



REQUEST FOR PROPOSAL

#21375

For

Pest Control Services

FOR THE CLEVELAND MUNICIPAL SCHOOL DISTRICT
DBA: CLEVELAND METROPOLITAN SCHOOL DISTRICT
BOARD OF EDUCATION, 1111 SUPERIOR AVENUE E, SUITE 1800
CLEVELAND, OHIO 44114

UNDER THE DIRECTION OF OPERATIONS DIVISION OF THE BOARD OF EDUCATION
OF THE CLEVELAND METROPOLITAN SCHOOL DISTRICT - CUYAHOGA COUNTY, OHIO

Table of Contents

Part I: OVERVIEW, BACKGROUND & SCOPE OF WORK.....	3
Section A: Overview	3
Section B: Background	3
Section C: Specific Requirements	3
Part II: RFP SUBMISSION & PROCESS REQUIREMENTS.....	9
Section A: Proposal Submission & Format Requirements.....	9
Section B: Proposal Constraints	10
Section C: Evaluation Process	11
Section D: All District Related Forms	12
Section E: Award of Contract	12
Part III: Cost Proposal Form	14
Signatory:	15
Appendix A: District Related Forms	16
Addendum Acknowledgement Form for RFP #21375	16
Certificate of Debarment	17
Certificate of Debarment Continued	18
Conflict of Interest Form.....	19
Proposer Qualifications Form	21
Non-Collusion Affidavit	24
Diversity Business Enterprise Forms	25
EOA Contractual Declaration Forms	34
Service Provider Contract Compliance Form	34
Compliance Declaration	35
Employee Data Form	36
References	37
Service Provider Checklist.....	38
Attachment A: Pest Management Glossary.....	39

Part I: OVERVIEW, BACKGROUND & SCOPE OF WORK

Section A: Overview

The Cleveland Metropolitan School District (hereafter the “District”) under RFP #21375 is seeking service providers to provide pest control services on an “As Needed” basis as outlined in part I Section C of this RFP.

Section B: Background

The District is a large urban school system with over 100 instructional and non-instructional sites, approximately 6,000 teachers and administrative staff, 36,000 District students, and 3,500 classrooms. The Facilities and Trades Departments are devoted to ensuring that our children are learning in clean and well-maintained school buildings.

Section C: Specific Requirements

The Service Provider shall furnish all supervision, labor, materials, and equipment necessary to accomplish the monitoring, management, and pest removal components of the pest program. The Service Provider will perform routine pest control services in a manner that does not adversely affect the students, teachers, or staff of the District. The Service Provider shall also provide written site-specific recommendations for structural and procedural modifications to aid in pest prevention. The service provided will include pest monitoring on a monthly basis at the minimum, proper identification and management of pests consistent with IPM principles, recommendations to prevent future pest infestations, and inspections upon request at various facilities or monthly if requested.

The Service Provider shall adequately suppress the following pests:

- Indoor populations of rodents, insects, arachnids, and other arthropod pests not specifically excluded from the contract.
- Outdoor populations of potentially indoor-infesting species that are within school property.
- Nests of stinging insects within the property boundaries of specified buildings.
- Individuals of all excluded pest populations that are incidental invaders inside specific buildings, including winged termite swarmers emerging indoors.

Management of pests not written here may be requested as an additional service, not included within the scope of this IPM Contract.

District Facilities

The contract for pest management includes all school district sites and facilities listed in Table 1 and immediate perimeters of buildings. The area of service may include athletic fields or outdoor turf areas. At certain school district sites, playground areas may be included within the Agreement scope in the event of a pest outbreak that requires immediate attention. Any pesticide application occurring greater than six (6) feet beyond the building perimeter shall include posting as required by State law.

District Contact Person

The District contact for all pest management communications and decisions is the Facilities Manager. The assigned liaison at each individual building will be the respective custodians.

Pest Management Plans

Monitoring: The Service Provider shall describe the products and procedures used for identification of pest presence, access and harborage locations (i.e., monitoring for cockroaches, bed bugs, ants, birds, raccoons, hornets' nests, bees nests, and any type of small animal). Bed Bugs need to be monitored using monitoring equipment. Types of monitors and number required shall be discussed. Monitors shall be in good working condition at all times. Any changes in the monitoring program at a particular school district building site shall be communicated to the IPM Coordinator on the inspection form.

Materials and Equipment: The Service Provider shall provide current labels and Material Safety Data Sheets (MSDS) for all pesticide products to be used. In addition, brand names shall be provided for all application equipment, rodent bait boxes, monitoring and trapping devices, and any other control equipment that may be used to provide service.

Service Schedule: The Service Provider shall provide service schedules that include the frequency of Service Provider visits. The Service Provider must be on call as needed. The schedule must minimize the disruption of building activities and be pre-approved by the IPM building liaison. The Service Provider must check in with the custodian to register the date, purpose of visit, activities performed, and duration of visit. When it is necessary to perform work outside of the regularly scheduled service time, the Service Provider shall notify the IPM building liaison at least one (1) day in advance.

Commercial pesticide applicator certificates or licenses: The Service Provider shall provide copies of the company pest control license and dated pesticide applicator certificates for every employee who will be performing on-site services under this contract.

Records and Documentation

The vendor must follow designated guidelines. The Service Provider shall be responsible for maintaining a pest control logbook for each school district site and facility specified in this Agreement. These records shall be kept onsite in the custodial office and maintained on each visit by the Service Provider. The logbook shall contain the following:

Pest Management Plan: A copy of the District Pest Management Plan and specific site work plan, including all labels, MSDS's, pesticide applicator certificates for Service Provider personnel and the service schedule.

Forms: Documentation of findings and pest control activities to include the following:

Pest Sighting Forms: The building IPM liaison will maintain pest sighting forms. All occupants will report pest sightings to this individual for documentation which will include date, time, location and tentatively identified pest species. This information will be made available to the Service Provider during scheduled inspections. It is the Service Provider's responsibility to verify pest species prior to recommending any treatment procedures.

Site Visit Log: The Service Provider will log the date, purpose of visit, action taken, follow-up required and duration of visit for each site visit. Special note of emergency or special services must be recorded.

Inspection Form: Inspection activities will be documented on standard inspection forms and maintained in the logbook.

Monitoring Log Sheet: All observations from pest monitoring activities will be recorded on the monitoring log sheet.

Intent to Apply Pesticide: Documentation will include type of material to be used, building, location, and time of treatment, at least 72 hours prior to pesticide application. In certain emergency situations, the IPM Coordinator may deem it necessary to shorten or waive the notification period. No pre-notification is required if the pesticide is formulated as a bait or in a containerized bait box, however all bait related activities shall be recorded on the form. Any treatment performed by the Service Provider shall be justified by reported sightings as listed on the Inspection Form or Pest Sighting Forms. Pest species verification must be completed prior to recommending any treatment procedures.

Pesticide Use Log Sheet: Documentation will include pesticide and coverage information. Floor plan of the area serviced for each chemical control application may be included if necessary.

