



TEXAS
Health and Human Services

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Invitation for Bids

for

Pest Control Services, Lufkin State Supporting Living Center

IFB No. 190239

NIGP Class/Item No(s): 910-59 Pest Control Services: Termite Inspection and Control, Bird Proofing, Animal Trapping, Rodent Control, Exterminating and Fumigation

**Procurement Schedule - All Times are Central Time
 Reference Section 2 for further information**

Solicitation Date	April 13, 2022
Questions or Clarifications Submission Deadline	April 15, 2022, 12:00 PM
Responses to Questions or Clarifications	April 19, 2022
Response Deadline	April 21, 2022, 10:30 AM
Anticipated Contract Start Date	September 1, 2022

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1 Introduction and Purpose of Solicitation

The Texas Health and Human Services Commission (HHSC) is an agency within the Texas Health and Human Services (HHS) system. The Procurement and Contracting Services (PCS) division of HHSC administers solicitations for HHS.

HHSC PCS is seeking competitive bids to establish a Contract for scheduled and as-needed pest control services at Lufkin State Supported Living Center (LFSSLC).

Both HHS Agencies, HHSC and DSHS, will be entitled to use any contract awarded as a result of this Solicitation.

To be considered for award, Bidders must submit a comprehensive Response which includes all required information and documentation as outlined in this Solicitation to ensure the Bidder meets all requirements, possesses the required experience and qualifications and has the capacity to provide the goods and related services described in this Solicitation. **See Appendix A, Submission Instructions and Response Checklist.**

1.1 No Guarantee of Volume, Usage or Compensation

HHS Agency does not guarantee any volume, usage, or compensation to be paid to any Contractor under any Contract resulting from this Solicitation. Additionally, all HHS Agency contracts are subject to appropriations, the availability of funds, and termination.

The estimated historical quantities included in the Price Sheet are provided only as a guideline for preparing the pricing response and should not be construed as representing anticipated or actual quantities that will be required.

1.2 Solicitation Components

This Solicitation includes the following items:

- Exhibit A - Contract Affirmations and HHS Uniform Terms and Conditions (UTCs)
- Exhibit B - Bid Execution Page
- Exhibit C - Pricing Sheet
- Exhibit D - Bidder Reference Form

2 Procurement Schedule

The Procurement Schedule dates on the cover page of this solicitation are tentative. HHSC reserves the right to modify these dates at any time by issuing an addendum. Any events listed in the Procurement Schedule after the Response Deadline will occur at the discretion of HHSC.

Responses must be received by HHSC prior to the Response Deadline as indicated in the Procurement Schedule or as changed via an Addendum. Every Bidder is solely responsible for ensuring its Response is received before the Response Deadline. HHSC is not responsible for lost, misdirected or late Responses.

By submitting a Response, the Bidder represents and warrants that any individual submitting the Response and any related documents on behalf of the Bidder is authorized to do so and to bind the Bidder under any resulting contract.

3 General Solicitation Information

3.1 Sole Point of Contact and Communications

The HHSC PCS Sole Point of Contact for inquiries concerning this Solicitation is:

Nicole Mejia, CTCD

512-406-2650

Nicole.mejia@hhs.texas.gov

Bidders shall direct all communications, including questions or clarifications relating to this Solicitation, in writing by e-mail to the HHSC PCS sole point of contact named above; communications by phone will not be accepted. See [Appendix A](#) for submission requirements. All other communications between a Bidder and HHS agency staff concerning this Solicitation are prohibited. In no instance is a Bidder to discuss cost information regarding this Solicitation and contained in a response with the HHSC PCS point of contact or any other HHS staff. **Failure to comply with these requirements may result in disqualification of the Response.**

The Sole Point of Contact will authorize a secondary Sole Point of Contact in the event of their absence and, in such an event, will include the contact information for the secondary Sole Point of Contact in their automatic reply out-of-office e-mail message. Bidders seeking to contact the Sole Point of Contact should do so via e-mail in order to receive updated contact information.

