



CITY OF PITTSBURGH

REQUEST FOR PROPOSALS (RFP)

City of Pittsburgh Department of Parks & Recreation
Cleaning and Custodial Services for Citiparks Facilities

The Pittsburgh Department of Parks & Recreation (Citiparks) is accepting proposals for a contract to perform custodial and cleaning services at Citiparks' twenty-two (22) recreation and Healthy Active Living (Senior) centers. Attached is information for submitting a proposal including specific requirements, the organization of the proposal, proposal evaluation criteria, and a proposed contractual agreement for 1 – 3 years.

Sealed proposals (three hard copies and one digital copy) must be received no later than noon May 8, 2015. Postmarks are not sufficient. Proposals by fax or email are not acceptable.

Any questions or Requests for Information (RFI) related to the proposal must be received in writing by April 17, 2015. All questions will be documented: both questions and answers will be available to the public online at www.pittsburghpa.gov/Citiparks by April 22, 2015.

Contact person for all inquiries and for submission of proposals:

Ms. Louann Horan, Manager of Operations and Administration
Department of Parks & Recreation
City of Pittsburgh
Fifth Floor, City-County Building, Room 459
414 Grant Street
Pittsburgh, PA 15219

412 255-2362
Louann.Horan@PittsburghPA.gov

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NOTE: In this document the term "Respondent" shall mean the person or firm making a proposal based on this RFP. The term "Respondent" and the term "firm" are used interchangeably.

SECTION 1. BACKGROUND

The Pittsburgh Department of Parks & Recreation (Citiparks) is seeking proposals to provide custodial and cleaning service at 22 facilities, including ten (10) recreation centers and twelve (12) Healthy Active Living (senior) centers.

Citiparks is the department within the City of Pittsburgh that provides parks programming for children, adults and seniors. In addition to recreational instruction, Citiparks' provides wellness, fitness, cultural, art and educational enrichment for city residents as well as conducting a wide variety of special events for families and communities throughout the city.

This Request for Proposals specifically addresses the City of Pittsburgh's need for regular, efficient and effective custodial and cleaning services for the 22 recreation and Healthy Active Living (senior) centers specified in this document. These facilities, ranging from 2,000 – 15,000 sq. ft. have basic custodial needs that must be addressed multiple times each week by a custodial contractor.

Regular custodial duties include, but are not limited to:

- Floor mopping sweeping
- Carpet vacuuming
- Equipment and furnishing dusting
- Trash collection mitigation, including collection and removal
- Disinfecting of equipment, kitchens, eating areas and restrooms
- Window and mirror washing
- Litter picking
- Dispenser replenishing
- Wipe down of desks, tables, equipment and furniture
- Light bulb replacement
- Other light duties, as assigned.

In lieu of an established fee, Citiparks is seeking proposals that provide an hourly rate for providing the services above for as few as four specific facilities and as many as all 22 facilities. Respondents may group facilities in any manner that they deem most appropriate and may also provide multiple proposals based on varying grouping patterns or number of facilities to be served.

Respondents should be aware that Citiparks would anticipate approximately six (6) hours of custodial service per week will be required, on average, not including travel per facility

SECTION 2. REQUIREMENTS**A. General**

All Respondents are bound by the deadline and location requirements of this RFP as previously stated in the announcement.

All proposals shall remain effective subject to CITIPARKS review and approval, for a period of ninety (90) days from the deadline for submitting proposals.

Citiparks may initiate negotiations with one or more firms submitting proposals during the ninety (90) day period that proposals must remain effective.

The Respondent is encouraged to add to, modify or clarify any of the scope of work items it deems appropriate to obtain a high quality plan at the lowest possible cost. All changes should be listed and explained. However, the scope of work proposed, at minimum, must accomplish the goals and work outlined.

Citiparks reserves and may exercise the following rights and options with respect to this selection process:

- (1) To reject any and all proposals and re-issue the RFP at any time prior to execution of a final contract, if, in Citiparks' opinion, it is in the best interest of the City to do so.
- (2) To supplement, amend, substitute, or otherwise modify this RFP at any time prior to selection of one or more Respondents for negotiation and to cancel this RFP with or without issuing another RFP.
- (3) To reject the proposal of any Respondents who, in Citiparks' sole judgment, has been delinquent or unfaithful in the performance of any contract with the City, is financially or technically not capable or is otherwise not a responsible Respondent.
- (4) To reject as non-responsive any proposal which, in Citiparks' sole judgment, is incomplete, is not in conformity with applicable law, is conditional in any way, or deviates from the mandated requirements of the RFP.
- (5) To waive any informality, defect, non-responsiveness and/or deviation from this RFP that is not, in Citiparks' sole judgment, material to the proposal.

B. Conflict of Interest

Respondents, by submission of a proposal to this RFP, agree that they presently have no interest and shall not have any interest, direct or indirect, which would conflict in any manner with the performance of the services required under this RFP.

C. Scope of Services

Citiparks hereby engages Respondent to perform the following described work, and Respondent hereby agrees to perform said work upon the terms and conditions hereinafter set forth. Specifically Respondent will perform the services outlines below, when and as directed.

All cleaning supplies will be provided by Citiparks, including trash bags, cleaning solutions, mops, brooms, rags, soap, lightbulbs and paper products.

The following tasks within the process are expected to be completed by the Respondent during each visit, if directed:

1. Tasks may include, but are not limited to the following:
 - a. Cleaning of restroom equipment including urinals, commodes, sinks, grab bars, partitions, garbage cans, wall and any other surface within the restroom. Restroom must be free of dust, dirt, bodily fluids or excrements, as well as have evidence that surfaces were disinfected.
 - b. Water fountains will be free of particle and dirt and show evidence that they were disinfected.
 - c. Interior windows, mirrors, window ledges and partitions will be free of all particles, smudges and dust.
 - d. Hard surfaces, such as and including but not limited to, counters, hand rails, kitchen equipment, refrigerators, sinks, basins, stove tops and equipment will be free of dirt, dust and other particles and show evidence that they were sanitized.
 - e. Floors, stairs, stairwells, ramps will be free of dirt, dust and debris and show evidence that they were disinfected with clean water and appropriate cleaning solution.
 - f. Carpeted areas will be free of dirt, litter and debris.
 - g. Garbage will be bagged and carried to area designated for disposal.
 - h. Wastepaper baskets will contain new place liners provided by Citiparks.
 - i. Paper towel and toilet tissue dispensers will be filled with appropriate paper products.
 - j. Locker rooms, showers, drains will be free of dust, dirt, hair and show evidence that they were disinfected.