Monthly Service Reports

The Service Provider shall provide service reports upon request. The service reports shall include, but not be limited to, the following:

- Man-hours for routine services
- Location, man-hours, and work description of special, emergency, and additional services
- Identification and listing of type and quantity of pesticides and containerized baits used.
- Written statement of recommended structural and procedural modifications for District facilities.

Service Requirements

General: Upon completion of work, the Service Provider or their employee will notify the custodian and submit verification of services completed. In the event, additional services are required (call back): all such work will be done at no cost to CMSD.

Professional Services: The services/consultation of an Entomologist or Biologist must be provided to the school system at no additional cost if the need arises.

Training and Updates: The Service Provider may be asked to conduct semi-annual educational seminars for school system staff on IPM practices in order to promote understanding and assistance with the IPM program.

Safety and Health: The Service Provider shall observe all safety precautions throughout the performance of this Agreement. All work shall be in strict accordance with all applicable Federal, state, and local health and safety requirements. Where there is a conflict between applicable regulations, the most stringent will apply. The Service Provider shall assume full responsibility and liability for compliance with all applicable regulations pertaining to the health and safety of personnel during the execution of work. The Service Provider will provide whatever additional personal protective equipment required for safe application of chemicals or other pest control devices.

Special Entrance: Certain areas within some buildings may require special entrance instructions. Any restrictions associated with these special areas will be explained by the District IPM Coordinator. The Service Provider shall adhere to these restrictions and incorporate them into the Pest Management Plan.

Uniforms and Protective Clothing: All Service Provider personnel working in or around buildings specified in this Agreement shall wear distinctive uniform clothing. All Service Provider personnel must possess proper identification and proof of credentials while at school sites and facilities. The Service Provider shall determine the need for and provide any personal protective items required for the safe performance of work. Protective clothing, equipment, and devices shall, as a minimum, conform to U.S. Occupational Safety and Health Administration (OSHA) standards for the products used, and should be provided by the Service Provider.

Vehicles: Vehicles used by the Service Provider shall be identified in accordance with state and local regulations.

Laws and Regulations Compliance: In addition to compliance with all OSHA requirements, the Service Provider will meet all EPA, other Federal, State and Local regulations related to, but not limited to, the application, licensure, usage, and instructions concerning pesticides and fumigant products used. The Service Provider will have on staff at the time of service Certified Commercial Pesticide Applicators in the category of Industrial, Institutional, Structural, and Health Related Pest Control.

Use of Chemical Control Methods

The Service Provider shall be responsible for application of pesticides according to the label. All pesticides used by the Service Provider must be registered with the United States Environmental Protection Agency and the State of Iowa.

The Service Provider shall adhere to the following rules for chemical control products:

The Service Provider shall not apply any pesticide product that is not included in the Pest Management Plan or pre-approved by the IPM Coordinator. Transport, handling, and use of all pesticides shall be in strict accordance with the manufacturer's label instructions and all applicable Federal, State, and local laws and regulations. The use of a Category I pesticide in a school is considered unnecessary and is not part of an IPM program. Use of a Category II pesticide is considered only in those unusual circumstances where alternative treatments have failed. Chemical pest management strategies must be initiated with Category III pesticides.

Pesticide application shall be according to need and not by schedule. Such chemical control methods shall not be applied unless visual inspections or monitoring devices indicate the presence of pests in excess of the threshold levels in a specific area, and non-chemical control methods have proved unsatisfactory. Preventive chemical control treatments in areas where there is a potential for insects and rodents will be evaluated on a case-by-case basis with the IPM Coordinator.

As a general rule, The Service Provider shall apply all insecticides as "crack and crevice" treatments only, defined in this Agreement as treatments in which the formulated insecticide is not visible to a bystander during or after the application process. Application of insecticides to exposed surfaces or as space sprays (fogging) shall be restricted to exceptional circumstances where no alternative measures are practical. The Service Provider shall obtain approval from the IPM Coordinator prior to any such application. The Service Provider shall take all necessary precautions to ensure tenant and employee safety, and all necessary steps to ensure the containment of the pesticide to the site of application. No pesticide is to be applied in any room or area while in use or occupied by faculty, staff, or students, with the exception of pre-approved containerized baits. The Service Provider will follow all requirements on product labels including re-entry time periods.

Insecticide bait formulations shall be the standard pesticide technology for cockroach and ant control, with alternate formulations restricted to unique situations where baits are not practical.

The Service Provider shall not store any pesticide product in the buildings specified in this Agreement.

Non-pesticide controls include the use of a portable vacuum for initial pest suppression and the use of indoor trapping devices. Bait formulations shall be used where appropriate. Sticky traps will be used to monitor indoor insect populations and be used to evaluate the effectiveness of efforts wherever necessary. Traps must be concealed and may not readily accessible to students.

Rodent Control

Rodent control inside occupied facilities may be accomplished with trapping devices. All such devices shall be concealed and in protected areas so as not to be disturbed by school operations. When trapping devices are deployed they shall be checked as agreed upon. The Service Provider is responsible for disposing of all trapped rodents or rodent carcasses in an appropriate manner. Other treatment techniques require the submittal to the Pest Control Coordinator for review and approval.

Rodenticides may be used when deemed essential for adequate rodent control. The Service Provider shall obtain approval from the IPM Coordinator prior to making any interior rodenticide treatment. All rodenticides, regardless of packaging, shall be placed either in locations not accessible to children, pets, wildlife, and domestic animals, or in EPA-approved tamper-resistant bait boxes. As a general rule, rodenticide application outside the building shall emphasize the direct treatment of rodent borrows wherever feasible.

Outdoor bait boxes shall be placed out of general view where they will not be disturbed by school operations. The lids of the boxes shall be securely locked or fastened shut. Bait shall always be secured in the feeding chamber of the box and never placed in the runway or entryways of the box. All bait boxes shall be labeled on the inside with the Service Provider's business name and address. The outside of the box shall be dated at the time of installation and after each service. Inspections of bait boxes shall occur at least monthly during the year.

Insect Control

Non-Pesticide Products and Use: The Service Provider will use non-pesticide methods of control whenever possible.

Portable vacuums rather than pesticide sprays will be used for initial cleanout of cockroach infestations, for swarming (winged) ants. In addition, use vacuums for the control of spiders in webs whenever appropriate. Use trapping devices for indoor fly control whenever possible.

Sticky traps will be used to guide and evaluate indoor pest control efforts whenever necessary.

Pesticide products and use: When the Service Provider determines that a pesticide must be used to achieve adequate control, he or she will use the least hazardous material, the most precise application technique, and the minimum quantity of pesticide necessary to achieve the desired effect.

The Service Provider will be responsible for the application of the chemicals in the method proscribed on the label. All pesticides used by the Service Provider must be registered with the EPA and the state jurisdiction.

The transport, handling, and use of all pesticides will be in strict compliance with the manufacturer label instructions and all applicable federal and state laws and regulations.

