Cost Sheet
RFP#: 127693 O5
Lincoln Regional Center Janitorial Services
State of Nebraska, Department of Health and Human Services

Bidder Name:_____

Important Instructions: Bidders must complete all fields highlighted in yellow. Do not alter the existing format or content within this Cost Sheet. Prices quoted shall be net, including transportation and delivery charges fully prepaid by the bidder, F.O.B. destination named in the Solicitation. No additional charges will be allowed for packing, packages, or partial delivery costs. **Important:** In case of a mathematical error in extension of price, unit price shall govern.

The prices indicated in **Part I** below shall reflect all applicable fees necessary to perform the project description and scope of work as outlined in section (V) of the Request for Proposal (RFP) document and any related attachments and/or documents.

Only **Part I - Initial Contract Period Total Cost** will be used for evaluating the proposal. Part II Optional services must be filled out though.

During the contracted years, the vendor shall accommodate requests from DHHS for any necessary optional cleaning services necessary to comply with any State statutory or regulatory requirements.

(Note: All the invoices shall be paid on monthly basis)

Part I – Initial Contract Period

Location	**Square feet (sq ft)**	**Unit Price** (Monthly Base Price per Square foot)	**Number of Months**	**Extended Price** (Square feet x Unit Price x Number of months)
Year 1		$	12	$
Year 2		$	12	$
Year 3		$	12	$
Year 4		$	12	$
		Part I – Initial Contract Period Total Cost		$

Part II- Optional Services

(Do **not** include these amounts in the **Initial Contract Period Total Cost** associated with Part I)

Work may be needed that was not originally delineated in this RFP but considered within the scope of work. This additional work may stem from legislative mandates not otherwise addressed in this RFP or known at the time this RFP was issued. If additional work is needed, the Vendor must submit a detailed Scope of Work and detailed pricing to include items such as, but not limited to total square feet, number of hours, and due dates/deliverables for DHHS review and approval.

OPTIONAL SERVICES	
	Lincoln Regional Center
Cost per square foot for extracting/ shampooing carpet	$_____/SQ FT
Cost per square foot for strip waxing, waxing, and refinish hard surface floors	$_____/SQ FT
Emergency On-Call Hourly Rate (Please reference Section V. I)	$_____/HR
Hourly rate for performing work not noted in RFP	$_____/HR
Cost per square foot for Additional Facility - inclusive of Scope of Work requirements	$_____/SQ FT

Company Name/Bidder Signature: _____