



ADDENDUM #1

Request for Proposals
Alarm Maintenance, Repair and Monitoring
Solicitation No. 2026-1024

Originally Issued May 22, 2026

Addendum 1 – Issued June 2, 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:

The Fee Submission Form has been updated and is attached herein. It has also been attached to the Proposal Packet.

END OF ADDENDUM TO DATE 6/2/26

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 2026-1024
Alarm Systems Maintenance, Monitoring and Repair
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.

Proposed Fees: Offeror shall provide firm fixed costs to provide the services described in the RFP

MapleTowers - 601 Maple Ave 45229-3167

Service Type	Description	Proposed Annual Fee (Firm, Fixed Cost)
Inspection and Testing with Annual Cleaning	Contractor to provide all personnel to trigger devices and all equipment necessary to test devices to complete inspection and testing. CMHA to provide staff to open all locked doors and notify residents of testing. [Sections 4.1 – 4.2]	\$ _____
Monitoring and Reporting	All Systems are to be monitored by a U.L. listed monitoring location. [Section 4.3]	\$ _____
Monthly Fire Panel Check	Monthly inspection of fire panel with the immediate resolution of issues/troubles. [Section 4.4]	\$ _____
Service Type	Description	Hourly Rates
Maintenance and Repairs Labor Rate Per Hour for Non-Warranty Components not covered under the Agreement	Regular Hours	\$ _____
	After Hours	\$ _____
	Weekends & Holidays	\$ _____

Comprehensive Maintenance Plan inclusive of all, inspections, testing, cleaning, monitoring, reporting and monthly fire panel checks with maintenance service to complete repairs. If awarded all services for the AMP, provide the monthly cost of the service for 12 months. \$ _____



**CMHA SOLICITATION 2026-1024
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President - 784 Greenwood Ave 45229-1869

Service Type	Description	Proposed Annual Fee (Firm, Fixed Cost)
Inspection and Testing with Annual Cleaning	Contractor to provide all personnel to trigger devices and all equipment necessary to test devices to complete inspection and testing. CMHA to provide staff to open all locked doors and notify residents of testing. [Sections 4.1 – 4.2]	\$ _____
Monitoring and Reporting	All Systems are to be monitored by a U.L. listed monitoring location. [Section 4.3]	\$ _____
Monthly Fire Panel Check	Monthly inspection of fire panel with the immediate resolution of issues/troubles. [Section 4.4]	\$ _____
Service Type	Description	Hourly Rates
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**CMHA SOLICITATION 2026-1024
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Stanley Rowe A - 835 Poplar 45214-2526

Service Type	Description	Proposed Annual Fee (Firm, Fixed Cost)
Inspection and Testing with Annual Cleaning	Contractor to provide all personnel to trigger devices and all equipment necessary to test devices to complete inspection and testing. CMHA to provide staff to open all locked doors and notify residents of testing. [Sections 4.1 – 4.2]	\$ _____
Monitoring and Reporting	All Systems are to be monitored by a U.L. listed monitoring location. [Section 4.3]	\$ _____
Monthly Fire Panel Check	Monthly inspection of fire panel with the immediate resolution of issues/troubles. [Section 4.4]	\$ _____
Service Type	Description	Hourly Rates
Maintenance and Repairs Labor Rate Per Hour for Non-Warranty Components not covered under the Agreement	Regular Hours	\$ _____
	After Hours	\$ _____
	Weekends & Holidays	\$ _____

Comprehensive Maintenance Plan inclusive of all, inspections, testing, cleaning, monitoring, reporting and monthly fire panel checks with maintenance service to complete repairs. If awarded all services for the AMP, provide the monthly cost of the service for 12 months. \$ _____



**CMHA SOLICITATION 2026-1024
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Stanley Rowe B -1627 Linn St. 45214-2526

Service Type	Description	Proposed Annual Fee (Firm, Fixed Cost)
Inspection and Testing with Annual Cleaning	Contractor to provide all personnel to trigger devices and all equipment necessary to test devices to complete inspection and testing. CMHA to provide staff to open all locked doors and notify residents of testing. [Sections 4.1 – 4.2]	\$ _____
Monitoring and Reporting	All Systems are to be monitored by a U.L. listed monitoring location. [Section 4.3]	\$ _____
Monthly Fire Panel Check	Monthly inspection of fire panel with the immediate resolution of issues/troubles. [Section 4.4]	\$ _____
Service Type	Description	Hourly Rates
Maintenance and Repairs Labor Rate Per Hour for Non-Warranty Components not covered under the Agreement	Regular Hours	\$ _____
	After Hours	\$ _____
	Weekends & Holidays	\$ _____

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Redding - 3700 Reading Rd. 45229-2166

Service Type	Description	Proposed Annual Fee (Firm, Fixed Cost)
Inspection and Testing with Annual Cleaning	Contractor to provide all personnel to trigger devices and all equipment necessary to test devices to complete inspection and testing. CMHA to provide staff to open all locked doors and notify residents of testing. [Sections 4.1 – 4.2]	\$ _____
Monitoring and Reporting	All Systems are to be monitored by a U.L. listed monitoring location. [Section 4.3]	\$ _____
Monthly Fire Panel Check	Monthly inspection of fire panel with the immediate resolution of issues/troubles. [Section 4.4]	\$ _____
Service Type	Description	Hourly Rates
Maintenance and Repairs Labor Rate Per Hour for Non-Warranty Components not covered under the Agreement	Regular Hours	\$ _____
	After Hours	\$ _____
	Weekends & Holidays	\$ _____