- k. Weight room equipment will show evidence that they were disinfected.
 - l. Light bulbs at a height of less than 10' will be replaced in all sockets, as necessary.
 - m. Gymnasium floors will be dust mopped and spot cleaned with a damp mop (water only).
 - n. Televisions, computers, and consoles will be wiped free of dust and dirt.
 - o. The custodial closet and sink will be clean and free of dirt and debris with no water in buckets or sinks and mops, rags and other cleaning tools properly cleansed stored and hung to dry.
 - p. Other tasks, as assigned.
2. Respondents may articulate any specific task that would be excluded from the "Other tasks" category in their response.
3. Locations of Citiparks' facilities to be serviced:
- a. Brighton Heights Healthy Active Living Center
 - b. Jefferson Recreation Center
 - c. Northside Healthy Active Living Center
 - d. Homewood Healthy Active Living Center
 - e. Lawrenceville Healthy Active Living Center
 - f. Morningside Healthy Active Living Center
 - g. Paulson Recreation Center
 - h. Arlington Recreation Center
 - i. Phillips Recreation Center
 - j. Brookline Recreation Center
 - k. Warrington Recreation Center
 - l. Beechview Healthy Active Living Center
 - m. Mt. Washington Healthy Active Living Center
 - n. Sheraden Healthy Active Living Center
 - o. West End Healthy Active Living Center
 - p. Greenfield Healthy Active Living Center
 - q. Magee Recreation Center
 - r. Hazelwood Healthy Active Living Center
 - s. Ammon Recreation Center
 - t. West Penn Recreation Center
 - u. Ormsby Recreation Center
 - v. Southside Market House Healthy Active Living Center
4. The Glen Hazel Healthy Active Living Center and the Northview Heights Healthy Active Living Center are not included in this RFP.

C. Term of Services

The term of any agreement will be between one and three years.

SECTION 3. ORGANIZATION AND REQUIRED SUBMITTALS FOR PROPOSAL

A. Letter of Transmittal

This letter should include:

- A statement indicating the Respondent's understanding of the work to be performed;
- An affirmation of the Respondent's qualifications for professionally and expertly conducting the work as understood;
- The Respondent's contact person concerning the proposal and a telephone number where that person can be reached; and,
- A clear statement of the Respondent's, and/or the principals of the Respondent, relationship(s) with, or knowledge of any officials or employees of the City, and the nature of this relationship or knowledge.

Failure to clearly state and fully disclose any of the information required in the letter of transmittal shall be grounds for the City to reject the Respondent's proposal.

B. Profile of Respondent

The Respondent profile should be a brief statement indicating the Respondent's experience in conducting work of the nature sought by this RFP. Advertising brochures of the Respondent may be submitted as a part of this profile as long as the brochures specifically address the experience of the Respondent related to the work to be performed. Additionally, this profile should include:

- the location of the Respondent's office that will provide the proposed services,
- any other information may be included if it relates to the capabilities and expertise of the firm in doing comparable work.

C. Explanation of Work to be Performed

The proposal must include a detailed description of the procedures and methods Respondent proposes to use to complete the work requested by Citiparks. This is important because the methods and procedures proposed will receive primary consideration in evaluating each proposal. Examples of similar work will be helpful and may be included.

D. Cost

The cost shall be based on the hours of work provided, not including travel.

Minority Business Enterprises (MBEs), Women's Business Enterprises (WBEs) & Veteran-Owned Business participation should be clearly indicated.

Respondent's method of billing must be indicated. The preferred practice of the City of Pittsburgh is regular invoicing, but not more than once per month. Regardless of the billing method used, 10% of the total contract price will be withheld until the final product is approved.

E. Other Submittals

Additionally, documents attached as appendices to this RFP shall be fully executed and returned with the proposal as follows:

- Non-Discrimination Certification (Appendix A)
- MBE, WBE & Veteran-Owned Solicitation and Commitment Form (Appendix B)

SECTION 4. EVALUATION CRITERIA

All proposals will be evaluated based on the following:

A. Technical Expertise and Experience (20%)

The technical expertise and experience of the Respondent will be determined by the following factors:

- The overall experience of the Respondent in conducting similar work that is to be provided to the City of Pittsburgh.
- The clarity and completeness of the proposal and the apparent general understanding of the work to be performed.

B. Procedures and Methods (15%)

The methods and procedures proposed to be utilized to conduct the work requested as they relate to thoroughness and objectiveness will be of primary importance in evaluating proposals. This includes evaluation of the soundness of the approach relative to the techniques for collecting and analyzing data, sequence and relationships of major steps, and methods for managing the work to ensure timely and orderly completion.

C. Cost (50%)

All costs must be taken into account and proposals will be evaluated proportionately to the values proposed. All proposals must give a cost per hour, even if there is a two-hour minimum.

D. Location (5%)

Preference will be given to firms based on the proximity of staff and Respondents' to the City and Allegheny County.

E. Past Work Experience and References (10%)

Past work experience with the City of Pittsburgh and references will be considered.

F. City of Pittsburgh MBE, WBE & Veteran's-Owned Small Business Goals

The City of Pittsburgh goals are 18 % Minority Business Enterprises (MBEs) and 7% Women Business Enterprises (WBEs) participation (Appendix A). The degree to which the proposal meets or otherwise addresses these goals will be considered in addition to the evaluation criteria listed above.

In addition, the City of Pittsburgh has an annual goal of not less than 5% participation by veteran-owned small businesses in all contracts. The participation goal shall apply to the overall dollar amount expended with respect to contracts. The City/Citiparks therefore, requires that all Respondents demonstrate good faith efforts to obtain the participation of veteran-owned small businesses in work to be performed under the contemplated City contract. In order to demonstrate this good faith commitment, all Respondents are required to complete and submit with their proposals an MBE/WBE/Veteran Owned Solicitation and Commitment Form (Appendix B), which details the efforts made by the Respondents to obtain such participation.

A. Veteran-owned small business is defined by the City as a business having 100 or fewer full-time employees and not less than 51% of which is owned by one (1) or more veterans, or in the case of any publicly-owned business, not less than 51% of the stock of which is owned by one (1) or more veterans, and the management and daily business operations of which are controlled by one (1) or more veterans.

B. For contracts under one hundred thousand dollars (\$100,000.00), veteran-owned small businesses shall be exempt from all bonding requirements.

G. Prevailing Wage

The City of Pittsburgh has set a policy as it relates to firms providing for Prevailing Wages to its workers. That policy is articulated in Appendix E. and Respondents are expected to adhere to that policy.

All, or selected, Respondents submitting proposals may be invited to interviews explaining their proposal. At this time, Respondents will provide an overview of their proposal to a committee consisting of the Director of Citiparks, staff members from Citiparks, and a member of the Office of Management and Budget.

SECTION 5. CONTRACT

A. The selected Respondent will be required to enter into a contract with the City of Pittsburgh ("City"), contingent upon prior authorization of City Council. The contract shall be directed and managed by the Department of Parks & Recreation (Citiparks).

