.F.U.C.G (859) 425-2803 5-1  
Contact Information (Name & Phone) No. of hours per day

Recycle center  
Business Name

L.F.U.C.G (859) 425 2803 5-1  
Contact Information (Name & Phone) No. of hours per day

waste management  
Business Name

L.F.U.C.G 5-1  
Contact Information (Name & Phone) No. of hours per day

Phoenix Bid  
Business Name

L.F.U.C.G 5-1  
Contact Information (Name & Phone) No. of hours per day

4. Annual volume of business by dollars and square footage:

\$ \_\_\_\_\_ sq. ft.