



April 10<sup>th</sup>, 2020

Jessica J. Chavez, CPO  
City of Santa Fe  
200 Lincoln Ave. #122  
Santa Fe, NM 87501

Dear Jessica,

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It is an honor to submit a proposal to serve The City of Santa Fe.

SMI Facility Services has been the leading facility cleaning service provider in the Southwest for over 27 years.

We provide services to over 300 municipal, commercial, industrial, medical and educational sites throughout the state of New Mexico, Texas and surrounding areas. We provide exceptional cleaning, day porter services, night cleaning, floor and carpet care, landscape maintenance, power washing and more.

We have based this proposal on our understanding of your needs and objectives as described in your ITB.

If you have any questions, or if it needs to be revised to better serve your needs, please do not hesitate to call me.

SMI looks forward to adding City of Santa Fe to our current portfolio of happy customers. Thank you for your consideration and I look forward to your favorable response.

Respectfully submitted,

*Steve Garcia*

VP/GM

- LUNCH AND BREAK ROOMS: Area should be neat, clean and free from accumulated litter and soilage at all times. There should be no trace of spills or other types of soilage. Floor surfaces should be shiny and polished. Carpeted areas should be free from spills and accumulated soilage. Eating surfaces should be sanitized.
- AUDITORIUMS: Auditorium's should appear neat, clean and free from any litter or soilage. These areas should be ready for use and activity at any time. All carpeted areas and upholstered furniture should be free from soilage, spills and other debris.
- SHOWER ROOMS: All shower facilities should appear neat, clean and free from litter and soilage. All surfaces should be clean and sanitized.
- OFFICES: Office areas should appear neat, clean, and free from accumulated litter and soilage.

**On Call Janitorial Services Hourly Rates and Costs for Material and Equipment**

**CUSTODIAN-SUPERVISOR:**

- Custodian Supervisor Regular Hourly Rate: \$ 29.59 (per hour)
- Custodian Supervisor Overtime Hourly Rate: \$ 41.22 (per hour)
- Custodian Supervisor Holiday Hourly Rate: \$ 41.22 (per hour)

**CUSTODIAN-LEAD:**

- Lead Custodian Regular Hourly Rate: \$ 28.33 (per hour)
- Lead Custodian Overtime Rate: \$ 39.49 (per hour)
- Lead Custodian Holiday Hourly Rate: \$ 39.49 (per hour)

**CUSTODIAN-REGULAR:**

- Custodian Regular Hourly Rate: \$ 26.05 (per hour)
- Custodian Overtime Hourly Rate: \$ 33.16 (per hour)
- Holiday Hourly Rate: \$ 33.16 (per hour)

**EQUIPMENT/MATERIALS:**

- Cost for Equipment and Materials: \$ 2499.96 (yearly)  
(Attach list if needed)

**MILEAGE:**

- Mileage Fee's: \$ 1.35 (per mile)  
(for travel over 35 miles roundtrip)

Equipment Packages per small to mid-size facility

1- Pro-Team Back Pack	\$300.00
2- Trash Brute w/wheels	\$ 80.00
3- Maids Cart	\$ 75.00
4- Mop Bucket & Ringer	\$ 45.00
5- Floor Pack (mop, dust mop etc)	\$ 75.00
6- Equipment Pack (bowl brushes, dust pans etc.)	\$ 50.00
<hr/>	
Total	\$ 625.00 expensed by 1.5 years
	\$416.66 Total per year.

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No way to know how many projects the city will assign us, so I use 6 equipment packages as an estimate.

\$ 416.66 x 6= \$2499.96 per year.

**CITY OF SANTA FE**  
**INVITATION TO BID FORM**  
**# 20/22/B**

EXCEPTIONS TO SPECIFICATIONS

Bidder is required to ELECTRONIALLY SUBMIT **one (1) complete document** of these specifications, completely furnishing all information requested. All requested information, data, literature, drawings, etc. must be included with the bid submitted.

Bidder must check one of the following:

- a.          All specifications, terms and conditions are met.  
b.          Exceptions have been taken and noted on attached sheet (s).

All variations and/or exceptions to the specifications must be documented, referencing applicable paragraph (s) and explained in detail. Attach as many pages as necessary. If no exceptions are taken, it will be assumed that the bid meets all specifications and terms and conditions as stated in this complete bid package. Failure to list exceptions may disqualify bid. Delivery of non-conforming goods is at the expense of the bidder and/or other penalties.

All other specifications not detailed herein shall be as listed in the manufacturer's printed literature for the current standard model. Manufacturer's printed literature and specifications sheets shall be submitted with the bid.

Exceptions will not necessarily eliminate the bid. City's Chief Procurement Officer shall determine acceptance or non-acceptance of exceptions. Unless otherwise noted and approved, it is assumed that delivery of the unit shall be as stated.

Signed submission of this bid represents that the bidder has accepted all terms, conditions and requirements of the bid unless a written exception is made and, if awarded, the bid will represent the agreement between the parties. Additionally, by signing this bid, the bidder warrants that there was no collusion of any kind in submission of this bid.