This restriction (as to only communicating in writing with the HHSC sole point of contact identified above) does not preclude discussions between Bidder and agency personnel for the purposes of conducting business unrelated to this Solicitation.

3.2 Changes, Modifications and Cancellation

HHSC reserves the right to change, amend, or modify this Solicitation prior to the Response Deadline indicated in the Procurement Schedule (cover page of this Solicitation). Changes, amendments and modifications will be processed through one or more Addendum. The notification for any Addendum will be processed in accordance with Section 3.4.

HHSC reserves the right to cancel this Solicitation at any time. The notice of cancellation will be in accordance with Section 3.4.

3.3 Solicitation Questions or Clarifications

HHSC will allow written questions and requests for clarification regarding this Solicitation if submitted by e-mail to the Sole Point of Contact, Section 3.1, by the deadline established in the Procurement Schedule (cover page of this Solicitation) or deadlines established in subsequent Addenda. Responses to questions or other written requests for clarification will not be provided individually to requestors but will be consolidated in one or more Addenda.

HHSC reserves the right to amend the answers to questions or clarifications prior to the Response Deadline (cover page of this Solicitation) through a new Addendum. The notification will be processed in accordance with Section 3.4 (Notification of Addenda or Cancellation).

3.3.1 Submission of Questions or Clarifications

All questions and requests for clarification must be submitted in writing by e-mail and include the following information:

- a) IFB Number and Title of Solicitation (cover page of this Solicitation) must be included in the e-mail subject line and in the e-mail body
- b) Section or Paragraph number from this Solicitation
- c) Page Number of this Solicitation
- d) Exhibit name, Section or Paragraph, page number from the Exhibit
- e) Language, Topic, Section Heading being questioned
- f) Requestor Contact Information must be included in the body of the e-mail submitted with questions

Questions or requests for clarification received after the deadline set in the Procurement Schedule (cover page of this Solicitation) may be reviewed by HHSC but will not be answered.

3.4 Notification of Addenda or Cancellation

Addenda for changes, modifications and answers to questions or requests for clarification, as well as subsequent Addenda with amended answers to questions or clarifications, will be released by e-mail to the CMBL vendors invited to participate in this Solicitation (and any non-CMBL vendors added by HHSC PCS). It is the responsibility of each Bidder to monitor its e-mails for Addenda affecting this Solicitation. Failure to check e-mail will in no way release any Bidder or awarded Contractor from the requirements in Addenda. No HHS Agency will be responsible or liable in any regard for the failure of any individual or entity to receive notification of any e-mail or for the failure of any Bidder or awarded Contractor to stay informed of all e-mails regarding this Solicitation. If the Bidder fails to monitor its e-mail for any changes or modifications to this Solicitation, such failure will not relieve the Bidder or awarded Contractor of its obligation to fulfill the requirements as released.

HHSC reserves the right to cancel this Solicitation at any time. Notice of the cancellation will be released by e-mail to invited bidders. Bidders are responsible for monitoring their e-mails frequently for notices regarding this Solicitation.

4 Scope of Work (SOW)

4.1 Scope of Services to be Performed

The required services to be provided are scheduled and as-needed pest control services at LFSSLC. All LFSSLC buildings, structures, and grounds where pest infestations may be found are covered under this SOW. The facility consists of 68 buildings with approximately 368,000 square feet of floor space.

The pest control services shall include but are not limited to:

- a) The treatment and control of roaches, ants, silverfish, fleas, mites, spiders, moths, crickets, grasshoppers, and scorpions
- b) The treatment and control of rats, mice, and bats, including burrows within five (5) feet of each building
- c) The treatment and control of ants and ant hills, including fire ants located within five (5) feet of each building
- d) The treatment for effective control of flies, mosquitoes, and other flying insects, including all stagnant pools of water around buildings
- e) The treatment and control of termites
- f) The pick-up and disposal of rodents
- g) As needed treatment for bed bugs

LFSSLC buildings, structures, and surrounding grounds shall be inspected and treated monthly to provide effective and satisfactory pest control service – LFSSLC shall be the sole determinator of “effective and satisfactory.” The frequency of treatment can be increased if there is an infestation. Minimum treatment shall consist of containing and controlling any crawling or flying insects, mice and rats inside buildings, and rat burrows and ant hills within five (5) feet outside buildings.

