

RESOLUTION 45-24

**RESOLUTION AUTHORIZING EXECUTION OF ~~AN AMENDMENT TO~~
~~THE AGREEMENT BETWEEN THE BOROUGH OF CLAYTON AND~~
CALLED TO CLEAN LLC**

WHEREAS, the Borough of Clayton has agreed to enter into an ~~amended~~
Agreement for Janitorial Services; and

NOW, THEREFORE, BE IT RESOLVED, by the Mayor and Council of the
Borough of Clayton, County of Gloucester, and State of New Jersey as follows:

1. That the governing body does hereby approve the attached ~~amended~~
Agreement between the Borough of Clayton and Called to Clean LLC.
2. That the Administrator be and is hereby authorized to execute said
contract on behalf of the Borough of Clayton.

ADOPTED, at a regular meeting of the Mayor and Council of the Borough of
Clayton held on January 25, 2024.

BOROUGH OF CLAYTON



THOMAS BIANCO, Mayor

Attest:

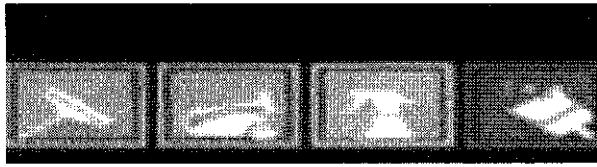


CHRISTINE NEWCOMB, Borough Clerk

CERTIFICATION

I, Christine Newcomb, Borough Clerk, of the Borough of Clayton, do hereby
certify that the foregoing Resolution was presented and duly adopted by the Borough
Council at a meeting of the Borough of Clayton, held on Thursday, January 25, 2024.

CHRISTINE NEWCOMB, Borough Clerk



Called To Clean LLC

Residential and Commercial Janitorial Services

2024 Agreement – Called to Clean and Borough of Clayton

This Agreement, dated: 1/25/2024 is made between Called to Clean LLC and the Borough of Clayton, and both Called to Clean LLC and the Borough of Clayton agree to the following terms and conditions:

1. Called to Clean LLC agrees to perform the cleaning activities as outlined in the attached scope of work provided by the Borough of Clayton.
2. The Borough of Clayton agrees to contract Called to Clean to perform cleaning services two (2) times per week for the Municipal Building and Police Department, and to perform cleaning services twice (2x) per month for the Recreation Center and the Senior Center.
3. The monthly fee for cleaning the Municipal Building, Police Department, Recreation Center and Senior Center is \$1,291.67 (\$15,500 annually).

4. CLEANING SCOPE OF WORK:

Clayton Municipal Building, Police Department – Twice a Week. Senior Center and Recreation Center – Twice a Month.

Areas to be cleaned are:

- Entrances/Payment Window Area/Vestibules
- Office Areas – Cubicle Area, Offices, Common Office Areas (copier area, etc.)
- Conference Rooms and Court Room/Council Chambers
- Break Rooms
- Bathrooms – Municipal Office, Police, and Public Restrooms
- Police Locker Room (includes a bathroom)
- Holding Cells
- Hallways and Common Areas

Note: Excluded areas are Municipal Records Room, Construction Records Room and Mayor's Office

Cleaning Tasks are:

- * Sweep and mop tile flooring.
- * Vacuum carpeted areas. Spot vacuum 1x per week, full vacuum 1x per week.
- * Dust horizontal surfaces (clean surfaces of desks, chairs, tables, filing cabinets, furniture, air vents and unobstructed work areas) weekly.
- * Remove cobwebs.
- * Empty all trash containers. Damp wipe kitchen trash containers 1x per week. Sanitize sanitary napkin bins.
- * Take trash and recyclables to dumpsters and recycling containers.
- * Removes smudges and fingerprints on glass doors, vestibule windows in front, light switches, counter and other surfaces.
- * Sanitize and polish all water fountains.
- * Restrooms: Thoroughly clean and mop with germicide. Clean mirrors (polish also), toilets, urinals, and sinks using disinfectants/detergents. Disinfect door handles and dispensers. Refill soap and paper products (supplied by the Borough). Sweep then mop floors with disinfectant.
- * Break Rooms: Clean and sanitize sinks and wipe and sanitize eating areas (tables). Wipe microwave and front of refrigerators. (Employees are responsible for dishes).
- * Remove dirt on entrance doorframes, handles, and threshold. Vacuum and mop entry mats.
- * Leave furniture in orderly fashion.

5. Called to Clean acknowledges that the Borough only requires one (1) cleaning service in June for the Recreation Center and none in July and August due to the YMCA using the facility and being responsible for cleaning. In lieu of these cleanings, Called to Clean LLC agrees to perform additional cleaning tasks in their place as requested by the Administrator. Examples are below:

- a) Clean the glass in the municipal building vestibule thoroughly: high windows, inner and outer glass doors and panels.**
- b) Polish council dais in council chambers and vacuum carpet and upholstery.**
- c) Sanitize water fill stations and fountains in Borough Hall and Police Department.**
- d) Vacuum and mop all entry mats.**

6. The Borough agrees to verbally notify Called to Clean LLC of any non-performance issues prior to written notification.

7. This Agreement ends on December 31, 2024. This Agreement will not automatically renew.

8. Terms: Called to Clean will invoice the Borough at the end of each month for services performed, with payment terms at net 15 days. All additional services are invoiced as incurred, with payment terms at net 15 days.
9. Called to Clean will provide proof of insurance by providing a copy of the company's policy.
10. Called to Clean LLC annually observes the following federal holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and Christmas Day. If that day falls on a Sunday, an alternative day that week will substitute.

SIGNED AND AGREED TO BY:

Borough of Clayton:

Called To Clean LLC

By: Sue Miller

By: Jason Cole

Name: Sue Miller

Name: JASON COLES

Title: Administrator

Title: J. Coles



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/29/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AUTOMATIC DATA PROCESSING INS/PAC 76250815 71 HANOVER ROAD FLORHAM PARK NJ 07932	CONTACT NAME: PHONE (800) 524-7024 (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Hartford Underwriters Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC# 30104
--	--	-----------------------

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			76 SBU AK6K4U	05/01/2023	05/01/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			76 SBU AK6K4U	05/01/2023	05/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 10,000 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			76 SBU AK6K4U	05/01/2023	05/01/2024	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A		N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	Data Breach - Defense & Liab Covg			76 SBU AK6K4U	05/01/2023	05/01/2024	Limit \$50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations.

CERTIFICATE HOLDER

Susan Miller
Susan Miller
Borough Of Clayton
125 N DELSEA DR
CLAYTON NJ 08312

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Susan L. Castaneda

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/28/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Automatic Data Processing Insurance Agency, Inc. 1 Adp Boulevard Roseland NJ 07068		CONTACT NAME: Automatic Data Processing Insurance Agency, Inc. PHONE (A/C, No, Ext): 1-800-524-7024 FAX (A/C, No): E-MAIL ADDRESS:	
INSURED CALLED TO CLEAN LLC 137 AZALEA DR DEPTFORD NJ 080966638		INSURER(S) AFFORDING COVERAGE INSURER A: Market Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 38970	

COVERAGES**CERTIFICATE NUMBER:** 3433252**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	MWC0184991-03	05/01/2023	05/01/2024 <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**Borough of Clayton, Attn: Susan Miller
125 North Delsea Drive

Clayton

NJ 08312

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE