

**KANSAS STATE UNIVERSITY  
PURCHASING OFFICE  
21 ANDERSON HALL  
MANHATTAN, KS 66506  
PHONE 785-532-6214 FAX 785-532-5577**

**CONTRACT SIGNATURE SHEET**

Date: 5/1/2012  
CONTRACT NO.: 40298  
Replaces Contract No.: 40199

Procurement Officer: Chris Dekat, CPPB  
Phone: 785-532-6214  
E-Mail: cidekat@k-state.edu

Item: Janitorial Services – SW Research  
Primary Using Department: Kansas State University – SW Research  
Period of Contract: 6/1/2012 through 5/31/2017

Contractor Information: Southwest Janitorial Services  
2606 E. Fair St. #20  
Garden City, KS 67846  
CONTACT: Marisol Hernandez  
Phone: 620-290-9046; FAX: NA; e-mail: southwestjanitorial@live.com

Prices: as bid on IFB 40298  
Payment Terms: N30  
Shipping Information: Dest, Ppd & Allowed

The parties agree as follows:

1. Subject to the terms and conditions of this contract and companion bid documents, Kansas State University hereby accepts the offer of Contractor as expressed by Contractor's bid submitted to K-State Purchasing in response to above referenced contract/quote number.
2. It is understood and agreed by the parties that pursuant to the bid, Contractor agrees to furnish products or services for the period noted above on orders of the Department(s) at the price or prices contained in the bid. Department(s) agrees to pay on delivery of the item(s) the amount(s) billed by Contractor in accordance with the bid as shown on delivery invoice(s) of the Contractor to the Department(s). Payment will be made as soon after receipt of the invoice(s) as possible in accordance with state law.
3. Failure of Contractor to furnish the item(s) in accordance with the bid specifications incorporated into this contract by reference, or failure of Contractor to deliver the item(s) in accordance with any time schedules prescribed in this contract or any documents incorporated by reference into this contract shall result in forfeiture of any performance bond of Contractor and/or in termination of this contract at the option of the University.
4. It is understood and agreed that the provisions set out in the K-State Purchasing Office bid document for this contract are incorporated and made a part of this contract by reference as though fully set forth herein. Contractor agrees and understands that these documents are controlling over Contractor's bid, invoice, department order forms or any other documents of the Contractor.
5. The provisions found in Contractual Provisions Attachment, is incorporated and made a part of this contract by reference.
6. In the event of any disputes regarding the terms and conditions of this Contract or payments alleged to be due and owing, Contractor's sole remedy shall be with the Department that placed the order.

Contractor: Southwest Janitorial Services

By: Marisol Hernandez

Printed Name: Marisol Hernandez

Title: owner

KANSAS STATE UNIVERSITY

By: Carla K Bishop

CARLA BISHOP

DIRECTOR OF PURCHASING

cd

Bid Form

I / We agree to provide Janitorial Services as specified for the sum of:

\$ 740<sup>00</sup> per month

\$ 8,880<sup>00</sup> Annual Contract Total

Specify approximate number of hours per day to perform tasks and the hours of the day (per Contract Specifications) in which the tasks will be performed:

Number of hours per day: 4

Hours of the day: 6 PM to 6 AM

PAYMENT TERMS: Net 30

Vendor shall state if they will accept the Business Procurement Card (Visa Card)

Yes X No

Closing Date 4/11/12

Item Janitorial Services

Kansas State University

SIGNATURE SHEET

We submit a proposal to furnish requirements during the contract period in accordance with the specifications and Schedule of Supplies.

LEGAL NAME OF PERSON, FIRM OR CORPORATION Southwest Janitorial Service

TELEPHONE (TOLL FREE) NUMBER 670 2909046 FAX NUMBER \_\_\_\_\_

ADDRESS 2606 E Fair #20 C

CITY & STATE Garden City KS ZIP CODE 67846

SS OR FEIN NUMBER

27-1255215

SIGNATURE

Marisol Hernandez

TYPED NAME OF SIGNATURE

Marisol Hernandez

TITLE

Owner

DATE

4-11-12

EMAIL

SouthwestJanitorial@live.com

If awarded a contract and purchase orders are to be directed to an address other than above, indicate mailing address and telephone number below.

ADDRESS \_\_\_\_\_

CITY & STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE (TOLL FREE) NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_