- B. The City can neither process invoices nor approve payments until the contract has been fully executed by all City signatories. Citiparks has no legal authority to authorize commencement of work until the contract is fully executed.
- C. City laws and policies mandate the incorporation of various terms and conditions into all City contracts. For this reason, the City will not sign any standard contract of the respondent.
- D. The City requires all Respondents to indemnify the City by including the following clause in all City contracts:

The Respondent hereby agrees to indemnify, save and hold harmless, and defend the City, its officers, agents, and employees against liens, charges, claims, demands, losses, costs, judgments, liabilities, and damages of every kind and nature whatsoever, including court costs and legal fees, arising by reason of: the performance by the Respondent or/and services under this Agreement; any act, error or omission of the Respondent or of any agent, employee, licensee, Respondent, or sub-Respondent; or any breach by the Respondent of any of the terms, conditions, or provisions of this Agreement. The Respondent shall indemnify and save harmless the City against and from any and all claims and liabilities whatsoever on account of, or by reason of, or growing out of personal injuries or death to any person, including the Respondent and its employees, whether the same results from the actual or alleged negligence of the City or the City's agents or employees or otherwise, it being the intent of the provision to absolve and protect the City of Pittsburgh from any and all loss by reason of the premises or anything related in any way whatsoever to the contract. The Respondent shall supply evidence of insurance satisfactory to the City covering the liabilities and indemnification required by the contract.

- E. The standard insurance coverage required by the City of Pittsburgh for professional services contracts is as follows:
- All insurance must be on an occurrence basis, not a claims-made basis;
 - The City must be listed as an additional named insured, not merely as a certificate holder;
 - Insurance should provide 30 days cancellation notice.
 - The Respondent shall provide an insurance certificate showing that it meets the requirements;
 - Worker's Compensation shall meet statutory requirements;
 - General liability (including property damage and bodily injury), automobile liability and professional liability shall be provided in the following amounts:

Public liability and property damage

Bodily injury, including death and property	\$500,000.00	per occurrence
Damage combined	\$1,000,000.00	aggregate

Automobile Liability and Property Damage

Bodily injury, including death and property	\$500,000.00	per occurrence
Damage combined	\$1,000,000.00	aggregate

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APPENDIX A

To Request for Proposals for City of Pittsburgh

NON-DISCRIMINATION

Non-discrimination and equal opportunity are the policy of the Commonwealth and the City of Pittsburgh in all its decisions, programs, and activities. The purpose is to achieve the aims of the United States and Pennsylvania Constitutions. Executive Order 1972-1, the Pennsylvania Human Relations Act, Act of October 27, 1955, (P.L. 744), as amended, (43 P.S. § 951, et. seq.), and (43 P.S. § 153), and the Pittsburgh City Code (Chapters 651 through 659), by assuring that all persons are accorded equal employment opportunity without regard to race, color, religious creed, handicap, ancestry, national origin, place of birth, age, sex, or sexual orientation.

During the term of this contract, the Respondent agrees as follows:

(a) Respondent shall not discriminate against any employee, applicant for employment, independent contractor or any other person because of race, color, religious creed, ancestry, national origin, age, sexual orientation, sex or disability. Respondent shall take affirmative action to insure that applicants are employed, and that employees or agents are treated during employment, without regard to their race, color, religious creed, ancestry, national origin, age, sex, sexual orientation or disability. Such affirmative action shall include, but is not limited to, the following: employment, promotion, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training. Respondent shall post in conspicuous places available to employees, agents, applicants for employment, and other persons, a notice to be provided by the City setting forth the provisions of this non-discrimination certification.

(b) Respondent shall state in advertisements or requests for employment placed by it or on its behalf, that all qualified applicants will receive consideration for employment without regard to race, color, religious creed, handicap, ancestry, national origin, age, sex, sexual orientation or disability.

(c) Respondent shall send each labor union or workers' representative with whom it has a collective bargaining agreement or other contract or understanding, a notice advising said labor union or worker's representative of its commitment to this non-discrimination certification. Similar notice shall be sent to every other source of recruitment regularly utilized by Respondent.

(d) It shall be no defense to a finding of non-compliance with this non-discrimination certification that Respondent has delegated some of its employment practices to any union, training program, or other source of recruitment which prevents it from meeting its obligations. However, if the evidence indicates that the Respondent was not on notice of the third-party discrimination or made a good faith effort to correct it; such factor shall be considered in mitigation in determining appropriate sanctions.

(e) Where the practices of a union, or of any training program or other source of recruitment, will result in the exclusion of minority group persons, so that Respondent will be unable to meet its obligations under this non-discrimination certification, Respondent shall then employ and fill vacancies through other non-discriminatory employment procedures.

(f) Respondent shall comply with all state and federal laws prohibiting discrimination in hiring or employment opportunities. In the event of Respondent's non-compliance with the non-discrimination certification or with any such laws, this contract may be terminated or suspended, in whole or part, and Respondent may be declared temporarily ineligible for further City of Pittsburgh contracts, and other sanctions may be imposed and remedies invoked.

(g) Respondent shall furnish all necessary employment documents and records to, and permit access to its books, records, and accounts by the City of Pittsburgh for purposes of investigation to ascertain compliance with the provisions of this certification. If Respondent does not possess documents or records reflecting the necessary information requested, it shall furnish such information on reporting forms supplied by the City of Pittsburgh.

(h) If applicable, Respondent shall actively recruit minority and women sub-Respondents or sub-Respondents with substantial minority representation among their employees.

(i) Respondent shall include the provisions of this non-discrimination certification in every sub-contract, so that such provisions will be binding upon each sub-Respondent.

DATE: _____

(NAME OF RESPONDENT)

BY _____

TITLE _____

Appendix B

CITY OF PITTSBURGH MBE / WBE / VETERAN OWNED SOLICITATION AND COMMITMENT FORM						
	SPECIFICATION NO.	DATE:			IS YOUR OWN BUSINESS ANY OF THE FOLLOWING?	
COMPANY NAME:					<input type="checkbox"/> MINORITY OWNED	
ADDRESS:					<input type="checkbox"/> WOMAN OWNED	
CITY, STATE AND ZIP CODE:					<input type="checkbox"/> VETERAN OWNED	
FAX NUMBER AND E-MAIL ADDRESS:					(CHECK ALL THAT APPLY)	
FOR ASSISTANCE REGARDING MBE / WBE BUSINESSES, CALL THE OFFICE OF BUSINESS AND EMPLOYMENT OPPORTUNITIES AT 412-255-8804. FOR ASSISTANCE REGARDING VETERAN OWNED BUSINESSES, CALL THE BUREAU OF PROCUREMENT FLEET AND ASSET SERVICES AT 412-255-2485					FAILURE TO COMPLETE FORM MAY BE SUFFICIENT CAUSE FOR BID REJECTION	
PLEASE LIST ALL MBE / WBE / VETERAN OWNED BUSINESSES SOLICITED FOR PARTICIPATION						
SOLICITED COMPANY'S NAME AND ADDRESS	PHONE	FAX NO.	E-MAIL	MBE OR WBE	OR VETERAN	
1.				<input type="checkbox"/> EST \$ EST % _____ _____	<input type="checkbox"/> EST % _____	
2.				<input type="checkbox"/> EST \$ EST % _____ _____	<input type="checkbox"/> EST % _____	
3.				<input type="checkbox"/> EST \$ EST % _____ _____	<input type="checkbox"/> EST % _____	
4.				<input type="checkbox"/> EST \$ EST % _____ _____	<input type="checkbox"/> EST % _____	
MBE / WBE/ VETERAN HISTORY	CONTRACT NO.	DESCRIPTION	MBE USED	WBE USED	VETERAN OWNED USED	

Appendix B

CITY OF PITTSBURGH MBE/WBE SOLICITATION AND COMMITMENT FORM-WAIVER REQUEST

COMPANY NAME:	_____
ADDRESS:	_____
CITY AND STATE:	_____
TELEPHONE FAX NUMBER E-MAIL ADDRESS	_____

PLEASE EXPLAIN IN DETAIL WHY A WAIVER IS REQUESTED.

