



ADDENDUM # 8

To: 1109-910-59-3623
RFP: Pest Control Services at Various Properties
Date: 1-17-12

The closing date for RFP # 1109-910-59-3623 Pest Control Services has been extended. The new closing date is 11:00AM February 2, 2012.

The following questions have been asked:

Question 1: If the pest control company has to do any wall removal and/or repairs as part of the Integrated Pest Management Plan and Protocol, what is the pest control company's responsibility regarding EPA Requirements for Renovation, Repair and Painting Rule?

Answer 1: If the Contractor suspects that the unit has lead based paint, he/she will stop work immediately and notify Property Manager.

Question 2: On Project # 1109-910-59-3623 There is a form which has (4) sections for addenda, and there is at this point (7) addenda. How do we complete the proper document?

Answer 2: We have added more lines to the document for addenda acknowledgement.

Please note the following changes to this RFP:

Please replace the APPLICANT "SECTION 3" CERTIFICATION FORM with the revised form attached to this Addendum # 8.

Please add the following to Section 1.22 of the Technical Specifications/Scope of Work

As part of the Integrated Pest Management Plan and Protocol Contractor shall conduct two training sessions per year for SAHA staff on pest control issues.

Contractor shall only use the PROPOSAL FEE SHEET FOR PEST CONTROL SERVICES and Sheet for Additional Unit Pricing attached to this Addendum # 8 in order to be deemed responsive. This Addendum # 8 replaces all previous fee sheets including original RFP fee sheets.

By: *Carl Bottoms*
Procurement Supervisor

Date: January 12, 2011

Replace Section 1.21 of the Technical Specifications/Scope of Work with the following:

1.21 Contractor(s) shall perform the following routine pest control services during **each** scheduled service visit to the property. The service frequency of all designated properties will be treated monthly **or quarterly as determined by the property.** However, Scattered-site properties, which are single family homes, located throughout the City, will be treated quarterly.

Pest Control Services
Type of pests to be treated, to include but not limited to – German cockroaches, American cockroaches, Fire Ants, Pharaoh Ants, Scorpions, Spiders, Ticks, Fleas, Silverfish, other crawling insects, Flies, Wasps, Hornets, Bees, Stored Product pests, Rodents, etc.
1. Inspection
2. Flushing
3. Application
4. Baiting
5. Trapping (rodents or other pests)
6. Monitoring
7. Clean-up
8. Growth inhibitor treatment for pest control
9. Mechanical devices (Rodent)
10. Treat a 5 (five) foot perimeter with granules, at each building during all monthly treatments. Exterior treatment will include control services for: fire ants, scorpions, wasps, bees, hornets and other insects and pests.
11. Inspect and treat cracks and crevices for pests
12. Roach Clean-Out for Infestation
13. Pest Control Services for common areas to include but not limited to Offices, Laundry Rooms, Lobby, Dumpster Areas etc. within Apartment Complex.
14. Inspect for evidence of termites and bed bugs and propose plan for eradication.

Proposal Fees Sheet for Pest Control Services at Various Properties

PROPOSER'S STATEMENT

The undersigned proposer hereby states that by completing and submitting this Form and all other documents within this proposal submittal, he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and that if SAHA discovers that any information entered herein to be false, that shall entitle SAHA to not consider or make award or to cancel any award with the undersigned party. Further, by completing and submitting the proposal submittal, and by entering and submitting the costs where provided, the undersigned proposer is thereby agreeing to abide by all terms and conditions pertaining to this RFP as issued by SAHA, in hard copy. Pursuant to all RFP Documents, all addenda, and all completed Documents submitted by proposer, including these forms and all attachments, the undersigned proposes to supply SAHA with the services described herein for the fee(s) entered within the areas provided. Contractor agrees to hold prices firm for a period of ninety (90) days.

