DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
Business Services Section
Contract Services Unit
P.O. Box 942898
Sacramento, CA 94298-0001
(916) 843-3610
(800) 735-2929 (TT/TDD)
(800) 735-2922 (Voice)

June 18, 2026

TO ALL PROSPECTIVE BIDDERS:

Re: IFB 26C725000
ADDENDUM #2

Attachment 2 – Bid Form has been replaced in its entirety. (2 pages)

All conditions not affected by this addendum remain unchanged.

END OF ADDENDUM #1

Enclosures: none

Thank you,
Lisa Johnson
Contract Analyst

Bid Form

Name of Bidding Firm *(Legal name as it will appear on the Agreement)*

Mailing address	City	State	Zip Code

Telephone number ( )	Fax number ( )	Email address *(If applicable)*

Name of Contact Person	Telephone number *(If different from above)* ( )

Janitorial DIR Registration #

Note: The initial agreement will be written for a term of twelve (12) months with one (1) one year option to extend. In the event CHP elects to extend the Agreement for the optional year(s), an amendment shall be executed utilizing the existing rates currently proposed on this cost sheet for Contractors with no employees, or the current CalHR rates in effect at the time of the optional extension.

Submitted hereon is the bid rate to provide Janitorial Services per the specifications of this IFB. Bidder shall provide rate(s) in clear, legible figures in the spaces provided. Failure to provide the required rates shall be cause for rejection of your bid.

Any modification to this bid form shall render your bid non-responsive.

Contractor agrees to provide all transportation, personnel, labor, equipment (including, but not limited to brooms, buffers, and mops), operating expenses, travel costs, fingerprint-based state and federal criminal records check fees/cost, annual inflation cost/rate adjustments, profit margin, and all other equipment required to perform all work as described in this Agreement.

1. _____ X 65 X _____ = $_____
   Hourly Rate***** ($16.31 minimum Janitorial Rate) | **number of hours per month per janitor** | **number of janitors** | **TOTAL LABOR PER MONTH**

2. $15.51 per hour* X 65 X _____ = $_____
   Blended Benefit Rate***** | **number of hours per month per janitor** | **number of janitors** | **TOTAL BENEFIT PER MONTH**

3. Administrative Overhead/Indirect Costs******* $ _____

4. Total <u>monthly</u> cost (total of items 1 through 4) $ _____
   (BASIS OF AWARD)

The bidder further certifies that the requirements of GC Section 19134 relative to employee benefits will be met by providing

Check one: _____ **No Employees**
_____ **Employee Benefits to Covered Employees**
_____ **Cash Payments to Covered Employees**
_____ **Combination of Employee Benefits and Cash Payments to Covered Employees**

* These rates are subject to change during the term of the agreement. Should these state rates change during the term of the agreement, the agreement will be amended to reflect the current CalHR rates, which will go into effect the beginning of the optional extended year.

*** Includes operating expenses, annual inflation cost/rate adjustments, profit margin, and other items required to perform all work for janitorial services as per attached Scope of Work.

Bidding Preferences Claimed (Check only the preferences claimed)

☐ Certified small business or micro business preference **Certification #**_____

☐ Non-small business subcontractor preference (See Attachment 3A for details) **Certification #**_____

☐ Certified DVBE or DVBE Incentive (See Attachment 4 for details) **Certification #**_____

Bidder Acknowledgment/Certification

The bidder hereby certifies that the materials submitted in response to this bid request and the price(s)/rate(s) offered on this Bid Form are true and accurate to the best of the bidder's knowledge.

The bidder understands that its bid response will become a public document and will be open to public inspection.

The bidder agrees that the price(s)/rate(s) offered herein shall remain in effect until CHP awards the agreement and throughout the duration of the agreement. Any cost over-runs or increases in services, if allowed, shall be billed at the price(s)/rate(s) stated for the appropriate budget period. Agreement extensions, if any, shall be billed at the price(s)/rate(s) stated for the last budget period/year if more than one budget period/year is shown.

The bidder understands that the above bid rate(s) must include all of the bidders costs including operating expenses, labor, service call charges, diagnostic fees/estimates, transportation/travel costs, mileage or per diem expenses, equipment costs, supplies, annual inflation costs/rate adjustments, profit margin, etc. By submitting this Bid Form the bidder hereby claims its willingness to certify to and comply with all requirements and terms and conditions cited in this bid and any attachment thereto.

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective proposer/bidder to the requirements of this bid document. This certification is made under the laws of the State of California.

Bidder's signature	Date
Printed/typed name	Title