Special areas, such as Food Service which includes Kitchen, adjacent areas and all dining rooms, shall be treated outside regular working hours. LFSSLC may request other certain areas be treated at specific times in order to minimize interference to normal operational activities.

Additional treatments shall be made when deemed necessary by LFSSLC due to ineffective treatments. Services shall be rendered within one (1) day when requested by LFSSLC at no additional cost.

The most effective materials available and approved by the Texas Department of Agriculture shall be used and applied in the most effective manner known. Chemicals sprayed inside buildings where residents live and/or employees work shall be odorless.

Special attention shall be given to the observation of all safety precautions. The Contractor shall not endanger or damage property of residents, employees, or visitors.

The Contractor shall maintain an office and a working crew of employees within twenty-five (25) miles of the service location (**Section 4.1.1**).

Bidders may, upon request and prior to solicitation due date and time, inspect any LFSSLC building and grounds by contacting the Plant Maintenance Manager by telephone at 936-853-8405.

4.1.1 Service Location

HHSC, at its sole discretion, during the contract term and with a 30 days' advance written notice, reserves the right to change, consolidate, delete or add service locations.

a) Location for Services

Lufkin State Supporting Living Center

6844 North US Highway 69, Pollok, Texas 75969

HHSC Region No. 5

The Map (PDF) of the HHSC Regions may be accessed at:

<https://hhs.texas.gov/sites/default/files/documents/about-hhs/hhs-regional-map.pdf>

- b) Changes to location(s) for services include but are not limited to: new office space within facility, office closure, consolidation of multiple offices increasing or decreasing square footage, expansion of an office into multiple offices, and relocation of office.

4.1.2 Performance Schedule

Contractor shall perform contracted services, including any minor adjustment call-back services, Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m. (Central Time).

Contractor shall not interfere with normal flow of business at the service location.

Contractor shall report within agreed upon time with the Plant Maintenance Manager for non-scheduled services.

4.1.3 Outside Regular Hours

Any services performed outside of regular work hours will need to be approved by the Contract Manager and will be paid at the hourly rate stated in **Exhibit C - Pricing Sheet**.

HHSC reserves the right to declare any necessary work to be an emergency. Services performed by the Contractor outside of the regular service hours, without prior approval, will be at Contractor's own risk and not considered or approved for payment at other than the established regular hours service rate.

Unless otherwise requested by HHSC, Contractor shall respond to a request for emergency services within one (1) hour of notification and continue work until the services requested are complete to the satisfaction of HHSC.

4.1.4 State Holidays

The state holidays observed are maintained by the State Auditor's Office and may be accessed at: <http://www.hr.sao.texas.gov/Holidays>. HHSC does not specifically require services to be performed on these holidays.

To fulfill the required services, as applicable, the Contractor may perform the services on a holiday observed by HHS at NO additional expense to the HHS Agency.

Performance of services on a state holiday requested by HHSC will be performed and invoiced at the Contract rate for Outside Regular Hours.

4.1.5 Minimum Experience and Qualifications

These minimum requirements apply to the Contractor and Contractor's personnel and any Subcontractor and Subcontractor's personnel.

Documentation of experience and qualifications must be submitted with Response.

- a) The Bidder shall have relevant experience required for the performance of the services as outlined in this Solicitation. The minimum experience required is five (5) years.
- b) The Bidder's personnel to be assigned to perform the services must be fully trained and, at minimum, have five (5) years relevant experience.
- c) The Contractor must have in his/her employ and available for consultation anytime, a graduate entomologist, or other employee with a minimum of five (5) years of verifiable pest control experience.
- d) All Contractor or Subcontractor personnel assigned to perform the services must be at least 18 years of age.
- e) The Bidder must provide a minimum of three (3) verifiable references for current or previous contracts of the same size and for similar or same services within the last five (5) years. See **Exhibit - D Bidder Reference Form**.

