

May 14, 2015

To Whom It May Concern:

The City of LaGrange will receive sealed bids until **3 P.M. EST, THURSDAY, MAY 28, 2015** in the Office of Purchasing, City Hall, 200 Ridley Avenue, Room 301, LaGrange, GA 30240 for Monthly Pest Control Services for City facilities in accordance with the following conditions and specifications:

**GENERAL CONDITIONS:**

1. All bids shall be exclusive of all sales and excise tax.
2. All bids shall be held valid for a period of thirty (30) days after the opening date.
3. Bidder shall complete bidder's response section. All exceptions to specifications provided herein must be clearly stated as such and the bidder shall be prepared to prove/demonstrate the quality of exceptions to the satisfaction of City personnel.
4. The successful bidder must hold the bid price firm for a period of twelve months after the bid award.
5. The City of LaGrange reserves the right to cancel the contract with 30 days written notice.
6. The City of LaGrange reserves the right to accept or reject any and/or all bids and to accept the bid which City personnel considers the most advantageous to the City. The City further reserves the right to waive informalities and minor irregularities in all bids received and/or the bidding process.
7. Bidders are expected to examine carefully the work sites, the specifications, provisions, etc. before submitting a proposal. The submission of a proposal shall be considered evidence that the bidder has made such examination and is satisfied as to the conditions to be encountered in performing the work.
8. The City of LaGrange reserves the right to ask any and/or each bidder to submit a list of similar jobs completed in the LaGrange area, to inspect those jobs and to question owners or other knowledgeable individuals about the quality of work or reliability of the bidder.
9. All bidders shall complete and submit with any bid a notarized affidavit (forms attached) in compliance with O.C.G.A. Section 13-10-91 attesting to the Bidder's registration with the Federal work authorization program.

Questions concerning these conditions and specifications should be addressed to me at 706-883-2046. To avoid being inadvertently opened by City personnel all bids should be clearly marked **BID OPENING, PEST CONTROL, 3 P.M. EST, THURSDAY, MAY 28, 2015** on the front.

Sincerely,

Robi Higgins, CPPO  
Purchasing Agent

CITY OF LAGRANGE  
SPECIFICATIONS FOR PEST CONTROL SERVICES

A. SCOPE: This specification covers pest control services for City of LaGrange facilities (see attachment A).

B. VENDOR INFORMATION: The services offered shall conform to the detailed requirements listed below, unless otherwise noted. Bidders are to indicate exactly what they are offering in each one of the following blanks in the "BIDDER'S RESPONSE" column. If bidder intends to comply with the requirement as stated, simply write "comply" in the blank provided. Failure to furnish required information may be considered as cause for rejection of bid.

C. SUPPORTING DATA: Bidders may be required to furnish specifications or similar data to support statements made in bidder's response column. Failure to furnish required data may be considered cause for rejection of bid.

D. BASIC REQUIREMENTS

BIDDER'S RESPONSE

SERVICE:

Provide basic pest control covering extermination of all roaches, ants, rats, mice, spiders, scorpions, silverfish, and any other non-wood boring insects.

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Bidder shall provide a service ticket/ inspection report after each monthly extermination at each facility. The ticket shall be signed and dated by an authorized employee of the City or property tenant. Signature shall be legible.

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SERVICE SCHEDULE:

Service shall be provided monthly for the Locations listed on Attachment A. The successful bidder shall be responsible for making arrangements to schedule monthly service of the facilities during normal operating hours, as directed by the contact listed on Attachment A.

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MATERIALS

The materials used to control pests in and around City facilities shall conform to Federal, State, and local laws and regulations, and shall be used with all due precautions to avoid the possibility of accident or injury to humans, domestic animals, etc. All pest control work shall

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be performed in a safe manner and in accordance with the most modern, effective and scientific pest control procedures.  
SPECIFICATIONS  
PEST CONTROL  
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BASIC REQUIREMENTS:

BIDDER'S RESPONSE

Odorless, non-allergenic chemicals shall be used.

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INSURANCE LICENSE

The successful bidder shall furnish to the City a certificate of insurance for coverage in effect for the period of the contract per attached SAMPLE CERTIFICATE.

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Successful bidder shall be a state certified/licensed Pest Control operator in the State of Georgia/City of LaGrange.  
STATE LICENSE# \_\_\_\_\_  
CITY BUSINESS LICENSE # \_\_\_\_\_

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GUARANTEE

If the City is not completely satisfied with the results of regularly scheduled treatments, the successful bidder SHALL return to treat the area again at NO EXTRA CHARGE. Should the problem persist, bidder will continue to work to solve the problem to the City's satisfaction or refund the City's last monthly payment.