WARRANTIES

Warranty required for material and workmanship for minimum of one year unless otherwise stated in the bid. Warranties shall begin when the City accepts satisfactory delivery of equipment from the bidder. The warranty contract shall be solely with the bidder and the bidder shall be responsible for ensuring all warranty work is satisfactorily completed on any component of the unit. All details of warranties shall be included with the bid.

State name, address and phone number of nearest authorized maintenance representative:

DELIVERY

Bids shall include all costs of delivery to the City of Santa Fe, the specific location to be as designated by City staff. Unit shall be completely operational and ready for use.

Date of delivery after notice to proceed:

Calendar days.

Bidder SHALL INCLUDE descriptive material such as plans, drawings, photographs, diagrams, illustrations, written descriptions and manufacturer's literature with specifications with the bid. Additional information or details may be required after the bid opening. Bids may be disqualified if such information is not adequate to make a reasonably informed decision as to qualify, design, capabilities, etc.

The City reserves the right to alter quantities based on availability of budget. If this will alter the bid amount, the bidder must note the percent increase for lesser quantities.

BIDDER'S:

Firm

SUPREME MAINTENANCE INC. dba. SMI FACILITY SERVICES

Address 5015 PROSPECT AVE. ALB, NM 87110

Authorized Signature 

Print Name STEVE GARCIA

Position VP/CM

Phone Number 505-888-5130

Fax Number

DATE 4-10-20

N.M. RESIDENT PREFERENCE NUMBER (if applicable): L1056700208  
TWO COMPLETE COPIES OF THE BID SUBMITTAL IS REQUIRED

Contribution Made by: \_\_\_\_\_

Relation to Prospective Contractor: \_\_\_\_\_

Name of Applicable Public Official: \_\_\_\_\_

Date Contribution(s) Made: \_\_\_\_\_

Amount(s) of Contribution(s) \_\_\_\_\_

Nature of Contribution(s) \_\_\_\_\_

Purpose of Contribution(s) \_\_\_\_\_

(Attach extra pages if necessary)

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Title (position)

--OR--

**NO CONTRIBUTIONS IN THE AGGREGATE TOTAL OVER TWO HUNDRED FIFTY DOLLARS (\$250) WERE MADE** to an applicable public official by me, a family member or representative.

  
\_\_\_\_\_  
Signature

4-10-20  
Date

STEVE GARCIA

STATE OF NEW MEXICO

TAXATION AND REVENUE DEPARTMENT

RESIDENT BUSINESS CERTIFICATE

Issued to: SUPREME MAINTENANCE INC  
DBA: SMI FACILITY SERVICES  
5015 PROSPECT AVE NE  
ALBUQUERQUE, NM 87110-4045

Expires: 30-May-2021

Certificate Number:  
L1056700208

*John Monforte*

John Monforte, Acting Cabinet Secretary

THIS CERTIFICATE IS NOT TRANSFERABLE



SUPRMAI-01

CSPECIAN

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/10/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER License # 0757776</b> <b>HUB International Insurance Services (NMX)</b> 7770 Jefferson Street NE, Suite 101 Albuquerque, NM 87109	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (505) 828-4000</b> <b>FAX (A/C, No): (866) 487-3972</b> <b>E-MAIL ADDRESS:</b>  <table style="width: 100%;"> <tr> <td style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center;"><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER A : Selective Way Insurance Company</b></td> <td style="text-align: center;"><b>26301</b></td> </tr> <tr> <td><b>INSURER B : WCF Mutual Insurance Company</b></td> <td style="text-align: center;"><b>10033</b></td> </tr> <tr> <td><b>INSURER C :</b></td> <td></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	<b>INSURER A : Selective Way Insurance Company</b>	<b>26301</b>	<b>INSURER B : WCF Mutual Insurance Company</b>	<b>10033</b>	<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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<b>INSURER F :</b>															
<b>INSURED</b>  <b>Supreme Maintenance, Inc.</b> <b>dba SMI Facility Services</b> <b>5015 Prospect Ave NE</b> <b>Albuquerque, NM 87110</b>															

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			S2304475-02	2/23/2020	2/23/2021	EACH OCCURRENCE	\$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 500,000	
			MED EXP (Any one person)				\$ 15,000	
			PERSONAL & ADV INJURY				\$ 1,000,000	
			GENERAL AGGREGATE				\$ 3,000,000	
			PRODUCTS - COMP/OP AGG				\$ 3,000,000	
			<b>EMPLOYEE BENEFIT</b>				\$ 3,000,000	
			COMBINED SINGLE LIMIT (Ea accident)				\$ 1,000,000	
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			S2304475-02	2/23/2020	2/23/2021	BODILY INJURY (Per person)	\$
			BODILY INJURY (Per accident)				\$	
			PROPERTY DAMAGE (Per accident)				\$	
							\$	
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$			S2304475-02	2/23/2020	2/23/2021	EACH OCCURRENCE	\$ 3,000,000
			AGGREGATE				\$ 3,000,000	
							\$	
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		4014315	2/23/2020	2/23/2021	PER STATUTE	\$
							OTH-ER	\$
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

For information only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

