Cleaning Proposal





PROPOSAL FOR JANITORIAL SERVICES: PLEASE INDICATE DESIRED SERVICES AND THEIR FREQUENCY

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COMPANY NAME:ADDRESS:CONTACT:PHONE:EMAIL: | DAILY | 2X WEEKLY | 3X WEEKLY | WEEKLY | MONTHLY | 2X MONTHLY | QUARTERLY | BI-ANNUALLY | YEARLY |
| EMPTY WASTE BASKETS, RE-LINE, WASH AS NEEDED |  |  |  |  |  |  |  |  |  |
| DUST FURNITURE, POLISH AS NEEDED |  |  |  |  |  |  |  |  |  |
| LOBBY: DUST, SWEEP, MOP |  |  |  |  |  |  |  |  |  |
| DRINKING FOUNTAINS: CLEAN, SANITIZE, POLISH |  |  |  |  |  |  |  |  |  |
| ENTRY: DUST, SWEEP, MOP |  |  |  |  |  |  |  |  |  |
| CONFERENCE ROOM (S) |  |  |  |  |  |  |  |  |  |
| OVERHEAD, CEILINGS, FIXTURES: DUST |  |  |  |  |  |  |  |  |  |
| ENTRANCE GLASS DOORS |  |  |  |  |  |  |  |  |  |
| GLASS WINDOWS, DOORS: CLEAN |  |  |  |  |  |  |  |  |  |
| INTERIOR GLASS: WASH, SQUEEGEE, DRY |  |  |  |  |  |  |  |  |  |
| EXTERIOR GLASS: WASH, SQUEEGEE, DRY |  |  |  |  |  |  |  |  |  |
| EXTERIOR ENTRANCE: REMOVE DEBRIS, SWEEP |  |  |  |  |  |  |  |  |  |
| SIDEWALKS, REMOVE DEBRIS, SWEEP |  |  |  |  |  |  |  |  |  |
| PARKING LOT(S): REMOVE DEBRIS, SWEEP/ BLOW |  |  |  |  |  |  |  |  |  |
| LEDGES, SILLS, BASEBOARDS: DUST |  |  |  |  |  |  |  |  |  |
| LEDGES, SILLS, BASEBOARDS: SPOT CLEAN/ CLEAN |  |  |  |  |  |  |  |  |  |
| LIGHT SWITCHES, HANDLES, PUSH PLATES: CLEAN, POLISH |  |  |  |  |  |  |  |  |  |
| DOORS, WALLS, PARTITIONS: SPOT CLEAN |  |  |  |  |  |  |  |  |  |
| DOORS, WALLS, PARTITIONS: WASH |  |  |  |  |  |  |  |  |  |
| KICKPLATES, THRESHOLDS: CLEAN, POLISH |  |  |  |  |  |  |  |  |  |
| FLOOR MATS: VACUUM |  |  |  |  |  |  |  |  |  |
| MATS: REMOVE, CLEAN, REPLACE |  |  |  |  |  |  |  |  |  |
| CARPETS, RUGS: SPOT CLEAN |  |  |  |  |  |  |  |  |  |
| CARPETS, RUGS: STEAM CLEAN |  |  |  |  |  |  |  |  |  |
| UPHOLSTERED CHAIRS/ FURNITURE: VACUUM |  |  |  |  |  |  |  |  |  |
| UPHOLSTERED CHAIRS/ FURNITURE: STEAM CLEAN |  |  |  |  |  |  |  |  |  |
| LIGHTS, BULBS, FIXTURES: DUST |  |  |  |  |  |  |  |  |  |
| VENTS, LOUVERS, FANS, BLINDS: DUST |  |  |  |  |  |  |  |  |  |
| JANITOR’S STORAGE AREA: TIDY, SWEEP, RESTOCK |  |  |  |  |  |  |  |  |  |
| DESKS, TABLES, PHONES: CLEAN/ SANITIZE  |  |  |  |  |  |  |  |  |  |
| CLEAN/ SANITIZE BATHROOM, FIXTURES, GLASS |  |  |  |  |  |  |  |  |  |
| RESTOCK PAPER/ SOAP DISPENSERS |  |  |  |  |  |  |  |  |  |
| SWEEP, MOP/ SANITIZE BATHROOM FLOORS |  |  |  |  |  |  |  |  |  |
| CHAIRS, CLOCKS, PICTURES, WALL HANGINGS: DUST |  |  |  |  |  |  |  |  |  |
| MACHINE SCRUB BATHROOM FLOORS |  |  |  |  |  |  |  |  |  |
| SWEEP/ VACUUM HARD FLOORS |  |  |  |  |  |  |  |  |  |
| MACHINE SCRUB HARD FLOORS |  |  |  |  |  |  |  |  |  |
| STRIP/ WAX HARD FLOORS |  |  |  |  |  |  |  |  |  |
| SPECIALTY SERVICES: BUT CAN BE SCH |  |  |  |  |  |  |  |  |  |
| MOLD REMOVAL AND TREATMENT\* |  |  |  |  |  |  |  |  |  |
| ODOR REMOVAL: OZONE MACHINE\* |  |  |  |  |  |  |  |  |  |
| CLOGGED DRAINS\* |  |  |  |  |  |  |  |  |  |
| CEILING CLEANING\* |  |  |  |  |  |  |  |  |  |
| AWNING CLEANING\* |  |  |  |  |  |  |  |  |  |
| PRESSURE WASHING\* |  |  |  |  |  |  |  |  |  |
| REPAIRS/ REMODELS/ PAINTING\* |  |  |  |  |  |  |  |  |  |
| OTHER: |  |  |  |  |  |  |  |  |  |
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TERMS AND CONDITIONS

**CLEANING SUPPLIES TO PERFORM ALL SERVICES WILL BE SUPPLIED BY: MAID FOR THE BEACH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAPER PRODUCTS SUCH AS BATH TISSUE, HAND SOAP, KITCHEN SOAP, PAPER TOWELS, WILL BE PROVIDED AND STOCKED BY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***DATE SERVICE TO BEGIN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* tHIS OFFER OR AGREEMENT EXPIRES ON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***IN THE EVENT THIS AGREEMENT PROVES UNSASIFACTORY IT MAY BE TERMINATED BY A 30-DAY WRITTEN NOTICE BY EITHER PARTY***

***TOTAL COSTS OF SERVICES WILL BE $\_\_\_\_\_\_\_\_\_PER\_\_\_\_\_\_\_ pAYMENT TERMS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**BILLING NAME AND ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***ACCEPTANCE OF PROPOSAL***

**AUTHORIZED SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**pOSITION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**