



ADDENDUM #1

Request for Proposals
Pest Control Services
Solicitation No. 2026-1006

Originally Issued March 13, 2026

Addendum 1 – Issued March 26, 2026

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:

A new Fee Submission Form has been completed and attached to this Addendum and to the RFP file.

QUESTIONS:

1. There's no reference to fogging on the fee form and there's nothing for high volume units (anything more than 10) except on townhomes. **A line item for ULV (Ultra-Low Volume) has been added to the Fee Submission Form. Regarding the high volume units, this was an error that has been corrected.**
2. Scattered sites don't mention how many total units for quarterly treatments but the question is there. The same issue with single family and townhouses. Should I skip that? Or can you provide the total number of units. **This has been updated on the Fee Submission Form.**
3. There is not enough information on the contract for the questions you are asking. For example, the total price for scattered sites quarterly is required but the total

1627 WESTERN AVENUE, CINCINNATI, OHIO 45214

Phone: (513) 333-0670 Fax: (513) 977-5606 TDD: (513) 977-5807 Website: www.cintimha.com

Equal Opportunity Employer, Equal Housing Opportunities



amount of scattered sites is not provided. Same thing with town houses. **This information has been updated on the Fee Submission Form.**

END OF ADDENDUM TO DATE 3/26/26

1627 WESTERN AVENUE, CINCINNATI, OHIO 45214

Phone: (513) 333-0670 Fax: (513) 977-5606 TDD: (513) 977-5807 Website: www.cintimha.com

Equal Opportunity Employer, Equal Housing Opportunities



**CMHA SOLICITATION 2026-1006
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	Routine Covered Pest Extermination (Per Unit Cost)	Quarterly Extermination (Total Cost for all Units and Common Areas)	Emergency Extermination Services	Vacant Unit Turnover (Cost Per Unit)
Findlater Gardens – 653 Units Winton Hills	\$ _____	\$ _____	\$ _____	\$ _____
Winton Terrace – 608 Units Winton Hills	\$ _____	\$ _____	\$ _____	\$ _____
Millvale – 382 Units Fairmount	\$ _____	\$ _____	\$ _____	\$ _____
Maple Tower – 120 Units Avondale	\$ _____	\$ _____	\$ _____	\$ _____
President – 96 Units Avondale	\$ _____	\$ _____	\$ _____	\$ _____
Redding – 100 Units Avondale	\$ _____	\$ _____	\$ _____	\$ _____
Stanley Rowe Towers – 358 Unit West End	\$ _____	\$ _____	\$ _____	\$ _____
Scattered Sites (price per unit)	\$ _____	\$ _____	\$ _____	\$ _____



**CMHA SOLICITATION 2026-1006
Pest Control Services
FEE SUBMISSION FORM**

Scattered Sites (10+ Units)	\$ _____	\$ _____	\$ _____	\$ _____
Single Family Home	\$ _____	\$ _____	\$ _____	\$ _____
Townhouses (price per unit)	\$ _____	\$ _____	\$ _____	\$ _____
Townhouses (10+ Units)	\$ _____	\$ _____	\$ _____	\$ _____
Common areas**	\$ _____	\$ _____	\$ _____	\$ _____
Price per linear foot	\$ _____	\$ _____	\$ _____	\$ _____
ULV (Ultra-Low Volume)	\$ _____	\$ _____	\$ _____	\$ _____
Bird Deterrent Services	\$ _____	N/A	\$ _____	N/A
Bat Removal Services	\$ _____	N/A	\$ _____	N/A
Bed Bug Services	\$ _____	N/A	\$ _____	N/A
Rodent Treatment	\$ _____	N/A	\$ _____	N/A
Stinging Insect Services	\$ _____	N/A	\$ _____	N/A
Termite Services	\$ _____	N/A	\$ _____	N/A
Raccoons, Squirrels and other Vertebrae	\$ _____	N/A	\$ _____	N/A

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



CMHA SOLICITATION 2026-1006
Pest Control Services
FEE SUBMISSION FORM

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.

Additional Services

Provide a firm fixed hourly rate for related services

Name/Position	Firm Fixed Hourly Rate
	\$ _____
	\$ _____
	\$ _____
	\$ _____

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.



CMHA SOLICITATION 2026-1006
Pest Control Services
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)