CITY OF PITTSBURGH MBE / WBE / VETERAN SOLICITATION AND COMMITMENT FORM - TRADES

NAME AND ADDRESS	PHONE	FAX	CIRCLE: MM MF NMF VETERAN	WORK PERFORMED: _____ EST. PAYMENT: _____ PAYMENT % OF CONTRACT: _____ DATE STARTED: _____
NAME AND ADDRESS	PHONE	FAX	CIRCLE: MM MF NMF VETERAN	WORK PERFORMED: _____ EST. PAYMENT: _____ PAYMENT % OF CONTRACT: _____ DATE STARTED: _____
NAME AND ADDRESS	PHONE	FAX	CIRCLE: MM MF NMF VETERAN	WORK PERFORMED: _____ EST. PAYMENT: _____ PAYMENT % OF CONTRACT: _____ DATE STARTED: _____
NAME AND ADDRESS	PHONE	FAX	CIRCLE: MM MF NMF VETERAN	WORK PERFORMED: _____ EST. PAYMENT: _____ PAYMENT % OF CONTRACT: _____ DATE STARTED: _____

I HEREBY ATTEST THAT ALL THE ABOVE FORMS HAVE BEEN FILLED OUT TO THE BEST OF MY KNOWLEDGE AND I ACKNOWLEDGE THAT THE DOCUMENTS SUBMITTED ARE THE MBE / WBE / VETERAN PARTICIPATION PLAN AS REQUIRED BY THE CITY OF PITTSBURGH.
(TYPE NAME AND SS NO.):

SIGNED: _____ DATE: _____

Appendix C**Anticipated Project Schedule**

- April 8, 2015 RFP Issued
- April 17, 2015 Deadline for applying firms to submit questions RFI to the Department of Parks & Recreation
- April 22, 2015 Deadline for Citiparks to respond to questions
- May 8, 2015 Proposals due
- May 15, 2015 Respondents Notified of initial outcome
- August 5, 2015 RFP process will be completed

APPENDIX DFACILITY ANALYSIS

The following analysis is provided to

Facility Name: Ammon Community Center

Address: 2217 Bedford Avenue.

Pittsburgh, PA 15219

Phone(s): (412) 255-2501

Fax: N/A

Center Director(s): Monica Williams

Supervisor(s): MichelleUnderwood

Bus Route: 84A Hill loop - 81A Webster

FACILITY TYPE

(Check all that apply. If more than one, please indicate program type)

Senior Center

Security System Available

Recreation Center

Other: Community Oriented Police Station

Preschool

Other:

Summer Food Site

Environmental Center

Program Office

ROOMS

(Check all that apply)

Gym

Other (Type) Game Room

Ceramic Room

Other (Type)

Meeting Room(s)

Other (Type)

Office

Other (Type)

Kitchen/Kitchenette

Other (Type)

Weight Room

Aerobics Room

Dining Room(s)

Bathroom(s)

TOTAL SQUARE FOOTAGE: _____ **14,951**

(Multiply length x width for each room. Add subtotals to complete total)

Average number attendees each day: _____ **250 (Approx.)**

USAGE OF FACILITY

Used Monday to Friday 9-5 only

Used Monday to Friday 1-9 or Other: 10:00 A.M. -9:00 P.M.

Used Saturdays Frequency: Every Saturday

Used Sundays Frequency: Occasionally

PARTICULAR NEEDS OF THIS FACILITY

This facility has 250 attendees; however, this does not include transient people coming in to use the bathrooms.

FACILITY ANALYSIS

Facility Name: Arlington Community Center

Address: 2201 Salisbury St.

Pittsburgh, PA 15210

Phone(s): (412) 488-8397

Fax: (412) 488-8152

Center Director(s): Shawn Schrenkengost

Supervisor(s): Michelle Underwood

Bus Route: _____

FACILITY TYPE

(Check all that apply. If more than one, please indicate program type)

____ Senior Center

____ Security System Available

X Recreation Center

____ Other: _____

____ Preschool

____ Other: _____

X Summer Food Site

____ Environmental Center

____ Program Office

ROOMS

(Check all that apply)

X Gym

X Other (Type) Locker Rooms

____ Ceramic Room

____ Other (Type)

X Meeting Room(s)

____ Other (Type)

X Office

____ Other (Type)

____ Kitchen/Kitchenette

____ Other (Type)

____ Weight Room

____ Aerobics Room

X Dining Room(s)

Bathroom(s)

TOTAL SQUARE FOOTAGE: 8,194

(Multiply length x width for each room. Add subtotals to complete total)

Average number attendees each day: 75

USAGE OF FACILITY

Used Monday to Friday 9-5 only

Used Monday to Friday 1-9 or other I

Used Saturdays

Frequency: _____

Used Sundays

Frequency: Permitted as needed

FACILITY ANALYSISFacility Name: Beechview Senior Community CenterAddress: 1555 Broadway AvenuePittsburgh, PA 15216Phone(s): (412) 571-3224Fax: (412) 571-3286Center Director(s): Brandy Irish-GerjuoySupervisor(s): Jim KrashnaBus Route: Red Line T**FACILITY TYPE**

(Check all that apply. If more than one, please indicate program type)

Senior Center Fire System Available

Recreation Center Other: _____

Preschool Other: _____

Summer Food Site

Environmental Center

Program Office

ROOMS

(Check all that apply)

Gym Other (Type) Entranceway

Ceramic Room Weight Room

Meeting Room(s) Aerobics Room

Office Other (Type) 2 Storage Areas

Kitchen/Kitchenette Other (Type) _____

Dining Room(s)/Lounge

Bathroom(s)

TOTAL SQUARE FOOTAGE: 3,000 (estimate)

(Multiply length x width for each room. Add subtotals to complete total)

Average number attendees each day: 30-50

USAGE OF FACILITY

Used Monday to Friday 8-4 _____

Used Monday to Friday 1-9 _____

Used Saturdays Frequency: _____

Used Sundays Frequency: _____

FACILITY ANALYSISFacility Name: Brighton Heights Senior Community CenterAddress: 3515 McClure AvenuePittsburgh, PA 15212Phone(s) (412) 766-4656Fax: (412) 766-4657Center Director(s): Donna RiegersSupervisor(s): Jim KrashnaBus Route: 16D Brighton**FACILITY TYPE**

(Check all that apply. If more than one, please indicate program type)

 Senior Center Fire System Available Recreation Center Other: Security System Available Preschool Other: _____ Summer Food Site Environmental Center Program Office**ROOMS**

(Check all that apply)

