

Request for Proposal (RFP)

Cleaning Services for Municipal Facilities Township of Chapple

RFP No: 2026-01



1. Proponent Information

Legal Business Name (if applicable):

Operating Name (if different than above):

Mailing Address:

Phone Number:

Email Address:

Website (if applicable):

Primary contact person:

Title/role:

Years in business providing cleaning services:

Number of employees:

2. Company Profile and Experience

2.1 Company profile

(provide brief description of your company, ownership, and core services.)

2.2 Relevant Experience and Qualifications

Describe experience with municipal or similar institutional facilities:

List similar contracts (client, facility type, term):

- 1.
- 2.
- 3.

Summary of staff training and qualifications (e.g., WHMIS, OHS, specialized cleaning):

3. Cleaning Methodology and Quality Control

(maximum two paragraphs total)

3.1 Cleaning Approach

(describe your general approach to cleaning the listed facilities, including frequency, scheduling, and supervision.)

3.2 Quality Control

(describe how you monitor performance, address complaints, and ensure consistent service.)

4. Products, Equipment, and Environmental Practices

4.1 Cleaning Products

List primary cleaning products to be used (by type and brand, if known):

4.2 Equipment

List key equipment to be used (e.g., vacuum, floor machines, carpet cleaners):

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4.2 Equipment

List key equipment to be used (e.g., vacuums, floor machines, carpet cleaners):

4.3 Environmental Practices

Describe environmentally responsible products and practices (e.g., low-VOC products, dilution control, waste reduction):

5. Insurance, WSIB and Compliance

5.1 Insurance

Commercial General Liability Insurance (minimum \$2,000,000):

- Insurer:
- Policy Number:
- Expiry Date:
- Confirmation that Township of Chapple will be added as Additional Insured:
Yes

5.2 WSIB

WSIB Account Number:

WSIB clearance certificate attached: Yes

5.3 Health and Safety

Confirmation of compliance with Ontario Health and Safety Act (OHSA): Yes

Brief description of your health and safety program:

6. References

(three references from similar contracts encouraged)

For each reference, include:

1. Client Name:

Contact Person and Title:

Phone:

Email:

Type of Facility and scope of work:

Contract Term (from-to):

2. Client Name:

Contact Person and Title:

Phone:

Email:

Type of Facility and scope of work:

Contract Term (from-to):

3. Client Name:

Contact Person and Title:

Phone:

Email:

Type of Facility and scope of work:

Contract Term (from-to):

7. Pricing Schedule:

(Detailed pricing for each facility per cleaning)

Provide prices per cleaning for each facility listed below. Indicate HST separately.

Facility	Address	Price per cleaning (before HST)	HST	Total per cleaning
Municipal Office	54 Barwick Road			
Public Works Office/Washroom	54 Barwick Road			
Community Centre	140 Main Street			
Fitness Centre	140 Main Street			
RV Accessible Shower/Washroom	150 Main Street			
Baseball Field Canteen/Washroom	42 Queen Street			
South Fire Hall Office/Washroom	62 Queen Street			
Other (if applicable)				

Any minimum call-out or additional fees (specify):

8. Optional Services and Additional Costs:

List any optional or value-added services (e.g. additional deep-cleans window cleaning beyond scope, seasonal work):

Optional Service	Description	Unit (per visit, per hour, etc.)	Price (before HST)

9. Acknowledgement of Scope and Requirements

By signing below, the proponent:

Acknowledges receipt and review of RFP No. 2026-01 – Cleaning Services for Municipal Facilities.

Confirms the ability to perform all tasks described in Section 3 (Scope of Work), including:

- General cleaning of all facilities
- Washrooms/showers
- Kitchens/break areas
- Periodic/deep cleaning (windows, baseboards, carpets, floors)
- Recreation facilities (including cleaning community centre within two (2) days after any hall rental)
- Fitness centre inspections and cleaning every other day

Agrees to provide trained and insured staff, supply cleaning products and equipment (unless otherwise specified), and comply with all Township health and safety policies.

Understands that the lowest bid will not necessarily be accepted and that the Township may reject any or all proposals, negotiate with any proponent, cancel the RFP, and/or award in whole or in part.

10. Declaration and Signature

I/We, the undersigned, hereby submit this proposal for cleaning services for municipal facilities to the Township of Chapple and certify that the information provided is true and complete.

Name of Authorized Signing Officer:

Title:

Signature:

Date:

Proposals must be submitted in a sealed envelope clearly marked:

“RFP – Cleaning Services for Municipal Facilities”

attn: CAO/Clerk-Treasurer

Township of Chapple

54 Barwick Road

PO Box 4

Barwick, ON

P0W 1A0

Electronic submissions may be submitted to cao@chapple.on.ca