



## **REQUEST FOR BID (RFB)**

### **Cleaning Services**

#### **Platte County Board of Services for the Developmentally Disabled**

**Issue Date:** March 2<sup>nd</sup>, 2026

**Bid Due Date:** March 13<sup>th</sup>, 2026

## **1. Organization Overview**

Platte County Board of Services for the Developmentally Disabled (PCBS) is seeking qualified and experienced cleaning contractor to provide janitorial and sanitation services for:

- **Administrative Office Building**
- **Day Habilitation Program Facility serving individuals with Intellectual and Developmental Disabilities (IDD)**

## **2. Scope of Work**

The contractor shall provide all labor, supervision, equipment, and supplies necessary to maintain a clean, sanitary, and safe environment.

### **A. Office Building Cleaning Services**

### **B. Day Program Facility Cleaning Services**

**Frequency:** The selected contractor will need to service agreed upon areas as scheduled five (5) times per week when the facility is closed.

### **CLEANING SCHEDULE**

- **NAMED AREAS:**
  - Lobby, Conference, Meeting Room
  - Restrooms
  - Kitchenette/Breakroom
  - Halls
  - Stairwells
  - Elevator

## **Nightly Cleaning**

### **A. Lobby, Conference, Meeting Room**

1. All trash receptacles are to be emptied, and trash removed to a collection point.  
(Liners to be furnished by client.)
2. Vacuum all carpeting.
3. Clean and polish drinking fountain(s)/ water coolers.
4. Thoroughly dust all horizontal surfaces, including desktops, files, windowsills, chairs, tables, pictures and all manner of furnishings in above Named Areas.
5. Damp wipe all horizontal surfaces to remove coffee rings and spillage as needed.
6. Dust common area telephones.
7. Dust mop hard surface floors with a treated dust mop, remove gum, etc. as needed.
8. Damp mop hard surface floors.
9. Damp wipe entrance metal and fingerprints on entrance glass.
10. Spot clean partition glass.

### **B. Restrooms**

1. Stock towels, tissue and hand soap. (To be furnished by client.)
2. Empty sanitary napkin receptacles and wipe with a disinfectant.
3. Empty trash receptacles and damp wipe with disinfectant.
4. Dust partitions, vents, tops of mirrors and frames.
5. Wipe towel cabinet covers and cabinets.
6. Toilets and urinals to be cleaned and sanitized inside and outside. Polish bright work.
7. Toilet seats to be cleaned on both sides using a disinfectant.
8. Scour and sanitize all basins. Polish bright work.
9. Clean and polish mirrors.
10. Remove splash marks from walls around basins.



11. Wet mop and rinse restroom floors with a disinfectant.
12. Clean and sanitize shower.

C. Kitchenettes

1. All trash receptacles are to be emptied and trash removed to a collection area.  
(Liners supplied by client.)
2. Dust mop hard surface floors with a treated dust mop.
3. Damp mop hard surface floors to remove spillage or soiled areas.
4. Clean microwave(s) (interior and exterior).
5. Damp wipe counter tops to remove coffee rings and spillage.
6. Scour and sanitize sink. Polish brightwork.

D. Halls

1. Dump all trash cans and pick up debris, then remove them to a collection point.
2. Dust mop all hard surface floors with a treated dust mop.
3. Damp mop hard surface floors.
4. Vacuum all carpeting.

E. Stairwells

1. Remove trash to collection point.
2. Dust handrails. (Front Stairwell Nightly, Back Stairwell Weekly)
3. Dust and wet mop landings and stairs. (Front Stairwell Nightly, Back Stairwell Weekly)

F. Elevator

1. Police for trash or debris and remove to a collection point.
2. Dust mop hard surface floors with a treated dust mop.
3. Damp mop hard surface floors to remove spillage or soiled areas.
4. Polish all elevator metal, brass and tracks.
5. Damp wipe interior of elevators including side panels and handrails.