 Gym Other (Type) Entranceway Ceramic Room Weight Room Meeting Room(s) Aerobics Room Office Other (Type) _____ Kitchen/Kitchenette Other (Type) _____ Dining Room(s)/Lounge 2 Bathroom(s)

TOTAL SQUARE FOOTAGE: 3,000 (estimate)
(Multiply length x width for each room. Add subtotals to complete total)

Average number attendees each day: 35-100

USAGE OF FACILITY

 X Used Monday to Friday 8-4 _____
 Used Monday to Friday 1-9 _____
 Used Saturdays Frequency: _____
 Used Sundays Frequency: _____

FACILITY ANALYSIS

Facility Name: Brookline Community Center

Address: 1400 Oakridge Street
Pittsburgh, P A 15226

Phone(s): (412) 571-3222

Fax: (412) 571-3289

Center Director(s): Jon Coyne

Supervisor(s): Michelle Underwood

Bus Route: _____

FACILITY TYPE

(Check all that apply. If more than one, please indicate program type)

Senior Center

Security System Available

Recreation Center

Other: _____

Preschool

Other: _____

Summer Food Site

Environmental Center

Program Office

ROOMS

(Check all that apply)

Gym

2 Other: (Type) Locker Rooms

Ceramic Room

2 Bathroom(s)

Meeting Room(s)

Other: (Type) _____

Office

Other: (Type) _____

Kitchen/Kitchenette

Other: (Type) _____

Weight Room

Aerobics Room

Dining Room(s)

TOTAL SQUARE FOOTAGE: _____ Approximate 7,500

(Multiply length x width for each room. Add subtotals to complete total)

Average number attendees each day: _____ 150

USAGE OF FACILITY

____ Used Monday to Friday 9-5 only

X Used Monday to Friday _____

X Used Saturdays Frequency: _____

X Used Sundays Frequency: _____ Seasonal

FACILITY ANALYSISFacility Name Hazelwood Senior Community Center / Senior Program OfficeAddress: 5344 Second AvenuePittsburgh, P A 15207Phone(s) (412) 422-6549 (Senior Center)(412) 422-6401 (Program Office)

Fax: _____

Center Director(s): Roberta JonesSupervisor (s): Jim KrashnaBus Route: 56 McKeesport**FACILITY TYPE,**

(Check all that apply. If more than one, please indicate program type)

 Senior Center Security System Available Recreation Center Other: _____ Preschool Other: _____ Summer Food Site Environmental Center Program Office**ROOMS**

(Check all that apply)

 Gym Other (Type) Police Office Ceramic Room Other (Type) Stairwells Ceramic Room Other (Type) Office Ceramic Room Other (Type) Exercise Room Kitchen/Kitchenette Other (Type) _____ Weight Room

Aerobics Room

Dining Room(s)

Bathroom(s)

TOTAL SQUARE FOOTAGE: 5,800

(Multiply length x width for each room. Add subtotals to complete total)

Average number attendees each day: 45

USAGE OF FACILITY

Used Monday to Friday 8-4:30 only (and some evenings until approx. 9pm)

Used Monday to Friday 1-9 or other (Every Wednesday 6:30-9pm, 2nd and 4th Tuesday 6:30-9pm)

Used Saturdays Frequency: 1 per month

Used Sundays Frequency: _____

FACILITY ANALYSISFacility Name: Homewood Senior Community CenterAddress: 7321 Frankstown AvenuePittsburgh, PA 15208Phone(s): (412) 244-4190Fax: (412) 244-4191Center Director(s): Marcia ScottSupervisor(s): Jim KrashnaBus Route: 86B/Frankstown; 86A/East Hills**FACILITY TYPE**

(Check all that apply. If more than one, please indicate program type)

 Senior Center Security System Available Recreation Center Other: Lower Level Fitness Area Preschool Other: _____ Summer Food Site Environmental Center Program Office**ROOMS**

(Check all that apply)

 Gym Other (Type) Pool & Card Room Ceramic Room Other (Type) Lower Level Fitness Area/Exercise Room Meeting Room(s) Other (Type) Maintenance Area Office (s) Other (Type) Lobby Area Kitchen/Kitchenette Other (Type) Lobby Area Weight Room Other (Type) Lower Level Restrooms Aerobics Room & Exercise

Dining Room(s)

Bathroom(s)

TOTAL SQUARE FOOTAGE: _____ 6.421

(Multiply length x width for each room. Add subtotals to complete total)

Average number attendees each day: _____ 100

USAGE OF FACILITY

Used Monday to Friday 8-4 Some evenings to approximately 9 p.m.

_____ Used Monday to Friday 1-9 or other _____

Used Saturdays Frequency: Once a month

Used Sundays Frequency: Once a month

FACILITY ANALYSISFacility Name: Jefferson Community CenterAddress: 605 Redknapp StreetPittsburgh, PA 15212Phone(s): (412) 323-7268Fax: (412) 323-7259Center Director (s): Weston WhiteSupervisor(s): Michelle Underwood

Bus Route: _____

FACILITY TYPE

(Check all that apply. If more than one, please indicate program type)

 Senior Center Security System Available Recreation Center Other: Playground Preschool Other: _____ Summer Food Site Environmental Center Program Office**ROOMS**

(Check all that apply)

 Gym Other (Type) Gameroom Ceramic Room Other (Type) _____ Meeting Room(s) Other (Type) _____ Office Other (Type) _____ Kitchen/Kitchenette Other (Type) _____ Weight Room Aerobics Room Dining Room(s)

| Bathroom(s)

TOTAL SQUARE FOOTAGE: _____ 1,985

(Multiply length x width for each room. Add subtotals to complete total)

Average number attendees each day: _____ 75

USAGE OF FACILITY

____ Used Monday to Friday 9-5 only

Used Monday to Friday 1-9 or other _____

Used Saturdays Frequency: _____ As needed

____ Used Sundays Frequency: _____

FACILITY ANALYSIS

Facility Name: Magee Recreation Center /Greenfield Senior Community Center

Address: 745 Greenfield Avenue

Pittsburgh, PA 15217

Phone(s): (412) 422-6551 (Senior Center)

(412) 422-6545 (Recreation Center)

Fax: (412) 422-4267(Senior Center)

Center Director (s): Ed Ulrich Senior Center) / Steve Weis (Recreation Center)

Supervisor(s): Jim Krashna

Bus Route: 58 Greenfield

FACILITY TYPE

(Check all that apply. If more than one, please indicate program type)

Senior Center

Security System Available

Recreation Center

Other: _____

Preschool

Other: _____

Summer Food Site

Environmental Center

Program Office

ROOMS

(Check all that apply)

Gym

Other Bathroom(s)

Ceramic Room

Other (Type) Stairwells

Meeting Room(s)

Other (Type) Elevator

Office

Other (Type) _____

Kitchen/Kitchenette

Other (Type) _____

Fitness Center

Aerobics Room

Dining Room(s)

TOTAL SQUARE FOOTAGE: _____ 12,000

(Multiply length x width for each room. Add subtotals to complete total)

Average number attendees each day: Rec. 200+ (summer): 50-75 (off summer): Seniors (approx. 75)