Structural Modifications and Recommendations

The Service Provider is responsible for advising the IPM Coordinator, in writing, about any structural, sanitary, or procedural modifications that will reduce pest access, food, water and harborage. The Service Provider shall not be responsible for carrying out structural modifications as part of the pest control efforts. The Service Provider shall be responsible for adequately suppressing all pests included in this Agreement until such time as the appropriate preventive measures are enacted. The District is committed to completing the necessary preventive measures in a reasonable and timely fashion.

Waste Disposal

The Service Provider is responsible for all waste generated by their work on school grounds. Non-hazardous solid waste products shall be removed from the worksite and placed in dumpsters located on school property. All non-hazardous liquid waste must be removed from school property by the Service Provider. All hazardous waste materials generated by the Service Provider during servicing shall be removed from the school property and disposed of in accordance with all applicable Federal, State and County Laws and Regulations. For the

purpose of this contract, any waste chemical suppressant will be considered the property of the Service Provider . Under no circumstance is any hazardous material to be disposed of at any location in the school system. It shall be the responsibility of the Service Provider to ensure the hazardous waste materials are properly packaged, labeled and transported in accordance with all applicable Federal, State and County Laws and Regulations. Costs of disposal are to be borne by the Service Provider .

Part II: RFP SUBMISSION & PROCESS REQUIREMENTS

Part II of the RFP provides a detailed set of directions which the supplier will use to prepare the response.

Schedule for Posting and Supplier(s) Selection for the Pest Control Services RFP #21375:

Step	Date*
RFP Posted	March 9, 2023
All final questions from suppliers to the District	March 20, 2023
Answers to suppliers from the District and all addenda issued (if necessary)	March 27, 2023
RFP Responses Due	April 11, 2023
Supplier(s) selection	May 15, 2023
Contract negotiation	June 8, 2023 – June 15, 2023
Contract Start	July 1, 2023

*Dates listed are subject to change at the discretion of the District. Suppliers will be notified of changes to the schedule, as appropriate.

Section A: Proposal Submission & Format Requirements

i. Proposal Submission Requirements

- a. In order for the District to evaluate proposals fairly and completely, suppliers should follow the format set forth herein and provide all of the information requested. The District discourages overly lengthy and costly proposals.
- b. All proposals shall include all proposal format requirements found below. All information requested in the District-related forms must be filled in legibly and completely with blue ink signatures, or the proposal may be considered non-responsive. **Proposal Name: Pest Control Services and #21375 must be on the outside of the envelope of submittals including shipping labels.**
- c. All submissions must include **one (1) original with blue signatures, one (1) copy, and one (1) electronic proposal on a USB Flash Drive.** Suppliers not complying with this requirement will be notified that they have twenty-four (24) hours in which to comply with this requirement or their proposal may be disqualified. This applies to **copies only**. All materials submitted are as is.
- d. Proposals are due at the Cashier's Office of the Cleveland Metropolitan School District, 1111 Superior Ave E. Cleveland, Ohio 44114 on or before **1:00 pm** current local time on, **April 11, 2023. Mailing of Proposals is encouraged. However, hand deliveries will be accepted from 12:00 pm to 1:00 pm on April 11, 2023.**
- e. All written questions shall be directed to the Purchasing Division via email to: amanda.joyce@clevelandmetroschools.org. Written questions will be accepted via email until **12:00 pm on March 20, 2023.** Under no circumstances should any firm interested in providing the services identified in the RFP, their designees, or anyone affiliated with their firm, contact any other District employee or official during the RFP process, in an attempt to lobby or influence the selection of a service provider pursuant to this RFP.
- f. The District reserves the right to reject any and all proposals, to waive any and all informalities or irregularities, and to disregard all non-conforming responsive conditional proposals. Each Proposer is liable for all proposal errors or omissions. A proposer shall not be permitted to alter or amend any proposal documents after the Proposal deadline time and date detailed in the RFP unless such is formally requested, in writing, by the District.

- g. Proposals must remain open and valid for ninety (90) days from the due date, unless the time for awarding the contract is extended by mutual consent of the District and service provider. Service providers may withdraw their proposals any time before proposal opening date by providing written notice to the Purchasing Department before the time and date set for the proposal opening.

ii. **Proposal Format Requirements**

- a. The Pest Control Services scope of work for RFP #21375 is described in Part I. Service Providers are required to provide the information below as well as complete the District-related forms in Appendix A. The narrative part of the proposals must present the following information, be organized with the following headings and respond to the requested information and questions presented in the RFP scope of work. For evaluation purposes, each heading should be clearly marked in the proposal response.

- b. Proposal responses are to be divided into sections as follows:

- i. **Transmittal Cover Letter:** Prepare a letter transmitting the proposal on business letterhead. The letter should identify the business name, primary mailing address, phone number, and business web address along with the name, phone number and email address of the key contact person. The letter must have the signature of a person with authority to legally obligate the business. The transmittal letter shall also contain a statement that the proposal is a firm offer for ninety (90) days.

ii. **General Information Section**

1. **Executive Summary:** Information about the firm's history, structure, organizational metrics, and qualifications for fulfilling CMSD's requirements.
2. **Business Health:** Information about the firm's financial structure and viability, particularly as it relates to fulfilling a multiple year agreement.
3. **Experience and Expertise:** Information about the firm's current and previous contracts, particularly those with organizations similar to CMSD.
4. **General Narratives:** About at least three customers using services similar to those being proposed for CMSD.
5. **Management Support Services:** Information about staff, project, issue, performance, quality, and risk management methodology.
6. **Security:** Information about the firm's policies, practices, and standards for maintaining the confidentiality and integrity of customer's data, intellectual property, and trade secrets
7. **Risks:** Firm's evaluation of the greatest challenges and risks associated with the particular services and suggestions for mitigating risk.
8. **Dispute Resolution:** information about the service provider's standard dispute resolution methodologies.

iii. **Cost Proposal Form**

iv. **Completed District-related Forms** set forth in Appendix A of this RFP.

Section B: Proposal Constraints

- i. The service provider must comply with all laws, rules and regulations dictated by the Board of Education of the Cleveland Metropolitan School District, City of Cleveland, the State of Ohio, and the United States Federal Government.
- ii. Purchases funded by federal grant funds must adhere to regulations found in Uniform Guidance "Super Circular", 2 CFR 200 (UGG), as a condition of receiving funds and to meet annual audit compliance. In an effort to keep policy for all grants consistent, the District implemented the new

federal guidelines for all procurement processes. regarding procurement utilized with federal grants immediately.

