

**Family Medicine Custodial Services  
Q&A Responses**

**If you had a question that is not answered below, please refer back to the RFP. There are some questions that the RFP did cover.**

**If it is not covered in the RFP, then we do not have a precedent or procedure for it at this time.**

Question: Under RFP Requirements, Attachment 6.4, Page 36, four locations are identified for bidding. To assist us in accurately estimating consumable usage, could you please provide the primary floor coverings (square ft of each) for each location as well as the approximate number of employees and daily patients occupying each facility? **Answers below:**

- There are 4 locations.

	Daily	Daily
Clinic	Staff	Patients
Bristol	40	80-100
Johnson City	35	80-100
Kingsport	30	50-90

- Floor plans will be sent as attachments – I do not have exact footage on the carpet. If you can read the information on the floor plans, it is on there. These are the only floor plans I have.

Question: Additionally, under the Technical Proposal and Evaluation Guide, Attachment 6.5, Pages 51–52, Sections A.3, A.4, and A.5 are noted as excluded and not included in the RFP. Can you confirm whether there are any additional questions or narrative responses required for these sections? **Answer, Only A.1, A.2, A.6, A.7 are required.**

Question: Regarding Attachment 6.6, Cost Proposal Schedule, Page 57, it appears that annual pricing is requested for an annual term for a 5-year period of time, broken out on an à la carte basis. Should a separate cost proposal be completed for each individual location, as well as a consolidated cost proposal covering all locations? Furthermore, on Page 60, titled “Cost Sheet 2,” only three locations are listed, whereas “Cost Sheet 1” includes four locations. Please advise on how you would like this addressed. **Answer, Cost Sheet 2 should include Johnson City (5,168 sq ft) location (the support clinic). Cost proposal pages 57-60, first part is requesting a line-item cost as requested in the bid document. Then you have two additional cost sheets that request cost per square foot for all four locations.**

1. Will routine custodial services be required on recognized holidays and/or during ETSU scheduled closures, or will services be suspended on those days **Answer: Clinics will have some Holidays. A list can be provided when contract is awarded.**
2. For “emergency staffing,” what are the expected coverage parameters (Monday–Sunday, response time, minimum staffing)
3. Over the past five (5) years, approximately how many times has emergency staffing been activated (by location, if available) **Answer: I am unaware of any requirement for emergency reasons over the past 4 years.**
4. Are there any special/seasonal services expected that are not specifically listed in the RFP
5. Please confirm what is considered daily cleaning vs. periodic services (semi-annual/annual), and whether there is a defined threshold (“below X feet included daily”)
6. Are there any areas excluded from “cleanable square footage” (interior windows, exterior windows, mechanical rooms, IT rooms, storage, secured clinical areas) **Answer: Mechanical rooms, biohazard storage, IT rooms do not have to be serviced.**
7. Does the “cleanable square footage” include any exterior contracted areas (covered entries, sidewalks, patios, etc.), or are those excluded?
8. Can ETSU provide building layout overviews/floor plans (or a space summary by location)
9. Please provide the total number of restrooms by location, including:
  - Number of fixtures (toilets/urinals/sinks)
  - Gender breakdown
  - Any specialty/clinical restroom types”

**10.** Please provide the number of elevators at each location requiring custodial servicing.  
**Answer: Kingsport is the only clinic that has an elevator**

**11.** Will any special equipment be required for cleaning above 10 feet (lifts, scaffolds)  
**Answer: Special equipment such as lifts, etc. should not be required.**

**12.** Please confirm whether window cleaning includes interior, exterior, or both. **Answer: At this time vendor is only responsible for cleaning the interior windows and glass.**

**13.** What is the total window square footage by location (or by building), and what is the cleanable window square footage per building

**14.** Are there any special access constraints for window cleaning (high glass, patient privacy restrictions, etc.)

15. Please describe the monitoring/performance metrics used to evaluate compliance (inspections, checklists, frequency, scoring)
16. Regarding service deductions: what are the defined service units/milestones, the deduction amounts, and is there a maximum cap per month/occurrence
17. What staffing levels and shifts are currently used to support these locations (total headcount and schedule pattern, by location if available)
18. What is the expected lead time for badges/keys/access credentials for a newly onboarded contractor. **Answer: We will make arrangements prior to the start of the contract to received key cards with each clinic.**
19. Are there background checks, security requirements, or access restrictions for contractor personnel (clinical areas, after-hours access, etc.)
20. Are there established systems/procedures for reporting maintenance issues (work order platform), and what is the expected contractor role in reporting (notify only vs. initiate tickets) **Answer: Cleaning staff can leave notes for clinic staff. Location and who to leave the note for will be discussed during walkthrough and key pick up.**
21. Are vendors responsible for battery replacement for any potential automated restroom dispensers/receptacles? If so, what battery type and approximate quantity **Answer: If vendor installs an automatic dispenser, vendor will be responsible for replacing batteries.**
22. Who will serve as the primary ETSU point of contact for daily coordination and quality oversight (title/role)
23. Is contractor parking available? Any assigned parking or costs/fees (current or forecasted) **Answer: Cleaning is done after hours so there is no assigned parking. We have no parking fees**
24. Are there any "special" restricted/approved cleaning agents, tools, or methods required for clinical/medical spaces
25. Are there designated secure storage areas at each location for consumables and equipment
26. Are any specified break areas available for custodial personnel. **Answer: Staff should not be working enough hours in the clinics to require a break. If for some reason a break is needed, they may use the kitchen area and clean up after themselves.**
27. Please confirm the waste approach by each location:
  - Are dumpsters/compactors provided on-site
  - Who is responsible for arranging service and pickup