USAGE OF FACILITY

____ Used Monday to Friday 9-5 only

Used Monday to Friday 8 am – 10 pm

Used Saturdays Frequency: Year round permits

Used Sundays Frequency: Year round permits

PARTICULAR NEEDS OF THIS FACILITY

1. Due to high frequency of use in gym, Special attention should be directed to this facility
2. Senior Center cleaning to be performed five (5) days per week
3. Recreation Center (entire building) cleaning to be performed five (5) days per week
4. Due to high frequency usage of fitness center, Special attention should be directed to this room

FACILITY ANALYSIS

Facility Name: Morningside Senior Community Center/Joe Natoli Recreation

Address: 6944 President Way

Pittsburgh, PA 15206

Phone(s): (412) 665-4342

Fax: (412) 665-3636

Center Director(s): Jaime McDevitt

Supervisor(s): Jim Krashna

Bus Route: 87M Friendship

FACILITY TYPE

(Check all that apply. If more than one, please indicate program type)

Senior Center

Security System Available

Recreation Center

Other: _____

Preschool

Other: _____

Summer Food site

Environmental Center

Program Office

ROOMS

(Check all that apply)

Gym

Other (Type) Computer Room

Ceramic Room

Other (Type) _____

Meeting Room(s)

Other (Type) _____

Office(s)

Other (Type) _____

Kitchen/Kitchenette

Other (Type) _____

Weight Room

Aerobics Room

X Dining Room(s)

3 Bathroom(s)

TOTAL SQUARE FOOTAGE: _____ 4,000

(Multiply length x width for each room. Add subtotals to complete total)

Average number attendees each day: _____ 80

USAGE OF FACILITY

X Used Monday to Friday (8 AM - 4PM)

_____ Used Monday to Friday 1-9 or other _____

X Used Saturdays Frequency: Periodically

X Used Sundays Frequency: Periodically

PARTICULAR NEEDS OF THIS FACILITY

1. Kitchen cleanliness is monitored by Allegheny County Department of Health, therefore compliance to standards must be maintained
2. Dining tables wiped daily /tablecloths straightened
3. Chairs need to be wiped daily
4. Specific cleaning products needed
5. Wastebasket liners need to be replaced properly
6. Sidewalks need to be cleaned weekly

FACILITY ANALYSISFacility Name: Mt. Washington Senior Community CenterAddress: 122 Virginia AvenuePittsburgh, PA 15211Phone(s): (412) 488-8405Fax: (412) 488-8300Center Director(s): Lynn WalshSupervisor(s): Jim KrashnaBus Route: 41 E Bower Hill**FACILITY TYPE**

(Check all that apply. If more than one, please indicate program type)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Senior Center | <input type="checkbox"/> Security System Available |
| <input type="checkbox"/> Recreation Center | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Summer Food Site | |
| <input type="checkbox"/> Environmental Center | |
| <input type="checkbox"/> Program Office | |

ROOMS

(Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Gym | <input checked="" type="checkbox"/> Other (Type) <u>TV/Computer Room</u> |
| <input checked="" type="checkbox"/> Ceramic Room | <input checked="" type="checkbox"/> Other (Type) <u>Game Room</u> |
| <input type="checkbox"/> Meeting Room(s) | <input checked="" type="checkbox"/> Other (Type) <u>Stairwell</u> |
| <input checked="" type="checkbox"/> Office(s) (2) | <input checked="" type="checkbox"/> Other (Type) <u>Elevator</u> |
| <input checked="" type="checkbox"/> Kitchen/Kitchenette | <input checked="" type="checkbox"/> Other (Type) <u>Lobby (1st/2nd Floor)</u> |
| <input checked="" type="checkbox"/> Weight Room | <input checked="" type="checkbox"/> <u>4</u> Bathroom(s) |
| <input checked="" type="checkbox"/> Aerobics Room | <input checked="" type="checkbox"/> Other (Type) <u>Stairwell</u> |
| <input checked="" type="checkbox"/> Dining Room(s) | |

TOTAL SQUARE FOOTAGE: 11,000 SQ FEET

(Multiply length x width for each room. Add subtotals to complete total)

Average number attendees each day: 50

USAGE OF FACILITY

X Used Monday to Friday 8 -4 only

X Used Monday to Friday 1-9 or other Evening programs -monthly

X Used Saturdays Frequency: Quarterly

X Used Sundays Frequency: Quarterly

PARTICULAR NEEDS OF THIS FACILITY

1. Clean garbage containers weekly
2. Pick up litter outside center weekly

FACILITY ANALYSISFacility Name: Lawrenceville Senior Community Center (within Boys and Girls Club)Address: 4600 Butler Street
Pittsburgh, PA 15201Phone(s): (412) 622-6918Fax: (412) 622-6921Center Director(s): Kerm McIntoshSupervisor(s): Jim KrashnaBus Route: 91 Butler Street**FACILITY TYPE**

(Check all that apply. If more than one, please indicate program type)

- Senior Center
- Recreation Center
- Preschool
- Summer Food Site
- Environmental Center
- Program Office

ROOMS

(Check all that apply)

- Gym
- Other (Type): Community Room
- Ceramic Room
- Other (Type): _____
- Office(s)
- Kitchen/Kitchenette
- Bathrooms (4)
- Kitchen/Kitchenette

TOTAL SQUARE FOOTAGE: 3500 (approx)Average number attendees each day: 75

USAGE OF FACILITY

X Used Monday to Friday 8 -4

X Used Monday to Friday for Evening programs -monthly

X Used Saturdays

Frequency: Quarterly

___ Used Sundays

Frequency: _____

PARTICULAR NEEDS OF THIS FACILITY

1. Clean garbage containers weekly
2. Pick up litter outside center weekly
3. Coordinate access with Boys and Girls Club via Center Director

FACILITY ANALYSISFacility Name: Northside Senior Community CenterAddress: Allegheny SquarePittsburgh, PA 15212Phone(s): (412) 323-7239/ (412) 323-7269Fax: (412) 323-7269Center Director(s): Melinda McCormickSupervisor(s): Jim KrashnaBus Route: 17B/6A/54C/6B/6C/6D/16F/8Perrysville/13Bellevue**FACILITY TYPE**

(Check all that apply. If more than one, please indicate program type)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Senior Center | <input type="checkbox"/> Security System Available |
| <input type="checkbox"/> Recreation Center | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Summer Food Site | |
| <input type="checkbox"/> Environmental Center | |
| <input type="checkbox"/> Program Office | |

ROOMS

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Gym | <input checked="" type="checkbox"/> Other (Type) <u>Pool Rooms</u> |
| <input checked="" type="checkbox"/> Ceramic Room | <input checked="" type="checkbox"/> Other (Type) <u>Large Entrance/hallway</u> |
| <input type="checkbox"/> Meeting Room(s) | <input checked="" type="checkbox"/> Other (Type) <u>Maintenance Room</u> |
| <input checked="" type="checkbox"/> Office | <input type="checkbox"/> Other (Type) _____ |
| <input checked="" type="checkbox"/> Kitchen/Kitchenette | <input type="checkbox"/> Other (Type) _____ |
| <input type="checkbox"/> Weight Room | |
| <input type="checkbox"/> Aerobics Room | |
| <input checked="" type="checkbox"/> Dining Room(s) | |
| <input checked="" type="checkbox"/> Bathroom(s) | |