4.1.6 Contractor Responsibilities

HHSC will look solely to the Contractor(s) for the performance of all contractual obligations resulting from an award based on this Solicitation. No Contractor will be relieved of its obligations for any nonperformance by its Subcontractor(s).

- a) The Contractor shall furnish all labor, tools, transportation, equipment, materials, and supplies, as necessary to perform the services and/or provide the goods, if applicable, as required.
- b) The Contractor shall be responsible for supervision, clean up and proper disposal of any site work waste.

- c) Immediately upon contract award, the Contractor shall provide emergency telephone numbers that are answered 24 hours per day, 7 days per week.
- d) The Contractor shall provide a licensed technician registered with the Texas Department of Agriculture. The Texas Department of Agriculture requires that all Pest Control Applicators must be certified for those categories in which they are applying pesticides.
- e) A written report shall be provided within twenty-four (24) hours to the Plant Maintenance Manager or his/her designee after each service call that states the time of the arrival and departure, work performed, buildings and areas treated, and materials used in treatment.
- f) Materials and methods used shall be only those recommended, approved, and permitted by the United States Public Health Service and the United States Bureau of Entomology and Plant Quarantine. Material and methods shall be in accordance with the recommendation of the Texas Structural Pest Control Board, subject to the prohibition of the use of Thallium.

The Contractor shall comply with all federal, state and local laws, statutes, ordinances, rules and regulations, and the orders and decrees of any court or administrative bodies or tribunals in any matter affecting the performance of the Contract including, if applicable, workers' compensation laws, minimum and maximum salary and wage statutes and regulations, and licensing laws and regulations.

4.1.7 Training for Contractor Employees

All Contractor employees, and Subcontractor's employees, if applicable, assigned to perform the services must be trained and experienced in the type of work to be performed. The Contractor shall provide adequate training to all personnel assigned to perform the services on the roles, responsibilities and technical aspects of the work.

The Contractor shall only provide and allow trained and qualified personnel to perform the required services under the Contract.

The Contractor is required to provide current copies of the completed training(s) and of the license or accreditation certificate related to the training upon request by the HHS Agency contract manager. This requirement applies to Subcontractor(s) and Subcontractor's personnel who may be used in the performance of services.

4.1.8 Contractor Equipment

The Contractor shall be responsible for the security, maintenance, loss or damage to its equipment or its Subcontractor's equipment while on HHS Agency premises.

HHS Agency will NOT be held responsible for damage to or loss of the Contractor's or Subcontractor's equipment while on HHS Agency premises, while in route to the HHS Agency or in route back to Contractor's location.

4.1.9 Background Check for Personnel

The Contractor or an independent third party may need to conduct comprehensive, statewide Texas Department of Public Safety (DPS) criminal and sex offender background checks on all Contractor personnel (e.g., permanent and temporary personnel and/or Subcontractor and Subcontractor personnel) who will be assigned to perform the services under the Contract.

The Contractor shall be responsible for all background check expenses.

The background checks must be conducted prior to any Contractor or Subcontractor personnel arriving on state property and beginning the required Contract services.

Supporting documentation confirming the completion of the background checks is subject to review upon request by HHS. Failure to produce the requested documentation, as with any violation of the Contract, constitutes grounds for termination of the Contract and/or Purchase Order with cause.

The background checks shall include, but not be limited to Social Security Number Verification.

Statewide criminal and sex offender records shall include, but not be limited to, all Texas counties and out-of-state counties based on the current and previous addresses of the key personnel for the last seven years.

Personnel with sex offender, child or adult abuse, or fraud convictions shall not be allowed to provide Contract services and shall not be allowed access to HHS Agency property, facilities, or documents in connection with the Contract.