- iii. The District will only accept proposals that cover all of the major components requested in the RFP.
- iv. Service provider shall not include Ohio Sales Tax in the price quoted. The District will provide tax exempt certificate to the successful Proposer(s).
- v. Service provider's personnel and subcontractors on the District site will be required to meet security requirements. Service provider agrees to successfully complete background checks on all of its employees, agents, and subcontractors, if necessary, who provide services on site under this scope of work. Each person on site must wear an identification badge that clearly identifies and makes visible the person's name and company.
- vi. The successful Service provider and their subcontractor(s), including organizations having personnel, equipment, and vehicles on District property, shall provide evidence of insurance as follows:
 - a. Commercial General Liability Including limited contractual liability
\$2,000,000.00 Limit of Liability
(Per occurrence)
 - b. Automobile Liability Including non-owned and hired
\$2,000,000.00 Limit of Liability
(Per occurrence)
 - c. Worker's Compensation Worker's compensation and employer's insurance
to full extent required by applicable law
- vii. This requirement must be fulfilled by the successful service provider by providing the District with a current Certificate of Insurance (standard ACORD form), showing the Board of Education of the Cleveland Municipal School District as an additional insured (Certificate Holder does not constitute being an additional insured), within five (5) days of Notice of Intent to Award Agreement. The certificates of insurance shall contain a provision that the policy or policies shall not be canceled without thirty (30) days' prior written notice to the District.
- viii. The required insurance must be provided by a company licensed by the State of Ohio and be financially acceptable to the District.
- ix. In submitting a proposal, service providers agree, unless specifically authorized in writing by an authorized representative of the District on a case-by-case basis, that it shall have no right to use, and shall not use, the name of Cleveland Metropolitan School District, its officials, or employees, in any advertising, publicity, promotion, nor to express or imply any endorsement of service provider's services.
- x. The District has a Diversity Business Enterprise and Affirmative Action Program in effect. Information about this program is set forth at <https://bit.ly/3wvVApK>. Forms related to this program are set forth in Appendix A. Service providers submitting a proposal must complete the appropriate forms and submit same with their proposal.

Section C: Evaluation Process

- i. **Responsiveness:** Proposals will be evaluated, first, as responsive, or non-responsive to the RFP's instructions. A preliminary review will be conducted of all proposals submitted on time to ensure the proposal adheres to the material submission requirements specified in the RFP. Proposals that do not meet the material submission requirements may be deemed non-responsive and rejected. In the event that all proposers do not meet one or more of the submission requirements, the District reserves the right to continue the qualitative evaluation of the proposals and select

proposal(s) which most closely meet the scope of work specified in the RFP. Proposal responses must include, or meet, the following submission requirements:

- a. Timely Submission**
 - b. Transmittal Cover Letter**
 - c. General Information Section**
 - d. Cost proposal form(s)**
 - e. District Related Forms**
- ii. Qualitative Evaluation**- proposals will be evaluated based on the information presented in the proposal and on additional information obtained during the evaluation process. Responses will be evaluated based on the following weighted criteria:
 - a. Price of services (30%)**
 - b. Quality of Work (20%)**
 - c. Experience providing services on a time sensitive schedule (20%)**
 - d. Responsiveness to Requests (15%)**
 - e. Adhering to Scope of Work (15%)**
- iii.** Evaluations are based on the submitted proposal. Follow-up discussions with the proposer's best suited to complete the work may be requested.
- iv.** The District reserves the right to interview or to seek additional information related to criteria already specified in the RFP after opening the proposals and prior to entering into a contract to reject any or all proposals; and to award a contract to one or multiple suppliers as the District deems necessary.
- v.** The District also reserves the right to check references identified by any supplier that submitted a proposal.
- vi.** The evaluation process is designed to identify the supplier that is the "best value," which is the best combination of attributes based upon the evaluation criteria, not necessarily to the supplier with the lowest cost.

Section D: All District Related Forms

There are a number of REQUIRED forms in Appendix A of the RFP that must be completed and submitted with the proposal response. These forms include:

- a. Addendum Acknowledgement**
- b. Certificate of Debarment**
- c. Conflict of Interest**
- d. Proposer Qualification Form**
- e. Non-Collusion Affidavit**
- f. DBE Forms – A, B, C, D, E F, G & H**
- g. EOA Contractual Declaration Forms**
- h. References**

Section E: Award of Contract

- i.** The contents of the RFP, including all appendices and addenda thereto, and the commitments set forth in the proposals shall be considered contractual obligations. Failure to accept these obligations may result in cancellation of the award.
- ii.** The contract award will not be final until the District and selected Supplier(s) execute a mutually satisfactory contractual agreement.

- iii.** The Contract Documents consist of the following:
 - a.** District Contract
 - b.** RFP Submission Requirements
 - c.** Cost Proposal Form(s)
 - d.** All Required District related forms set forth in Appendix A
 - e.** All applicable addenda
- iv.** The service provider shall perform all work described in the Contract Documents, including without limitation, all terms, and conditions of the scope of work and specifications contained herein or otherwise stated in the Contract Documents reasonably inferable there from by the service provider as necessary to produce the results intended therein.

Part III: Cost Proposal Form

Term: The undersigned proposes to provide Pest Control Services to the District in accordance with the specifications and to the entire satisfaction of and acceptance by the District for the following prices. Contract period will be from July 1, 2023 to June 30, 2024 with the option to renew for two (1) one year periods (from July 1, 2024 to June 30, 2025, and July 1, 2025 to June 30, 2026); commencing at the expiration of this contract period under the same terms and conditions as the current contract and at the sole discretion of the District. The District reserves the right to request additional pricing from the awarded service providers for services not identified herein. Service Providers shall provide the best rates for services later identified by the District based on the request and in accordance with the specifications and requirements outlined herein. The District does not guarantee utilization of services or make any comment as to minimum amount of services through term of any awarded agreement.

Hourly Rate: Inclusive of all labor, materials, transportation costs, and administrative fees

July 1, 2023 – June 30, 2024 \$ _____

July 1, 2024 – June 30, 2025 \$ _____

July 1, 2025 – June 30, 2026 \$ _____

Monthly: for monitoring only

July 1, 2023 – June 30, 2024 \$ _____

July 1, 2024 – June 30, 2025 \$ _____

July 1, 2025 – June 30, 2026 \$ _____

Any Additional Costs:

July 1, 2023 – June 30, 2024 \$ _____ Description: _____

July 1, 2024 – June 30, 2025 \$ _____ Description: _____

July 1, 2025 – June 30, 2026 \$ _____ Description: _____

Signatory:

Suppliers must complete the signatory requirement below.

COMPANY NAME: _____

REPRESENTATIVE: _____
PRINT (TITLE)

SIGNATURE: _____

ADDRESS: _____

CITY: _____ STATE: _____

TELEPHONE: () _____ FAX NO: () _____

E-MAIL ADDRESS: _____

DATE: _____

Appendix A: District Related Forms

Addendum Acknowledgement Form for RFP #21375

Having read and examined the Request for Proposal Documents, including the specifications, prepared by the Cleveland Metropolitan School District for the above-referenced Project, and the following Addenda:

Addendum Number	Date of Receipt
_____	_____
_____	_____
_____	_____
_____	_____

Proposer:_____

The undersigned Service provider proposes to perform all work for the applicable contract, in accordance with the contract document for the proposed sums.

****Failing to acknowledge a published Addendum may cause your response to be rejected***

Signature:_____ Date:_____

Certificate of Debarment



Certification Regarding Debarment, Suspension, and Other Responsibility Matters Primary Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211). Copies of the regulations are available from local offices of the U.S. Small Business Administration.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective primary participant shall attach an explanation to this proposal.