TOTAL SQUARE FOOTAGE: 5,400

(Multiply length x width for each room. Add subtotals to complete total)

Average number attendees each day: 65

USAGE OF FACILITY

Used Monday to Friday 8-4 only

Used Monday to Friday 1-9 or other _____

Used Saturdays Frequency: _____

Used Sundays Frequency: _____

FACILITY ANALYSISFacility Name: Ormsby Community CenterAddress: 22nd & Sidney StreetPittsburgh, PA 15203Phone (s): (412) 488-8306Fax: (412) 488-8154Center Director(s): Erin MillerSupervisor(s): Michelle Underwood

Bus Route _____

FACILITY TYPE

(Check all that apply. If more than one, please indicate program type)

 Senior Center Security System Available Recreation Center Other: Pull down gate with pad lock Preschool Other: _____ Summer Food Site Environmental Center Program Office**ROOMS**

(Check all that apply)

 Gym Bathroom Ceramic Room Other (Type) Computer Room Meeting Room(s) Other (Type) _____ Office Other (Type) _____ Kitchen/Kitchenette Other (Type) _____ Weight Room Aerobics Room Dining Room(s)

TOTAL SQUARE FOOTAGE: _____ 6,200

(Multiply length x width for each room. Add subtotals to complete total)

Average number attendees each day: _____ 200

USAGE OF FACILITY

____ Used Monday to Friday 9 -5 only

X Used Monday to Friday 1-9 or other _____

X Used Saturdays Frequency: 9-2

____ Used Sundays Frequency: Permitted as needed

FACILITY ANALYSIS

Facility Name: Paulson Community Center

Address: 1201 Paulson Avenue

Pittsburgh, PA 15206

Phone(s): (412) 665-3627

Fax: (412) 665-3627

Center Director(s): Paula Meyer

Supervisor(s): Michelle Underwood

Bus Route: 94A; 74C

FACILITY TYPE

(Check all that apply. If more than one, please indicate program type)

Senior Center

Security System Available

Recreation Center

Other: _____

Preschool

Other: _____

Summer Food Site

Environmental Center

Program Office

ROOMS

(Check all that apply)

Gym

Other (Type) _____

Ceramic Room

Other (Type) _____

Meeting Room(s)

Other (Type) _____

Office

Other (Type) _____

Kitchen/Kitchenette

Other (Type) _____

Weight Room

Aerobics Room

Dining Room(s)

X Bathroom(s)

TOTAL SQUARE FOOTAGE: 4,200

(Multiply length x width for each room. Add subtotals to complete total)

Average number attendees each day: 150

USAGE OF FACILITY

Used Monday to Friday 9 -5 only

X Used Monday to Friday 1-9 or other _____

X Used Saturdays Frequency: _____

X Used Sundays Frequency: Permitted as needed

FACILITY ANALYSISFacility Name: Phillips Park Community CenterAddress: Spokane and Parkfield StreetsPittsburgh, PA 15210Phone(s) (412) 885-7445Fax: (412) 885-7450Center Director(s): Chris BuggieySupervisor(s): Michelle Underwood

Bus Route: _____

FACILITY TYPE

(Check all that apply. If more than one, please indicate program type)

 Senior Center Security System Available Recreation Center Other: _____ Preschool Other: _____ Summer Food site Environmental Center Program Office**ROOMS**

(Check all that apply)

 Gym Security System Available Ceramic Room Other (Type) Dance Studio Meeting Room(s) Other (Type) Game Room Office Other (Type) Arts & Crafts Kitchen / Kitchenette Other (Type) _____ Weight Room Aerobics Room Dining Room(s)

X Bathroom(s)

TOTAL SQUARE FOOTAGE: 11,890

(Multiply length x width for each room. Add subtotals to complete total)

Average number attendees each day: 100 to 250

USAGE OF FACILITY

 Used Monday to Friday 9 -5 only

 Used Monday to Friday 1-9 or other _____

 Used Saturdays Frequency: _____

 Used Sundays Frequency: _____

FACILITY ANALYSISFacility Name: Sheraden Senior Community CenterAddress 720 Sherwood AvenuePittsburgh, PA 15204Phone(s): (412) 777-5012Fax: (412) 777-5013Center Director(s) Noreen O'MalleySupervisor(s): Jim KrashnaBus Route: 26 Chartiers**FACILITY TYPE**

(Check all that apply. If more than one, please indicate program type)

 Senior Center Security System Available Recreation Center Other: _____ Preschool Other: _____ Summer Food Site Environmental Center Program Office**ROOMS**

(Check all that apply)

 Gym Other (Type) Hallway Ceramic Room Other (Type) Entrance Meeting Room(s) Other (Type) _____ Office Other (Type) _____ Kitchen/Kitchenette Other (Type) _____ Weight Room Aerobics Room Dining Room(s)

2 Bathroom(s)

TOTAL SQUARE FOOTAGE: _____ 3,674

(Multiply length x width for each room. Add subtotals to complete total)

Average number attendees each day _____ 75

USAGE OF FACILITY

X Used Monday to Friday 8-4 1. Every Monday 2. 1st & 3rd Tuesday

X Used Monday to Friday 1-9 or Other 3. Every 4th Tuesday 4. Other by request

_____ Used Saturdays Frequency: _____

_____ Used Sundays Frequency: _____

FACILITY ANALYSISFacility Name: South Side Senior Center / Community CenterAddress 12th & Bingham Streets / 15 Bedford SquarePittsburgh, PA 15203Phone(s) (412) 488-8404 (Senior Center) / (412) 488-8390 (Community Center)Center Director(s): Sarah Johnston (Senior Center)Monica Williams (Recreation Center)Supervisor(s): Jim Krashna/ Michelle UnderwoodBus Route: 5I Carrick / 48 Arlington**FACILITY TYPE**

(Check all that apply. If more than one, please indicate program type)

 Senior Center Security System Available Recreation Center Other: _____ Preschool Other: _____ Summer Food Site Environmental Center Program Office**ROOMS**

(Check all that apply)

 Gym Other (Type) Elevator Ceramic Room Other (Type) Conference Room Meeting Room(s) Other (Type) Stairwell 2 Offices Other (Type) Balcony 2nd Floor Kitchen/Kitchenette Other (Type) Fitness Room Weight Room Aerobics Room Dining Room(s)

4 Bathroom(s)

TOTAL SQUARE FOOTAGE: 24,259

(Multiply length x width for each room. Add subtotals to complete total)

Average number attendees each day: 400 (100 on Senior Side)

USAGE OF FACILITY

Used Monday to Friday (8AM –10 PM)