Assigned personnel with misdemeanor convictions must receive prior approval by the HHS Agency before being allowed to work under this Contract.

5 Pricing Information

5.1 Pricing Structure

Prices offered, as part of the Bidder's response, must be firm, fixed prices for the term of the Purchase Order.

The pricing must be submitted only using **Exhibit C - Pricing Sheet** based on the description and the unit of measure(s) provided for each line item. The unit prices must include all Solicitation requirements, including, but not limited to, labor, equipment, materials, supplies and all related expenses.

6 Term of Service

The term of the awarded Contract or Purchase Order will be effective on the date the Purchase Order is issued and will expire based on the schedule for delivery of services as outlined in this Solicitation or by the date or delivery days after receipt of order (ARO) provided by the Bidder.

Any Purchase Order resulting from this Solicitation will have a term beginning September 1, 2022, through August 31, 2023.

6.1 Extension Option

The HHS Agency, at its sole option and subject to availability of funding, may extend the Contract beyond the initial term and all renewal periods for up to one (1) year as necessary to ensure continuity of service, to process a new solicitation, to secure a new contract, for purposes of transition to a new Contractor, or as otherwise determined by the HHS Agency.

This extension, if exercised, will require the Contractor to continue performing services in accordance with the Contract requirements and all terms and conditions.

7 Contract Administration/Transactional Purchase Order Administration

7.1 Contract Manager/Program Lead

An HHS Agency Contract Manager or Program Lead will be designated, and the contact information will be provided to the Contractor.

After award of any Contract resulting from this IFB, all communications related to the Contract and requests for changes to the Contract will be processed through the designated HHS Agency Contract Manager.

7.2 Services Performed

- a) The HHS Agency Contract Manager or designee will monitor all work performed which shall be in accordance with this Contract, local codes and ordinances and any other authority having lawful jurisdiction and shall periodically communicate with the Contractor via telephone, email, and conduct on-site visits to address questions, concerns or progress.
- b) It is important that the Contractor performs all duties and requirements as stated. Failure to do so may result in termination of the Contract.
- c) All services and deliverables must meet or exceed the required levels of performance specified in this Solicitation.
- d) Contractor will be notified by the HHS Agency Contract Manager or designee in writing to correct any service or portion of a service. The Contractor shall take immediate action

to correct the service or portion of a service at no additional cost to the HHS Agency. The Contractor shall notify the HHS Agency Contract Manager or designee upon completion for HHS Agency inspection and acceptance, as applicable.

7.3 Contractor Response to Notification of Non-Material Deficiency

The Contractor shall, within three (3) business days (or another date approved by the HHS Agency) of receipt of written notice of a non-material deficiency, provide the HHS Agency Contract Manager a written response that:

- a) Explains the reasons for the deficiency, the Contractor's plan to address or cure the deficiency, and when the deficiency will be cured; or
- b) If the Contractor disagrees with the HHS Agency's findings, the response must include the reasons why the findings are disputed.

The Contractor's noncompliance or rectifying the deficiency may result in delayed payment or non-payment as determined by the HHS Agency.

7.4 Corrective Action Plan (The Plan)

At its discretion, the HHS Agency may request in writing and require the Contractor to submit a detailed written Corrective Action Plan and include how the Contractor will correct or resolve an issue, deficiency, or a breach of this Contract.

The Plan must include, but is not limited to:

- a) A detailed explanation of the reasons for the cited deficiency;
- b) The Contractor's assessment or diagnosis of the cause; and
- c) A specific proposal to cure or resolve the deficiency.

The Plan must be submitted by the deadline set forth in the HHS Agency's request.

The Plan is subject to approval, which will not be unreasonably withheld, by the HHS Agency.

7.5 Performance Issues

The Contractor shall be required to correct all performance issues reported by the HHS Agency Contract Manager within 48 business hours. If requested by the HHS Agency, the Contractor shall provide a written report detailing the performance issue(s) and resolution. The HHS Agency's Contract Manager will report/discuss performance deficiencies with the Contractor and seek to achieve resolution of the issues.

