



ADDENDUM #1

Request for Proposals
Supplemental Pest Control Services
Solicitation No. 2024-1064

Originally Issued October 3, 2024

Addendum 1 – Issued October 22, 2024

To Offerors:

The following additions, deductions, changes and corrections to the proposal and specifications for the above referenced project shall hereby be incorporated into the work, and their affect on the proposal shall be reflected in the Offeror's proposal. Offerors shall also verify this fact by indicating the receipt of the addendum in their proposal.

CHANGES:

The Fee Submission Form is deleted and replaced with the attached form. The Proposal Packet has been updated with this information.

QUESTIONS:

1. Bat removal pricing will be dependent on certain factors. How should this be priced?
Please submit pricing using the additional services section of the fee sheet. If you need additional space please attach a pricing sheet for additional services.
2. How will notices be provided to residents of preparation required for the service?
The Property Manager will provide a notice to the resident 48 hours prior to sevices.
3. What hours can the contractor access the units? **9AM-4:15PM Monday through Friday for occupied units. 8AM-4:40PM Monday through Friday for vacant units.**

END OF ADDENDUM TO DATE 10/22/24

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Equal Opportunity Employer, Equal Housing Opportunities



**CMHA SOLICITATION 2024-1064
Supplemental Pest Control Services
FEE SUBMISSION FORM**

The proposed fees are all-inclusive of all related costs that the successful proposer will incur to provide the noted services, including but not limited to: employee costs and benefits, clerical support, supplies, materials, licensing, insurance, travel, fuel surcharges, franchise fees, etc. The Proposer is responsible for providing firm, fixed costs as specified below. In addition, the proposer must provide a fixed, firm cost for additional services.

If Contractor is awarded the contract for this solicitation, this Fee Submission Form may be used as Exhibit B to the Contract. The completion of the form is no guarantee of a contract or the award of any services.

One-time exterminations or follow-up services:

Type of Unit	Roach Extermination	Rodents/ Wild Animal Extermination	Bedbug Extermination	Emergency Inspection / Extermination	Unit Turnover
Family Development Units (price per unit)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
High-Rise Units (price per unit)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
High-Rise Units (over X units volume discount)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Scattered Sites (price per unit)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Common areas**	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Installation and Maintenance of Bait Boxes		\$ _____	\$ _____		

** Common areas include all public-accessible areas other than CMHA offices and Administrative Offices (e.g. public bathrooms, kitchens, hallways, recreation areas, lobbies, etc.)

Fees above include all materials costs. Materials costs include those that are industry-standard for pest control services and include items such as traps, pesticide, bait boxes, gloves, etc.



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Additional Services

Provide a firm fixed hourly rate for related services

Service	Firm Fixed Rate
U.L.V.- Ultra Low Volume Application	\$ _____
	\$ _____
	\$ _____
	\$ _____

Any unforeseen material costs not covered will be negotiated with the Property Manager before services begin.

Notes and Exclusions:

DISCOUNT OFFERED FOR EARLY PAYMENT: _____ % if invoice paid within _____ days of properly submitted invoice as stated in the RFP.



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FEE SUBMISSION FORM**

PROPOSER'S STATEMENT

The undersigned proposer hereby states that by completing and submitting this Form and all other documents within this submittal, he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and that if the Authority discovers that any information entered herein to be false, such shall entitle the Authority to not consider or make award or to cancel any award with the undersigned party. Pursuant to all RFP Document including attachments, this Fee Submission Form, and pursuant to all documents submitted, the undersigned proposes to supply the Authority with the services and/or products described herein for the fee(s) submitted pertaining to this RFP.

Date: _____

Company: _____

Address: _____

City, State, Zip _____

Phone(s): _____

Email: _____

By: _____
(Signature of Offerer)

By: _____ Title: _____
(Print Name)

Fed Tax ID: _____