



# Office of General Services

## CERTIFICATE OF BID OPENING

This is to certify that I have been duly authorized to open bids, that competitive bids were solicited and on February 27, 2024 at 2 p.m. I opened solicitation IFB # 2725 in the OGS Financial Administration Office for providing

**INTEGRATED PEST MANAGEMENT  
AT THE W. AVERELL HARRIMAN STATE OFFICE CAMPUS  
IN  
ALBANY, NEW YORK**

All timely responses received are included in the tabulation. See attached.

Authorized Individual (Signature)

Witness (Signature)

VENDOR	PRICE	CORRECTIONS
Alleymor, Inc. DBA Pestmaster Services	\$58,808.04	\$58,810.56
Sureshot Pest Control	\$122,520.00	

Sure Shot Termite & Pest Control, Inc.  
158-21 Horace Harding Exp  
Flushing, NY-11365  
PH: 718-359-7114 Fax: 718-961-2891  
www.sureshot.us  
email: Sales@sureshot.us

## BID PROPOSAL FORM

Contractor's Name \_\_\_\_\_

**NOTE: This Bid Proposal Form must be completed and signed and submitted with one (1) Originals and one (1) exact copy.**

The above Contractor agrees to provide all labor, materials, and equipment to implement the necessary intervention aspects of the IPM program as described in IFB # 2725 for the price(s) bid below.

**Item A** pricing shall be represented as the total monthly cost for all specified services.

**Item B** pricing shall be represented as the annual additional services cost. This cost will be determined by hourly labor rates bid, multiplied by the OGS provided estimated annual number of hours that are noted for each title plus a percentage markup bid over actual material cost, multiplied by the OGS provided estimated materials cost.

**Item C** pricing shall be represented as a rate per square foot, times the OGS provided estimated area of change from non-food service to food service (See Section 2.18).

**Item D** Shall be the total annual bid.

### **A. MONTHLY FEE (for each Facility)**

Note that Item A pricing in total is inclusive of compensation for all areas, including common areas and non-food service areas.

#### **W. Averell Harriman State Office Buildings**

Building 3	\$ _____
Building 4	\$ _____
Building 5	\$ _____
Building 6	\$ _____
Building 7	\$ _____
Building 7A	\$ _____
Building 8	\$ _____
Building 8a	\$ _____
Building 9	\$ _____
Building 12	\$ _____
Building 17	\$ _____
Building 18	\$ _____
Building 21	\$ _____
Building 22	\$ _____

Building 24

\$ \_\_\_\_\_

**Food Services Locations:** (Must be serviced WEEKLY)

Building 12

\$ \_\_\_\_\_

Building 24

\$ \_\_\_\_\_

(A) Total Monthly Fee \$ 9800.00

**B. ADDITIONAL SERVICES**

**Hourly Rates**

Hourly Rate for Entomologist \$ \_\_\_\_\_ x estimated 32 Hours/ year = \$ 0

Hourly Rate for Supervisor \$ \_\_\_\_\_ x estimated 40 Hours/ year = \$ 0

Hourly Rate for Technician \$ \_\_\_\_\_ x estimated 200 Hours/ year = \$ 0

Annual total for Hourly Rates \$ 0

**Material Markup**

Materials cost estimated \$1,200/ year X 10% % Markup + \$1,200 =  
Annual Total for Materials \$ 1320

Annual total for Hourly Rates + Annual Total for Materials =  
(B) Annual Total for Additional Service = \$ 1320

**C. SQUARE FOOTAGE CHANGE**

See Section 2.15 - Change in Square Footage Usage

Price per foot .10 x estimated 3000 sq ft x 12 months =  
(C) Total for Sq ft Change \$ 3600

**D. Total Annual Bid**

A. Total Monthly Fee x 12 months	\$	<u>117600</u>
B. Annual Total for Additional Services	+	\$ <u>1320.00</u>
C. Total for ft Change	+	\$ <u>3600.00</u>
<b>= TOTAL BID ((Ax12) + B + C)</b>		<b>\$ <u>122520.00</u></b>

Early payment discounts offered 0 % / 0 days after receipt of proper invoice  
0 % / 0 days after receipt of proper invoice

**IMPORTANT NOTE:** Bids submitted must include a value for each Item amount listed on the Bid Proposal Form. Failure to do so may result in the rejection of the Bid.