The HHS Agency Contract Manager may report the following compliance issues to HHSC/PCS for resolution.

- a) Failure to reach agreement on corrective action.
- b) Failure to perform in accordance with the Corrective Action Plan.

- c) Violations of this Contract and Corrective Action Plan(s).

8 Invoicing and Payment

8.1 Bill-to Address

The Contract or Purchase Order will include the appropriate bill-to address for the submission of invoices to any HHS agency requesting services.

8.2 Invoice Information

Invoices submitted to the HHS agency must reflect the Contract or Purchase Order number and must provide the work completed, in detail, for which payment is due. The detail of the work completed must comply with the Pricing Sheet (see **Exhibit C**).

8.3 Payment

- a) Payment will be made by the HHS Agency in accordance with the pricing provided on **Exhibit C - Pricing Sheet**. The pricing is considered all-inclusive and no other pricing may be provided on an invoice.
- b) The HHS Agency must receive products included on an invoice prior to approving the invoice for payment.
- c) Any additional expenses incurred by the Contractor are the responsibility of the Contractor and will not be paid by the HHS Agency.
- d) The HHS Agency will not pay any per diem, travel, hotel, equipment, phone calls, paper, reproduction services, office space, or other incidental expenses related to performing the services required by the Contract.

8.4 Invoice Submission

- a) Contractor must submit invoices on a monthly basis or as otherwise indicated on the purchase order.
- b) Separate invoices must be submitted for each delivery, as applicable.
- c) Failure to submit an accurate and valid invoice with all required information may result in delay of payment.
- d) Invoices shall include the following information:
 - a. Contractor name as it appears on the purchase order
 - b. Remit-to address
 - c. Complete purchase order number and contract purchase order number

- d. Telephone number
- e. Email address
- f. Detailed description of services
- g. Detailed rates/charges

8.5 Disputed Invoice(s)

In accordance with [34 Texas Administrative Code, Rule §20.487\(b\)](#), the HHS Agency will immediately return disputed invoices to the Contractor but in no event later than the 21st day after the HHS Agency receives the invoice. The HHS Agency reserves the right to dispute any portion of an invoice and will attempt to resolve the dispute with the Contractor in good faith. The HHS Agency shall not be required to pay any disputed portion of an invoice until the dispute is resolved. Notwithstanding any such dispute, the Contractor must continue to perform the services and/or produce deliverables in compliance with the terms of the Contract. Pending resolution of a dispute, the HHS Agency will continue to process payments for undisputed amounts and invoices to the Contractor.

9 Evaluation

The Pricing Sheet, **Exhibit C**, identifies the pricing requested and required for the products and related services outlined in this Solicitation. The pricing is significant in the overall evaluation of the responses. HHSC PCS is not obligated to select the lowest priced response. The pricing will be evaluated across all Bidders to determine the Response with the lowest price per line item or lowest total for all line items.

The award will be made to the Bidder whose response offers the best value to the State based on all factors considered, including price.

10 Award

HHSC, at its sole discretion, reserves the right to cancel this Solicitation at any time or decline to award any contract(s) as a result of this Solicitation.

HHSC, at its sole discretion, reserves the right to make a single award or multiple awards to achieve the highest overall best value for the state.

APPENDIX A – SUBMISSION INSTRUCTIONS AND RESPONSE CHECKLIST

This checklist is included to provide assistance in submitting a complete and accurate response to this Solicitation.

SUBMISSION INSTRUCTIONS

Responses submitted by facsimile, or any other method not specified in this Solicitation, will NOT be accepted or considered.

1. E-Mail Submission

The Bidder is solely responsible for ensuring that the electronic Response is complete and submitted to, and RECEIVED by, HHSC before the Response Deadline identified in the Procurement Schedule (cover page of this Solicitation) or deadline established in subsequent Addenda. HHSC is not responsible for lost, misdirected or late Responses. Late Responses will be disqualified.