**Weekly Cleaning**

A. All Named Areas



1. Dust all vertical surfaces of desks, file cabinets, chairs, tables and other office furniture.
2. Thoroughly vacuum all carpeting, taking care to get into corners, along edges and beneath furniture.
3. Thoroughly damp mop hard surface floors, taking care to get into corners, along edges and beneath furniture.

### **Monthly Cleaning**

#### **A. All Named Areas**

1. Accomplish all high dusting not reached in the above-mentioned cleaning.
2. Top scrub and refinish all vinyl tile floor covering.
3. Remove fingerprints and marks from around light switches and doorframes.
4. Vacuum all upholstered furniture.
5. Damp wipe telephones, using disinfectant.

### **Other Services**

- #### **A. Defective or inoperable building equipment shall be brought to the attention of PCBS such as:**
1. Leakage or problem plumbing.
  2. Defective lights or lighting.
  3. Doors and/or gates are not properly secured.
  4. Report any other unusual circumstances such that might affect the security, maintenance or effectiveness of the facility.

### 3. Facility Details

Service location: 7900 NW 106<sup>th</sup> Street, Kansas City MO, 64153

Site visits may be scheduled upon request.

PCBS has a tax-exempt status.

#### **Office Building:**

- 2<sup>nd</sup> floor of building, approx. 10,400 sq ft
- Number of Restrooms: 2
- Number of Conference Rooms: 2

#### **Day Program Space, Lobby, Dock Area:**

- 1<sup>st</sup> floor of building, approx. 10,400 sq ft
- Number of Activity Rooms: 2
- Number of Restrooms: 1 large restroom w/shower room in day program space and 2 lobby restrooms

### 4. Contractor Qualifications

Bidders must:

- Be licensed and insured (provide proof of general liability and workers' compensation)
- Have experience cleaning healthcare, educational, or human service facilities
- Pass background checks for staff assigned to the site
- Provide at least three professional references
- Disclosure of any conflict of interest. PCBS is a Missouri Senate Bill 40 board which requires bidders to disclose if any company officer is related to a PCBS board member or employee.
- Demonstrate knowledge of cleaning protocols for vulnerable populations
- Provide a supervision and quality control plan

## **5. Pricing Proposal**

Bidders must provide:

- Separate pricing for Office Building and Day Program Facility
- Breakdown of monthly cost
- List of supplies included/excluded
- Pricing for additional services (floor stripping/waxing, carpet cleaning, deep cleaning, etc.)
- Contract term pricing (1-year)

## **6. Contract Term**

Proposed contract term: 1 Year

Start Date: April 6<sup>th</sup>, 2026

## **7. Submission Requirements**

Submitted proposals should include:

1. Company profile and experience
2. Proof of insurance
3. Staffing plan
4. Cleaning schedule
5. Pricing proposal
6. References
7. Signed acknowledgment of scope
8. Termination Clause that includes both parties have the ability to terminate the contract with a 30-day notice.



**Submit bids to:**

Chad Sinnwell  
Director of Compliance & System Security  
chad.sinnwell@pcbsdd.org  
7900 NW 106<sup>th</sup> Street  
Kansas City MO, 64153

**Deadline:** 4 pm on March 13<sup>th</sup>, 2026

Late submissions will not be considered.

**8. Evaluation Criteria**

Proposals will be evaluated based on:

- Relevant experience
- Cost competitiveness
- Understanding of IDD service environment
- Quality assurance process
- References

Platte County Board of Services reserves the right to reject any or all bids.



**Statement of Work Acknowledgment**

By signing below, the undersigned certifies that they have reviewed and understand the Scope of Work outlined in this Request for Bid (RFB), including all cleaning and sanitation requirements for both the Administrative Office Building and the Day Habilitation Program Facility.

The bidder acknowledges that:

- They have carefully examined the scope, requirements, and facility details.
- They have had the opportunity to request clarification.
- They agree to provide services in accordance with the specifications described.
- All pricing submitted reflects the full scope of work unless otherwise clearly noted in the proposal.
- They will comply with all applicable federal, state, and local regulations.

The bidder further certifies that the information contained in their proposal is accurate and complete.

**Authorized Signature**

Company Name: \_\_\_\_\_

Authorized Representative Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_