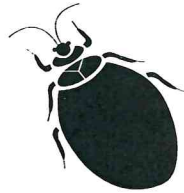


REQUEST FOR PROPOSALS

EXTERMINATOR SERVICES

Due: October 8th, 2025, by 10:00 AM



NEWTON HOUSING AUTHORITY
32 LIBERTY STREET
NEWTON, New Jersey 07860
(973) 383-5191

REQUEST FOR PROPOSALS

The Newton Housing Authority, New Jersey will accept proposals for exterminating services. The services will be for a two-year period. It is the Housing Authority's desire to retain and employ a duly qualified, licensed exterminator. All services must be in accordance with the existing laws, rules, orders, directives, and regulations governing these services. The term of the contract is for two (2) years (3/1/26-2/28/27).

The services that are requested will be as follows and will encompass Liberty Towers (80 units and common areas:

- 1) Exterminate each of the Housing Authority's apartments, for insects, on a monthly basis (80 Units) at Liberty Towers, 32 Liberty Street, Newton, New Jersey. All Chemicals must be safe and non-toxic to the elderly residents and their pets.

- 2) Exterminate all common areas, compactor closets, utility rooms, offices, community rooms, kitchens, stairwells, corridors, elevator machines rooms, mechanical rooms and garbage compactor chutes and rooms. Must exterminate the exterior perimeter of each building for ants, during the spring of each year.

- 3) Provide a written schedule for each year, in advance, indicating the times and dates that the services will be performed for posting at each building and distribution to all tenants.

- 4) Provide rodent control services and exterminate where evidence of rodent infestation exists.

- 5) Must ensure that insect and rodent infestations do not occur. Where evidence of an infestation occurs, the problem must be addressed within 24 hours of being notified of the problem.

6) Must inspect for bedbugs on a monthly basis. Evidence of bedbugs must be immediately reported to management and treated. A follow-up report must be provided to management confirming that the problem has been eliminated.

7) Must inform the Housing Authority, in writing, about tenants whose living conditions may be contributing to a potential infestation problem.

Qualifications:

- 1) Must be licensed by all applicable entities governing these services in the State of New Jersey.
- 2) Should have previous experience in exterminating large housing complexes.
- 3) Should have good communication skills.
- 4) Must be an approvable by the U.S. Department of Housing and Urban Development to provide these services.

Proposal Submission:

All vendors interested in submitting a proposal for the Housing Authority's exterminating services should submit a price based upon a per unit cost. The proposal must include the following:

- 1) Manufacturer's specification sheet indicating the proposed chemicals to be used.
- 2) Copies of all relevant licenses and chemical permits.
- 3) Proposal Submission Form.
- 4) Copy of the vendor's insurance certificate (including workers comp.)

- 5) Listing of references.
- 6) Copy of your NJ Business registration form.
- 7) Non-Collusion Affidavit
- 8) Federal non-debarment form

Proposals should be delivered to the Newton Housing Authority, 32 Liberty Street, Newton, New Jersey on or before Wednesday, October 8th, 2025, by 10:00 AM. The buildings are available for inspection between the hours of 8:30 AM to 4:00 PM, Monday to Friday.

The Housing Authority reserves the right to reject any and all proposals received for these services. It also reserves the right to terminate the vendor, for convenience, at any time during the term of the contract.

This solicitation is being made as "Fair and Open" in accordance with N.J.S.A. 40A:19A-20.4 et seq.

WILLIAM F. SNYDER
Interim Executive Director

PROPOSAL FOR EXTERMINATING SERVICES

Newton Housing Authority
32 Liberty Street
Newton, New Jersey 07860
(973) 383-5191

Submitted by:

Company Name: _____

Address: _____

Telephone Number: _____

Contact Person: _____

Price per Unit:
(Monthly Maintenance) \$

Price for Common Areas \$

Price for Building perimeter ant control: \$

Price for Bedbug treatment:

Studio \$

One bdr \$

Other Fees \$

*Price Includes all work outlined in the attached Request for Proposals.

