

**YEAR ONE
Bid Pricing Sheet**

| Description | Qty | Unit Price | Total Cost |
|--|------------|-------------------|-------------------|
| Monthly Elevator Inspection & Maintenance (See Note 1) | 3 | \$ | \$ |
| Cleaning of Hoist Ways, Car Top, and Pit (See Note 2) | 3 | \$ | \$ |
| Total Inspection & Maintenance Costs | | | \$ |

Note 1: The Contractor shall perform a regular examination of all major equipment involved in the safe and routine operation of three (3) elevators once a month. The monthly scope of work shall include the labor necessary for the making of one examination Monthly of the elevator(s) equipment, including cleaning and oiling machine, motor, interlocks, and controller; greasing or oiling of guides, and minor adjustments disclosed as reasonably necessary at the time of the regular examinations. The Contractor shall furnish lubricants and hydraulic fluid as required.

The Contractor shall be expected to make minor replacement, repairs, adjustments, and lubrications immediately upon discovering the problem without necessitating another service call.

Note 2: In the month immediately prior to the annual elevator safety inspection performed by the Department of Public Safety Division of Inspection the vendor shall clean down each elevator’s hoist way, car top, and pit. This service shall be scheduled in coordination with the Authority.

| Description of Other Costs | Specify Corresponding Hours for Each Rate | Elevator Repair & Maintenance Rates |
|---|--|--|
| Standard Hourly Rate (See Note 3) | 7:30 A.M. through 4:00 P.M. Monday through Friday | \$ |
| Overtime Hourly Rate | | \$ |
| Weekend Hourly Rate | | \$ |
| Holiday Hourly Rate | | \$ |

Note 3: The standard working hours of the Authority are 7:30 A.M. through 4:00 P.M., Monday through Friday.

The Contractor will schedule each Annual State Inspection to take place during normal business hours and provide personnel to run the elevator. The Taunton Housing Authority will provide fire alarm personnel when needed.

| | |
|--------------------------------------|---------|
| Supply/Parts Mark Up (See Note 4) | _____ % |
|--------------------------------------|---------|

Note 4: If conditions warrant repair or replacement of equipment/parts, it shall be done at applicable hourly rate plus cost of equipment/parts. Cost of equipment/parts shall be actual cost of equipment plus Supply/Parts Mark Up from attached Bid Pricing Sheet:

By signing and submitting the Year One Bid Pricing Sheet you are indicating that your company is licensed and capable of performing the required work. In addition, you are stipulating that your company is available to perform on a twenty-four hour, 365 days a year, emergency basis.

Company Name: _____

Address: _____

Signature of Company Official: _____

Printed Name of Company Official: _____

Title of Company Official: _____

Phone Number: _____

E-Mail: _____

Date: _____