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TERM OF CONTRACT

It is the intent of the City of LaGrange, by award of this bid, to establish an agreement for pest control services for a twelve month period.

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NOTE: The City of LaGrange shall have the right, at its sole option, to renew the contract for two (2) one-year periods, or a portion thereof. In the event that the City exercises such right, all terms, conditions and provisions of the original contract shall remain the same and apply during the extension period with the exception of price.

**CITY OF LAGRANGE - BID PROPOSAL FORM  
PEST CONTROL SERVICES**

| <b>LOCATION</b>                         | <b>PER MONTH</b> | <b>TOTAL/YR</b> |
|---|------------------|-----------------|
| 1. City Hall                            | _____            | _____           |
| 2. Vehicle Maintenance Facility         | _____            | _____           |
| 3. Landfill Guard Station               | _____            | _____           |
| 4. Police Building/Jail                 | _____            | _____           |
| 5. Public Works Building                | _____            | _____           |
| 6. Recycling Center                     | _____            | _____           |
| 7. Utility Service Center               | _____            | _____           |
| 8. Water Pollution Control              | _____            | _____           |
| 9. Water Filter Plant                   | _____            | _____           |
| 10. Surplus City Property (3):          | _____            | _____           |
| 11. Fire Stations (6)                   | _____            | _____           |
| 12. Municipal Court                     | _____            | _____           |
| 13. DHR Building                        | _____            | _____           |
| 14. Data Center - 201 Smith Street      | _____            | _____           |
| 15. Transition Center (TWICE PER MONTH) | _____            | _____           |
| <b>GRAND TOTAL ALL FACILITIES</b>       | <b>\$_____</b>   | <b>\$_____</b>  |

Bidder shall indicate below, the maximum percentage of price increase or minimum percentage of price decrease applicable to renewal periods. Before completing these blanks, the bidder should review the provisions for renewal periods contained elsewhere in this document.

1st renewal period \_\_\_\_\_ % max. increase or \_\_\_\_\_ % minimum decrease.  
 2nd renewal period \_\_\_\_\_ % max. increase or \_\_\_\_\_ % minimum decrease.

DATE, SIGNATURE & TITLE OF PERSON PREPARING BID:

\_\_\_\_\_

NAME, ADDRESS, EMAIL, PHONE AND FAX NUMBER OF BIDDING ORGANIZATION:

\_\_\_\_\_  
 \_\_\_\_\_

**ATTACHMENT A  
PEST CONTROL  
CITY OF LAGRANGE FACILITIES**

| <b><u>LOCATION</u></b>   | <b><u>ADDRESS</u></b>                           | <b><u>CONTACT</u></b>   |
|--|---|---|
| 1. CITY HALL   | 200 Ridley Avenue                               | Robi Higgins  |
| 2. VEHICLE MAINT.  | 211 Hill Street                                 | Tommy Brown   |
| 3. LANDFILL GUARD  | 2233 Greenville Road                            | LANDFILL GUARD  |
| 4. POLICE ADMIN.   | 100 W. Haralson St.                             | Frank Smith   |
| 5. PUBLIC WORKS  | 115 Hill Street                                 | Camille Shelnut   |
| 6. RECYCLING CTR   | 550 South Davis Rd.                             | Scott Allen   |
| 7. UTILITY SERV CTR  | 303 Lukken Industrial Dr. West                  | Elaine Delong   |
| 8. W.P.C.<br>W.P.C.  | 1514 Old Hutchinson Mill Rd.<br>Sludge Building | Michael Costley   |
| 9. Water Filter Plant  | 980 Cameron Mill Road                           | Keith Hester  |
| 10. Surplus City Properties: (3)<br>* 950 Cameron Mill Road<br>* 411 Ridley Avenue<br>* 100 Fannin Court   |   | *Jerome Pittman   |
| 11. Fire Stations (6):<br>Headquarters – 115 Hill Street<br>#1 1425 SOUTH DAVIS ROAD<br>#2 1212 Hogansville Road<br>#3 Lukken Industrial Drive West<br>#4 215 Mooty Bridge Road<br>1210 Hogansville Road – Fire Maintenance Shop |   | Deputy Chief Phillip Rice<br>Lieutenant<br>Lieutenant<br>Lieutenant<br>Lieutenant<br>Lieutenant |
| 12. Municipal Court  | 208 Ridley Avenue                               | Tina Treadwell  |
| 13. DHR  | 1220 Hogansville Road                           |   |
| 14. Data Center  | 201 Smith Street                                | Phillip Sledge  |
| 15. Transition Center  | 100 Jim Hester Road                             | Jennifer Brown  |

\* Arrangements will need to be made for a City employee to accompany the pest control technician as properties are treated. Contact City Maintenance, Jerome Pittman at 706-883-2060.