FEE SHEET FOR PEST CONTROL SERVICES AS DETAILED IN THIS RFP

Pest Control Services	Unit of Measure	Cost-Monthly	Cost-Quarterly
Unit- Per Service- Chemical Pesticide	Treatment: 0-bedroom	\$	\$
Unit- Per Service- Organic Pesticide	Treatment: 0-bedroom	\$	\$
Unit- Per Service- Chemical Pesticide	Treatment: 1-bedroom	\$	\$
Unit- Per Service- Organic Pesticide	Treatment: 1-bedroom	\$	\$
Unit- Per Service- Chemical Pesticide	Treatment: 2-bedroom	\$	\$
Unit- Per Service- Organic Pesticide	Treatment: 2-bedroom	\$	\$
Unit- Per Service- Chemical Pesticide	Treatment: 3-bedroom	\$	\$
Unit- Per Service- Organic Pesticide	Treatment: 3-bedroom	\$	\$
Unit- Per Service- Chemical Pesticide	Treatment: 4-bedroom	\$	\$
Unit- Per Service- Organic Pesticide	Treatment: 4-bedroom	\$	\$
Unit- Per Service- Chemical Pesticide	Treatment: 5-bedroom	\$	\$
Unit- Per Service- Organic Pesticide	Treatment: 5-bedroom	\$	\$
Pest Control Services	Unit of Measure		Cost-Quarterly
Scattered Sites Per Service- Chemical Pesticide	Treatment: 2-bedroom		\$
Scattered Sites Per Service- Organic Pesticide	Treatment: 2-bedroom		\$
Scattered Sites Per Service- Chemical Pesticide	Treatment: 3-bedroom		\$
Scattered Sites Per Service- Organic Pesticide	Treatment: 3-bedroom		\$
Scattered Sites Per Service- Chemical Pesticide	Treatment: 4-bedroom		\$
Scattered Sites Per Service- Organic Pesticide	Treatment: 4-bedroom		\$

Company Name: _____

ADDITIONAL UNIT PRICING

These fees are for additional services outside of the routine monthly pest control services as defined in Section 1.21 of Technical Specifications/Scope of Work
 (These unit prices will include all costs associated with the requested service, to include but not limited to labor and all materials, including chemicals, traps, gels, baits, and fogs required to ensure optimal eradication.)

SERVICE	Unit of measure	Total Price
1. Bird Deterrent	Linear Feet	\$
2. Bat Removal to include clean up and exclusion	Per Bat	\$
3. Snake removal	Per event	\$
4. Mattress/Bed Covers for Treatment of Bed Bugs- Crib	Each	\$
5. Mattress/Bed Covers for Treatment of Bed Bugs- Twin	Each	\$
6. Mattress/Bed Covers for Treatment of Bed Bugs- Full	Each	\$
7. Mattress/Bed Covers for Treatment of Bed Bugs- Queen	Each	\$
8. Mattress/Bed Covers for Treatment of Bed Bugs- King	Each	\$
9. Wood Destroying Insects- Eradication Treatment and 6 months of follow ups	Linear Feet	\$
10. Wood Destroying Insects- Eradication Treatment and 6 months of follow ups	Spot Treatment	\$
10A. Treatment for Bed Bugs- Chemical Pesticide and 6 months of follow ups to eradicate	Per Unit	\$
10B. Treatment for Bed Bugs- Organic Pesticide and 6 months of follow ups to eradicate	Per Unit	\$
11. Skunks, Raccoons, Possums, Armadillos (By trapping only) to include follow ups to eradicate	Per Event	\$
12. Exterior Rodent Bait Boxes to include initial service, follow ups and refills for a period of 6 months	Per Bait Box	\$

Contractor shall bid on all the above Pest Control Services and Additional Unit Prices in order to be deemed responsive

Discount for early payment _____% net _____days

Addenda Acknowledgements

Addendum #1 _____ Date _____

Addendum #2 _____ Date _____

Addendum #3 _____ Date _____

Addendum #4 _____ Date _____

Addendum #5 _____ Date _____

Addendum #6 _____ Date _____

Addendum #7 _____ Date _____

Addendum #8 _____ Date _____

Addendum #9 _____ Date _____

Addendum #10 _____ Date _____

Signature

Date

Printed Name

Company

E-mail address if available

Proposers Certification

By signing below, Proposer certifies that the following statements are true and correct:

