September 23, 2014

TO: ALL POTENTIAL OFFERORS

RE: ADDENDUM NO. 1: Solicitation for Pest Control and Infestation Services. P-004427

Dear Sir/Madam:

Attached is Addendum No. 1 dated September 23, 2014 in regards to the above referenced solicitation. This addendum shall be attached to the noted solicitation and take precedence over the same.

If you should have any questions, please contact Rovshan Safarov at: (215) 684-4059.

Sincerely,
Philadelphia Housing Authority

Rovshan Safarov
Sourcing Manager - Procurement

Attachment: Addendum No. 1

cc: File P-004427

THE PHILADELPHIA HOUSING AUTHORITY
3100 Penrose Ferry Road, Philadelphia, PA 19145
ADDENDUM NO. 1
Dated September 23, 2014 for
Solicitation No. P-004427
"Pest Control and Infestation Services"

This addendum shall be attached to the noted solicitation and shall take precedence over the same and previous addenda. Any items not mentioned herein nor affected hereby shall be performed strictly in accordance with the original specifications, drawings, and previous addenda thereto.
ITEM 1: **Frequently Asked Questions**

H. PROPOSAL FORM
SOLICITATION NUMBER P-004427 PEST CONTROL AND IFESTATION SERVICES

Year One-Base Period One. Per Each Service (Please refer to Scope of Work (C-3) for detailed Description)

Service Type	Unit of Measurement	Amount Per Service
Scenario One: Initial Inspection and Final Verification	0 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	1 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	2 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	3 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	4 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	5 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	6 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	(Common Area) Per Square Foot	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	0 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	1 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	2 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	3 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	4 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	5 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	6 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	(Common Area) Per Square Foot	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	0 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	1 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	2 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	3 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	4 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	5 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	6 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	(Common Area) Per Square Foot	($.)

H. PROPOSAL FORM
SOLICITATION NUMBER P-004427 PEST CONTROL AND IFESTATION SERVICES

Year Two-Base Period Two. Per Each Service (Please refer to Scope of Work (C-3) for detailed Description)

Service Type	Unit of Measurement	Amount Per Service
Scenario One: Initial Inspection and Final Verification	0 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	1 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	2 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	3 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	4 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	5 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	6 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	(Common Area) Per Square Foot	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	0 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	1 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	2 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	3 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	4 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	5 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	6 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	(Common Area) Per Square Foot	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	0 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	1 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	2 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	3 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	4 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	5 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	6 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	(Common Area) Per Square Foot	($.)

H. PROPOSAL FORM
SOLICITATION NUMBER P-004427 PEST CONTROL AND IFESTATION SERVICES

Year Three-Option Period One. Per Each Service (Please refer to Scope of Work (C-3) for detailed Description)

Service Type	Unit of Measurement	Amount Per Service
Scenario One: Initial Inspection and Final Verification	0 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	1 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	2 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	3 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	4 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	5 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	6 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	(Common Area) Per Square Foot	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	0 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	1 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	2 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	3 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	4 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	5 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	6 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	(Common Area) Per Square Foot	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	0 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	1 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	2 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	3 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	4 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	5 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	6 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	(Common Area) Per Square Foot	($.)

H. PROPOSAL FORM
SOLICITATION NUMBER P-004427 PEST CONTROL AND IFESTATION SERVICES

Year Four-Option Period Two. Per Each Service (Please refer to Scope of Work (C-3) for detailed Description)

Service Type	Unit of Measurement	Amount Per Service
Scenario One: Initial Inspection and Final Verification	0 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	1 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	2 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	3 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	4 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	5 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	6 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	(Common Area) Per Square Foot	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	0 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	1 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	2 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	3 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	4 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	5 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	6 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	(Common Area) Per Square Foot	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	0 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	1 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	2 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	3 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	4 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	5 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	6 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	(Common Area) Per Square Foot	($.)

H. PROPOSAL FORM
SOLICITATION NUMBER P-004427 PEST CONTROL AND IFESTATION SERVICES

Year Five-Base Period Three. Per Each Service (Please refer to Scope of Work (C-3) for detailed Description)

Service Type	Unit of Measurement	Amount Per Service
Scenario One: Initial Inspection and Final Verification	0 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	1 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	2 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	3 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	4 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	5 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	6 Bedroom	($.)
Scenario One: Initial Inspection and Final Verification	(Common Area) Per Square Foot	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	0 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	1 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	2 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	3 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	4 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	5 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	6 Bedroom	($.)
Scenario Two: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Final Verification)	(Common Area) Per Square Foot	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	0 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	1 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	2 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	3 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	4 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	5 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	6 Bedroom	($.)
Scenario Three: (Initial Inspection, Initial Treatment, Second Treatment, Follow Up Inspection, Third Treatment, 2nd Follow Up Inspection, Final Verification)	(Common Area) Per Square Foot	($.)

End of Addendum