

BID NO. 4032: JANITORIAL/CLEANING SERVICES: EMERGENCY SERVICES

Five (5) times per week Monday – Friday (8:00 A.M. – 5:00 P.M.)

BID TABULATION

Bid Opening: 10:54 a.m.

Bid Closing: 1:52 p.m.

LAUDERDALE COUNTY BOARD OF SUPERVISORS

2600 Courthouse Blvd, 1st Floor Board Room

Wednesday, March 18, 2026 - 10:00 AM

Project Estimate: \$0.00

VENDOR	AJAX INDUSTRIAL CLEANING Birmingham, AL	MR. KLIN SERVICES, LLC. Huntsville, AL	JANI-KING GULF COAST <i>BID NOT READ - INCOMPLETE</i> Hattiesburg, MS	BILL BRACKEEN CLEANING Hickory, MS
Signed Forms Enclosed	<ul style="list-style-type: none"> ✓ Page 10 Signed ✓ Supplier/Subcontractor ✓ Experience/Reference ✓ Bid Certification ✓ Notary Verified ✓ Addenda 	<ul style="list-style-type: none"> ✓ Page 10 Signed ✓ Supplier/Subcontractor ✓ Experience/Reference ✓ Bid Certification ✓ Notary Verified ✓ Addenda 	<ul style="list-style-type: none"> ___ Page 10 Signed ___ Supplier/Subcontractor ___ Experience/Reference ___ Bid Certification ___ Notary Verified ___ Addenda 	<ul style="list-style-type: none"> ✓ Page 10 Signed ✓ Supplier/Subcontractor ✓ Experience/Reference ✓ Bid Certification ✓ Notary Verified ✓ Addenda
City Privilege License	N/A	N/A	___ Yes, ___ No, OR ___ N/A	N/A
Commercial License	Yes	Yes	___ Yes OR ___ No	Yes
COI	Yes	Yes	___ Yes OR ___ No	Yes
Bid Form #1				
LVT Floor Care (1 - 4)	\$ 0.20/sf, min. of \$300 \$ 0.20/sf, min. of \$300	\$ 0.00/sf, min. of 0 \$ 0.00/sf, min. of 0	\$ ____/sf, min. of ____ \$ ____/sf, min. of ____	\$ 0, 0.35/sf, min. of 0, 250sf \$ 0.40, 0.40/sf, min. of 400sf
Carpet Care (1 - 2)	\$ 0.20/sf, min. of \$300 \$ 0.20/sf, min. of \$300	\$ 0.25/sf, min. of \$400.00 \$ 0.35/sf, min. of \$600.00	\$ ____/sf, min. of ____ \$ ____/sf, min. of ____	\$ 0.40/sf, min. of 400sf \$ 0.25/sf, min. of 250sf
Bid Form #2				
Monthly Charge	\$ 4,760.00	\$ 1,965.00	<i>BID NOT READ - INCOMPLETE</i>	\$ 1,695.00
Floor Care Included (IV)	No	Yes	___ Yes OR ___ No	Yes
Per Instance: Quarterly	\$3,000.00	N/A	\$	N/A
Per Instance: Semi-Ann.	\$6,000.00	N/A	\$	N/A
Bldg. Cleaning Checklist	Yes	Yes	___ Yes OR ___ No	Yes
No. of Staff Assigned	1	1	<i>BID NOT READ - INCOMPLETE</i>	2

