



**SUPPLEMENTAL CUSTODIAL SERVICES QUOTE FORM  
SPECIAL PROJECTS**

**The Contractor shall provide no services until the Board obtains and verifies the required clearance and the Board issues a Purchase Order. Any Contractor that fails to comply with these requirements will be found in default of their Contract. Contract cancellation will be at the sole discretion of the District.**

Quote Date: \_\_\_\_\_ DTC # \_\_\_\_\_ Site: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Dates of Service: Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

List description of buildings or areas to be cleaned below.

Total # of Custodians: \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Total Project Cost \$ \_\_\_\_\_

Type of Service (if applicable):  Hard Floor Stripping and Waxing total sq. ft. \_\_\_\_\_

Carpet Deep Cleaning total sq. ft. \_\_\_\_\_

\$ \_\_\_\_\_ sq. ft rate X \_\_\_\_\_ total sq. ft = Total Project Cost \$ \_\_\_\_\_

***All invoices must be submitted after services have been provided with non-recurring/unique invoice numbers.***

Invoices based on hourly rates shall include timesheets containing the dates and hours worked and any other documentation supporting the hours billed (such as sign-in and out sheets). The invoice or supporting documentation (such as timesheets) must be signed by the Board's on-site personnel (Administrator, Principal, Assistant Principal, Teacher, or School Office Staff) with direct knowledge of whether services were delivered. Invoices for fixed fees shall include details of the services performed and any supporting documentation

\_\_\_\_\_  
*Contractor's Signature*

\_\_\_\_\_  
*Site Administrator's Signature*



## SUPPLEMENTAL CUSTODIAL SERVICES CONTRACTOR STAFF VERIFICATION

**Contractor Name:** \_\_\_\_\_ **LCS Site:** \_\_\_\_\_

All Contractor Staff providing services on-site at a Board location must obtain a Level II background check through the LCS Safety & Security Fingerprint Office at the Contractor's expense.

All Contractor Staff providing services must be listed below and are the only individuals authorized to perform services at this LCS Site. The Contractor must send any request for revisions to the below-listed contractor staff to the Board's purchasing office at: [purchasing@leonschools.net](mailto:purchasing@leonschools.net) and must receive written authorization before any change can be made to the listed individuals below.

### ASSIGNED STAFF:

1	<i>Legal First Name</i>	<i>Legal Last Name</i>	<i>Phone Number</i>	<i>SSN (last 4)</i>	<i>Level II Verified</i>
	<b>Work Schedule:</b> Start Time: _____ <input type="radio"/> AM / <input type="radio"/> PM	End Time: _____ <input type="radio"/> AM / <input type="radio"/> PM			
2	<i>Legal First Name</i>	<i>Legal Last Name</i>	<i>Phone Number</i>	<i>SSN (last 4)</i>	<i>Level II Verified</i>
	<b>Work Schedule:</b> Start Time: _____ <input type="radio"/> AM / <input type="radio"/> PM	End Time: _____ <input type="radio"/> AM / <input type="radio"/> PM			
3	<i>Legal First Name</i>	<i>Legal Last Name</i>	<i>Phone Number</i>	<i>SSN (last 4)</i>	<i>Level II Verified</i>
	<b>Work Schedule:</b> Start Time: _____ <input type="radio"/> AM / <input type="radio"/> PM	End Time: _____ <input type="radio"/> AM / <input type="radio"/> PM			
4	<i>Legal First Name</i>	<i>Legal Last Name</i>	<i>Phone Number</i>	<i>SSN (last 4)</i>	<i>Level II Verified</i>
	<b>Work Schedule:</b> Start Time: _____ <input type="radio"/> AM / <input type="radio"/> PM	End Time: _____ <input type="radio"/> AM / <input type="radio"/> PM			
5	<i>Legal First Name</i>	<i>Legal Last Name</i>	<i>Phone Number</i>	<i>SSN (last 4)</i>	<i>Level II Verified</i>
	<b>Work Schedule:</b> Start Time: _____ <input type="radio"/> AM / <input type="radio"/> PM	End Time: _____ <input type="radio"/> AM / <input type="radio"/> PM			

### ALTERNATE STAFF:

1	<i>Legal First Name</i>	<i>Legal Last Name</i>	<i>Phone Number</i>	<i>SSN (last 4)</i>	<i>Level II Verified</i>
	<b>Work Schedule:</b> Start Time: _____ <input type="radio"/> AM / <input type="radio"/> PM	End Time: _____ <input type="radio"/> AM / <input type="radio"/> PM			
2	<i>Legal First Name</i>	<i>Legal Last Name</i>	<i>Phone Number</i>	<i>SSN (last 4)</i>	<i>Level II Verified</i>
	<b>Work Schedule:</b> Start Time: _____ <input type="radio"/> AM / <input type="radio"/> PM	End Time: _____ <input type="radio"/> AM / <input type="radio"/> PM			