****

**STATE OF NORTH CAROLINA**

**O’Berry Neuro-Medical Treatment Center**

**Invitation for Bid #: 33-24038**

**PEST CONTROL SERVICES**

**Date of Issue: January 3, 2024**

**Bid Opening Date: January 17, 2024**

**At 02:00 PM EST**

**Direct all inquiries concerning this IFB to:**

Patty V. Norris

Procurement Specialist II

Email: patty.v.norris@dhhs.nc.gov

 Phone: 919-581-4058



**STATE OF NORTH CAROLINA**

**Invitation for Bid #**

**33-24038**

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For internal State agency processing, including tabulation of bids, provide your company’s eVP (Electronic Vendor Portal) Number. Pursuant to G.S. 132-1.10(b) this identification number shall not be released to the public. **This page will be removed and shredded, or otherwise kept confidential**, before the procurement file is made available for public inspection.

**This page shall be filled out and returned with your bid.
Failure to do so may subject your bid to rejection.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Vendor Name

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

Vendor eVP#

**Note**: For a contract to be awarded to you, your company (you) must be a North Carolina registered vendor in good standing. You must enter the vendor number assigned through eVP (Electronic Vendor Portal). If you do not have a vendor number, register at <https://vendor.ncgov.com/vendor/login>

|  |
| --- |
| **STATE OF NORTH CAROLINA****DHHS – Division of State Operated Healthcare Facilities****O’Berry Neuro-Medical Treatment Center** |
| **Refer *ALL* Inquiries regarding this IFB to the procurement lead through the Message Board in the Sourcing Tool. See section 2.6 for details:** Patty V. Norris, Procurement Specialist II | **Invitation for Bid #: 33-24038** |
| **Bids will be virtually opened:** January 17, 2024, at 02:00 PM EST **Join on your computer, mobile app or room device**[Click here to join the meeting](https://teams.microsoft.com/l/meetup-join/19%3Ameeting_YWQyOWQ2NjAtYjRiZS00MzE3LWFmM2YtMWQ4YWNhYTFmOTM0%40thread.v2/0?context=%7b%22Tid%22%3a%227a7681dc-b9d0-449a-85c3-ecc26cd7ed19%22%2c%22Oid%22%3a%2200dd9bcb-f6a9-4634-bb7a-cc507823ba0d%22%7d)Meeting ID: 250 687 957 669  Passcode: GRuv6W [Download Teams](https://www.microsoft.com/en-us/microsoft-teams/download-app) | [Join on the web](https://www.microsoft.com/microsoft-teams/join-a-meeting)**Join with a video conferencing device**ncgov@m.webex.comVideo Conference ID: 113 554 181 1[Alternate VTC instructions](https://www.webex.com/msteams?confid=1135541811&tenantkey=ncgov&domain=m.webex.com)**Or call in (audio only)**+1 984-204-1487,,549877073#   United States, RaleighPhone Conference ID: 549 877 073# [Find a local number](https://dialin.teams.microsoft.com/c102d528-0544-4660-b869-294e85047e28?id=549877073) | [Reset PIN](https://dialin.teams.microsoft.com/usp/pstnconferencing)[Learn More](https://aka.ms/JoinTeamsMeeting) | [Meeting options](https://teams.microsoft.com/meetingOptions/?organizerId=00dd9bcb-f6a9-4634-bb7a-cc507823ba0d&tenantId=7a7681dc-b9d0-449a-85c3-ecc26cd7ed19&threadId=19_meeting_YWQyOWQ2NjAtYjRiZS00MzE3LWFmM2YtMWQ4YWNhYTFmOTM0@thread.v2&messageId=0&language=en-US) |
| **Using Agency:** O’Berry Neuro-Medical Treatment Center | **Commodity No. and Description: 721021 – Pest Control** |
| **Requisition No.: RQ51079** |

**EXECUTION**

In compliance with this Invitation for Bid (IFB), and subject to all the conditions herein, the undersigned Vendor offers and agrees to furnish and deliver any or all items upon which prices are bid, at the prices set opposite each item within the time specified herein.

By executing this bid, the undersigned Vendor understands that false certification is a Class I felony and certifies that:

* this bid is submitted competitively and without collusion (G.S. 143-54),
* none of its officers, directors, or owners of an unincorporated business entity has been convicted of any violations of Chapter 78A of the General Statutes, the Securities Act of 1933, or the Securities Exchange Act of 1934 (G.S. 143-59.2), and
* it is not an ineligible Vendor as set forth in G.S. 143-59.1.

Furthermore, by executing this bid, the undersigned certifies to the best of Vendor’s knowledge and belief, that:

* it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal or State department or agency.

As required by G.S. 143-48.5, the undersigned Vendor certifies that it, and each of its sub-Contractors for any Contract awarded as a result of this IFB, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system.

As required by Executive Order 24 (2017), the undersigned vendor certifies will comply with all Federal and State requirements concerning fair employment and that it does not and will not discriminate, harass, or retaliate against any employee in connection with performance of any Contract arising from this solicitation.

G.S. 133-32 and Executive Order 24 (2009) prohibit the offer to, or acceptance by, any State Employee associated with the preparing plans, specifications, estimates for public contracts; or awarding or administering public contracts; or inspecting or supervising delivery of the public contract of any gift from anyone with a contract with the State, or from any person seeking to do business with the State. By execution of this response to the IFB, the undersigned certifies, for Vendor’s entire organization and its employees or agents, that Vendor is not aware that any such gift has been offered, accepted, or promised by any employees of your organization.

By executing this bid, Vendor certifies that it has read and agreed to the **INSTRUCTION TO VENDORS** andthe **NORTH** **CAROLINA GENERAL TERMS AND CONDITIONS** incorporated herein**.** These documents can be accessed from the Ariba Sourcing Tool.