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BID TABULATION – PAGE 2

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VENDOR	SERVICEMASTER CLEAN Meridian, MS	COASTLINE DEVELOPMENT Stonewall, MS	THOMPSON 5 ENTERPRISES, LLC. Collinsville, MS	JBG JANITORIAL SERVICES Meridian, MS
Signed Forms Enclosed	<ul style="list-style-type: none"> ✓ Page 10 Signed ✓ Supplier/Subcontractor ✓ Experience/Reference ✓ Bid Certification ✓ Notary Verified ✓ Addenda 	<ul style="list-style-type: none"> ✓ Page 10 Signed ✓ Supplier/Subcontractor ✓ Experience/Reference ✓ Bid Certification ✓ Notary Verified ✓ Addenda 	<ul style="list-style-type: none"> ✓ Page 10 Signed ✓ Supplier/Subcontractor ✓ Experience/Reference ✓ Bid Certification ✓ Notary Verified ✓ Addenda 	<ul style="list-style-type: none"> ✓ Page 10 Signed ✓ Supplier/Subcontractor ✓ Experience/Reference ✓ Bid Certification ✓ Notary Verified ✓ Addenda
City Privilege License	Yes	N/A	Yes	Yes
Commercial License	Yes	Yes	Yes	Yes
COI	Yes	Yes	Yes	Yes
Bid Form #1				
LVT Floor Care (1 - 4)	\$ 0.18, 0.34/sf, min. of \$200 \$ 0.48, 0.26/sf, min. of \$200	N/A /sf, min. of N/A N/A /sf, min. of N/A	\$ 0.18, 0.48/sf, min. of 200sf \$ 0.45, 0.45/sf, min. of 250sf	\$ 0.05/sf, min. of 300sf \$ 0.05/sf, min. of 300sf
Carpet Care (1 - 2)	\$ 0.30/sf, min. of \$200 \$ 0.28/sf, min. of \$200	N/A /sf, min. of N/A N/A /sf, min. of N/A	\$ 0.30/sf, min. of 200sf \$ 0.28/sf, min. of 200sf	\$ 0.05/sf, min. of 300sf \$ 0.05/sf, min. of 300sf
Bid Form #2				
Monthly Charge	\$ 3,130.00	\$ 4,144.50	\$ 1,500.00	\$ 9,200.00
Floor Care Included (IV)	Yes	Yes	Yes	Yes
Per Instance: Quarterly	N/A	N/A	N/A	N/A
Per Instance: Semi-Ann.	N/A	N/A	N/A	N/A
Bldg. Cleaning Checklist	Yes	Yes	Yes	Yes
No. of Staff Assigned	2	Not Provided	2 - 3	2

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VENDOR	HUGHES GROUP, LLC.			
	Tacoma, WA			
Signed Forms Enclosed	<input checked="" type="checkbox"/> Page 10 Signed <input checked="" type="checkbox"/> Supplier/Subcontractor <input checked="" type="checkbox"/> Experience/Reference <input checked="" type="checkbox"/> Bid Certification <input checked="" type="checkbox"/> Notary Verified <input checked="" type="checkbox"/> Addenda	<input type="checkbox"/> Page 10 Signed <input type="checkbox"/> Supplier/Subcontractor <input type="checkbox"/> Experience/Reference <input type="checkbox"/> Bid Certification <input type="checkbox"/> Notary Verified <input type="checkbox"/> Addenda	<input type="checkbox"/> Page 10 Signed <input type="checkbox"/> Supplier/Subcontractor <input type="checkbox"/> Experience/Reference <input type="checkbox"/> Bid Certification <input type="checkbox"/> Notary Verified <input type="checkbox"/> Addenda	<input type="checkbox"/> Page 10 Signed <input type="checkbox"/> Supplier/Subcontractor <input type="checkbox"/> Experience/Reference <input type="checkbox"/> Bid Certification <input type="checkbox"/> Notary Verified <input type="checkbox"/> Addenda
City Privilege License	N/A	<input type="checkbox"/> Yes, <input type="checkbox"/> No, OR <input type="checkbox"/> N/A	<input type="checkbox"/> Yes, <input type="checkbox"/> No, OR <input type="checkbox"/> N/A	<input type="checkbox"/> Yes, <input type="checkbox"/> No, OR <input type="checkbox"/> N/A
Commercial License	Yes	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
COI	Yes	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Bid Form #1				
LVT Floor Care (1 - 4)	\$ 0.20/sf, min. of 500sf \$ 0.20/sf, min. of 500sf	\$ _____/sf, min. of _____ \$ _____/sf, min. of _____	\$ _____/sf, min. of _____ \$ _____/sf, min. of _____	\$ _____/sf, min. of _____ \$ _____/sf, min. of _____
Carpet Care (1 - 2)	\$ 0.20/sf, min. of 500sf \$ 0.20/sf, min. of 500sf	\$ _____/sf, min. of _____ \$ _____/sf, min. of _____	\$ _____/sf, min. of _____ \$ _____/sf, min. of _____	\$ _____/sf, min. of _____ \$ _____/sf, min. of _____
Bid Form #2				
Monthly Charge	\$ 4,056.06	\$ _____	\$ _____	\$ _____
Floor Care Included (IV)	Yes	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
Per Instance: Quarterly	N/A	\$ _____	\$ _____	\$ _____
Per Instance: Semi-Ann.	N/A	\$ _____	\$ _____	\$ _____
Bldg. Cleaning Checklist	Yes	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	<input type="checkbox"/> Yes OR <input type="checkbox"/> No
No. of Staff Assigned	2			