Business Name _____

Date _____

By _____
Name and Title of Authorized Representative

Signature of Authorized Representative

Certificate of Debarment Continued

- 2 -

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is submitted for assistance in obtaining a copy of those regulations (13 CFR Part 145).

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the ineligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

Conflict of Interest Form
Statement of Potential Conflicts of Interest

Service Provider Name:	Primary Contact:
Address 1:	Telephone #:
Address 2:	Fax #:
City:	Email:
State, Zip:	Website:

Cleveland Metropolitan School District (CMSD) adheres to Ohio Ethics Law and strictly follows the opinion of the Ohio Ethics Commission. As such, each service provider is requested to submit this statement declaring any potential conflicts of interest in doing business with the District. Please answer the following two questions providing all requested information.

1. Are any current Cleveland Metropolitan School District (CMSD) employees, Cleveland Board of Education members, or any of their immediate family members, also members of the service provider's board of directors, hold any officer position with the service provider, or own any shares of any stock issued by the service provider?

Yes_____ No_____

If **yes**, and if the CMSD employee, CMSD board member, or immediately family member is a member of the service provider's board of directors or holds an office with the service provider, please state the person's name and position with the service provider.

Name: _____

Position: _____

If **yes**, and if the CMSD employee, CMSD board member, or immediate family member owns share of any stock in the service provider organization or company, state the percentage of all outstanding company shares owned by the CMSD employee or board member.

_____ %

2. Are any current CMSD employees, CMSD board members, or any immediate family members also employees of the service provider?

Yes_____ No_____

If **yes**, please state the person's name and provide a description of their job duties for the provider:

Name: _____

Job Duties: _____

If **Yes**, please describe the contact that the service provider will have with the CMSD employee or CMSD board member in the course of providing services to the District:

CERTIFICATION

I do hereby certify that the foregoing statements are true and accurate, and that my signature below attests to the authenticity of my identity as the person actually signing this form. This document is not a contract. In order for a binding Agreement to exist, a signed Agreement will be required prior to any legally binding commitment by the District.

NOTARIZED STATEMENT

_____ being duly sworn and deposes says.

That he/she is the _____ of
(title)

_____, and answers to all the
(organization)
foregoing questions and all statements therein contained are true and correct.

(signature)

Subscribed and sworn before me this ____ day of _____, 20____

Notary Public: _____

My commission expires: _____

Proposer Qualifications Form

Proposer must answer all questions or attach a written explanation for each question.

PROPOSER NAME: _____

ADDRESS: _____

CITY; STATE: _____ ZIP: _____

CONTACT PERSON: _____

TITLE: _____

TELEPHONE: () _____ TOLL FREE: () _____

TAXPAYER IDENTIFICATION NUMBER: _____

1. What type of organization? (i.e. corporation, partnership, etc.)

2. How many years has your organization been in business?

3. How many years has your organization been in business under its current name?

4. List any other aliases your organization has utilized in the last two years and the form of Business.

5. If you are currently a corporation, list the following:

a. State of incorporation

b. Date of incorporation

c. President's name

d. Secretary's name

e. Treasurer's name

f. Statutory agent's name

g. Name of shareholders, if less than 10

h. Principal place of doing business

6. If you are currently in a partnership, list the following:

a. Name and address of all general and limited partners.

b. Original name and date of organization's inception

7. If you are neither a corporation nor a partnership, please describe your organization and list principals.

8. Are you legally qualified to do business in the State of Ohio?

9. Are you legally qualified to do business in Cuyahoga County and licensed by the City of Cleveland?

10. Has your organization ever been (i) declared by a customer to be in default under a contract and/or (ii) sued by a customer for failure to completely a contract or properly perform services in a timely manner? If yes, please state where, when, and why.

11. Has your organization ever been cited by a local, county, state, or federal authority for violation of a regulation or statute or failing to timely complete a contract in accordance with specifications? If yes, please state date, agency, and final disposition.

12. Has your organization ever filed for bankruptcy? If yes, please state where, when, and why?

13. On a separate sheet, list the major customers for whom your organization has provided this type of equipment or service in the past five years. Include owner's name and type of work performed.

14. Has your organization ever been sued by a supplier for failure to timely pay for materials or equipment provided? If yes, please provide details.

15. What is the dollar limit of your firm's General (CLS) Liability Insurance?

Name of insuring company: _____

Policy number: _____

16. What is the dollar limit of your firm's Automotive Liability Insurance?

Owned vehicles _____

Non-Owned vehicles _____

Name of insuring company _____

Policy number _____

17. List the name and address of every person having an interest in this RFP.

18. Has any federal, state, or local government entity ever cited or taken any action against your organization or any of its principals for failure to pay or remit any taxes including but not limited to income, withholding, sales, franchise, or personal property taxes? If yes, please give name of agency, date, and amount of taxes overdue and resolution of the issue.

19. Is your organization and its' principals current in payment of personal property taxes?

20. The prospective lower tier participant certifies, by submission of this RFP, that neither it nor its principals is presently debarred, suspended, proposed, for debarment or suspension, declared ineligible, or voluntarily excluded from participation in this transaction by any State and/or Federal Department or Agency.

21. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participants shall attach an explanation to this RFP.

Notarized Statement

_____ being duly sworn and deposes says.

that he/she is the _____ of
(title)

_____, and answers to all the
(organization)

foregoing questions and all statements therein contained are true and correct.

(signature)

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public: _____

My commission expires: _____

Non-Collusion Affidavit

This Affidavit must be executed and shall accompany the proposal in order for the proposal to be considered.

NON-COLLUSION AFFIDAVIT
State of Ohio, Cuyahoga County

_____, being first duly sworn, deposes and says that.

he/she is _____ of _____

of the party making the foregoing proposal; that such proposal is genuine and not collusive or sham; that said proposer has not colluded, conspired, connived, or agreed, directly or indirectly, with any proposer or person, to put in a sham proposal, or that such other person shall refrain from proposing, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the proposal price of affiant or any other proposer, to fix any overhead, profit or cost element of said proposal price, or of that of any proposer, or to secure any advantage against the Board of Education of the Cleveland Metropolitan School District, or any person or persons interested in the proposal; and that all statements contained in said proposal are true; and further that such proposer has not, directly or indirectly, submitted this proposal, or the contents thereof, or divulged information or data relative thereto to any Association or to any member or agent thereof.

Affiant

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public in and for Cuyahoga County, Ohio

My commission expires: _____

Diversity Business Enterprise Forms
DBE Form A

Name of Firm: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Type of Business (Product or Service): _____

Date of Proposed Contract Award: _____

Amount of Proposed Contract Award: _____

Diversity Business Enterprise Subcontractor(s): _____

Dollar Amount Subcontract Award: _____

Percent of Subcontract Award: _____

D.B.E. Participation: _____ \$ _____

F.B.E. Participation: _____ \$ _____

Name of EEO Officer: _____

(Signature of owner, partner, or authorized officer)

Name: _____ Dated: _____
(printed)

Title: _____

DO NOT COMPLETE BELOW THIS LINE

☐ Compliant ☐ Compliance Pending ☐ Non-Compliant

Compliance Date: _____

(signature, DBE Department)

(date)

DBE Form B
NOTICE OF REQUIREMENT TO ENSURE
DIVERSITY BUSINESS ENTERPRISE (DBE) OPPORTUNITY

Note: All eligible proposers for award of the contract should comply with the Requirements, Terms, and Conditions of this Notice.