**Failure to execute/sign bid prior to submittal may render bid invalid and it MAY BE REJECTED. Late bids shall not be accepted.**

|  |
| --- |
| COMPLETE/FORMAL NAME OF VENDOR: |
| STREET ADDRESS: | P.O. BOX: | ZIP: |
| CITY & STATE & ZIP: | TELEPHONE NUMBER: | TOLL FREE TEL. NO: |
| PRINCIPAL PLACE OF BUSINESS ADDRESS IF DIFFERENT FROM ABOVE (SEE INSTRUCTIONS TO VENDORS ITEM #21): |
| PRINT NAME & TITLE OF PERSON SIGNING ON BEHALF OF VENDOR: | FAX NUMBER: |
| **VENDOR’S AUTHORIZED SIGNATURE\***: | **DATE:** | EMAIL:  |

**VALIDITY PERIOD**

Offer shall be valid for at least sixty (60) days from date of bid opening, unless otherwise stated here: \_\_\_\_\_\_ days, or if extended by mutual agreement of the parties in writing. Any withdrawal of this offer shall be made in writing, effective upon receipt by the agency issuing this IFB.

**ACCEPTANCE OF BIDS**

If your bid is accepted, all provisions of this IFB, along with the written results of any negotiations, shall constitute the written agreement between the parties (“Contract”). The NORTH CAROLINA GENERAL TERMS AND CONDITIONS are incorporated herein and shall apply. Depending upon the Goods or Services being offered, other terms and conditions may apply, as mutually agreed.

|  |
| --- |
| **FOR STATE USE ONLY:** Offer accepted and Contract awarded this\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, as indicated on the attached certification, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. **(Authorized Representative of O’Berry Neuro-Medical Treatment Center)**  |

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#  PURPOSE AND BACKGROUND

The intent of this Invitation for Bids is to solicit competitive bids from qualified Vendors and award an Agency Specific Term Contract for the provision of providing an integrated weekly pest control management program for O’Berry Neuro-Medical Treatment Center located at 400 Old Smithfield Road, Goldsboro, North Carolina which includes forty (40) small to large one-level buildings on sixty-seven (67) acres of land.

O’Berry Neuro-Medical Treatment Center (OBNMTC) is a specialized skilled nursing facility (SNF) certified by the Centers for Medicare and Medicaid Services (CMS) under the Omnibus Budget Reconciliation Act (OBRA) long term care regulations. O’Berry supports residents from 65 counties in the Eastern and South-Central regions of North Carolina.

The intent of this solicitation is to award an Agency Specific Contract.

**1.1 CONTRACT TERM**

The Contract shall have an initial term of three (3) years, beginning on the date of final Contract execution (the “Effective Date”) or January 31, 2024*,* whichever is later.

Bids shall be submitted in accordance with the terms and conditions of this IFB and any addenda issued hereto.

#  GENERAL INFORMATION

## INVITATION FOR BID DOCUMENT

This IFB is comprised of the base IFB document, any attachments, and any addenda released before Contract award, which are incorporated herein by reference.

## E-PROCUREMENT FEE

**ATTENTION: This is an NC eProcurement solicitation facilitated by the Ariba Network. The E-Procurement fee may apply to this solicitation. See the paragraph entitled ELECTRONIC PROCUREMENT of the North Carolina General Terms and Conditions.**

General information on the E-Procurement Services can be found at: <http://eprocurement.nc.gov/>.

**What is the Ariba Network?**

The Ariba Network is a web-based platform that serves as a connection point for buyers and vendors. Vendors can log in to the Ariba Network to view purchase orders, respond to electronic requests for quotes, participate in Sourcing Events, and collaborate with buyers on contract documents.

For training on how to use the Sourcing Tool to view solicitations, submit questions, develop responses, upload documents, and submit offers to the State, Vendors should go to the following site:

<http://eprocurement.nc.gov/training/vendor-training>

## NOTICE TO VENDORS REGARDING IFB TERMS AND CONDITIONS

It shall be the Vendor’s responsibility to read the Instructions to Vendors, the North Carolina General Terms and Conditions, all relevant exhibits and attachments, and any other components made a part of this IFB and comply with all requirements and specifications herein. Vendors are also responsible for obtaining and complying with all Addenda and other changes that may be issued in connection with this IFB.

If Vendors have questions or issues regarding any component of this IFB, those must be submitted as questions in accordance with the instructions in the BID QUESTIONS Section. If the State determines that any changes will be made as a result of the questions asked, then such decisions will be communicated in the form of an IFB addendum. The State may also elect to leave open the possibility for later negotiation of specific provisions of the Contract that have been addressed during the question-and-answer period, prior to contract award.

Other than through the process of negotiation under 01 NCAC 05B.0503, the State rejects and will not be required to evaluate or consider any additional or modified terms and conditions submitted with Vendor’s bid or otherwise. This applies to any language appearing in or attached to the document as part of the Vendor’s bid that purports to vary any terms and conditions or Vendors’ instructions herein or to render the bid non-binding or subject to further negotiation. Vendor’s bid shall constitute a firm offer that shall be held open for the period required herein (“Validity Period” above).

**The State may exercise its discretion to consider Vendor proposed modifications. By execution and delivery of this IFB Response, the Vendor agrees that any additional or modified terms and conditions, whether submitted purposely or inadvertently, shall have no force or effect, and will be disregarded** **unless expressly agreed upon during negotiations and incorporated by way of a Best and Final Offer (BAFO). Noncompliance with, or any attempt to alter or delete, this paragraph shall constitute sufficient grounds to reject Vendor’s bid as nonresponsive.**

## IFB SCHEDULE

The table below shows the *intended* schedule for this IFB. The State will make every effort to adhere to this schedule.

