



TOWN OF SMITHFIELD  
REQUEST FOR PROPOSAL  
FOR  
PEST CONTROL SERVICES  
FOR FY 2023-2024

Bid Opening: May. 31, 2023, 2:00 pm

By

Elaine Andrews, Purchasing Agent

Lawrence Davis, Public Works Director

**THE TOWN OF SMITHFIELD HAS A REQUIREMENT FOR THE  
FOLLOWING:**

**PEST CONTROL SERVICES FY 2023-2024**

Provide services for the control of roaches, ants, silverfish, German roaches, rats, mice, and subterranean termites.

Furnish all labor, materials, tools and equipment to comply with all federal, state, and local health, welfare, sanitation, fire and police laws, rules and regulations.

Provide once a month service to the facility, and all callbacks free when deemed necessary. The price is as follows:

1. Town Municipal Bldg. (Town Hall), 350 East Market St. \$ \_\_\_\_\_
2. Smithfield Operations Ctr, 230 Hospital Road \$ \_\_\_\_\_
3. Water Treatment Plant, 515 N. 2<sup>nd</sup> Street \$ \_\_\_\_\_
4. Public Works Garage, 231 Hospital Road \$ \_\_\_\_\_
5. Fire Department, 111 S. 4<sup>th</sup> Street \$ \_\_\_\_\_
6. Fire Department Station #2, 1200 W. Market St. \$ \_\_\_\_\_
7. Hastings House, 200 S. Front St. \$ \_\_\_\_\_
8. Legion Hut / Neuse Little Theater, 104 Front St. \$ \_\_\_\_\_
9. Girl Scout Hut, 306 S. 2<sup>nd</sup> St. \$ \_\_\_\_\_
10. Smithfield Police Dept, 110 S. 5<sup>th</sup> Street \$ \_\_\_\_\_
11. Smithfield Police Station # 2, 909 E. Lee St. \$ \_\_\_\_\_

**Submit Separate Proposal For:**

Smithfield Recreation and Aquatics Ctr., 600 Booker Dairy Rd. \$ \_\_\_\_\_

This contract will require monthly inspections. Please provide cost proposals for each facility listed.

NOTE: It is important that prospective bidders be familiar with all locations at which services are required. For that reason, an **optional walk-through** at all locations has been scheduled for Friday, **May. 25<sup>th</sup>, 2023**, beginning at **11:00 am** at the Public Works Facility, located at 231 Hospital Road. If for some reason you will be unable to attend at the noted time, you are advised to call immediately and schedule another time for a walk-through prior to date and time of bid opening. To schedule another time/date for your walk-through, contact Michael Sliger at (919) 989-6570. Questions concerning the services required will be answered at the time of the Walk-through.

To receive consideration, proposals must be mailed to Town of Smithfield, Attn: Lawrence Davis, PO Box 761, Smithfield, NC, 27577 or hand delivered to 231 Hospital Road, Smithfield NC 27577 by, **Weds. 31st, 2023 at 2:00 pm**. Proposals received after this time and date shall not be considered.

# PROPOSAL

Total price for Pest & Termite Control Services provided  
for facility #'s 1 – 11 \$ \_\_\_\_\_

Total price for Pest & Termite Control Services provided  
for Smithfield Recreation and Aquatics Ctr.: \$ \_\_\_\_\_

Prices quoted above shall be in effect for the complete term of the contract. Contract shall be in effect for a period of twelve (12) months beginning July 1, 2023. The Town reserves the right to extend this contract for an additional two (2) year period pending successful completion of the contract and with the agreement of the successful vendor. This contract may also be canceled at any time by either party for any reason upon submission of a thirty (30) day written notice advising intent to cancel contract.

In compliance with the enclosed request for proposal, the undersigned offers and agrees, if this proposal be accepted within \_\_\_\_\_ days from the opening, to furnish the services as described herein at the prices quoted for a period of twelve (12) months from date of award.

**Name of Company** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Phone** \_\_\_\_\_

**Signature of Authorized  
Official** \_\_\_\_\_

**Name Printed** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

**SEAL (if Corp)**

## GENERAL TERMS AND CONDITIONS

All proposals must be submitted on the forms provided.

To receive consideration, proposals must be returned no later than **Weds, May 31<sup>st</sup>, 2023, 2:00 pm**. Proposals received after this time and date shall not be considered. Proposals must be delivered in a sealed envelope marked "RFP – Pest Control Services FY18" and hand delivered to 231 Hospital Road, or mailed to PO Box 761, Smithfield NC 27577.

The Town of Smithfield reserves the right to reject any and all bid proposals and to waive informalities.

In accordance with State Law GS 143-129, the award shall be made to the lowest responsible bidder meeting all requirements, qualifications and specifications, taking into consideration quality, performance and time specified in the proposal for delivery.

All proposals must be firm and not subject to increases without the Town of Smithfield's approval.

Tabulations will be provided upon request. To receive tabulations, vendors must enclose a self-addressed stamped envelope.

Prices quoted in this proposal shall be delivered, FOB Smithfield North Carolina. North Carolina sales tax shall not be included in the proposal.

No proposal will be considered or accepted unless at its time of filing the same shall be accompanied by a current Certificate of Insurance.

Any deviations from specifications set forth must be clearly indicated in the proposal; otherwise, it will be considered that items offered are in strict compliance with these specifications and the bidder will be held responsible for providing the same.

In submitting a proposal, vendor agrees not to use the results as a part of any commercial promotion or advertising without prior written approval from the Town of Smithfield.

Please direct all technical questions to Lawrence Davis, Public Works Director at 919-934-2580.

**REFERENCE PAGE  
(MUST BE FILLED OUT BY BIDDER)**

**Please list at least three (3) current or past clients**

**Name** \_\_\_\_\_ **Years Known** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Services Provided** \_\_\_\_\_

**Name** \_\_\_\_\_ **Years Known** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Services Provided** \_\_\_\_\_

**Name** \_\_\_\_\_ **Years Known** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Services Provided** \_\_\_\_\_

**PLEASE LIST NC DOA, NC PESTICIDE BOARD, PESTICIDE APPLICATOR IDENTIFICATION**

**Name on License** \_\_\_\_\_

**Name of Applicator** \_\_\_\_\_

**License No.** \_\_\_\_\_

**Classification** \_\_\_\_\_

**Certification Code(s)** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_