Term: 24 Months

Date: _____

Contractor's Signature

The Housing Authority reserves the right to reject any and all proposals received in response to its R.F.P. The proposal must contain all the attachments as stated in the "Proposal Submission" section of the R.F.P.

AGREEMENT FOR EXTERMINATING SERVICES

THIS AGREEMENT made on the 1st day of March 1st, 2026, by and between _____, (the "Contractor") and the Newton Housing Authority, 32 Liberty Street, Newton, New Jersey (the "Authority").

WITNESSETH, that the contractor and the Authority for the consideration stated herein agrees as follows:

ARTICLE 1. - Statement of Work

The contractor shall furnish all materials and other items as specified in the attached Request for Proposals (attached) relating to exterminating services.

ARTICLE 2. - Time of Completion

3/1/26-2/28/27

ARTICLE 3. - Contract Price

The contractor shall be entitled to \$____.00 per unit for 80 units and \$____.00 for all common areas on a monthly basis. The contractor shall also receive \$____.00 per application for ant control. Bedbugs shall be paid at \$____.00 per studio apartment and \$____.00 per one bedroom unit. Other Fees shall be billed at \$____.00 for any calls outside the fees listed above.

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed the date and year first written above.

WILLIAM F. SNYDER-NHA Executive Director

Date:

Date:

Legal Advertisement

REQUEST FOR BIDS/PROPOSALS

The Newton Housing Authority, 32 Liberty Street, Newton, New Jersey will accept proposals for the following services:

Exterminating

It is the Housing Authority's desire to retain a duly qualified, competent, and capable vendor to maintain perform exterminating services. All services must be in accordance with the existing laws, rules, orders, directives, and regulations governing these services and supplies.

All vendors interested in submitting a proposal for these services should contact the Newton Housing Authority in order to receive a copy of the formal Request for Proposals. The RFP specifies the scope of the services and the requirements for submitting proposals. The RFP is also posted on the Housing Authority's website at: Newtonhousingauthority.com

All proposals must be submitted to the office of the Newton Housing Authority 32 Liberty Street, Newton, New Jersey on or before Wednesday, October 8, 2025, by 10:00 AM. The building is available for inspection between the hours of 11:00 AM to 4:00 PM, Monday to Friday.

The Housing Authority reserves the right to reject any and all proposals received for this work. It also reserves the right to terminate the vendor, for convenience, at any time during the term of the contract.


This solicitation is being made as "Fair and Open" in accordance with N.J.S.A. 40A:19A-20.4 et seq.

WILLIAM F. SNYDER
Executive Director

STANDARD BID DOCUMENT REFERENCE	
	Reference: VII-D
Name of Form:	BUSINESS REGISTRATION CERTIFICATE
Statutory Reference:	N.J.S.A. 52:32-44 (P.L. 2004, c.57)
Instructions Reference	Statutory and Other Requirements VII-D
Description:	Contractor must provide State Division of Revenue issued Business Registration Certificate with the bid submission.

Detailed information on this requirement is found in Division of Local Government Services Local Finance Notices 2004-17 (8/6/04), 2004-24 (11/1/04), 2005-12 (4/27/05) and on the Division web site at www.nj.gov/dca/lgs/lpcl. These resources and a Frequently Asked Questions resource should be consulted when questions arise.

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE FOR STATE AGENCY AND CASINO SERVICE CONTRACTOR		DEPARTMENT OF TREASURY DIVISION OF REVENUE PO BOX 212 TRENTON, NJ 08646-0212
TAXPAYER NAME:	TRADE NAME:	
TAX REGISTRATION TEST ACCOUNT	CLIENT REGISTRATION:	
TAXPAYER IDENTIFICATION#:	SEQUENCE NUMBER:	
970-097-382/500	0107	
ADDRESS:	ISSUANCE DATE:	
847 ROEBLING AV TRENTON NJ 08611	07/14/04	
EFFECTIVE DATE:		
01/01/04		
FORM RC09-01	ACTING DIRECTOR  This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.	

 STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE	
Taxpayer Name:	TAX REG TEST ACCOUNT
Trade Name:	
Address:	847 ROEBLING AVE TRENTON, NJ 08611
Certificate Number:	1093907
Date of Issuance:	October 14, 2004
For Office Use Only:	
20041014112823533	

STANDARD BID DOCUMENT REFERENCE	
	Reference: VII-H
Name of Form:	NON-COLLUSION AFFIDAVIT
Statutory Reference:	No specific statutory reference State Statutory Reference N.J.S.A. 52:34-15
Instructions Reference:	Statutory and Other Requirements VII-H
Description:	The Owner's use of this form is optional. It is used to ensure that the bidder has not participated in any collusion with any other bidder or Owner representative or otherwise taken any action in restraint of free and competitive bidding.

NON-COLLUSION AFFIDAVIT

State of New Jersey

County of _____

ss:

I, _____ residing in _____
(name of affiant) (name of municipality)

in the County of _____ and State of _____ of full age,
being duly sworn according to law on my oath depose and say that:

I am _____ of the firm of _____
(title or position) (name of firm)

_____ the bidder making this Proposal for the bid

entitled _____, and that I executed the said proposal with
(title of bid proposal)

full authority to do so that said bidder has not, directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that the _____ relies upon
the truth of the statements contained in said Proposal
(name of contracting unit)

and in the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by
_____.

Subscribed and sworn to

before me this day

Signature

_____, 2____

(Type or print name of affiant under signature)

Notary public of

My Commission expires _____

(Seal)

STANDARD BID DOCUMENT REFERENCE	
Name of Form:	FEDERAL NON-DEBARMENT CERTIFICATION
Statutory Reference:	N.J.S.A. 52:32-44.1 (P.L. 2019, c.406)
Description:	Meets statutory criteria for certification of non-debarment by a federal government agency.

Summary of the Certification Requirements under N.J.S.A. 52:32-44.1

Pursuant to state law any natural person, company, firm, association, corporation, or other entity prohibited, or “debarred,” from contracting with the federal government agencies, shall also be prohibited from contracting for public work in the state of New Jersey. This prohibition also extends to any affiliate organization(s) held by or subject to the control of an entity of that prohibited person or entity.

Prior to awarding a contract for public work a local units must obtain written certification from the contracting person or entity through the form below, attesting to their non-debarment from contracting with federal government agencies. Contracting units are reminded that they must fill-in the boilerplate information in the certification sections of Parts II through IV regarding their name and type of contracting unit before using the form.

CERTIFICATION OF NON-DEBARMENT

FOR FEDERAL GOVERNMENT CONTRACTS

N.J.S.A. 52:32-44.1 (P.L. 2019, c.406)

This certification shall be completed, certified to, and submitted to the contracting unit prior to contract award, except for emergency contracts where submission is required prior to payment.

PART I: VENDOR INFORMATION	
Individual or Organization Name	
Physical Address of Individual or Organization	
Unique Entity ID (if applicable)	
CAGE/NCAGE Code (if applicable)	
Check the box that represents the type of business organization:	

- ☐ Sole Proprietorship (skip Parts III and IV) ☐ Non-Profit Corporation (skip Parts III and IV)
- ☐ For-Profit Corporation (any type) ☐ Limited Liability Company (LLC) ☐ Partnership
- ☐ Limited Partnership ☐ Limited Liability Partnership (LLP)
- ☐ Other (be specific): _____

PART II – CERTIFICATION OF NON-DEBARMENT: Individual or Organization			
I hereby certify that the individual or organization listed above in Part I is not debarred by the federal government from contracting with a federal agency. I further acknowledge: that I am authorized to execute this certification on behalf of the above-named organization; that the <name of contracting unit> is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the date of contract award by <type of contracting unit> to notify the <type of contracting unit> in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the <type of contracting unit> , permitting the <type of contracting unit> to declare any contract(s) resulting from this certification void and unenforceable.			
Full Name (Print):		Title:	
Signature:		Date:	