|  |  |  |
| --- | --- | --- |
| **Event** | **Responsibility** | **Date and Time** |
| Issue IFB | State | January 3, 2024  |
| Hold Urged and Cautioned Site Visit | State | January 10, 2024 at 11:00 AM ET |
| Submit Written Questions | Vendor | January 11, 2024 at 04:00 PM ET |
| Provide Response to Questions  | State | January 12, 2024 at 04:00 PM ET |
| Submit Bids | Vendor  | January 17, 2024 by 02:00 PM ET**Join on your computer, mobile app or room device**[Click here to join the meeting](https://teams.microsoft.com/l/meetup-join/19%3Ameeting_YWQyOWQ2NjAtYjRiZS00MzE3LWFmM2YtMWQ4YWNhYTFmOTM0%40thread.v2/0?context=%7b%22Tid%22%3a%227a7681dc-b9d0-449a-85c3-ecc26cd7ed19%22%2c%22Oid%22%3a%2200dd9bcb-f6a9-4634-bb7a-cc507823ba0d%22%7d)Meeting ID: 250 687 957 669  Passcode: GRuv6W [Download Teams](https://www.microsoft.com/en-us/microsoft-teams/download-app) | [Join on the web](https://www.microsoft.com/microsoft-teams/join-a-meeting)**Join with a video conferencing device**ncgov@m.webex.comVideo Conference ID: 113 554 181 1[Alternate VTC instructions](https://www.webex.com/msteams?confid=1135541811&tenantkey=ncgov&domain=m.webex.com)**Or call in (audio only)**+1 984-204-1487,,549877073#   United States, RaleighPhone Conference ID: 549 877 073# [Find a local number](https://dialin.teams.microsoft.com/c102d528-0544-4660-b869-294e85047e28?id=549877073) | [Reset PIN](https://dialin.teams.microsoft.com/usp/pstnconferencing)[Learn More](https://aka.ms/JoinTeamsMeeting) | [Meeting options](https://teams.microsoft.com/meetingOptions/?organizerId=00dd9bcb-f6a9-4634-bb7a-cc507823ba0d&tenantId=7a7681dc-b9d0-449a-85c3-ecc26cd7ed19&threadId=19_meeting_YWQyOWQ2NjAtYjRiZS00MzE3LWFmM2YtMWQ4YWNhYTFmOTM0@thread.v2&messageId=0&language=en-US) |
| Contract Award | State | TBD |

## SITE VISIT

**Urged and Cautioned Site Visit**

Date: January 10, 2024

Time: 11:00 AM Eastern Time

Location: 400 Old Smithfield Road

Plant Ops Bldg # 411 - Breakroom

Goldsboro, North Carolina 27530

Contact #: 919-581-4058

**Instructions**: Vendor representatives are URGED and CAUTIONED to visit the site and apprise themselves of the conditions and requirements which will affect the performance of the work called for by this IFB. A non-mandatory site visit is scheduled for this IFB. Submission of a bid shall constitute sufficient evidence of this compliance and no allowance will be made for unreported conditions which a prudent Vendor would recognize as affecting the performance of the work called for in this IFB.

Vendor is cautioned that any information released to attendees during the site visit, other than that involving the physical aspects of the facility referenced above, and which conflicts with, supersedes, or adds to requirements in this IFB, must be confirmed by written addendum before it can be considered to be a part of this IFB and any resulting contract.

## BID QUESTIONS

Upon review of the IFB documents, Vendors may have questions to clarify or interpret the IFB in order to submit the best bid possible. To accommodate the Bid Questions process, Vendors shall submit any such questions by the “Submit Written Questions” date and time provided in the IFB SCHEDULE Section above, unless modified by Addendum.

Questions related to the content of the solicitation, or the procurement process should be directed to the person on the title page of this document via the Sourcing Tool's message board by the date and time specified in the IFB SCHEDULE Section of this IFB. Vendors will enter “**IFB # 33-24038 – Questions**” as the subject of the message. Question submittals should include a reference to the applicable IFB section. This is the only manner in which questions will be received.

Questions or issues related to using the Sourcing Tool itself can be directed to the North Carolina eProcurement Help Desk at 888-211-7440, Option 2. Help Desk representatives are available Monday through Friday from 7:30 AM ET to 5:00 PM ET.

Questions received prior to the submission deadline date, the State’s response, and any additional terms deemed necessary by the State will be posted in the Sourcing Tool in the form of an addendum and shall become an Addendum to this IFB. No information, instruction or advice provided orally or informally by any State personnel, whether made in response to a question or otherwise in connection with this IFB, shall be considered authoritative or binding. Vendors shall rely *only* on written material contained in the IFB and an addendum to this IFB.

## BID SUBMITTAL

**IMPORTANT NOTE:** **This is an absolute requirement.** Late bids, regardless of cause, will not be opened or considered, and will be automatically disqualified from further consideration. Vendor shall bear the sole risk of late submission due to unintended or unanticipated delay. It is the Vendor’s sole responsibility to ensure its bid has been received as described in this IFB by the specified time and date of opening. Failure to submit a bid in strict accordance with instructions provided shall constitute sufficient cause to reject a Vendor’s bids(s). Solicitation responses are subject to Sealed Bidding requirements.

Vendor’s bids for this procurement must be submitted through the Sourcing Tool. For training on how to use the Sourcing Tool to view solicitations, submit questions, develop responses, upload documents, and submit offers to the State, Vendors should go to the following site: <https://eprocurement.nc.gov/training/vendor-training>

Questions or issues related to using the Sourcing Tool itself can be directed to the North Carolina eProcurement Help Desk at 888-211-7440, Option 2. Help Desk representatives are available Monday through Friday from 7:30 AM EST to 5:00 PM EST.

Tips for Using the Sourcing Tool

1. Vendors should review available training and confirm that they are able to access the Sourcing Event, enter responses, and upload files well in advance of the date and time response are due to allow sufficient time to seek assistance from the North Carolina eProcurement Help Desk.
2. Vendors may submit their responses early to make sure there are no issues, and then submit a revised response any time prior to the response due date and time. The State will only review the most recent response.
3. Vendors should respond to all relevant sections of the Sourcing Event. Certain questions or items are required in order to submit a response and are denoted with an asterisk. The Sourcing Tool will not allow a response to be submitted unless all required items are completed. The Sourcing Tool will provide error messages to help identify any required information that is missing when response is submitted.
4. Simply saving your response in the Sourcing Tool is not the same as submitting your response to the State. Vendors should make sure they complete the submission process and receive a message that their response was successfully submitted.
5. **Only Bids submitted through the Content Section of the Ariba Sourcing Event will be considered. Bids submitted through the Message Board will not be accepted or considered for award.**

If confidential and proprietary information is included in the bid, also submit one (1) signed, REDACTED copy of the bid. Such information may include trade secrets defined by N.C. Gen. Stat. § 66-152 and other information exempted from the Public Records Act pursuant to N.C. Gen. Stat. §132- 1.2. Vendor may designate information, Products, Services, or appropriate portions of its response as confidential, consistent with and to the extent permitted under the statutes and rules set forth above. By so redacting any page, or portion of a page, the Vendor warrants that it has formed a good faith opinion, having received such necessary or proper review by counsel and other knowledgeable advisors, that the portions determined to be confidential and proprietary and redacted as such, meet the requirements of the Rules and Statutes set forth above. However, under no circumstances shall price information be designated as confidential.