Comprehensive Maintenance Plan inclusive of all, inspections, testing, cleaning, monitoring, reporting and monthly fire panel checks with maintenance service to complete repairs. If awarded all services for the AMP, provide the monthly cost of the service for 12 months. \$ _____



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Beechwood - 330 Forrest St. 45229-2463

Service Type	Description	Proposed Annual Fee (Firm, Fixed Cost)
Inspection and Testing with Annual Cleaning	Contractor to provide all personnel to trigger devices and all equipment necessary to test devices to complete inspection and testing. CMHA to provide staff to open all locked doors and notify residents of testing. [Sections 4.1 – 4.2]	\$ _____
Monitoring and Reporting	All Systems are to be monitored by a U.L. listed monitoring location. [Section 4.3]	\$ _____
Monthly Fire Panel Check	Monthly inspection of fire panel with the immediate resolution of issues/troubles. [Section 4.4]	\$ _____
Service Type	Description	Hourly Rates
Maintenance and Repairs Labor Rate Per Hour for Non-Warranty Components not covered under the Agreement	Regular Hours	\$ _____
	After Hours	\$ _____
	Weekends & Holidays	\$ _____

Comprehensive Maintenance Plan inclusive of all, inspections, testing, cleaning, monitoring, reporting and monthly fire panel checks with maintenance service to complete repairs. If awarded all services for the AMP, provide the monthly cost of the service for 12 months. \$ _____



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Race St. - 1708, 1716, 1726 45210

Service Type	Description	Proposed Annual Fee (Firm, Fixed Cost)
Inspection and Testing with Annual Cleaning	Contractor to provide all personnel to trigger devices and all equipment necessary to test devices to complete inspection and testing. CMHA to provide staff to open all locked doors and notify residents of testing. [Sections 4.1 – 4.2]	\$ _____
Monitoring and Reporting	All Systems are to be monitored by a U.L. listed monitoring location. [Section 4.3]	\$ _____
Monthly Fire Panel Check	Monthly inspection of fire panel with the immediate resolution of issues/troubles. [Section 4.4]	\$ _____
Service Type	Description	Hourly Rates
Maintenance and Repairs Labor Rate Per Hour for Non-Warranty Components not covered under the Agreement	Regular Hours	\$ _____
	After Hours	\$ _____
	Weekends & Holidays	\$ _____

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Beacon Glen - 6347, 6349, 6351 Beechmont 45230

Service Type	Description	Proposed Annual Fee (Firm, Fixed Cost)
Inspection and Testing with Annual Cleaning	Contractor to provide all personnel to trigger devices and all equipment necessary to test devices to complete inspection and testing. CMHA to provide staff to open all locked doors and notify residents of testing. [Sections 4.1 – 4.2]	\$ _____
Monitoring and Reporting	All Systems are to be monitored by a U.L. listed monitoring location. [Section 4.3]	\$ _____
Monthly Fire Panel Check	Monthly inspection of fire panel with the immediate resolution of issues/troubles. [Section 4.4]	\$ _____
Service Type	Description	Hourly Rates
Maintenance and Repairs Labor Rate Per Hour for Non-Warranty Components not covered under the Agreement	Regular Hours	\$ _____
	After Hours	\$ _____
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Millvale- 2009 Millvale Ct. 45225

Service Type	Description	Proposed Annual Fee (Firm, Fixed Cost)
Inspection and Testing with Annual Cleaning	Contractor to provide all personnel to trigger devices and all equipment necessary to test devices to complete inspection and testing. CMHA to provide staff to open all locked doors and notify residents of testing. [Sections 4.1 – 4.2]	\$ _____
Monitoring and Reporting	All Systems are to be monitored by a U.L. listed monitoring location. [Section 4.3]	\$ _____
Monthly Fire Panel Check	Monthly inspection of fire panel with the immediate resolution of issues/troubles. [Section 4.4]	\$ _____
Service Type	Description	Hourly Rates
Maintenance and Repairs Labor Rate Per Hour for Non-Warranty Components not covered under the Agreement	Regular Hours	\$ _____
	After Hours	\$ _____
	Weekends & Holidays	\$ _____

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3471 Fernside

Service Type	Description	Proposed Annual Fee (Firm, Fixed Cost)
Inspection and Testing with Annual Cleaning	Contractor to provide all personnel to trigger devices and all equipment necessary to test devices to complete inspection and testing. CMHA to provide staff to open all locked doors and notify residents of testing. [Sections 4.1 – 4.2]	\$ _____
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Service Type	Description	Hourly Rates
Maintenance and Repairs Labor Rate Per Hour for Non-Warranty Components not covered under the Agreement	Regular Hours	\$ _____
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TOTAL COSTS FOR ALL PROPERTIES COMBINED

Service Type	Description	Proposed Annual Fee (Firm, Fixed Cost)
Inspection and Testing with Annual Cleaning	Contractor to provide all personnel to trigger devices and all equipment necessary to test devices to complete inspection and testing. CMHA to provide staff to open all locked doors and notify residents of testing. [Sections 4.1 – 4.2]	\$ _____
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Service Type	Description	Hourly Rates
Maintenance and Repairs Labor Rate Per Hour for Non-Warranty Components not covered under the Agreement	Regular Hours	\$ _____
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PARTS/SUPPLIES AND MATERIALS

Description	Percentage reduced from MSRP
Supplies and Parts	_____ %
Equipment	_____ %
“On Shelf” Products	_____ %

Additional Services

Provide a firm fixed hourly rate for related services

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

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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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 Offeror)

By: _____ Title: _____
(Print Name)