The undersigned proposer hereby agrees that the goal it has established for DBE participation in this project through either subcontracting or entering into a joint Venture with DBEs in conformity with the Requirements. Terms and Conditions of this Notice is a goal of thirty (30%) percent for a construction/repair/ maintenance contract, twenty (20%) percent for a supply contract, and fifteen (15%) for a service contract of the total contract amount of this project. In no event will the absence of goals as stated above be deemed as compliance with the requirements, terms and conditions of this notice.

In addition, the undersigned will complete and attach hereto the DBE (Form C) Schedule for DBE participation, showing all DBE/FBE that will participate as subcontractors or joint ventures in this contract and a DBE (Form D), DBE Letter of Intent form for each DBE/FBE listed on the Schedule.

Proposer: _____

Date: _____

By: _____

Title: _____

Definition of DBE: A Diversity Business Enterprise (DBE)

"Small Diversity business concern" means a small business concern that is at least (51) percent unconditionally owned by one or more individuals who are both socially and economically diverse, or a publicly owned business that has at least (51) percent of its stock unconditionally owned by one or more socially and economically diverse individuals and that has its management and daily business controlled by one or more such individuals. This term also means a small business concern that is at least (51) percent unconditionally owned by an economically diverse Indian tribe or Native Hawaiian Organization, or a publicly owned business that has least (51) percent of its stock unconditionally owned by one of these entities, that has its management and daily business controlled by members of an economically diverse Indian tribe or Native Hawaiian Organization.

DBE Form C
SCHEDULE MBE/FBE PARTICIPATION

Project Name: _____

Name of Non-DBE Contractor: _____

Identification Number: _____

Location: _____

Name of Minority Contractor: _____

Address: _____

City, State, Zip: _____

Type of work to be performed and work hours involved:

Projected commencement and completion dates for work:

Agreed price in dollars or percentage:

The undersigned will enter into a formal agreement with DBE for work listed in this schedule conditioned upon execution for a contract with the Cleveland Municipal School District

TO BE RETURNED WITH THE PROPOSAL

Signature of Non-DBE Prime Contractor

Date: _____

DBE Form D
DBE LETTER OF INTENT

To: _____
Non-DBE Prime or General Proposer

Project: _____

NON-DBE PRIME OR GENERAL PROPOSER

The Undersigned intends to perform work in connection with the above-referenced project as (check one):

☐ an individual ☐ a corporation ☐ a partnership ☐ a joint venture

DBE status of the undersigned is confirmed in the Cleveland Municipal School District's DBE file of bona fide enterprises with a certification date of: _____

The Undersigned is prepared to perform the following described work in connection with the above referenced project. Specify in detail particular work items or parts thereof to be performed:

at the following price or percent of contract: \$ _____

You have projected the following commencement date of such work, and the undersigned is projecting completion of such work as follows:

Items _____

Projected Commencement Date _____

Projected Completion Date _____

_____ % (percent) of the dollar value of the subcontract will be sublet and/or awarded to NON-DBE contractor (s) and/or NON-FBE SUPPLIERS. The undersigned will enter into a formal agreement for the above work with you conditioned upon your execution of a contract with the Cleveland Municipal School District.

Date

Name of DBE Firm (where applicable)

Signature of DBE (where applicable)

Signature of MBE Firm

(TO BE RETURNED WITH RFP)

Name of FBE Firm

Signature of FBE Firm

DBE Form E
DBE Unavailability Certification

I, _____,
Name Title

Of _____, certify that on _____
Date

I contacted the following DBE to obtain a Proposal for work items to be performed on:

Board Project: _____

Minority Contractor: _____

Work Items Sought: _____

Form of Proposal Sought: _____

Female Contractor: _____

Work Items Sought: _____

Form of Proposal Sought: _____

To the best of my knowledge and belief said minority business enterprise was unavailable (exclusive of the unavailability due to lack of agreement on price) for work on this project or unable to prepare a proposal for the following reason (s):

Signature, Non-DBE prime Proposer Date

_____ was offered an opportunity to proposal on the above-referenced work on
_____ by _____
Date Non-DBE Prime Proposer

Signature, Non-DBE Prime Proposer

The above statement is a true and accurate account of why I did not submit a Proposal on this project.

Signature, Non-DBE prime Proposer

DBE Form F
Non-Minority Prime Affidavit For DBE

STATE OF }
COUNTY OF } SS.

AFFIDAVIT

The undersigned swear that the foregoing statements are correct and include all material information necessary to identify and explain the items and operation of our subcontract and the intended participation by each party in the undertaking. Further, the undersigned covenant and agree to provide to the Cleveland Municipal School District current, complete, and accurate information regarding actual subcontract work and the payments thereof, and any proposed changes in any of the subcontract arrangements and to permit the audit and examination of the books, records, and files of the subcontract or those of each party relevant to the subcontract, by authorized representatives of the Cleveland Municipal School District. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal and state laws concerning false statements.

Name of Firm: _____

Signature: _____

Name and Title: _____

Date: _____

STATE OF }
COUNTY OF } SS.

On this _____ day of _____ 20____, before me appeared _____

_____, to me personally known, who being duly sworn,

did execute the foregoing affidavit, and did state that they were properly authorized by _____

_____ to execute the affidavit and did so as their free act and deed.

(Seal)

Notary Public _____

Commission expires _____

DBE Form G

This form need not be completed if all join venture firms are diversity business enterprises.

1. Name of Joint Venture: _____
2. Address of Joint Venture: _____
3. Phone Number of Joint Venture: _____
4. Identify the firms which comprise this joint venture. (The DBE partner must complete DBE Form A or have current DBE Certification)

- a. Describe the roll of the DBE firm in the joint venture: _____

- b. Describe briefly the experience and business qualifications of each non-DBE Joint Venture: _____

5. Nature of Joint Venture's Business: _____

6. Provide a copy of the Joint Venture Agreement.

7. What is the percentage of DBE Ownership? DBE _____% FBE _____%

8. Ownership of Joint Venture: (This need not be completed if described in the Joint Venture agreement provided in response to question 6).

- a. Profit and loss sharing: _____

- b. Capital contributions, including equipment: _____

- c. Other applicable ownership interest: _____

9. Control of and participation in this contract. Identify by name, race, and "firm" those individuals and their titles who are responsible for day-to-day management and policy decision making, including, but not limited to, those prime responsibility form:

a. Financial decisions: _____

b. Management decisions, such as:

i. Estimating: _____

ii. Marketing and Sales: _____

iii. Hiring and firing of management personnel: _____

iv. Purchasing of major items or supplies: _____

c. Supervision of field operations: _____

Note: If after completing the DBE Form B and before the completion of the joint venture's work on any contract awarded, there is any significant change in the information submitted, the joint venture must inform the Cleveland Municipal School District, either directly or through the non-DBE prime subcontractor if the joint service provider is a subcontractor.