SIGN BID HERE



Authorized Signature

PRINT NAME

Mohammad A Mahmood  
President

TITLE

OFFICIAL

COMPANY NAME

Sure Shot Termite & Pest Control, Inc.  
158-21 Horace Harding Exp  
Flushing, NY-11365  
PH: 718-359-7114 Fax: 718-961-2891  
www.sureshot.us  
email: Sales@sureshot.us

## BID PROPOSAL FORM

Contractor's Name Alleymer Inc DBA Pestmaster

**NOTE: This Bid Proposal Form must be completed and signed and submitted with one (1) Originals and one (1) exact copy.**

The above Contractor agrees to provide all labor, materials, and equipment to implement the necessary intervention aspects of the IPM program as described in IFB # 2725 for the price(s) bid below.

**Item A** pricing shall be represented as the total monthly cost for all specified services.

**Item B** pricing shall be represented as the annual additional services cost. This cost will be determined by hourly labor rates bid, multiplied by the OGS provided estimated annual number of hours that are noted for each title plus a percentage markup bid over actual material cost, multiplied by the OGS provided estimated materials cost.

**Item C** pricing shall be represented as a rate per square foot, times the OGS provided estimated area of change from non-food service to food service (See Section 2.18).

**Item D** Shall be the total annual bid.

### **A. MONTHLY FEE (for each Facility)**

Note that Item A pricing in total is inclusive of compensation for all areas, including common areas and non-food service areas.

#### **W. Averell Harriman State Office Buildings**

Building 3	\$ <u>145.<sup>30</sup></u>
Building 4	\$ <u>145.<sup>30</sup></u>
Building 5	\$ <u>145.<sup>30</sup></u>
Building 6	\$ <u>145.<sup>30</sup></u>
Building 7	\$ <u>145.<sup>30</sup></u>
Building 7A	\$ <u>145.<sup>30</sup></u>
Building 8	\$ <u>145.<sup>30</sup></u>
Building 8a	\$ <u>145.<sup>30</sup></u>
Building 9	\$ <u>145.<sup>30</sup></u>
Building 12	\$ <u>145.<sup>30</sup></u>
Building 17	\$ <u>145.<sup>30</sup></u>
Building 18	\$ <u>145.<sup>30</sup></u>
Building 21	\$ <u>145.<sup>30</sup></u>
Building 22	\$ <u>145.<sup>30</sup></u>

Building 24

\$ 145.<sup>30</sup>

**Food Services Locations:** (Must be serviced WEEKLY)

Building 12

\$ 473.<sup>19</sup>

Building 24

\$ 473.<sup>19</sup>

**\$3,125.887**

(A) Total Monthly Fee

\$ 3125.<sup>—</sup>

**B. ADDITIONAL SERVICES**

**Hourly Rates**

Hourly Rate for Entomologist \$ Ø x estimated 32 Hours/ year = \$ Ø

Hourly Rate for Supervisor \$ Ø x estimated 40 Hours/ year = \$ Ø

Hourly Rate for Technician \$ \$4.30 x estimated 200 Hours/ year = \$ 16860.<sup>00</sup>

Annual total for Hourly Rates

\$ 16860.<sup>00</sup>

**Material Markup**

Materials cost estimated \$1,200/ year X Ø % Markup + \$1,200 =

Annual Total for Materials \$ 1200.<sup>00</sup>

Annual total for Hourly Rates + Annual Total for Materials =

(B) Annual Total for Additional Service = \$ 18060.<sup>00</sup>

**C. SQUARE FOOTAGE CHANGE**

See Section 2.15 - Change in Square Footage Usage

Price per foot 0.09 x estimated 3000 sq ft x 12 months =

(C) Total for Sq ft Change \$ 3240.<sup>00</sup>

**D. Total Annual Bid**

A. Total Monthly Fee x 12 months

**\$37,510.56**  
\$ 37508.<sup>04</sup>

B. Annual Total for Additional Services

+ \$ 18060.<sup>00</sup>

C. Total for ft Change

+ \$ 3240.<sup>00</sup>

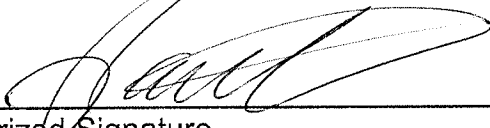
= TOTAL BID ((Ax12) + B + C) \$ 58808.<sup>04</sup>  
**\$58,810.56**

Early payment discounts offered

~~\_\_\_\_\_ % / \_\_\_\_\_ days after receipt of proper invoice  
\_\_\_\_\_ % / \_\_\_\_\_ days after receipt of proper invoice~~

**IMPORTANT NOTE:** Bids submitted must include a value for each item amount listed on the Bid Proposal Form  
Failure to do so may result in the rejection of the Bid.

SIGN BID HERE

  
\_\_\_\_\_  
Authorized Signature

PRINT NAME

Paul Alley  
\_\_\_\_\_

TITLE  
OFFICIAL

president  
\_\_\_\_\_

COMPANY NAME

Alleymor Inc DBA Pestmaster  
\_\_\_\_\_