



## REQUEST FOR PROPOSAL (RFP) FOR PEST CONTROL SERVICES

### I. INTRODUCTION & PROJECT OVERVIEW

The **Rome Housing Authority (RHA)** is soliciting proposals from experienced and qualified pest control contractors to provide **comprehensive, proactive, and responsive pest management services**. Services include **consultation, inspection, routine preventative treatments, and on-call emergency response** for the following RHA properties:

- **Liberty Gardens Apartments:** 200 N. Levitt St., Rome, NY 13440
- **Valentine Apartments:** 152 Turin St., Rome, NY 13440
- **Colonial 1:** 205 St. Peters Ave., Rome, NY 13440
- **Colonial 2:** 310 Cottage St., Rome, NY 13440

The RHA's objective is **high-quality, safe, and regulatory-compliant pest management** ensuring a healthy living environment for all residents.

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### II. SCOPE OF WORK

The contractor shall provide **monthly routine services and as-needed treatments**, targeting **all common household pests**, including but not limited to:

- **Insects:** cockroaches, ants, silverfish, spiders, earwigs, fleas, bed bugs
- **Rodents:** mice, rats
- **Others:** any other commonly occurring non-wood destroying pests

#### **General Service Requirements:**

- Perform full inspections and treatments of interior units and immediate exteriors.
  - Identify and eliminate nesting sites, travel routes, and entry points.
  - Apply treatments to door thresholds, frames, sills, windows, and other vulnerabilities.
  - Use **state-approved, safe, and minimally invasive treatment methods**, compliant with all **state and federal regulations**.
  - Prioritize **resident safety**, ensuring appropriate chemical use, application methods, and communication.
  - Provide **Material Safety Data Sheets (MSDS)** for **all** products utilized.
  - All personnel must be **licensed, certified, and in uniform** when onsite.
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#### **Bed Bug Treatment Protocol:**

- **Inspection and Treatment** performed on an **as-needed basis**.
  - Visual inspection plus monitoring devices utilized during routine visits.
  - **Response Time:** Must respond within **two (2) business days** upon notification of infestation.
  - Notify RHA of any resident non-compliance (e.g., unit not ready for treatment).
  - Treat adjacent units to infested apartments as a **preventative measure**.
  - Coordinate with **RHA maintenance supervisors and tenants** for treatment scheduling.
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### **III. REPORTING REQUIREMENTS**

The contractor must submit **written reports** following each visit, noting:

- **Treatment actions performed**
  - **Areas serviced**
  - **Observed pest activity**
  - **Sanitation or structural concerns impacting pest control**
  - Any conditions jeopardizing **resident health, safety, or property integrity**
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### **IV. PROPOSAL & FEE SUBMISSION**

All pricing must be submitted on the attached **FORM OF PROPOSAL (Attachment A)** and be **all-inclusive**, covering:

- Labor, wages, and benefits
- Administrative overhead
- Materials, equipment, and products
- Licensing, insurance, travel, and incidental costs

**No additional charges** outside of the agreed contract amount will be accepted without **written pre-approval** from RHA.

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### **V. CONTRACT PERIOD**

- **Initial term:** One (1) year
  - **Renewal options:** Two (2) additional one-year extensions at the discretion of RHA based on **performance review**.
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### **VI. EVALUATION CRITERIA:**

## Criteria

Cost of Services

On-Call & Emergency Availability

Industry Experience & Track Record

References

Proposal Quality & Professionalism

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## VII. EVALUATION & AWARD PROCESS

- Proposals deemed **non-responsive** will be rejected.
  - A **minimum two-member evaluation panel** will review proposals.
  - **Direct contact with evaluation members is strictly prohibited** and may result in immediate disqualification.
  - Award is contingent on RHA issuing a **formal Notice-to-Proceed**.
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## VIII. MANDATORY INSURANCE REQUIREMENTS

Prior to contract execution, the successful bidder must provide **certificates of insurance** including:

- **Workers' Compensation Insurance:** Per NYS requirements.
  - **General Liability Insurance:**
    - Minimum **\$1,000,000 per occurrence**
    - **\$2,000,000 general aggregate**
    - Fire damage: **\$50,000**, Medical expenses: **\$5,000 per person**
    - **RHA listed as Additional Insured** with policy endorsement
  - **(Preferred, Not Required) Professional Liability/Errors & Omissions Insurance:**
    - **\$1,000,000 per occurrence, \$2,000,000 aggregate**
    - Deductible no greater than **\$1,000**
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## IX. DEADLINE FOR SUBMISSION

All proposals must be submitted **August 22<sup>nd</sup> 2025** at:

**Rome Housing Authority**  
**200 N. Levitt St.**  
**Rome, NY 13440**  
**Attn: Tami Lucia**

**By fax: 315-801-0383**  
**By Email: [Rha@romeha.com](mailto:Rha@romeha.com)**

**Late submissions will not be accepted.**

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**The RHA reserves the right to reject any and all proposals, waive informalities, and accept the proposal deemed in the best interest of the Authority.**

**ATTACHMENT A: PROPOSAL FORM**

**ROME HOUSING AUTHORITY – PEST CONTROL SERVICES**

## PROPOSER INFORMATION

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Point of Contact (Name & Title): \_\_\_\_\_

NYS Pest Control License #: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Emergency Contact (24/7): \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

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## PROPOSED SERVICE PRICING

Please provide your **all-inclusive monthly rate** and **as-needed service rates** as outlined in the RFP. Please include additional details if necessary on separate sheet.

Service Description	Frequency	Flat Monthly Rate	Additional Notes (if any)
General Pest Control (Routine Services for All Sites)	Monthly	\$ _____	Specify what general services are included
Bed Bug Inspections/Treatments	As Needed	\$ _____ Per Unit	Specify if includes adjoining units / different bedroom sizes
On-Call Emergency Services (response within 24 hours)	As Needed	\$ _____ Per Call/Visit	
Hourly Rate for Special Services (if applicable)	As Needed	\$ _____ Per Hour	Define services covered

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## CERTIFICATIONS AND ACKNOWLEDGEMENTS

- ☐ We certify that the pricing submitted is **firm and all-inclusive** for labor, materials, equipment, administrative fees, and travel.

- ☐ We acknowledge receipt of all **addenda (if applicable)** and have incorporated any changes into this proposal.
- ☐ We agree to commence services upon issuance of a **Notice-to-Proceed** by RHA.
- ☐ We confirm compliance with all **licensing, insurance, and regulatory requirements** as outlined in the RFP.

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## REFERENCES

Please provide **two (2) recent references** for similar services:

**Client Name   Contact Person & Title   Phone Number   Years Serviced**

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## SIGNATURE & ATTESTATION

I, the undersigned, affirm that I am duly authorized to submit this proposal on behalf of the company listed above. All information provided herein is accurate, and we agree to the terms and conditions outlined in the RFP.

**Authorized Signature:** \_\_\_\_\_

**Printed Name & Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_