The Response, including all documentation required by this Solicitation and Appendix, must be sent in its entirety in one or more e-mails as warranted by the size of each attachment.

Responses sent by e-mail must be sent to: Nicole.mejia@hhs.texas.gov.

a) E-mail Subject Line

The e-mail subject line must contain the Solicitation number, title as indicated on the cover page of this Solicitation and number of e-mails if more than one (e.g., 1 of #, etc.).

b) Body of E-mail

The body of each e-mail must include the following information:

- Bidder's name
- Contact Name for Response
- Phone number for Response Contact
- Solicitation number from cover page of this Solicitation
- Purchaser Name (Sole Point of Contact and Communications, Section 6.1).

HHSC takes no responsibility for e-mailed Responses that are captured, blocked, filtered, quarantined or otherwise prevented from reaching the proper destination server by any HHSC anti-virus or other security software.

c) Additional Information Regarding Electronic Submission by E-Mail

All documents should be submitted in Microsoft Office® formats (Word® and Excel®, as applicable) or in a form that may be read by Microsoft Office® software. Any documents with signatures shall be submitted as an Adobe® portable document format (.pdf) file. HHSC is not responsible for documents that cannot be read or converted. Unreadable Responses may be, in HHSC's sole discretion, rejected as nonresponsive.

Be aware Internet Service Providers may limit file sizes on outgoing emails; therefore, it is recommended Responses not contain graphics, pictures, letterheads, etc., which consume a lot of space. These typically include *.tif/*.tiff, *.gif, & *.bmp file extensions, but may use others, as well. HHSC's firewall virus protection runs at all times, so during times of new active virus alerts, incoming traffic may be delayed while virus software scans emails with attachments.

RESPONSE CHECKLIST

Failure to submit the following with the Response WILL disqualify the Bidder from further consideration for evaluation or award.

- Exhibit B** - Bid Execution Page
- Exhibit C** - Pricing Sheet

Failure to submit the following with the Response MAY disqualify a Bidder. HHSC will review all Responses received and will determine if any or all Responses which do not include the complete, signed (if applicable) copies of Addenda or requested information and documentation will be disqualified or whether additional time will be permitted for submission of the incomplete or missing documentation. If additional time will be permitted, Bidders will be notified in writing to provide the missing documentation by a specified deadline. Failure by Bidder to submit the requested documentation by that deadline WILL result in disqualification.

- Exhibit D** – Bidder Reference Form
- Demonstration of the ability to perform** by a written description of the size and scope of all operations, including the number of Bidder’s employees available to provide customer service, order fulfillment, safe shipping and handling of product and the number of supervisors for each location, as applicable. Bidder must include the number of years it has been in business.
- Provide any other information Bidder believes is pertinent** to demonstrate the Bidder’s financial capability, financial solvency, and capacity to fulfill the requirements of this Solicitation.
- Addendum Acknowledgement Form(s)**, if applicable

EXHIBIT B – BID EXECUTION PAGE

TEXAS HEALTH AND HUMAN SERVICES COMMISSION			
Solicitation No.:	Solicitation Post Date:	Response Due Date:	Response Due Time:
190239	April 13, 2022	April 21, 2022	10:30 A.M.

By submitting the Response, Respondent represents and warrants that the individual submitting this document and the documents made part of this Response is authorized to sign such documents on behalf of the Respondent and to bind the Respondent under any contract that may result from the submission of the Response. ***Respondent agrees to comply with all Contract Affirmations and Uniform Terms and Conditions – Vendor which are attached and incorporated into this document.***