|  |   |                 |
|--|---|-----------------|
| <b>ACORD. CERTIFICATE OF LIABILITY INSURANCE</b> |   | DATE (MM/DD/YY) |
| PRODUCER   | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |                 |
| INSURED  | INSURERS AFFORDING COVERAGE   |                 |
| <b>SAMPLE - LARGE CONTRACTORS</b>                | INSURER A:  |                 |
|  | INSURER B:  |                 |
|  | INSURER C:  |                 |
|  | INSURER D:  |                 |
|  | INSURER E:  |                 |

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR  | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |                      |        |                    |                    |                            |                    |                             |                    |
|---|---|---------------|----------------------------------|-----------------------------------|---|----------------------|--------|--------------------|--------------------|----------------------------|--------------------|-----------------------------|--------------------|
|   | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br>_____<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |               |                                  |                                   | EACH OCCURRENCE <b>\$1,000,000</b><br>FIRE DAMAGE (Any one fire) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY <b>\$1,000,000</b><br>GENERAL AGGREGATE <b>\$1,000,000</b><br>PRODUCTS - COM/OP AGG <b>\$1,000,000</b>  |                      |        |                    |                    |                            |                    |                             |                    |
| OR  | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS<br>_____                           |               |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident) <b>\$1,000,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |                      |        |                    |                    |                            |                    |                             |                    |
|   | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br>_____   |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN EA ACC \$<br>AUTO ONLY: AGG \$   |                      |        |                    |                    |                            |                    |                             |                    |
|   | <b>EXCESS LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br>_____<br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$   |               |                                  |                                   | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$  |                      |        |                    |                    |                            |                    |                             |                    |
|   | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  |               |                                  |                                   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATU-TORY LIMITS</td> <td style="width: 50%;">OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td><b>\$1,000,000</b></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td><b>\$1,000,000</b></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td><b>\$1,000,000</b></td> </tr> </table> | WC STATU-TORY LIMITS | OTH-ER | E.L. EACH ACCIDENT | <b>\$1,000,000</b> | E.L. DISEASE - EA EMPLOYEE | <b>\$1,000,000</b> | E.L. DISEASE - POLICY LIMIT | <b>\$1,000,000</b> |
| WC STATU-TORY LIMITS  | OTH-ER  |               |                                  |                                   |   |                      |        |                    |                    |                            |                    |                             |                    |
| E.L. EACH ACCIDENT  | <b>\$1,000,000</b>  |               |                                  |                                   |   |                      |        |                    |                    |                            |                    |                             |                    |
| E.L. DISEASE - EA EMPLOYEE  | <b>\$1,000,000</b>  |               |                                  |                                   |   |                      |        |                    |                    |                            |                    |                             |                    |
| E.L. DISEASE - POLICY LIMIT   | <b>\$1,000,000</b>  |               |                                  |                                   |   |                      |        |                    |                    |                            |                    |                             |                    |
|   | <b>OTHER</b>  |               |                                  |                                   |   |                      |        |                    |                    |                            |                    |                             |                    |
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS |   |               |                                  |                                   |   |                      |        |                    |                    |                            |                    |                             |                    |

|                    |   |  |
|--------------------|---|--|
| CERTIFICATE HOLDER | ADDITIONAL INSURED; INSURER LETTER: _____ | CANCELLATION   |
| CITY OF LAGRANGE   |   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>30</b> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. |

**CONTRACTOR AFFIDAVIT AND AGREEMENT**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with the CITY OF LAGRANGE, GEORGIA has registered with and is participating in a federal work authorization program\* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with CITY OF LAGRANGE, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the CITY OF LAGRANGE at the time the subcontractor(s) is retained to perform such service.

\_\_\_\_\_  
EEV / Basic Pilot Program\* User Identification Number

\_\_\_\_\_  
BY: Authorized Officer or Agent

\_\_\_\_\_  
Contractor Name

\_\_\_\_\_  
Title of Authorized Officer or Agent of Subcontractor

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

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

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 2011.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

\* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the “EEV / Basic Pilot Program” operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA). **(End of Form)**

**SUBCONTRACTOR AFFIDAVIT**

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with \_\_\_\_\_  
(name of contractor) on behalf of **CITY OF LAGRANGE** has registered with and is participating in a federal work authorization program\* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

\_\_\_\_\_  
EEV / Basic Pilot Program\* User Identification Number

\_\_\_\_\_  
BY: Authorized Officer or Agent

\_\_\_\_\_  
(Subcontractor Name)

\_\_\_\_\_  
Title of Authorized Officer or Agent of Subcontractor

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

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

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 2011.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

\* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV / Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

**(End of Form)**