SENIORAGE AREA AGENCY ON AGING
1735 S. Fort
Springfield, Missouri 65807

TITLE: Pest Control Services
Director of Field Operations: Christine Thompson

ISSUE DATE: 4/3/2019

PHONE NO: 417-868-9530

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY TO
chris.thompson@senioragemo.org

BUT MAY RESPOND BY HARD COPY.

PROPOSALS WILL BE ACCEPTED UNTIL 4PM MAY 03, 2019

CONTRACT PERIOD: THREE years with the option of TWO (1year) renewals
GENERAL REQUEST FOR QUALIFICATION (RFQ)

PEST CONTROL

Requests for quotes will be received at SeniorAge Area Agency on Aging, 1735 S. Fort Ave., Springfield, Mo 65807, no later than 4PM on May 03, 2019.

Quotes must be submitted on the forms provided and all information supplied on each item on which a quote is submitted. Carefully read the specifications and the information printed on the forms and complete all of the blank spaces as required on each item.

There are currently 33 separate SeniorAge Area Agency on Aging Senior Center locations and the SeniorAge office on Fort Avenue requiring pest control. (See Attachment #1 for locations and contacts).

Vendors may quote at least 50% of the senior center locations for delivery and must designate on the SeniorAge Specification Form those centers included in your company’s quote (see Attachment #2). Awards of proposals will be made on a center by center basis.

The right is reserved by the authorized representative of SeniorAge Area Agency on Aging to make such selection as in their judgement is best suited for the purpose intended, to reject any and all quotes and waive any informalities in the quotes received.

The right is reserved to cancel the quote award with the successful vendor at any time.

The authorized representative of SeniorAge Area Agency on Aging shall have full authority to reject any or all products furnished, which in their opinion are not in strict conformity with the requirements of specifications.

It is understood that materials used in pest control must conform to Federal, State, and Local laws and ordinances and be acceptable to the agency. This includes covered bait containers for rodent control. The Vendor must be licensed under the Missouri Pesticides Use Act to perform category 7A pest control services.

It is further understood that the Vendor will furnish all materials, equipment, and labor necessary to perform the above services and that services at the above locations should be performed between the hours of 1:00 PM and 3:00 PM. Please specify the minimum treatment at each center. ie: 1 month?

In addition, in the event of persistent infestations, the vendor will provide special service at no additional cost until the condition is brought under control.

Vendors are cautioned that the services must be furnished at the prices submitted on the quote. No increase in price contrary to the quote conditions will be permitted pending acceptance or rejection of the quote. All prices shall be quoted as delivered services to any center location.
ALL QUOTES SHALL BE DEEMED FINAL AND NO QUOTE SHALL BE SUBJECT TO CORRECTION OR AMMENDMENT FOR ERROR OR MISCALCULATION AFTER THE TIME SET FOR QUOTE OPENING.

Vendors shall not include Federal Excise tax, Transportation tax, or State Retail sales tax in price quotations, as these taxes are not applicable to the agency.

Due to Federal Government Regulations we are required to maintain separate accounting records for each center. To enable us to comply with these regulations it will be necessary for the successful vendor to issue a separate invoice for each delivery made to any center for proper disposition. It is also necessary that a statement of our account be rendered and mailed to SeniorAge Area Agency on Aging 1735 S. Fort Ave., Springfield, Mo 65807, on or before the 5th day of the month following the month of delivery.

In compliance with the USDA Procurement Standards for Elderly Nutrition Programs the following conditions are applicable to this quote:

The authorized representatives of SeniorAge Area Agency on Aging reserve the right to cancel the award of this quote if, in their judgement, the successful vendor fails to comply with the quote conditions and specifications. The right is further reserved to hold liable the successful vendor for any additional costs incurred to the SeniorAge Area Agency on Aging resulting from cancellation of this award.

The successful vendor is required to comply with Executive Order 11246, entitled “Equal Employment Opportunity” as amended by Executive Order 11375, as supplemented in the Department of Labor Regulations (41CFR Part 60).

Vendor Representative: ____________________________________________

Date: ____________________________________________
Non-Discrimination and ADA - The VENDOR shall comply with all federal and state statutes, regulations and executive orders relating to nondiscrimination and equal employment opportunity to the extent applicable to the contract. These include but are not limited to:

a. Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin (this includes individuals with limited English proficiency) in programs and activities receiving federal financial assistance and Title VII of the Act which prohibits discrimination on the basis of race, color, national origin, sex, or religion in all employment activities; b. Equal Pay Act of 1963 (P.L. 88 -38, as amended, 29 U.S.C. Section 206 (d)); c. Title IX of the Education Amendments of 1972, as amended (20 U.S.C 1681-1683 and 1685-1686) which prohibits discrimination on the basis of sex; d. Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794) and the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) which prohibit discrimination on the basis of disabilities; e. The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107) which prohibits discrimination on the basis of age; f. Equal Employment Opportunity – E.O. 11246, “Equal Employment Opportunity”, as amended by E.O. 11375, “Amending Executive Order 11246 Relating to Equal Employment Opportunity”; g. Missouri State Regulation, 19 CSR 10-2.010, Civil Rights Requirements; h. Missouri Governor’s E.O. #94-03 (excluding article II due to its repeal); i. Missouri Governor’s E.O. #05-30; and j. The requirements of any other nondiscrimination federal and state statutes, regulations and executive orders which may apply to the services provided via the contract.

Vendor Representative: ________________________________

Date: ___________________________________
For the period beginning July 1, 2019 through June 30, 2022 with the possibility of 2 (1 year) renewals.

- All center locations as listed on Attachment 1
- Only the following center locations listed below: (attach additional sheets if necessary)

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<th>LOCATIONS</th>
<th>MONTHLY CHARGE</th>
<th>WEEK &amp; DAY OF MONTH SERVICE WILL BE PROVIDED</th>
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The undersigned understands that SeniorAge reserves the right to reject any or all proposals and/or to waive any informality in the proposal.

COMPANY: ____________________________________________

ADDRESS: ____________________________________________

BY: ____________________________________________________
    (signature)

TITLE: ________________________________________________

DATE: _________________________________________________

Phone Number: _________________________________________
This Request for Qualification must be signed by a representative (owner or officer) of the firm submitting the quote, title designated and must be dated. Signature must be affixed in the space provided on the quote form.

We hereby understand and agree that this quote is submitted in accordance with the conditions and specifications noted above. The quote of prices and services contained herein will remain firm for the period of July 1, 2019 through June 30, 2022 with two (1 year) renewals possible.

COMPANY:________________________________________

ADDRESS:________________________________________

________________________________________ PHONE:________________________

REPRESENTATIVE:________________________________

TITLE:________________________________________

DATE:________________________________________