

# INVITATION TO BID

State of Ohio  
Department of Administrative Services  
General Services Division  
Office of Procurement Services

The Original Signed Bid must be submitted to the Office of Procurement Services to receive consideration for award.		BIDDER NAME	
BID NUMBER <u>OT904516</u>	OPENING DATE (1:00 p.m.) <u>12/04/2015</u>	STREET ADDRESS <input type="checkbox"/> Check if remit address is different and list on separate sheet	
General Services Division Office of Procurement Services 4200 Surface Road Columbus, OH 43228-1395 Attn: Bid Desk		CITY STATE ZIP	
		COUNTY	MBE/EDGE CERTIFICATE NUMBER
		TELEPHONE NO. ( )	TOLL FREE NO. 1 - ( )
		CONTACT PERSON	FAX NO. ( )
REQ./INDEX NO. LDC107	BID NOTICE DATE 11/9/2015	CONTRACTOR'S E-MAIL ADDRESS	
SELECT YOUR PREFERRED METHOD OF RECEIVING PURCHASE ORDERS AND ENTER THE E-MAIL OR FAX NUMBER INFORMATION (ONLY SELECT ONE METHOD)			
<input type="checkbox"/> E-Mail <input type="checkbox"/> Fax			
In addition to the standard terms for payment, the payment terms for state agency(ies) will be 2%,10 Days, Net 30 Days unless otherwise stated in the following space. If no discount is offered, bidder should circle "Net 30 Days". _____%, ____Days, Net 30 Days			
<u>PARTICIPATING AGENCY(IES):</u> Northwest Ohio Psychiatric Hospital, 930 South Detroit Avenue, Toledo, OH 43614			
<b>ADDENDUM FOR CHANGE</b> <b>ADDENDUM NO.: 2</b> <b>REVISION DATE: 11/19/2015</b>			
<u>THE DEPARTMENT OF ADMINISTRATIVE SERVICES, OFFICE OF PROCUREMENT SERVICES IS SOLICITING BIDS FOR:</u> <b>Professional Pest Control Services</b>			
Attached is page 3 to this Invitation to Bid. Remove the corresponding page from the existing bid and replace with the attached.			
As indicated herein this addendum is issued to indicate deletion of MINORITY BUSINESS ENTERPRISE (MBE) SET ASIDE paragrah.			

### SPECIAL CONTRACT TERMS AND CONDITIONS

SUPPLEMENTAL BID: Any award made as a result of this bid will become a part of Contract No. OT905614 effective 12/01/2015.

\*Deleted Paragraph.

DELIVERY AND ACCEPTANCE: Services will be performed as set forth in the Contract and in accordance with paragraphs S-8, S-9, and S-10 of the SUPPLEMENTAL CONTRACT TERMS AND CONDITIONS. The location of performance will be noted on the purchase order issued by the participating agency. Payment for services rendered will occur upon the inspection and written confirmation by the ordering agency that the services provided conform to the requirements set forth in the Contract. Unless otherwise provided in the Contract, payment shall be conclusive except as regards to latent defects, fraud, or such gross mistakes as amount to fraud.

AMENDMENTS TO CONTRACT TERMS AND CONDITIONS: The following Amendments to the Contract Terms and Conditions do hereby become a part hereof. In the event that an amendment conflicts with the Contract Terms and Conditions, the Amendment will prevail.

SUBCONTRACTING: Only the Contractor will perform the services as specified, subcontracting will not be allowed during the duration of this contract. All Contractors will be held solely responsible to meet the performance schedules and specifications for services in a timely and professional manner.

MANDATORY SITE VISIT: A mandatory site visit will be held on the date, time and location as indicated below to survey the facility and discuss the requirements of the bid. The site visit will commence promptly at the time listed for the facility below barring an unforeseen circumstance that results in a delay of the site visit. Attendance will be taken. If your company is the current Contractor you are not excluded from the mandatory site visit and must attend or be represented in order to Bid. The state will not be responsible to a bidder for their failure to obtain information discussed during the site visit due to their arriving after the site visit has begun. Bidders who fail to attend the mandatory bid conference will be deemed not responsive.

No additional compensation will be awarded due to unfamiliarity with the scope of service required. It will be assumed that the bidder has full knowledge of existing conditions/service areas and accepts them as is, unless otherwise specified within this bid. Once a contract is awarded, failure of the bidder to become familiar with the facility/institution and requirements of the bid, will be insufficient reason to support any request to be released from the contract.

Please contact the facility during regular business hours to make arrangements for authorization to enter the facility.

INSTITUTION	CONTACT INFORMATION	SITE VISIT DATE AND TIME
Northwest Ohio Psychiatric Hospital (NOPH) 930 South Detroit Avenue Toledo, OH 43614	Twania Harbour Twania.harbour@mha.ohio.gov 419-381-1881 Ext. 4473	10:30 am Friday November 20, 2015

TRANSPORTATION CHARGES: All exterminating services rendered shall be F.O.B. and prepaid to destination.

PROOF OF INSURANCE, BLANKET COVERAGE, SPECIAL HAZARDS: The Bidder should submit with their Bid response, certificates and/or copies of coverage of public liability and property damage insurance. Contractors shall not cause them to be canceled or permit them to lapse until the work has been performed and the contract has been completed.

\*Indicates deletion of MINORITY BUSINESS ENTERPRISE (MBE) SET ASIDE paragraph.