Used Monday to Friday 1-9 or other _____

Used Saturdays

Frequency: September – May

Used Sundays

Frequency: September – May

PARTICULAR NEEDS OF THIS FACILITY

1. Ceramics floor mopped daily (with separate mop)
2. Gym Floor (dust) mopped daily
3. Dining tables wiped daily / tablecloths straightened
4. Chairs need wiped daily
5. Specific cleansing products needed
6. Wastebasket liners need to be replaced properly
7. Sidewalks need to be cleaned weekly
8. Cleaning of the elevator must occur weekly
9. Senior Center cleaning performed five (5) days per week
10. Recreation Center (entire building) cleaning to be performed five (5) days per week
11. Special attention to fitness room needed

FACILITY ANALYSISFacility Name: Warrington Community CenterAddress: 329 E. Warrington AvenuePittsburgh, PA 15210Phone(s): (412) 488-8369Fax: (412) 488-8150Center Director(s): Ken LindseySupervisor(s): Michelle Underwood

Bus Route: _____

FACILITY TYPE

(Check all that apply. If more than one, please indicate program type)

 Senior Center Security System Available Recreation Center Other: _____ Preschool Other: _____ Summer Food Site Environmental Center Program Office**ROOMS**

(Check all that apply)

 Gym Other (Type) Game Rooms Ceramic Room Other (Type) Locker Rooms Meeting Room(s) (Multipurpose) Other (Type) _____ Office Other (Type) _____ Kitchen/Kitchenette Weight Room Aerobics Room Dining Room(s)

X Bathroom(s)

TOTAL SQUARE FOOTAGE: 15,850

(Multiply length x width for each room. Add subtotals to complete total)

Average number attendees each day: 150

USAGE OF FACILITY

 Used Monday to Friday 9-5 only

X Used Monday to Friday 1-9 or

Other: 10 am -9 pm (summer hours)

X Used Saturdays

Frequency: 10 am -3 pm

X Used Sundays

Frequency: Permitted as needed

FACILITY ANALYSISFacility Name: West End Senior Community CenterAddress: 80 Wabash StreetPittsburgh, PA 15220Phone(s) (412) 937-3068Fax: (412) 937-3076Center Director(s): John ClancySupervisor(s): Jim KrashnaBus Route: 36B Virginia Manor & 36D Westwood**FACILITY TYPE**

(Check all that apply. If more than one, please indicate program type)

 Senior Center Security System Available Recreation Center Other: _____ Preschool Other: _____ Summer Food Site Environmental Center Program Office**ROOMS**

(Check all that apply)

 Gym Other (Type) Hallway Ceramic Room Other (Type) Entrance Meeting Room(s) Other (Type) Lounge / TV Area Office Other (Type) _____ Kitchen / Kitchenette Other (Type) _____ Weight Room Aerobics Room

2 Dining Room(s)

4 Bathroom(s)

TOTAL SQUARE FOOTAGE: 2,855

(Multiply length x width for each room. Add subtotals to complete total)

Average number attendees each day 50

USAGE OF FACILITY

X Used Monday to Friday 8-4

X Used Monday to Friday 1-9 or other Every Wednesday 7-9pm

 Used Saturdays Frequency: _____

 Used Sundays Frequency: _____

FACILITY ANALYSISFacility Name West Penn Community CenterAddress 30th & Paulowna StreetsPittsburgh, PA 15219Phone(s): (412) 622-7353Fax: (412) 622-1282Center Director(s): Steve RothaarSupervisor(s): Michelle UnderwoodBus Route: 77BIFrankstown; 77 A/Oakmont; 77C/Shadyside; 54C/Northside (via Polish Hill);
86A/East Hills; 86BIFrankstown (28th St.)**FACILITY TYPE**

(Check all that apply. If more than one, please indicate program type)

 Senior Center Security System Available Recreation Center Other: _____ Preschool Other: _____ Summer Food Site Environmental Center Program Office**ROOMS**

(Check all that apply)

 Gym Other (Type) Dance Studio Ceramic Room Other (Type) Game Room Meeting Room(s) Other (Type) Arts & Crafts Office Other (Type) _____ Kitchen/Kitchenette Other (Type) _____ Weight Room Aerobics Room

Dining Room(s)

Bathroom(s)

TOTAL SQUARE FOOTAGE: 10,866

(Multiply length x width for each room. Add subtotals to complete total)

Average number attendees each day 100 to 150

USAGE OF FACILITY

Used Monday to Friday 9-5 only

Used Monday to Friday 1-9 or Other 9 am – 8 pm summer hours

Used Saturdays .Used Sundays Frequency: September – June/ 10 am – 3 pm

Used Sundays Frequency: Permitted as required

APPENDIX E

City of Pittsburgh Prevailing Wage Rate

City of Pittsburgh Service Worker Prevailing Wages for Cleaning Services

The contractor and all of its subcontractors will pay at least the applicable prevailing wages as will have been determined by the City Controller pursuant to the City of Pittsburgh Service Worker Prevailing Wage Ordinance, Title I, Article VII, Section 161.38(I)(B), and as will have been determined by the Secretary of Labor and Industry to the workers employed in the performance of any contract for public work subject to the Pennsylvania Prevailing Wage Act approved August 15, 1961, P.L. 987, No. 442, as amended August 9, 1963, P.L. 653, No. 342, 43 P.S. § 165-1et seq. (West 1992 & Supp. 2004), and the regulations issued pursuant thereto.

There may be withheld from any sums due to the contractor or subcontractor so much as may be necessary to pay the workers employed in the performance of any contract subject to City of Pittsburgh Service Worker Prevailing Wage Ordinance, Title I, Article VII, Section 161.4038(I)(B), or for public work subject to the Pennsylvania Prevailing Wage Act approved August 15, 1961, P.L. 987, No. 442, as amended August 9, 1963, P.L. 653, No. 342, 43 P.S. § 165-1 et seq. (West 1992& Supp. 2004), and the regulations issued pursuant thereto the difference between the wages required by the contract to be paid and the wages actually paid to such employees, and the City Controller may make such payments directly to the appropriate workers.

The prevailing minimum wages for each craft classification of workers needed to perform the contract subject to the City of Pittsburgh Service Worker Prevailing Wage Ordinance, Title I, Article VII, Section 161.38(I)(B), and the public work contract subject to the Pennsylvania Prevailing Wage Act approved August 15, 1961 P.L. 987, No. 442, as amended August 9, 1963, P.L. 653, No. 342, 43 P.S. § 165-1et seq. (West 1992 & Supp. 2004), and the regulations issued pursuant thereto are incorporated into and made a part of this contract.

A contractor must comply with § 197.08(c), requiring a contractor to provide the City with a Statement of Affiliations where a contract with the City is valued at least one thousand dollars (\$1,000.00).

Current wage rates and benefits information are as follows: Janitor, Wage Rate \$15.37 per hour; Custodian Wage Rate \$15.37 per hour; Both Janitor and Custodian, Benefits, \$3.59, Prevailing Time off -- 10 Paid Holidays; Paid Vacation Schedule after one year of service -- two weeks, after eight years of service-- 3 weeks, after 15 years of service — 4 weeks. Any changes to these prevailing wage rates will be posted on the City's website.