DBE Form H

Non-Minority Prime Affidavit (Joint Venture)

STATE OF OHIO

CUYAHOGA COUNTY

AFFIDAVIT

The undersigned swear that the forgoing statements are correct and include all material information necessary to identify and explain the items and operation of our subcontract and the intended participation by each joint venture in the undertaking. Further, the undersigned covenant and agree to provide to the Cleveland Municipal School District current, complete, and accurate information regarding actual joint venture work and the payments thereof and any proposed changes in any of the subcontract arrangements and to permit the audit and examination of the books, records, and files of the joint venture or those of each party relevant to the joint venture, by authorized representatives of the Cleveland Municipal School District. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal and state laws concerning false statements.

Name of Firm (Prime)

Name of Firm (DBE)

Signature

Signature

Name and Title

Name and Title

Date

Date

STATE OF _____] COUNTY OF _____]SS.

On this _____ day of _____ 20 __ , before me appeared _____, to me personally known, who being duly sworn, did execute the foregoing affidavit, and did state that they were properly authorized by _____ to execute the affidavit and did so as their free act and deed.

(Seal)

Notary Public

Commission expires.

EOA Contractual Declaration Forms

Information about the District's Affirmative Action Program can be found at <https://bit.ly/3wvVApK>.

Service Provider Contract Compliance Form

Name of Firm: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Standard Metropolitan Statistical Area: _____

Recruitment Area: _____

Type of Business (product or service): _____

Name of EEO Officer: _____

Signature of Owner, Partner, or Authorized Officer: _____

Name (type or print): _____

Date: _____ Title: _____

Do not complete below this line.

Status of Service provider:

___ Compliance

___ Conditional Compliance

___ Non-Compliance

___ Compliance Pending

Comments: _____

Date: _____ Signature: _____

The following must be filled out completely:

day of _____, 20____.

Employee Data Form

Please note this data may be obtained by visual survey or post-employment record. Neither visual surveys nor post-employment records are prohibited by any federal, state, or local law. All specified data is required to be filled in by District policy. Descriptions of the job categories below can be found at <https://bit.ly/3wvVApK>

	All EMPLOYEES			MALES					FEMALES				
Job Categories	TOALS MALES & FEMALES	MALES	FEMALES	WHITE (NOT OF HISPANIC ORIGIN)	BLACK (NOT OF HISPANIC ORIGIN)	ASIAN AMERICAN OR PACIFIC ISLANDER	INDIGENOUS OR ALSKAN NATIVE	HISPANIC	WHITE (NOT OF HISPANIC ORIGIN)	BLACK (NOT OF HISPANIC ORIGIN)	ASIAN AMERICAN OR PACIFIC ISLANDE	INDIGENOUS OR ALSKAN NATIVE	HISPANIC
OFFICIALS, MGRS & SUPERVISORS													
PROFESSIONALS													
TECHNICIANS													
SALES WORKERS													
OFFICE/CLERICAL													
CRAFTWORKERS (SKILLED)													
OPERATIONS (SEMI-SKILLED)													
LABORERS (UNSKILLED)													
SERVICE WORKERS													
APPRENTICES													
TOTAL													

Additional information (optional):

Describe any other actions taken which show that all employees are recruited, hired, or trained or promoted without regard to their race, religion, color, sex, handicap, age, or national origin. Use second sheet if additional space is needed:

The undersigned certifies that they are legally authorized by the proposer to make the statements and representations contained in this report, and that they have read all of the foregoing statements and representations which are true and correct to the best of their knowledge and belief.

FIRM OR CORPORATE NAME: _____

DATE: _____

SIGNATURE: _____

TITLE: _____

References

Include below three references of equal or larger size to this current RFP project. Public sector experience is preferred, but not required. Please attach relevant supporting documentation, such as project plans, scope of work.

Reference #1:

Company Name: _____

Contact Person: _____

Phone Number(Mobile): _____ Email Address: _____

Brief summary of customer engagement, length of relationship, typical work performed, average cost(s) per service call, etc. :

Reference #2:

Company Name: _____

Contact Person: _____

Phone Number(Mobile): _____ Email Address: _____

Brief summary of customer engagement, length of relationship, typical work performed, average cost(s) per service call, etc. :

Reference #3:

Company Name: _____

Contact Person: _____

Phone Number(Mobile): _____ Email Address: _____

Brief summary of customer engagement, length of relationship, typical work performed, average cost(s) per service call, etc. :

Service Provider Checklist

To assist service providers in the preparation of their proposals to ensure compliance with all document requirements.

- ☐ Cover Page
- ☐ Transmittal Cover Letter, signed.
- ☐ Table of Contents
- ☐ General Information Section
 - ☐ Executive Summary
 - ☐ Business Health
 - ☐ Experience and expertise
 - ☐ General Narratives
 - ☐ Management Support Services
 - ☐ Security
 - ☐ Risks
 - ☐ Dispute Resolution
- ☐ Pricing
 - ☐ Signatory
- ☐ District Related Forms
 - ☐ Addendum Acknowledgement, checked: <https://www.clevelandmetroschools.org/purchasing> for any addendums
 - ☐ Certificate of Debarment
 - ☐ Conflict of Interest
 - ☐ Proposer Qualification Form
 - ☐ Non-Collusion Affidavit
 - ☐ DBE Forms- A, B, C, D, E, F, G, & H, for more information: <https://bit.ly/3wvVApK>
 - ☐ EOA Contractual Declaration Forms 1 &2, for more information: <https://bit.ly/3wvVApK>
 - ☐ Employment Data Form
 - ☐ References

Copies

- ☐ Original, marked.
- ☐ Copies (1), marked.
- ☐ USB Flashdrive

Attachment A: Pest Management Glossary

Action Threshold (Action Level). The number of pests or level of pest damage that triggers a control action.

Active Ingredient. The chemical or chemicals in a pesticide responsible for killing or repelling a pest. Active ingredients are listed as part of the Ingredient Statement on all pesticide labels.

Anti-microbial Pesticide. A pesticide used for control of microbial pests, including viruses, bacteria, algae and protozoa, or for the purpose of disinfecting or sanitizing. Anti-microbials do not include fungicides used on plants.

Bait. A food or other substance used to attract a pest to a pesticide or trap.

Biological Control. Control of pests using predators, parasites, and disease-causing organisms. Biological controls may be naturally occurring or introduced.

Botanical Pesticide. A pesticide produced from plant-based chemicals. Examples include nicotine, pyrethrins, and strychnine.

Brand Name. The name or designation of a specific pesticide product or device made by a manufacturer or formulator.

Broadcast. A pesticide application method of applying a pesticide over an entire area.