If the Vendor does not provide a redacted version of the bid with its bid submission, the Department may release an unredacted version if a record request is received.

## BID CONTENTS

Vendors shall provide responses to all questions and complete all attachments for this IFB that require the Vendor to provide information and upload them to the Sourcing Event in the Sourcing Tool. Vendor may not be able to submit its response in the Sourcing Tool unless all required items are addressed. Vendors shall provide authorized signatures where requested. Failure to provide all required items, or Vendor’s submission of incomplete items, may result in the State rejecting Vendor’s bid, in the State’s sole discretion.

Vendors shall upload the following items and attachments in the Sourcing Tool:

1. Completed and signed version of all EXECUTION PAGES, along with the body of the IFB.
2. Signed receipt pages of any addenda released in conjunction with this IFB, if required to be returned.
3. Vendor’s Response Section 5.4 LICENSES/PERMITS/INSURANCE.
4. Completed version of ATTACHMENT A: PRICING
5. Completed version of ATTACHMENT D: HUB SUPPLEMENTAL VENDOR INFORMATION
6. Completed version of ATTACHMENT E: CUSTOMER REFERENCE FORM
7. Completed version of ATTACHMENT F: LOCATION OF WORKERS UTILIZED BY VENDOR
8. Completed and signed version of ATTACHMENT G: CERTIFICATION OF FINANCIAL CONDITION
9. Completed and signed version of ATTACHMENT H: STATE CERTIFICATIONS
10. Completed and signed version of ATTACHMENT I: STATE OF NORTH CAROLINA SUBSTITUTE W-9

## ALTERNATE BIDS

Unless provided otherwise in this IFB, Vendor may submit alternate bids for comparable Goods, various methods or levels of Service(s), or that propose different options. Alternate bid must specifically identify the IFB requirements and advantage(s) addressed by the alternate bid. Each bid must be for a specific set of Goods and Services and must include specific pricing. If a Vendor chooses to respond with various offerings, Vendor shall follow the specific instructions for uploading Alternate Bids in the Sourcing Tool.

##  DEFINITIONS, ACRONYMS, AND ABBREVIATIONS

Relevant definitions for this IFB are provided in 01 NCAC 05A .0112 and in the Instructions to Vendors found in the Sourcing Tool, which are incorporated herein by this reference.

The following definitions, acronyms, and abbreviations are also relevant to this IFB:

a) **AGENCY SPECIFIC TERM CONTRACT:** A contract generally intended to cover all normal requirements for a commodity for a

specified period of time based on estimated quantities for a single entity.

b) **DHHS:** The Department of Health and Human Services.

c) **DSOHF:** Division of State Operated Healthcare Facilities.

d) **OBNMTC:** O’Berry Neuro-Medical Treatment Center.

#  METHOD OF AWARD AND BID EVALUATION PROCESS

## METHOD OF AWARD

North Carolina G.S. 143-52 provides a general list of criteria the State shall use to award contracts, as supplemented by the additional criteria herein. The Goods or Services being procured shall dictate the application and order of criteria; however, all award decisions shall be in the State’s best interest.

All responsive bids will be reviewed, and an award or awards will be based on the responsive bid(s) offering the lowest price that meets the specifications provided herein, to include any required verifications set out here in such as but not limited to past performance, references, and financial documents.

While the intent of this IFB is to award a Contract(s) to a single Vendor, the State reserves the right to make separate awards to different Vendors for one or more line items, to not award one or more line items, or to cancel this IFB in its entirety without awarding a Contract, if it is considered to be most advantageous to the State to do so.

The State reserves the right to waive any minor informality or technicality in bids received.

## CONFIDENTIALITY AND PROHIBITED COMMUNICATIONS DURING EVALUATION

While this IFB is under evaluation, the responding Vendor, including any subcontractors and suppliers, is prohibited from engaging in conversations intended to influence the outcome of the evaluation. See Paragraph 29 of the Instructions to Vendors entitled COMMUNICATOINS BY VENDORS

Each Vendor submitting a bid to this IFB, including its employees, agents, subcontractors, suppliers, subsidiaries and affiliates, is prohibited from having any communications with any person inside or outside the using agency; issuing agency; other government agency office or body (including the purchaser named above, any department secretary, agency head, members of the General Assembly and Governor’s office); or private entity, if the communication refers to the content of Vendor’s bid or qualifications, the content of another Vendor’s proposal, another Vendor’s qualifications or ability to perform a resulting contract, and/or the transmittal of any other communication of information that could be reasonably considered to have the effect of directly or indirectly influencing the evaluation of proposals, the award of a contract, or both.

Any Vendor not in compliance with this provision shall be disqualified from evaluation and award. A Vendor’s proposal may be disqualified if its subcontractor and/or supplier engage in any of the foregoing communications during the time that the procurement is active (*i.e.*, the issuance date of the procurement until the date of contract award or cancellation of the procurement). Only those discussions, communications or transmittals of information authorized or initiated by the issuing agency for this IFB or inquiries directed to the purchaser named in this IFB regarding requirements of the IFB (prior to proposal submission) or the status of the award (after submission) are excepted from this provision.

## BID EVALUATION PROCESS

Only responsive submissions will be evaluated.

**The State will conduct an evaluation of responsive Bids, as follows:**

Bids will be received according to the method stated in the Bid Submittal section above.

All bids must be received by the issuing agency not later than the date and time specified in the IFB SCHEDULE Section above, unless modified by Addendum. Vendors are cautioned that this is a request for offers, not an offer or request to contract, and the State reserves the unqualified right to reject any and all offers at any time if such rejection is deemed to be in the best interest of the State.

At the date and time provided in the IFB SCHEDULE Section above, unless modified by Addendum, the bids from each responding Vendor will be opened publicly and all offers (except those that have been previously withdrawn, or voided bids) will be tabulated. The tabulation shall be made public at the time it is created. When negotiations after receipt of bids is authorized pursuant to G.S. 143-49 and 01 NCAC 05B.0503, only the names of offerors and the Goods and Services offered shall be tabulated at the time of opening. Cost and price shall become available for public inspection at the time of the award. Interested parties are cautioned that these costs and their components are subject to further evaluation for completeness and correctness and therefore may not be an exact indicator of a Vendor’s pricing position.

