



PIMA COUNTY PROCUREMENT DEPARTMENT

130 W. Congress St., 3rd Floor
Mailstop # DT-AB3-126
Tucson, Arizona 85701-1317
Telephone: (520) 724-8161

SOLICITATION ADDENDUM

FAILURE TO EXECUTE THIS SOLICITATION ADDENDUM ACKNOWLEDGEMENT MAY SUBJECT YOUR BID TO REJECTION

Solicitation Number: IFB # 104133
Solicitation Title: Window Cleaning Services
Commodity /Contracts Officer: Nina Schatz, CPPB

Addendum Number: #2
Addendum Date: August 22, 2013

INSTRUCTIONS:

1. The following revisions shall be incorporated to the above referenced solicitation:

Revisions

Revision #1: This solicitation is subject to the Pima County living wage requirements as provided in the Pima County Procurement Code section 11.38 which specifies that a living wage requirement be included in County contracts for specific services. An Exhibit C: Living Wage Requirement and Certification of Living Wage Payments is added to this solicitation and attached.

Please submit your bid with the entire Offer Agreement including Exhibit B: Living Wage Requirement and Certification of Living Wage Payments.

All other terms and conditions remain the same.

2. Check **ONLY** one of the following categories and send one properly executed acknowledgement (1 page) **prior** to the "Due In and Opens" date and time, **Attention: Nina Schatz, email: Nina.Schatz@pima.gov or Fax (520) 791-6511.**

- Bid has **NOT** been mailed and **ANY CHANGES** resulting from this addendum will be included in our offer.
- Bid has already been mailed. **NO CHANGES** resulted from this addendum.
- Bid has already been mailed. A revised proposal resulting from this addendum will be submitted prior to the **BID DUE IN AND OPENS** date and time.

ADDENDUM ACKNOWLEDGMENT EXECUTION:

OFFEROR'S COMPANY NAME: _____

AUTHORIZED SIGNATURE: _____ **DATE:** _____

PRINTED NAME AND TITLE OF AUTHORIZED OFFEROR REPRESENTATIVE EXECUTING ACKNOWLEDGMENT

EXHIBIT B:
LIVING WAGE REQUIREMENT AND CERTIFICATE OF LIVING WAGE PAYMENTS

Living Wage Requirement

This solicitation is subject to the Pima County living wage requirements as provided in the Pima County Procurement Code section 11.38 which specifies that a living wage requirement be included in County contracts for specific services.

Contractors entering into eligible contracts with Pima County for the covered services shall pay a living wage to their eligible employees for the hours expended providing services to Pima County. Eligible employees shall receive a wage not less than \$11.32 per hour. A contractor may pay its eligible employees a wage of no less than \$10.07 per hour if the contractor provides health benefits with a monthly value at least as high as the difference between that wage and a monthly wage based on \$11.32 per hour. A copy of section 11.38 of the Procurement Code is attached for your review and complete compliance. Contractors shall include all costs necessary for complete compliance to the living wage requirement.

In bid preparation, Contractors will need to consider the possibility of increased administrative costs. The following is a brief description of key Living Wage reporting requirements. These are not limited to but include:

- One time reports: Due at the beginning term of each contract/renewal
 - >Payroll calendar
 - >Certificate of Living Wage Payments Form
 - > Master Listing of employees eligible to work on Pima County jobs
 - >Listing of Subcontractors to be used (if applicable)

Staffing Plans, Including Subcontractors (work schedules): Due **prior** to work performed to enable the Compliance Officer to rate check and interview employees; *If there is not sufficient time prior to performing work, then a plan must be submitted as soon as possible after work is performed.*

- >Name of employee(s) who will be working
- >Where work is performed
- >Approximate time-frame work will be performed
- >Total approximate hours to be worked
- >Revised plan IF any information changed from the original staffing plan

Payroll Reports: Must be provided to the Compliance Officer 7 days after EVERY pay period

- >Statement of Compliance
- >Payroll Summary Reports:
 - *Name of all employees on a Pima County job*
 - *Total hours worked/rate of pay/gross pay/paycheck number*
 - *Support documentation for this information*
 - *Signed "Statement of Compliance" even if no payroll performed*

Subcontracted Labor (if applicable): Packets are required to be submitted to Pima County's Compliance Officer as soon as the Subcontractor is issued payment. This includes:

- >A letter signed by subcontractor indicating that laborers associated with the work billed on their attached invoice were paid at or above the Living Wage required rate
- >the check # and date which this invoice was paid should be noted
- >Attach the appropriate staffing plans (work schedules) of the subcontractor to this invoice. The subcontractor employee payroll check# needs to be noted beside their employee (s) name

(The remainder of this page is intentionally left blank)



PIMA COUNTY PROCUREMENT
130 W. CONGRESS ST., 3RD FLOOR
TUCSON, ARIZONA 85701-1317
TELEPHONE (520) 724-8161, FAX (520) 222-1484

CERTIFICATION OF LIVING WAGE PAYMENTS

This firm certifies that it will meet all specifications, terms, and conditions contained in the Living Wage Contract Ordinance; AND that if labor is subcontracted, subcontractors will be held to the exact terms that is required of this firm.

Yes _____ No _____ If no, you must explain all deviations in writing.

Company Name: _____

Description of Services: _____

Job Location: _____

(PLEASE CHECK ONE(S) THAT APPLY)

Input box for first certification option

I do hereby agree to pay all eligible employees working on the above listed contract at least eleven dollars and thirty-two cents (\$11.32) per hour.

AND/OR

Input box for second certification option

I do hereby agree to pay all eligible employees working on the above contract a wage of no less than ten dollars and seven cents (\$10.07) per hour and provide health benefits with a monthly value at least as high as the difference between a monthly wage based on eleven dollars and thirty-two cents (\$11.32) per hour and the requested monthly wage if no less than ten dollars and seven cents (\$10.07) per hour. In essence, the employer paid portion of benefits must have a monthly value of two-hundred sixteen dollars and sixty-six cents (\$216.66). This equals the one dollar and twenty-five cents (\$1.25) per hour difference.

Providers Name: _____

Address: _____

Phone: _____ Fax: _____

Plan or Program Number: _____ Type of Benefit: _____

Total premium paid per month: _____ Amount paid by employee: _____

(Attach pages if needed for additional providers)

COMPANY NAME: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

PRINTED NAME