**EXHIBIT B**

**SERVICE PROVIDER’S EQUIPMENT**

**AND PERSONNEL LISTING**

**A. EQUIPMENT AND FACILITIES**

1. State the address of your yard facility.

Complete the following list of sweeping equipment you now own or lease. Indicate owned as (O) and leased as (L).

| **STREET SWEEPING EQUIPMENT** | | | | |
| --- | --- | --- | --- | --- |
| **STREET SWEEPER MAKE AND MODEL**  **(list municipal type machines only)** | **YEAR**  **MFG** | **CUBIC YARD CAPACITY** | **(V) VACUUM**  **(M) MECHANICAL**  **(A) REG AIR** | **(O) OR (L)?** |
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| --- | --- | --- | --- | --- | --- |
| **OTHER EQUIPMENT** | | | | | |
| **DESCRIPTION** | **YEAR** | **MFG** | **MODEL** | **CAPACITY** | **(O) or (L)?** |
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**EXHIBIT B CONT.**

**SERVICE PROVIDER’S EQUIPMENT AND**

**PERSONNEL LISTING**

**B. SERVICE PROVIDER’S PERSONNEL**

|  |  |  |
| --- | --- | --- |
| **Name/Title** | **Work Phone** | **Pager or Cell Phone** |
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**EXHIBIT C**

**SCHEDULE OF CHARGES**

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| --- | --- | --- | --- | --- | --- |
| **GENERAL FULL SERVICE STREET SWEEPING SERVICES** | | | | | |
| **ITEM**  **NO.** | **DESCRIPTION** | **EST.QTY.** | **UNIT** | **UNIT PRICE** | **EXTENSION** |
| 1. | General Full Service Street Sweeping (Residential/Collectors) | 1010 Curb Miles | $/CM | $\_\_\_\_\_\_  Curb Mile | $ |
| 2. | General Assisted Street Sweeping Services (Arterials/Collectors) | AS NEEDED | $/CM | $\_\_\_\_\_\_  Curb Mile |  |
| **ESTIMATED TOTAL YEARLY GENERAL FULL SERVICE STREET SWEEPING SERVICES** | | | | | $ |

All rates quoted herein shall cover all labor, materials, tools, and equipment necessary to perform the service. Travel time, rain delay, fuel, and other similar expenses will not be compensated directly, but allowance for such items is included in the unit rates quoted. Disposal fees at Front Range Regional Landfill are the sole cost of Thornton and shall not be factored into the above rates. Actual compensation will be paid in accordance with each Task Assignment, which may include Not-to-Exceed Amounts.