At their option, the evaluators may request oral presentations or discussions with any or all Vendors for clarification or to amplify the materials presented in any part of the bid. Vendors are cautioned, however, that the evaluators are not required to request presentations or other clarification—and often do not. Therefore, all bids should be complete and reflect the most favorable terms available from the Vendor. Prices bid cannot be altered or modified as part of a clarification.

Bids will generally be evaluated, based on completeness, content, cost and responsibility of the Vendor to supply the requested Goods and Services. Specific evaluation criteria are listed in Section 3.1 METHOD OF AWARD.

Upon completion of the evaluation process, the State will make Award(s) based on the evaluation and post the award(s) to *the electronic Vendor Portal (eVP),* [*https://evp.nc.gov*](https://evp.nc.gov)*,* under the IFB number for this solicitation. Award of a Contract to one Vendor does not mean that the other bids lacked merit, but that, all factors considered, the selected bid was deemed most advantageous and represented the best value to the State.

The State reserves the right to negotiate with one or more Vendors, or to reject all original offers and negotiate with one or more sources of supply that may be capable of satisfying the requirement, and in either case to require Vendor to submit a Best and Final Offer (BAFO) based on discussions and negotiations with the State.

## PERFORMANCE OUTSIDE THE UNITED STATES

Vendor shall complete ATTACHMENT F: LOCATION OF WORKERS UTILIZED BY VENDOR. In addition to any other evaluation criteria identified in this IFB, the State may also consider, for purposes of evaluating proposed or actual contract performance outside of the United States, how that performance may affect the following factors to ensure that any award will be in the best interest of the State:

1. Total cost to the State
2. Level of quality provided by the Vendor
3. Process and performance capability across multiple jurisdictions
4. Protection of the State’s information and intellectual property
5. Availability of pertinent skills
6. Ability to understand the State’s business requirements and internal operational culture
7. Particular risk factors such as the security of the State’s information technology
8. Relations with citizens and employees
9. Contract enforcement jurisdictional issues

## INTERPRETATION OF TERMS AND PHRASES

This IFB serves two functions: (1) to advise potential Vendors of the parameters of the solution being sought by the State; and (2) to provide (together with other specified documents) the terms of the Contract resulting from this procurement. The use of phrases such as “shall,” “must,” and “requirements” are intended to create enforceable contract conditions. In determining whether bids should be evaluated or rejected, the State will take into consideration the degree to which Vendors have proposed or failed to propose solutions that will satisfy the State’s needs as described in the IFB. Except as specifically stated in the IFB, no one requirement shall automatically disqualify a Vendor from consideration. However, failure to comply with any single requirement may result in the State exercising its discretion to reject a bid in its entirety.

# **REQUIREMENTS**

This Section lists the requirements related to this IFB. By submitting a bid, the Vendor agrees to meet all stated requirements in this Section as well as any other specifications, requirements, and terms and conditions stated in this IFB. If a Vendor is unclear about a requirement or specification, or believes a change to a requirement would allow for the State to receive a better bid, the Vendor is urged to submit these items in the form of a question during the question and answer period in accordance with the Bid Questions Section above.

* 1. **PRICING**

Bid price shall constitute the total cost to the State for complete performance in accordance with the requirements and specifications herein, including all applicable charges for handling, transportation, administrative and other similar fees. Complete ATTACHMENT A: PRICING FORM and complete the pricing line-item table included in the Sourcing Tool. The pricing provided in ATTACHMENT A, or resulting from any negotiations, is incorporated herein and shall become part of any resulting Contract.

* 1. **INVOICES**

Vendor shall invoice the Purchasing Agency with three (3) days upon complete of the weekly service. The standard format for invoicing shall be weekly Invoices meaning that the Vendor shall provide the Purchasing Agency with an invoice as each weekly service is performed and deliverables accepted. Invoices shall include detailed information to allow Purchasing Agency to verify pricing at point of receipt matches the correct price from the original date of order. The following fields shall be included on all invoices, as relevant:

Vendor’s Billing Address, Customer Account Number, NC Contract Number, Service Date, Buyer’s Purchase Order Number, Item Descriptions - to include locations of pest control services, Price, Quantity, and Unit of Measure.

**INVOICES MAY NOT BE PAID UNTIL AN INSPECTION HAS OCCURRED AND THE GOODS OR SERVICES ACCEPTED.**

* 1. **FINANCIAL STABILITY**

As a condition of contract award, the Vendor must certify that it has the financial capacity to perform and to continue to perform its obligations under the Contract; that Vendor has no constructive or actual knowledge of an actual or potential legal proceeding being brought against Vendor that could materially adversely affect performance of this Contract; and that entering into this Contract is not prohibited by any contract, or order by any court of competent jurisdiction.

Each Vendor shall certify it is financially stable by completing ATTACHMENT G: CERTIFICATION OF FINANCIAL CONDITION. The State is requiring this certification to minimize potential issues from contracting with a Vendor that is financially unstable. From the date of the Certification to the expiration of the Contract, the Vendor shall notify the State within thirty (30) days of any occurrence or condition that materially alters the truth of any statement made in this Certification. The Contract Manager may require annual recertification of the Vendor’s financial stability.

* 1. **HUB PARTICIPATION**

Pursuant to North Carolina General Statute G.S. 143-48, it is State policy to encourage and promote the use of small, minority, physically handicapped, and women contractors in purchasing Goods and Services. As such, this IFB will serve to identify those Vendors that are minority owned or have a strategic plan to support the State’s Historically Underutilized Business program by meeting or exceeding the goal of 10% utilization of diverse firms as 1st or 2nd tier subcontractors. Vendor shall complete ATTACHMENT D: HUB SUPPLEMENTAL VENDOR INFORMATION.

* 1. **REFERENCES**

Vendor shall upload to the Sourcing Tool at least three (3) references, using ATTACHMENT E: CUSTOMER REFERENCE FORM, for which it has provided Services of similar size and scope to those proposed herein. The State *may* contact these users to determine whether the Services provided are substantially similar in scope to those proposed herein and whether Vendor’s performance has been satisfactory. The information obtained *may* be considered in the evaluation of the Bid.

