**ANNEX B**

**PRICING FORM**

**Company Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Monthly Bid**

Having examined the RFQ solicitation documents, we offer to undertake the whole of the said works as stated below.

**SCHEDULE OF RATES**

All rates and prices (in Bermuda dollars) in the schedule are to be inclusive of materials and related accessories, placement, overhead and profit. These rates shall be used for determining additions and deletions from the contract sum. Provide the total monthly cost for providing cleaning and sanitization services and vendor-supplied consumables at each clinical location. The above pricing includes all labour, materials, products, equipment, service overheads, disbursements and related charges.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **All Areas and Tasks Identified in the Scope of Work for the Following Sites** | **Monthly Labour Costs (L)** | **Monthly Material Costs (M)** | | **Total Monthly Site Costs (L+M)** | **Annual Site Cost** |
| 1. Hamilton Health Center and Annex - 67 Victoria Street | $ | $ | | $ | $ |
| 1. Warwick Clinic – 68 Middle Road, Warwick | $ | $ | | $ | $ |
| 1. Mangrove Bay Clinic, The Armoury, 55 Mangrove Bay Road, Sandys (upon completion of renovations) | $ | $ | | $ | $ |
| 1. Police Clinic 10 HQ Hill, Prospect, Devonshire. | $ | $ | | $ | $ |
| 1. The Hamilton Health Center and Annex will require a dedicated staff member (Hamilton Health Center Custodian) to be on-site during the work week | $ | $ | | $ | $ |
|  | | | **TOTAL ANNUAL BID** | | $ |

**LIST OF EQUIPMENT AND PRODUCTS PROVIDED WITH SERVICES**

(Please list all equipment and products that the contractor/service provider will provide)

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**Call-out rates (if needed)**

Rate Per hour for after regular hours or emergencies Call outs

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| --- | --- | --- | --- |
|  | **LABOUR COST FOR:** | **UNIT** | **COST** |
| 1 | Workman | per hour | $ |
| 2 | Supervisor | per hour | $ |
|  |  |  |  |

We understand you are not bound to accept any Bid you receive.

**DATED** this day of 2024

|  |  |
| --- | --- |
| **AUTHORIZED SIGNATORY:** |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Print Name** |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature** |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **in the capacity of** |  |