PART III – CERTIFICATION OF NON-DEBARMENT: Individual or Entity Owning Greater than 50

Percent of Organization	
Section A (Check the Box that applies)	
<input type="checkbox"/>	Below is the name and address of the stockholder in the corporation who owns more than 50 percent of its voting stock, or of the partner in the partnership who owns more than 50 percent interest therein, or of the member of the limited liability company owning more than 50 percent interest therein, as the case may be.
Name of Individual or Organization	
Physical Address	
OR	
<input type="checkbox"/>	No one stockholder in the corporation owns more than 50 percent of its voting stock, or no partner in the partnership owns more than 50 percent interest therein, or no member in the limited liability company owns more than 50 percent interest therein, as the case may be.
Section B (Skip if no Business entity is listed in Section A above)	
<input type="checkbox"/>	Below is the name and address of the stockholder in the corporation who owns more than 50 percent of the voting stock of the organization's parent entity, or of the partner in the partnership who owns more than 50 percent interest in the organization's parent entity, or of the member of the limited liability company owning more than 50 percent interest in organization's parent entity, as the case may be.
Stockholder/Partner/Member Owning Greater Than 50 Percent of Parent Entity	
Physical Address	
OR	
<input type="checkbox"/>	No one stockholder in the parent entity corporation owns more than 50 percent of its voting stock, no partner in the parent entity partnership owns more than 50 percent interest therein, or no member in the parent entity limited liability company owns more than 50 percent interest therein, as the case may be.
Section C – Part III Certification	

I hereby certify that no individual or organization that is debarred by the federal government from contracting with a federal agency owns greater than 50 percent of the **Organization listed above in Part I** or, if applicable, owns greater than 50 percent of a parent entity of **<name of organization>**. I further acknowledge: that I am authorized to execute this certification on behalf of the above-named organization; that the **<name of contracting unit>** is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the date of contract award **<type of contracting unit>** to notify the **<type of contracting unit>** in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the **<type of contracting unit>**, permitting the **<type of contracting unit>** to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):		Title:	
Signature:		Date:	

Part IV – CERTIFICATION OF NON-DEBARMENT: Contractor – Controlled Entities

Section A



Below is the name and address of the corporation(s) in which the **Organization listed in Part I** owns more than 50 percent of voting stock, or of the partnership(s) in which the **Organization listed in Part I** owns more than 50 percent interest therein, or of the limited liability company or companies in which the **Organization listed above in Part I** owns more than 50 percent interest therein, as the case may be.

Name of Business Entity	Physical Address

****Add additional sheets if necessary****

OR



The **Organization listed above in Part I** does not own greater than 50 percent of the voting stock in any corporation and does not own greater than 50 percent interest in any partnership or any limited liability company.

Section B (skip if no business entities are listed in Section A of Part IV)			
<input type="checkbox"/>		Below are the names and addresses of any entities in which an entity listed in Part III A owns greater than 50 percent of the voting stock (corporation) or owns greater than 50 percent interest (partnership or limited liability company).	
Name of Business Entity Controlled by Entity Listed in Section A of Part IV		Physical Address	
Add additional Sheets if necessary			
OR			
<input type="checkbox"/>		No entity listed in Part III A owns greater than 50 percent of the voting stock in any corporation or owns greater than 50 percent interest in any partnership or limited liability company.	
Section C – Part IV Certification			
<p>I hereby certify that the Organization listed above in Part I does not own greater than 50 percent of any entity that that is debarred by the federal government from contracting with a federal agency and, if applicable, does not own greater than 50 percent of any entity that in turns owns greater than 50 percent of any entity debarred by the federal government from contracting with a federal agency. I further acknowledge: that I am authorized to execute this certification on behalf of the above-named organization; that the <name of contracting unit> is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the date of contract award by <type of contracting unit> to notify the <type of contracting unit> in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the <type of contracting unit>, permitting the <type of contracting unit> to declare any contract(s) resulting from this certification void and unenforceable.</p>			
Full Name (Print):		Title:	
Signature:		Date:	