* 1. **BACKGROUND CHECKS**

Any personnel or agent of Vendor performing Services under any Contract arising from this IFB may be required to undergo a background check at the expense of the Vendor, if so requested by the State.

* 1. **PERSONNEL**

Vendor warrants that qualified personnel shall provide Services under this Contract in a professional manner. “Professional manner” means that the personnel performing the Services will possess the skill and competence consistent with the prevailing business standards in the industry. Vendor will serve as the prime contractor under this Contract and shall be responsible for the performance and payment of all subcontractor(s) that may be approved by the State. Names of any third-party Vendors or subcontractors of Vendor may appear for purposes of convenience in Contract documents; and shall not limit Vendor’s obligations hereunder. Vendor will retain executive representation for functional and technical expertise as needed in order to incorporate any work by third party subcontractor(s).

Should the Vendor’s bid result in an award, the Vendor shall be required to agree that it will not substitute key personnel assigned to the performance of the Contract without prior written approval by the Contract Lead. Vendor shall further agree that it will notify the Contract Lead of any desired substitution, including the name(s) and references of Vendor’s recommended substitute personnel. The State will approve or disapprove the requested substitution in a timely manner. The State may, in its sole discretion, terminate the Services of any person providing Services under this Contract. Upon such termination, the State may request acceptable substitute personnel or terminate the contract Services provided by such personnel.

* 1. **VENDOR’S REPRESENTATIONS**

If Vendor’s bid results in an award, Vendor agrees that it will not enter any agreement with a third party that may abridge any rights of the State under the Contract. If any Services, deliverables, functions, or responsibilities not specifically described in this solicitation are required for Vendor’s proper performance, provision and delivery of the Service and deliverables under a resulting Contract, or are an inherent part of or necessary sub-task included within such Service, they will be deemed to be implied by and included within the scope of the Contract to the same extent and in the same manner as if specifically described in the Contract. Unless otherwise expressly provided herein, Vendor will furnish all of its own necessary management, supervision, labor, facilities, furniture, computer and telecommunications equipment, software, supplies and materials necessary for the Vendor to provide and deliver the Services and/or other Deliverables.

* 1. **AGENCY INSURANCE REQUIREMENTS MODIFICATION**

A. Default Insurance Coverage from the General Terms and Conditions applicable to this Solicitation:

☐ Small Purchases

◼Contract value in excess of the Small Purchase threshold, but up to $1,000,000.00

☐ Contract value in excess of $1,000,000.00

* 1. **VACCINATION AND INFECTION CONTROL MEASURES**

All Division of State Operated Healthcare Facilities (DSOHF) staff and contractors must comply with immunization requirements as a condition of performing work in any DSOHF facility. DSOHF Vaccination policy (No. 182; September 20, 2022) applies to all DSOHF employees, volunteers, students, and trainees, working for or within a DSOHF facility. In addition, DHHS employees, whose assigned primary worksite is within or on the grounds of a DSOHF facility shall follow to this policy. Moreover, the vaccination policy applies to all contract and temporary workers who: 1.) have direct contact with patients/residents in a DSOHF facility, or 2.) work primarily within or on the grounds of a DSOHF facility, or 3.) have an employee-employer relationship working for or within a DSOHF facility.

This policy does not apply to outside health providers rendering services to Division patients/residents on their own behalf and at their own location, except to the extent required by applicable state or federal laws or regulations.

OBNMTC will exercise its discretion in refusing the assignment and denying entry to any contractor or affiliate thereof who has not provided proof of vaccination against COVID-19. However, the DSOHF facility will permit a valid medical or religious exemption from vaccination, pursuant to the DSOHF Vaccination policy (No. 182; September 20, 2022).

DSOHF staff and contractors must adhere to the policies and procedures of OBNMTC including control measures to detect and prevent the spread of communicable diseases. When indicated, based on the presence of a communicable disease in the facility, or in the community, OBNMTC may order control measures, including screening/testing to detect the communicable disease or immunity thereto, source control, PPE, reassignment, furlough, or physical isolation from patients/residents of any covered individual who:1.) has regular contact with patients/residents; *or* 2.) who provides services to patients/residents; *or* 3.) who work in any facility area.

1. **SPECIFICATIONS AND SCOPE OF WORK**

**5.1 GENERAL SPECIFICATIONS**

The specific items and any specifications that the Purchasing Agency is seeking are listed below. Items offered by the Vendor must meet or exceed the listed Specifications to be considered for award.

Awarded Vendor shall participate in a Contract kick-off meeting held within fifteen (15) business days from start of contract.

**5.2 SCOPE OF WORK** The contractor shall furnish all supervision, labor, tools, materials, and equipment necessary to accomplish an Integrated Pest Management (IPM) program for routine pest control services. This IPM program will include surveillance, pesticide application, baiting, trapping and removal for the pests that are typical in-home settings; rats, mice, cockroaches, ants, flies, bed bugs, beetles, yellow jackets, hornets, fleas, ticks, wasps, silverfish, spiders and any other arthropod pests not specifically excluded, inside the buildings and within five (5) foot of the exterior perimeter of the buildings at O’Berry Neuro-Medical Treatment Center.

Bed Bug treatments will not be included in the cost of this request for quote. Pricing for this service will be handled under a separate PO based on a price quote from the vendor for specific treatments on a case-by-case basis.

General Pest Control of inside each building on OBNMTC campus shall be done on a quarterly basis.

All scheduled service visits must be provided during standard business days and hours as stated below unless agreed upon by Facility Management and Vendor. The Facility Contract Manager, who will be identified upon award, must be notified in advance of all work to be scheduled.

Standard business days and hours are Monday through Friday between the hours of 8:00 a.m. and 4:00 p.m. with the exception of State Holidays. The day of the week that the Vendor chooses to provide this service can be negotiated at contract award. Once agreed upon, the vendor will keep that same schedule throughout the contract period.

The IPM program shall include Service Call Backs.

Call back or emergency requests should be at no additional cost to the Facilities. Emergencies will be verified by the Contract Administrator, or his/her designee, prior to the vendor being called out to perform this type of work. Emergency calls are defined as a pest interference that jeopardizes the health or safety of any resident and shall be responded to within twenty-four (24) hours, at no additional cost.