What is the current pickup schedule (trash/recycling)" **Answer: Each clinic has a dumpster. Clinics do not have a recycling program. Some may be recycling on their own but cleaning staff is not responsible to handle recycling.**

**28.** Are there any known unusual closures that occur (weather, protests, etc.) **Answer:** **ETSU and its clinics do experience closures due to weather occasionally. Center Managers or a staff member should inform cleaning staff.**

**29.** Are there any known unusual circumstances that will require 24-hour coverage of services

**30.** Are special events held at the facilities? If so, approximately how many per year and do they trigger additional cleaning requirements

**31.** Is any specified software/technology required or currently used for inspections, reporting, timekeeping, or work orders that the contractor must interface with

**32.** Will any office space be provided for contractor use. **Answer:** **Vendor should not need any office space.**

**33.** Will onsite laundry machines be available, or is there a location where the contractor may install laundry equipment (if desired). **Answer:** **There are no laundry facilities on site**

**34.** After proposal submission, will ETSU conduct discussions/negotiations (e.g., best-and-final), or will award be made based on initial proposals. **Answer:** **Addressed in RFP Document.**

**35.** Is ETSU able to provide a budget estimate or not-to-exceed range for planning purposes (If not, please confirm)

**36.** When does the current custodial contract end (and what is the anticipated transition/start date for the new contractor)

**37.** Will it be acceptable for contractor to take photos during internal inspections, walkthroughs, quality audits for the purpose of quality performance and documentation. **Answer:** **No digital media including pictures or video are allowed in the clinics.**

**38.** Please confirm whether the contractor will be responsible for the removal, transport and disposal of regulated medical waste and sharps container, or if these services are managed by a third party. **Answer:** **Biowaste handled by clinic staff.**

**39.** If the contractor is responsible for any portion of medical waste handling, please clarify the scope of responsibility

Question: Can you please confirm if submittal by email will be acceptable? **Answer,** **You can submit questions to me via email. The proposal must be submitted in paper with a usb drive with pdf copy, please review bid documents for exact instructions**

Question: There might be an error on the RFP. I noticed on page 51-52 of the RFP that sections 6.5A.3. - 6.5A.5. are missing. I only noticed because those sections are listed as required on attachment 6.11. Are these sections required or have they been excluded? **Answer,** **They have been removed, but thanks for checking. Only A.1, A.2, A.6. A.7.**

1. Will we receive an itemized list of paper products, soaps, sanitizers, etc. needed for each building (brand names, amount needed, etc)? **Answer: There are no specific brands required. The only specific requirement is that the hand soap be foaming soap and not leak out the dispenser. I have been told JC is purchasing theirs but this will stop with the new contract.**
2. Can you provide floor plans with the areas covered in carpet highlighted? **Answer: See floorplans.**
3. How many exterior windows are at each facility that we are responsible for? **Answer: See floorplans.**
4. What is our involvement with each biohazard room? Are we required to remove biohazardous waste in those rooms? If so, are there ETSU procedures we need to follow? **Answer: Biohazard is handled by clinic staff.**
5. Are there any areas in each facility that we are required to stay out of? **Answer: Not at this time. Each clinic can inform you/staff of any changes.**
6. How do you facilitate assets/keys to the winning bidder? **Answer: A supervisor and the staff member should make appointment with each clinic manager to get the key and do a walkthrough of the building.**
7. Can you describe the transition process from the existing team to the winning bidder?
8. Can prior vendor staffing hours be shared?
9. Are there alarm or access procedures we must follow? **Answer: Each clinic has their own procedure. Please ensure to get that information when the supervisor and employee pick up the keys.**
10. Will ETSU perform audits or inspections? **Answer: Reference RFP documents, covered there.**
11. Are there incentives or penalties for performance?
12. What is the average daily patient count (or overall foot traffic) for each facility?
13. What training (if any) do you require? **Answer: A supervisor and staff member should make themselves familiar with the clinic when they pick up the keys. If more than one walkthrough is needed, just make arrangements with each clinic manager.**
14. Are there any intangibles that you look for in successful cleaning partners (outside of cost)? **Answer: We would like a company that has a professional appearance, employees that arrive to work on time and good communication between staff and ETSU FM staff.**
15. Are there any areas that the existing cleaning provider overlooks? **Answer: Adhering to the daily, weekly, monthly and yearly schedule**
16. Are there any areas or buildings where you'd like more attention to detail than what is currently being provided? **Answer: We are in the medical profession. Cleanliness and sanitary conditions are imperative**

**ETSU Family Medicine Janitorial Bid Notes**

1. Soap and paper products need to be replaced regularly. We are a medical clinic and ½ a roll of paper towels will not last through a day in most cases. Soap dispensers should be filled everyday unless they are full.
2. Mopping and vacuuming is to be done daily per Exhibit A. Carpet cleaning is to be done every 6 months (make arrangements with clinic)
3. Waste containers should be emptied daily. We do not have recycling at all the clinics so magazines and small card board items may be thrown away in the regular trash.
4. Cleaning staff should be pro-active on cleaning and ensure everything is clean. High dusting is supposed to be done once a week per the exhibit. If a vent is dirty in between that time, it is expected that it be cleaned. Certain times of the year make more moisture in some of our clinics which causes vents and window frames that might need to be wiped down before the scheduled time.
5. Polishing and waxing of the floors is to be done twice a year at Kingsport and Bristol. Flooring could change when the buildings are renovated and someone will notify the vendor of the proper cleaning procedures. Please be careful around the exam tables and remove exam room chairs before starting the process and ensure floor is dry before returning them.
6. There are no specific brands of cleaning items required. We only ask that the hand soap refills are filled with foaming soap and that the product does not leak out the soap dispenser. Please keep in mind that we are a medical clinic and sanitization is key.