- Check below if preference claimed under Texas Administrative Code (TAC), Title 34, Part 1, Chapter 20, Subchapter D, Division 2, Rule § 20.306:
- Goods produced or offered by a Texas bidder that is owned by a Texas resident service-disabled veteran
 - Goods produced in Texas or offered by a Texas bidder that is not owned by a Texas resident service-disabled veteran
 - Agricultural products grown in Texas
 - Agricultural products offered by a Texas bidder
 - Services offered by a Texas bidder that is owned by a Texas resident service-disabled veteran
 - Services offered by a Texas bidder that is not owned by a Texas resident service disabled veteran
 - Texas Vegetation Native to the Region
 - USA produced supplies, materials or equipment
 - Products of persons with mental or physical disabilities
 - Products made of recycled, remanufactured, or environmentally sensitive materials including recycled steel
 - Energy Efficient Products
 - Rubberized asphalt paving material
 - Recycled motor oil and lubricants
 - Products produced at facilities located on formerly contaminated property
 - Products and services from economically depressed or blighted areas
 - Vendors that meet or exceed air quality standards
 - Recycled or Reused Computer Equipment of Other Manufacturers
 - Foods of Higher Nutritional Value.

RESPONDENT MUST COMPLETE ALL ITEMS:

X _____
 Signature of Vendor or Authorized Representative
 (Must be signed; failure to sign may disqualify response.)

Print Name: _____
 Texas Vendor Identification No. (or Federal Employer's ID):

Name of Business: _____
 Street Address: _____
 City-State-Zip Code: _____
 Telephone Number: _____
 Fax Number: _____
 E-Mail Address: _____

By signing this bid, bidder certifies that if a Texas address is shown as the address of the bidder, bidder qualifies as a Texas Bidder as defined in Tex. Gov't Code § 2155.444(c)(2)

EXHIBIT C – PRICING SHEET

Line Item	NIGP Class/Item	Description	Qty	UOM	Unit Price
1	910-59	What is your fee for monthly pest control treatment as described in Section 4.1?	1	MO	
2	910-59	What is your fee for monthly large fly control treatment?	1	MO	
3	910-59	What is your fee for monthly mosquito control treatment during the months of June, July, and August?	1	MO	
4	910-59	What is your fee for as-needed pest control of bed bugs, spiders, fleas, termites, and ants?	1	MO	
5	910-59	What is your hourly rate for Emergency Services?	1	HR	
6	910-59	Attach Exhibit B - Bid Execution Page. Failure to submit will disqualify bid response.		Attachment	
7	910-59	Attach Exhibit C - Pricing Sheet. Failure to submit will disqualify bid response.		Attachment	
8	910-59	Attach Exhibit D - Bidder Reference Form		Attachment	
9	910-59	Attach Demonstration of the ability to perform, as described in Appendix A.		Attachment	
10	910-59	Attach any other information Bidder believes is pertinent to demonstrate the Bidder's financial capability, financial solvency, and capacity to fulfill the requirements of this Solicitation, as described in Appendix A.		Attachment	
11	910-59	Attach Addendum Acknowledgement Form(s), completed and signed, if applicable.		Attachment	
12	910-59	Attach Public Information Act, Copy of Response, if applicable.		Attachment	

EXHIBIT D – BIDDER REFERENCE FORM

Bidders must provide a minimum of three (3) verifiable references for contracts of similar size and scope of services within the last five (5) years.

For each reference, provide the following and attach to the Response any documentation to support the information regarding current or prior contracts.

1. Business Name:

Point-of-Contact Name and Title:

Address (City, State, Zip):

Phone:

Email address:

Services Performed as Prime Contractor or as Subcontractor?

[Prime Contractor] or [Subcontractor]

Description and Dates of Services Provided:

2. Business Name:

Point-of-Contact Name and Title:

Address (City, State, Zip):

Phone:

Email address:

Services Performed as Prime Contractor or as Subcontractor?

[Prime Contractor] or [Subcontractor]

Description and Dates of Services Provided:

3. Business Name:

Point-of-Contact Name and Title:

Address (City, State, Zip):

Phone:

Email address:

Services Performed as Prime Contractor or as Subcontractor?

[Prime Contractor] or [Subcontractor]

Description and Dates of Services Provided: