



MISSISSIPPI STATE HOSPITAL

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Director

Amendment No. 2: IFB 4.22.2026.202 Janitorial/Housekeeping Services RFX: 3160007952 April 29, 2026

Vendor Questions and Responses

	Vendor Questions	Agency Responses
1	Regarding the submission requirements in the RFP, could you please clarify the impact of a split-delivery scenario? Specifically, if a bidder successfully submits their bid via the MAGIC system before the 3:00 P.M. deadline on April 22, 2026, but the physical paper copy is delayed in transit and arrives after that time, will the bid still be considered for award, or does the 'late' status of the paper copy disqualify the entire submission?	We must adhere to the bid instructions so submission into MAGIC and paper delivery must be submitted on or before the submission date and time, or it will be considered late.
2	On the Building Coverage Schedule, there are pricing columns for "Weekdays" and "Weekends." Could the Hospital clarify the Unit of Measure for these columns? For example, is the requested price a daily rate per building, a monthly flat fee per building, or a per-square-foot rate?	Square footage helps determine the amount of staff needed to clean. Overall we will look at the bottom Monthly costs for Weekdays and Weekends to determine the lowest and best bid.
3	The IFB mandates a total of 28 staff members on weekdays and 12 on weekends. However, the pricing sheet asks for individual building prices. To ensure all vendors are bidding on a level playing field, could the Hospital provide the intended staffing model (headcount) per building?	Square footage helps determine the amount of staff needed to clean. Overall we will look at the bottom Monthly costs for Weekdays and Weekends to determine the lowest and best bid.
4	If a specific staffing model per building is not provided, how will the Hospital evaluate price consistency? For instance, if two buildings have similar square footage but different "Programs," does the Hospital expect a higher staff-to-square-foot ratio for certain programs?	Square footage helps determine the amount of staff needed to clean. Overall we will look at the bottom Monthly costs for Weekdays and Weekends to determine the lowest and best bid.

5	Regarding the mandated staffing of 28 workers (weekdays) and 12 workers (weekends): Does this headcount requirement include on-site leadership (e.g., Project Manager, Supervisors, or Shift Leads)? Or is the 28/12 requirement strictly for 'front-line' janitorial staff, with management required to be additional personnel?	The required headcount of 28 during the weekdays and 12 on the weekends will be for housekeeping/janitorial personnel only. If leadership will be conducting any of the housekeeping/janitorial duties then they are considered part of the headcount. A daily sign-in sheet will be provided to account for housekeeping/janitorial staff.
6	If supervisors are included in the 28/12 headcount, are they expected to perform cleaning duties, or is it acceptable for them to focus solely on 'verified coverage' monitoring and quality control?	Monitoring and quality control will be assessed and reported by State Hospital Staff only.
7	If a supervisor is absent, does the Hospital apply the same pro-rata deduction formula as it does for a front-line worker, or is there a different penalty for a gap in leadership coverage?	Pro-rata applies to the janitorial and housekeeping. If leadership is performing those duties in place of staff then they will be counted as staff.
8	Since Building 69 is excluded from weekend coverage, should the "Weekend" pricing column for Building 69 be left blank, or is there a different expectation for that line item?	Leave 69 Weekend blank. We can not pay for a building that is not currently operational.
9	What is the expected average daily occupancy for each building (JNH and IPS) during the contract term? Knowing the population density of each 'Program' area is essential for us to accurately estimate supply consumption and labor intensity	It varies. Once janitorial and housekeeping staff report on campus, they will be assigned a building(s) to oversee.
10	The background provided states an average daily census of 223 for the Hospital and 180 for JNH. To accurately price the 'per building' supply and labor costs, can the Hospital provide the average daily occupancy or bed count for each of the 15 specific buildings included in the Scope of Work?	It varies. Once janitorial and housekeeping staff report on campus, they will be assigned a building(s) to oversee.
11	Are there specific 'High-Acuity' or 'Isolation' units within the JNH/IPS groups that require specialized cleaning protocols or more frequent daily cycles than the standard areas?	Yes. If an area is on isolation the staff will have to suit up and a detailed cleaning according to policy.
12	Is the vendor responsible for providing 'Consumables' (e.g., toilet paper, paper towels, hand soap) for all buildings, or is the vendor only responsible for cleaning chemicals and tools? If the vendor provides consumables, can the Hospital provide historical usage data or the current average monthly spend?	Hospital will provide all supplies and equipment.
13	For buildings with 365/7 coverage, are there specific times (outside of the 6:00 AM–3:30 PM window) when floor maintenance (stripping/waxing) must be performed to minimize disruption to patient care?	Not included in this bid.

14	The IFB requires 28 workers on weekdays and 12 on weekends. Can the Hospital clarify if "full coverage" is met by a total headcount per shift, or is it specific to each building? (e.g., If Building 28 is short one person but Building 31 has an extra person, does that constitute a deduction?)	Yes a head count will be performed and numbers will be recorded daily. If a building is short a person and there is a person to spare, yes they can be pulled to the needed building. Full coverage is met by a total head count. Staff may be placed daily if needed.
15	Given that Building 69 is excluded from weekend coverage, has this exclusion already been factored into the 12-person weekend requirement, or does the 12-person requirement apply only to the remaining buildings in the IPS and JNH groups?	Not factored. Do not include in pricing.
16	What specific documentation is required to meet the "verified coverage" standard to avoid a pro-rata deduction if we have a temporary staff reduction but all tasks in the Scope of Work are completed?	MSH staff will oversee the verified coverage.
17	How is the "pro-rata formula" for monthly payments calculated? Specifically, is the deduction based on a per-person daily rate, a per-hour rate for missing time, or a percentage of the total monthly contract value?	Percentage of the total monthly contract value.
18	If a staff member is absent for a portion of a shift (e.g., leaving early due to illness), how is the pro-rata deduction applied to that specific workday's billing?	Vendor will need to ensure full coverage for stated contractual requirements.
19	Since shifts are listed as 6:00 AM–2:30 PM or 7:00 AM–3:30 PM, does the Hospital require a specific ratio of staff on the earlier shift versus the later shift, or is the split at the Vendor's discretion?	Vendor's discretion
20	For the 365/7 day requirement, how should holiday staffing be billed—at the standard daily rate, or is there a provision for holiday premium pay within the pro-rata formula?	Standard daily rate.
21	Does the Hospital require a specific minimum hourly wage for contract personnel under this RFP, or should vendors base their pricing on the current federal minimum wage of \$7.25/hour?	Vendor determines hourly rates.
22	Are vendors required to provide paid sick leave to staff assigned to this contract? If so, what are the minimum accrual requirements (e.g., hours earned per month or per year)	State Hospital has a contract with the vendor in which we pay. How the vendor pays their staff for sick leave is the vendor's responsibility.
23	How should holiday pay be handled? Does the Hospital require 'full coverage' staffing on state-recognized holidays, and if so, is the vendor expected to bill at a premium holiday rate or the standard flat pro-rata rate?	Pretaining to the contract, staff should be here 365/7days this includes all holiday's. There is no special provision for holiday pay, it's considered a regular working day. Unless the Vendor chooses to make pay acceptions on that day.

24	The IFB asks for pricing per building; does the Hospital provide on-site storage for cleaning supplies and equipment (e.g., floor buffers, chemicals, mops) within each building, or is there a centralized storage area from which the vendor must transport supplies daily?	Hospital will provide all supplies and equipment.
25	Is there a current incumbent vendor providing these janitorial services? If so, who is the vendor, and what is the current annual or monthly contract value?	Yes. Wheeler's Janitorial Services. \$76,000 current monthly.
26	Can the Hospital provide the total expenditure for janitorial services at these specific buildings (JNH and IPS) for the last two fiscal years?	This is available on the State Transparency Website https://www.transparency.ms.gov/contracts
27	Regarding 'Additional Clause A' (Prohibition on Recruiting): Does this prohibition apply to hiring the incumbent vendor's staff at the end of their current contract term? In many state contracts, 'Right of First Refusal' is given to existing staff to ensure continuity of service. Does MSH allow the successor vendor to interview and hire existing qualified staff, or is the incoming vendor strictly required to recruit an entirely new workforce?	No this does not apply when the contract has ended.
28	Regarding 'Additional Clause B': Please clarify if this means that if a worker was originally placed at MSH by Vendor A three years ago, they can never work at the facility for a different Vendor B, even if Vendor B wins the new contract? This would effectively 'blacklist' experienced workers from the facility if the contract changes hands. Is this the Hospital's intent?	The worker can work at MSH under a different vendor as long as the previous vendor they were working for contract has ended.
29	If the incoming vendor is prohibited from hiring any of the current staff (per Clause A), will the Hospital allow a 30-day phase-in period for the new vendor to recruit and train a completely new team before the 'pro-rata' deduction penalties begin?	The new vendor will not be prohibited to hiring current staff, as long as the contract has ended from the previous vendor.
30	When a contractor submits an individual to work at the MSH What are the requirements of the individual before they can begin working at the MSH? What shots, vaccines, and immunizations are required and who pay for those? How long does the MSH orientation take per employee, what time are these orientations conducted and how often are they offered? Does the MSH require another background check other than the one provided by the contractor and if so how long does that process take? Is there any PPE required for the employees?	The orientation class usually last around two (2) days. Shot records are not a requirement. PPE requirements are enforced when necessary (for example: entering an isolated area).

31 Page 19 states at the top of the page the Agency shall supply all equipment in good and proper working condition, such as vacuum cleaners, janitorial carts, cleaning supplies, and chemicals. A little further down to the letter J. it states the contractor shall supply all janitorial cleaning supplies (such as , but not limited to toilet paper, disinfecting cleaner, etc) and materials (such as, but not limited to brooms, mops, vacuums, etc) in good working order and clean. Can you please clarify what MSH will supply and what the contractor will supply?

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