1. He/she has full authority to bind Proposer and that no member of Proposer's organization is disbarred, suspended or otherwise prohibited from contracting with any federal, state or local agency;
2. Items for which bids were provided herein will be delivered as specified in the bid,
3. Proposer proposes to furnish and deliver in accordance with the terms, conditions, and specifications embodied herein, all of which terms, conditions, and specifications are hereby accepted and made a part of this bid, all materials and supplies, which are described on the bid worksheets herein and opposite of which prices have been entered, at the price or prices quoted, subject to valid price reductions as hereafter defined, as ordered for delivery, by SAHA,
4. Proposer agrees that this bid shall remain open and valid for at least a period of 90 days from the date of the Bid Opening and that this bid shall constitute an offer, which, if accepted by SAHA and subject to the terms and conditions of such acceptance, shall result in a contract between SAHA and the undersigned Proposer,
5. He/she has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with this bid,
6. Proposer, nor the firm, corporation, partnership, or institution represented by the Proposer, or anyone acting for such firm, corporation or institution has violated the antitrust laws of the State of Texas or the Federal Antitrust laws, nor communicated directly or indirectly the bid made to any competitor or any other person engaged in such line of business,
7. Proposer has not received compensation for participation in the preparation of the specifications for this RFP, and
8. The individual or business entity named in this bid is eligible to receive the specified payment and acknowledges that this Contract may be terminated and payment may be withheld if this certification is inaccurate,

SIGNED: _____

(Print Name)

(Print Company Name)

(Company Phone & Fax & Email Address)

(Date)

Cost Analysis

HUD regulations require a cost analysis prior to an award of contract. Please supply the information requested below as to how the fees on the proposal fee sheet were calculated. Please provide your cost analysis for pest control services for a 3 bedroom apartment.

List each of the items below:

Labor	\$ _____
Material	\$ _____
Overhead	\$ _____
General & Administrative Expenses	\$ _____
PROFIT OR FEE	\$ _____

APPLICANT "SECTION 3" CERTIFICATION FORM

Name: _____
 Legal Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ or fax: _____

Position Applied For: _____

(All applicants are required to complete and sign this form.)

In general, Section 3 gives applicants whose household income in the past year was less than 80% of the area median income a preference in the hiring process so long as they are qualified for the position for which they are applying.

Only those applicants who complete the disclosure and meet the Section 3 requirements will be eligible for the preference, HOWEVER, employment offers for applicants claiming a Section 3 preference will be conditional upon providing proof of eligibility at the time of hire.

CAUTION: Any applicant falsely claiming a Section 3 preference will immediately be removed from consideration of employment.

 _____ Option 1: I choose not to disclose this information and understand that I will not be granted a Section 3 preference in the hiring process

OR

_____ Option 2: I choose to disclose the following information to determine if I am eligible for a Section 3 preference (complete questions below)

1. Are you a resident of public housing or Section 8? (Check One) _____ Yes _____ No
2. The number of persons in my household is _____.
3. From the chart below, locate the number of persons in your household and enter the dollar amount from that box here _____.

# of persons in Household	1	2	3	4	5	6	7	8
80% Area Median Income (FY 2012 Income Limits)	\$34,100	\$38,950	\$43,800	\$48,650	\$52,550	\$56,450	\$60,350	\$64,250

Section 3 Preference Eligibility Test

_____ Yes _____ No My legal address is within Bexar County, TX.

_____ Yes _____ No My household income last year was equal to or less than the amount listed on Line 3.

If the answers to both questions are YES, you are entitled to a Section 3 preference.

By signing, I authorize my employer to release relevant information to the San Antonio Housing Authority for contract compliance purposes and I further certify that all of the information given above is true and accurate. If any information is found to be inaccurate, I understand that I may be disqualified as an applicant and/or a certified section 3 resident and may be grounds for termination of any employment or contract that resulted from this application and/or certification.

Signature _____

DATE: _____