Certified Applicator. An individual who demonstrates a higher level of competence of pesticide use by meeting criteria established by the Iowa Department of Agriculture and Land Stewardship.

Chemical Control. The use of a pesticide to reduce pest populations or activity.

Chemical Name. The scientific name of the active ingredient(s) found in a formulated product. The chemical name is derived from the chemical structure of the active ingredient.

Common Name. A name given to a pesticide active ingredient by a recognized committee on pesticide nomenclature. Many pesticides are known by a number of trade or brand names, but the active ingredient has only one recognized common name.

Crack and Crevice Treatment. A pesticide application method in which small quantities of pesticides are placed precisely into cracks, crevices, and other small openings where pests hide.

Cultural Control. A pest control method that involves changing human habits and practices such as sanitation, work practices, and garbage pickups schedules. This also includes altering landscape design, installation, and maintenance of grounds to reduce pest activity and damage.

Environmental Protection Agency (EPA). The federal agency responsible for ensuring the protection of humans and the environment from the potential adverse effects of pesticides.

EPA Registration Number. A number assigned to a pesticide product when the product is registered for use by the EPA. The number must appear on all labels for a particular product.

Formulation. The pesticide product as purchased, containing a mixture of one or more active ingredients, carriers (inert ingredients), and other additives that make it easy to store, dilute, and apply.

Harborage. The hiding places or protected areas where pests live, such as cracks and crevices.

Inert Ingredients. Materials in a pesticide formulation that do not have anti-pest activity.

Integrated Pest Management (IPM). A managed pest control program in which methods are integrated and used to keep pests from causing economic, health-related, or aesthetic injury through the utilization of site or pest inspections, pest population monitoring, evaluating the need for control, and use of one or more pest control methods including sanitation, structural repair, nonchemical methods, and pesticides, when nontoxic options are unreasonable or have been exhausted, in order to minimize the use of pesticides and minimize the risk to human health and the environment associated with pesticide applications.

Insect Growth Regulator (IGR). A pesticide that mimics insect hormones, responsible for controlling molting and development of some insects systems. This disrupts the insect's ability to develop from the immature form to an adult.

Key Location. A site in a landscape or structure where pests occur more frequently or cause greater amounts of damage that requires intervention.

Key Pest. An insect, mite, disease, nematode, or weed that frequently results in unacceptable damage and typically requires a control action. Key pests vary among geographic regions. Key pest status is dependent on action thresholds set for the pest and the status may differ among specific sites on school grounds and buildings. For example, cutworm may be a key pest on high-visibility athletic fields, but not on adjacent lawn areas. Routine or regularly scheduled pesticide applications may mask key pests.

Label. The written material attached to or on all pesticide containers that provides the instructions users must legally follow.

Least Hazardous Materials. A control strategy that uses materials, practices and methods, including the use of chemicals, in a manner that causes the least exposure or harm to humans and the environment. The "least hazardous materials" strategy considers the pest control method, toxicity of the product, and exposure to occupants. For example, the use of a nonvolatile material formulation and/or application method is considered a "least hazardous materials" strategy, as opposed to a broadcast application and/or use of a volatile material.

Least-impact Pest Control Options. Pest control actions that have very low mammalian toxicity, or ready-to-use, nonvolatile formulations of baits in tamper-resistant bait stations placed in areas inaccessible to children and staff. Nonchemical pest control options, such as cultural, mechanical, or physical controls, are considered least-impact options.

Mechanical Control. The removal of pests by vacuuming, hand picking, pruning, crushing, dislodging by water or air, or disruption of pest activity and movement by impediments.

Monitoring. A systematic pest inspection conducted at regular intervals to determine the types of pests, their numbers, the amount of damage caused by pests, entry points, access to food, water, and harborage sites, and the effectiveness of treatment methods. Beneficial organisms are also observed during monitoring.

Nonchemical Controls. Pest control measures that do not use pesticides or other chemicals. Nonchemical controls include biological, physical, mechanical, and cultural tactics and strategies.

Nontarget. Any site or organism other than the site or pest toward which control measures are directed.

Pathogen. A living microorganism, usually a bacterium, fungus, mycoplasma or virus, that can cause disease when a host is present under the right environmental conditions.

Pest. Any living organism (animal, plant, or microorganism) that interferes with or threatens human, animal or plant health, property or the environment. A pest in one environment may be beneficial in another. For example, many plants that are considered weeds when found in lawns can be essential to the restoration of natural landscapes after a disturbance such as flood, fire, or human intervention.

Pesticide. A substance used to control, pre-vent, destroy, repel, or mitigate any pest.

Pest-proofing. A nonchemical, physical control measure to prevent the entry or movement of pests into or out of a structure or area. Pest-proofing might include sealing and caulking of crevices and holes, or installing screens and door sweeps.

Pesticide Business License. The license that is required of any business offering pest control services or applying general or restricted-use pesticides for hire, or as part of a service or contract agreement.

Physical Control. Habitat alteration or changes in physical structure to reduce pest populations or their activity. Physical controls address problems such as caulking holes and cracks, sealing doors and windows, reducing moisture, or improving ventilation.

Quality Control. An inspection and review of the pest control program to evaluate success and identify shortcomings of the program.

Reduced-impact Pest Control Options. Pest control options with low mammalian toxicity, formulations that do not present an obvious physical hazard, and with active ingredients that are not known to cause cancer or disrupt human hormones.

Re-entry Period. The time that must elapse from the completion of a pesticide application until the students and staff may re-enter the building.

Registered Pesticides. Pesticide products that have been registered by the Environmental Protection Agency (EPA) for the uses listed on the label.

Residual Pesticide. A pesticide that continues to remain effective on a treated surface or area for an extended time period following application.

Routine Pesticide Application. A prescheduled pesticide application performed as a preventive measure without confirmation of pest presence or levels of infestation.

Sanitation. Measures that promote cleanliness and pest-free surroundings. Indoors pest control sanitation involves removing pest food sources and physically altering potential access and harborage sites. Outdoors removal of plants or plant parts that serve as harborage or a source of inoculum for pests.

Space Spray. A pesticide that is applied as a fine spray or mist to a confined area, usually used to kill flying or crawling insects.

Spot Treatment. A pesticide application restricted to specific areas or plants. For indoor pests areas do not exceed 2 feet. Spot treatments are applied where pests are likely to occur, such as portions of floors or walls,

or the base or underside of equipment. In landscapes and on grounds spot treatments include individual plants, parts of plants, sections of turfgrass but never entire landscapes.

Tamper-resistant Bait Station. A container for toxic bait that is used for rodent and insect control. Tamper-resistant bait stations provide the least risk to children, pets, and other animals. As defined by the Environmental Protection Agency (EPA), the bait stations must be durable, lockable, have warning labels, and be anchored to keep them in place.

Toxicity. The ability of a pesticide to cause harmful, acute, delayed, or allergic effects.

Void Treatment. A pesticide application method in which a spray or dust is injected or blown into the empty spaces inside walls, false ceilings, or other enclosed areas.