

Ministry of Public Works and Environment

Department of Works and Engineering Tynes Bay

Addenda

For Request for Quotations For

Provision of Janitorial Services at Tynes Bay Waste to Energy Facility

Request for Quotations No.: **31/355/2026-JS-1**

Issued: **Thursday November 19, 2026**

Submission Deadline**: Wednesday December 4, 2026**

Addenda No: **2**

Addenda Type: Clarification

The following addendum supersedes information contained in the solicitation document issued for this procurement to the extent referenced. This Addendum forms part of the solicitation documents and will be subject to all of the conditions set out in the contract conditions.

Reference Section:	**Annex C**
Supplemental Information:	Change in Scope of Cleaning – Removed Carpet Cleaning and TB 6m Level

Tynes Bay Facility

Cleaning WorkScope Chart

Removed Carpet Cleaning

Daily tasks | Weekly Tasks | Monthy Tasks | Quaterly Tasks | Not Applicable

		Empty Trash	Empty Recyclables	Sweep/Mop/Vacuum Floor	Dust Furnature	Clean Showers and sinks	Clean Toilets	Check paper	Check Soap	Clean Walls, Counters, Mirrors	Clean windows	Clean stove	Wax floors	Strip Floors	Clean Chairs
		M T W R F S	M T W R F S	M T W R F S	M T W R F S	M T W R F S	M T W R F S	M T W R F S	M T W R F S	M T W R F S					
TB 6th Floor	Conf Room														
	Office														
TB 5th Floor	Weighbridge														
	Reception Area														
	Admin Office														
	Back Office														
	Operations Office														
	Bathroom Mens														
	Bathroom Womens														
	Control Room														
	Walkways														
	East Entrance														
	West Entrance														
TB 4th Floor	Lab														
	Walkways														
	Changing room Laundry Area														
TB Other	Elevator Rooms 1-5														
	Stairwell Lv 1-6														
TB 6m Level B Removed															
Water Sec Waste Sec Offices	Reception Area														
	Bathroom Mens														
	Bathroom Womens														
	Bathroom W/C Access														
	Conference Room														
	Office 1														
	Office 2														
	Office 3														
	Office 4														
	Office 5														
	Office 6														
	Office 7														
	Office 8														
	Office 9														
	Office 10														
	Lunch Room														
	Tile Walkway														
Maintenance Work Shop	Locker Room														
	Laundry Room														
	Lunch Room														
	Elec Office														
	Maint Office 1														
	Maint Office 2														
	Maint Office 3														
Ash Plant	Locker Room														
	Laundry Room														
	Control Room														
Tynes Bay Cottage Offices	Bathroom														
	Main Office														
	Back Office 1														
	Back Office 2														
	Kitchen														

Note: Cottages only to be done when occupied, 3-4 months a year to be discussed with site manager.

Reference Section:	**Annex B – Pricing Form**

Add Initial Deep Clean Lump Sum to Pricing Form

PRICING FORM

Name of Project _____

Name of Company_____

IINTIAL DEEP CLEAN

LUMP SUM
(Figures) BD$_____

(Words) _____

MONTHLY BID

Having examined the tender documents and we offer to undertake the whole of the said works for the sum of:

MONTHLY BID
(Figures) BD$_____

(Words) _____

SCHEDULE OF RATES

All rates and prices (in Bermuda dollars) in the schedule are to be **inclusive of materials and related accessories, placement, overhead and profit**. These rates shall be used for determining additions and deletions from the contract sum.

	ITEM	UNIT	COST
1.0	Labour		
1.1	Workman	per hour	
1.2	Supervisor	per hour	

For variations to the contract not covered in the preceding unit price categories, the price will be determined on the basis of the base material and installation cost plus_____**%** for overhead and____**%** for profit and applied to the base cost.

Dated this_____day of _____, 2021

SIGNED:

(Signature)_____in the capacity of _____

[BLOCK LETTERS]

Duly authorized to sign tenders for and on behalf of:

(Firm) _____

(Address) _____

WITNESS:

(Signature)_____in the capacity of_____

[BLOCK LETTERS]

Equipment list:

Please List the type of equipment available to the Contractor to provide this service

Type	Model	Make	Year

End of Addenda No. 3