**5.3 TASKS/DELIVERABLES**

1. The vendor shall furnish a comprehensive Fire Ant program that will prevent fire ants from developing colonies on OBNMTC grounds. The program to include broad spectrum treatment of sixty-seven (67) acres twice yearly in the Spring and Fall. This will be single application of Campus including ditches, roadways, sidewalks and exterior of buildings, including an eleven (11) acre field.
2. All materials used in pest control treatment shall conform to Federal, State, and Local ordinances and laws and shall be acceptable to OBNMTC.
3. Rodenticides shall be used with all due precaution to remove the possibility of accident or injury to humans, domestic animals, and pets.
4. Special care shall be exercised in the use of liquid insecticides in areas having asphalt, mastic, or linoleum floor surfaces.
5. All pest control work shall be performed in a safe, professional manner, in accordance with most modern and effective pest control techniques and procedures.
6. Vendors using chemicals considered hazardous or potentially hazardous to the health of humans and domestic animals, ground water contamination, etc., shall furnish to the site all appropriate and current Safety Data Sheets (SDS).
7. Each chemical used by the Vendor must be approved by the contract manager prior to its usage. If there are any changes in chemicals during the contract period, they must be approved by the Facility Safety Officer prior to use. Special attention must be given to the observance of all safety precautions so as not to constitute a fire and/or health hazard on the premises. All pesticide products used on the facility’s property shall be stored in areas inaccessible to the residents of the facility.
8. Vendor will provide samples of any chemical they are using on-site when requested by authorized staff at any time during treatment on-site.
9. Termite control and treatment will **NOT** be considered as part of this contract.
10. Awarded Vendor will pick-up work orders from the Plant Ops Office weekly.
11. Completed Work Orders must be signed and dated upon completed by an authorized staff member of OBNMTC.
12. All areas are to have an OBNMTC personnel to accompany contract representative(s) while performing services on campus. This includes while performing services on the grounds/exterior of buildings as well as services performed within the interior areas.
13. The awarded Vendor shall have in his/her employ and available for consultation at all times, a trained entomologist, and urban and industrial pest graduate from a recognized university or college (two-year degree or technical training for license) or an individual who had had at least five (5) years’ experience in the practical and scientific facts underlying this work. Vendor shall provide name and training/experience of individual with bid submission.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training/Experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Vendor shall hold a valid North Carolina State Structural Pest Control License (Class P) or Licenses to perform the services provided herein. Current copy of license(s) required must be included with bid response package.
2. All work and materials used in the pest control treatment shall conform to industry best practices and be mutually agreeable between the Vendor and OBNMTC Facility.
3. The Vendor shall provide a weekly Management Report to the designated Contract Lead. This report shall include, at a minimum, information concerning weekly routine, non-routine, and emergency treatments.
4. Vendor shall notify Environmental Services staff (Maintenance Department & Housekeeping Department) of any pest infestations that are found within a building and will treat inclusively. All treatment that is applied on facility ground or inside the facility should be documented and turned into Environmental Services within 8 hours of application. Documentation should be as specific as to the chemical, area of application, identified as treatment for or preventative measures.
5. Pests excluded from this contract are: honeybees, bed bugs, termites, birds, bats, snakes, mosquitoes and pests that primarily damage outdoor vegetation. Control of these pests will be handled under a separate purchase order.
6. General Pest Control of inside each building on OBNMTC Campus shall be done on a quarterly basis, this includes spraying insecticide for control of ants, spiders, roaches, etc. This treatment will include each room in building such as resident rooms, kitchens, activity rooms, staff offices, bathrooms, linen closets, utility rooms, and medication rooms.
7. Services provided shall be primarily for the control of but not limited to mice, rats, various ants, roaches, fire ants, flies, beetles, yellow jackets, hornets, fleas, ticks, wasps, spiders, ladybugs, silverfish, and any other arthropod pests not specifically excluded.
8. Includes pesticide application, baiting, trapping, and removal for the pests that are typical in-home settings, inside the building and within five (5) foot of the exterior perimeter of the buildings at OBNMTC.
9. On a weekly basis, vendor is to provide routing pest control services. Work will consist of treatments to the exterior and interior of buildings and grounds as identified through work orders submitted by Center staff.
10. Vendor will sign-in at Plants Ops, Bldg # 411, and check with Grounds Supervisor prior to the start of any services being provided to receive work orders for pest control concerns.
11. Vendor will provide monthly reports with the invoice. Reports should be detailed in nature, at a minimum contain information concerning routine, non-routine, emergency treatments and site-specific recommendations for structural or procedural modifications to aid in pest prevention.
12. Vendor shall provide on-site pest control services for approximately forty (40) small to large buildings for the OBNMTC Campus that is situated over sixty-seven (67) acres. All buildings are located on the Campus at 400 Old Smithfield Road, Goldsboro, North Carolina 27530.
13. Vendor will perform Fire Ant treatment to the grounds of the campus as per the agreed upon treatment program provided with this bid. All areas are to be thoroughly treated including restrooms, plumbing closets, linen and clothing closets, soiled linen drops, underneath water fountains and sinks, tables, and chairs.
14. Treatment in patient living areas consists of baseboard and drain treatment in the office areas, linen closets, utility rooms, porches, dining/activity areas, medication rooms, refrigerator rooms, bathroom, basements, mechanical rooms, and bedrooms when requested.
15. Buildings have numerous drains e.g., drains in janitorial closets, patient units and bathrooms. Drains will be treated on an as needed basis.
16. Vendor will provide, as requested, bait stations, mice/rat abatement supplies/traps, ant bait stations/traps/liquid and any other abatement supplies.
17. Treatment will be required on a weekly schedule and invoicing monthly.
18. Additional treatment, on a complaint basis, such as to control wasps, bees (excluding honeybees), and hornets nesting in and around entrance ways, windows and outside shelters, shall be included.

# **CONTRACT ADMINISTRATION**

All Contract Administration requirements are conditioned on an award resulting from this solicitation. This information is provided for the Vendor’s planning purposes.

