

EXHIBIT A

Scope of Services

The City of Plattsburgh is seeking a vendor who can provide all the materials and services requested herein. The selected vendor shall provide the services required in the below table.

The drop-off date indicates the 2025 date on which restrooms are to be delivered to the listed facility and the pick-up date is the 2025 date on which the restrooms are to be retrieved by the vendor. The acronym HCP indicates a handicap accessible restroom.

The vendor shall also provide pricing per Exhibit B should the City request delivery of additional restrooms or an increase in the cleaning/pump out frequency for said restrooms.

Facility	Address	Drop-Off Date	Pick-Up Date	# of Restrooms	Cleaning/Pumpout Frequency
Plattsburgh City Marina/Boat Launch	2 Dock Street	April 15th	September 30th	1 Standard	Twice per Week
Plattsburgh City Beach	Beach Road	May 1st	September 30th	1 Standard 1 HCP	Twice per Week
South Acres Park	23 Flynn Ave.	April 15th	September 30th	1 Standard	Twice per Week
South Platt Park	21 South Platt Street	April 15th	n/a (year round)	1 Standard 1 HCP	Twice per Week
US Oval	US Oval	April 15th	November 30th	2 Standard, 1 HCP	Twice per Week
Wilcox Dock	90 Cumberland Ave.	April 15th	September 30th	1 HCP	Twice per Week
Fourth of July	City Hall South Lawn	July 4th	July 5th	6 Standard, 3 HCP	Once

Mayor's Cup	City Beach Stage	July 12th	July 13th	1 Standard	Once
Lake City Arts Fest	Downtown area (will clarify closer to event)	August 23rd	August 24th	3 Standard, 2 HCP	Once
Movie Night in the Park	City Hall Place South Lawn	September 27th	September 28th	2 Standard, 1HCP	Once

EXHIBIT B

Cost and Pricing

Cost for vendor to provide all services listed in Exhibit A: \$ _____

Additional weekly charge for one (1) additional standard portable restroom: \$ _____

Additional weekly charge for one (1) additional HCP portable restroom: \$ _____

Additional charge for one (1) additional weekly cleanout/pump out for one (1) standard Portable restroom:

\$ _____

Additional charge for one (1) additional weekly cleaning/pump out for one (1) HCP portable restroom:

\$ _____

