

BID NUMBER 2024-22
CLEANING SERVICES BID FORM

The Bidder Response Form must include all services described in Section 3.1 within the above RFP as well as any information added by an addenda. Be sure to include ALL services within this form.

COLE COUNTY EMS

Number of Hours per Day: _____ hours

Number of Staff Members per Day: _____ staff members

TOTAL MONTHLY FEE - \$ _____

OPTION – CLEANING EXTERIOR WINDOWS – ANNUALLY - \$ _____

Name of Company

Authorized Signature

Date