**6.1** **CONTRACT MANAGER AND CUSTOMER SERVICE**

The Vendor shall be required to designate and make available to the State a contract manager. The contract manager shall be the State’s point of contact for Contract related issues and issues concerning performance, progress review, scheduling, and service.

|  |
| --- |
| **Contract Manager Point of Contact** |
| Name: |  |
| Office Phone #: |  |
| Mobile Phone #: |  |
| Email:  |  |

The Vendor shall be required to designate and make available to the State for customer service. The customer service point of contact shall be the State’s point of contact for customer service-related issues (define roles and responsibilities).

|  |
| --- |
| **Customer Service Point of Contact** |
| Name: |  |
| Office Phone #: |  |
| Mobile Phone #: |  |
| Email:  |  |

**6.2 MONTHLY STATUS REPORTS**

The Vendor shall be required to provide Service Reports to the designated Contract Lead monthly. This report shall include, at a minimum, information concerning the work accomplished during the reporting period; work to be accomplished during the subsequent reporting period; any problems, real of anticipated, and notification of any significant deviation from previously agreed upon work plans and schedules. These reports shall be well organized and easy to read. The Vendor shall submit these reports electronically using the format required by the Purchasing Agency. The Vendor shall submit the reports in a timely manner and on a regular schedule as agreed by the parties.

Within five (5) business days of the award of the Contract the Vendor shall submit a final work plan and a sample report, both to the designated Contract Lead for approval.

**6.3 ACCEPTANCE OF WORK**

Performance of the work and/or delivery of Goods shall be conducted and completed at least in accordance with the Contract requirements and recognized and customarily accepted industry practices. Performance shall be considered complete when the Services or Goods are approved as acceptable by the Contract Administrator.

The State shall have the obligation to notify Vendor, in writing ten (10) calendar days following completion of such work or delivery of a deliverable described in the Contract that it is not acceptable. The notice shall specify in reasonable detail the reason(s) it is unacceptable. Acceptance by the State shall not be unreasonably withheld; but may be conditioned or delayed as required for reasonable review, evaluation, installation, or testing, as applicable to the work or deliverable. Final acceptance is expressly conditioned upon completion of all applicable assessment procedures. Should the work or deliverables fail to meet any specifications, acceptance criteria or otherwise fail to conform to the Contract, the State may exercise any and all rights hereunder, including, for Goods deliverables, such rights provided by the Uniform Commercial Code, as adopted in North Carolina.

The following are examples of unacceptable Vendor’s work product:

1. Repeat work orders – more than two (2) repeat work orders for the same issue in the same room, to be confirmed by the Contract Administrator.
2. Follow-up on-call backs – if vendor cannot be reached during the normal business hours or call back is scheduled and vendor does not show to perform services

**6.4 LICENSES/PERMITS/ INSURANCE**

|  |
| --- |
| **VENDOR’S RESPONSE** |

|  |  |  |
| --- | --- | --- |
| ***Item #*** | ***Requirement*** | ***Included with Response*** |
| **1** | Copy of Vendor’s current and valid NC license/certifications/registrations are attached.  | **[ ]  YES [ ]  NO** |
| **2** | Copy of Vendor’s Certificate of Insurance attached. | **[ ]  YES [ ]  NO** |

**6.5 CAMPUS MAP**



**6.6 TRANSITION ASSISTANCE**

If a Contract results from this solicitation, and the Contract is not renewed at the end of the last active term, or is canceled prior to its expiration, for any reason, Vendor shall provide transition assistance to the State, at the option of the State, for up to three (3) months to allow for the expired or canceled portion of the Services to continue without interruption or adverse effect, and to facilitate the orderly transfer of such Services to the State or its designees. If the State exercises this option, the Parties agree that such transition assistance shall be governed by the terms and conditions of the Contract (notwithstanding this expiration or cancellation), except for those Contract terms or conditions that do not reasonably apply to such transition assistance. The State shall agree to pay Vendor for any resources utilized in performing such transition assistance at the most current rates provided by the Contract for performance of the Services or other resources utilized.

**6.7 DISPUTE RESOLUTION**

During the performance of the Contract, the parties agree that it is in their mutual interest to resolve disputes informally. Any claims by the Vendor shall be submitted in writing to the State’s Contract Manager for resolution. Any claims by the State shall be submitted in writing to the Vendor’s Project Manager for resolution. The Parties shall agree to negotiate in good faith and use all reasonable efforts to resolve such dispute(s).

During the time the Parties are attempting to resolve any dispute, each shall proceed diligently to perform their respective duties and responsibilities under this Contract. The Parties will agree on a reasonable amount of time to resolve a dispute. If a dispute cannot be resolved between the Parties within the agreed upon period, either Party may elect to exercise any other remedies available under the Contract, or at law. This provision, when agreed in the Contract, shall not constitute an agreement by either party to mediate or arbitrate any dispute.

**6.8 CONTRACT CHANGES**

Contract changes, if any, over the life of the Contract shall be implemented by contract amendments agreed to in writing by the State and Vendor. Amendments to the contract can only be done through the contract administrator.

**6.9 ATTACHMENTS**

All attachments to this IFB are the copies found within the Ariba Sourcing Tool, and are incorporated herein, and shall be submitted by responding in the Sourcing Tool.

**The remainder of this page is intentionally left blank**

# ATTACHMENT A: PRICING FORM

**FURNISH AND DELIVER:** An integrated pest management program for routine pest control services as outlined in Section 5.0.

|  |
| --- |
| **YEAR 1 – January 31, 2024 – January 30, 2025** |
| **ITEM** | **QTY** | **DESCRIPTION** | **WEEKLY COST** | **ANNUAL SERVICE COST**(weekly cost x 52 weeks) |
| 1 | 1 | Pest Control Services as described in Sections 5.2 and 5.3 above. | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CONTRACT VALUE YEAR 1:** | **$\_\_\_\_\_\_\_\_\_\_\_\_** |
| **YEAR 2 – January 31, 2025 – January 30, 2026** |
| 2 | 1 | Pest Control Services as described in Sections 5.2 and 5.3 above. | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CONTRACT VALUE YEAR 2:** | **$\_\_\_\_\_\_\_\_\_\_\_\_** |
| **YEAR 3 – January 31, 2026 – January 30, 2027** |
| 3 | 1 | Pest Control Services as described in Sections 5.2 and 5.3 above. | $\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CONTRACT VALUE YEAR 3:** | **$\_\_\_\_\_\_\_\_\_\_\_\_** |
| **TOTAL CONTRACT VALUE YEARS 1-3:** | **$\_\_\_\_\_\_\_\_\_\_\_\_** |